CareFirst
Family of health care plans

CareFirst Formulary 2

2019

This formulary is for members of an employer group with 51 or more employees OR individuals or families who have a "grandfathered" plan (purchased before the March 23, 2010 Affordable Care Act date). For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rx**.

Last updated 12/01/2019—For Fully-Insured Plans Only

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of four drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	▪ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ▪ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	▪ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ▪ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs $$	▪ Preferred brand drugs are brand-name drugs that may not be available in generic form. ▪ They are chosen for their cost-effectiveness compared to alternatives. ▪ Your cost-share will be more than generic drugs but less than non-preferred brand drugs. ▪ If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand tier.
Tier 3: Non-preferred Brand Drugs $$$	▪ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Self-Injectible Drugs $$$$	▪ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-II INHIBITORS		
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
COLCRYS TAB 0.6MG	3	PA; MNPA
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	3	
probenecid tab 500 mg	1	
ULORIC TAB 40MG	2	
ULORIC TAB 80MG	2	
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
NON-OPIOID ANALGESICS		
BUPAP TAB 50-300MG	3	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	PA
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	PA
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
EQUAGESIC TAB 200-325	3	
ESGIC TAB	2	
FIORICET CAP	3	PA
FIORINAL CAP	3	
LEVACET TAB	3	
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS TAB 550MG	2	
ANAPROX TAB 275MG	2	
choline & magnesium salicylates tab 1000 mg	1	
DAYPRO TAB 600MG	2	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diflunisal tab 500 mg	1	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
fenoprofen calcium tab 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
KETOPROFEN CAP 25 MG	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketoprofen cap er 24hr 200 mg	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC SUS 7.5/5ML	2	
MOBIC TAB 7.5MG	2	
MOBIC TAB 15MG	2	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	PA
NAPROSYN TAB 250MG	2	
NAPROSYN TAB 375MG	2	
NAPROSYN TAB 500MG	2	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
PONSTEL CAP 250MG	3	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
ZIPSOR CAP 25MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NSAIDS, COMBINATIONS		
ARTHROTEC 50 TAB	3	PA
ARTHROTEC 75 TAB	3	PA
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
NSAIDS, TOPICAL		
diclofenac sodium soln 1.5%	1	QL (150 ml per 21 days), PA
PENNSAID SOL 2%	3	QL (112 grams per 21 days), PA
VOLTAREN GEL 1%	3	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
ABSTRAL SUB 100MCG	2	PA
ABSTRAL SUB 200MCG	2	PA
ABSTRAL SUB 300MCG	2	PA
ABSTRAL SUB 400MCG	2	PA
ABSTRAL SUB 600MCG	2	PA
ABSTRAL SUB 800MCG	2	PA
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL per month)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs per month)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs per month)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs per month)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL (300 caps per month)
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg	1	QL (300 caps per month)
BELBUCA MIS 75MCG	2	QL (60 films per month)
BELBUCA MIS 150MCG	2	QL (60 films per month)
BELBUCA MIS 300MCG	2	QL (60 films per month)
BELBUCA MIS 450MCG	2	QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 inhalers per month)
BUTRANS DIS 5MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 7.5/HR	2	QL (4 patches per month)
BUTRANS DIS 10MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 15MCG/HR	2	PA
BUTRANS DIS 20MCG/HR	2	PA
CAPITAL/COD SUS 120-12/5	3	QL (2700 mL per month)
CODEINE SULF TAB 15MG	3	
CODEINE SULF TAB 60MG	3	
codeine sulfate tab 30 mg	1	QL (42 tabs per month)
CONZIP CAP 100MG	3	QL (30 tabs per month)
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	QL (600 mL per month)
DILAUDID TAB 2MG	3	QL (180 tabs per month)
DILAUDID TAB 4MG	3	QL (150 tabs per month)
DILAUDID TAB 8MG	3	QL (60 tabs per month)
DOLOPHINE TAB 5MG	3	QL (90 tabs per month)
DOLOPHINE TAB 10MG	3	QL (90 tabs per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DURAGESIC DIS 12MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
EMBEDA CAP 20-0.8MG	2	QL (60 caps per month)
EMBEDA CAP 30-1.2MG	2	QL (60 caps per month)
EMBEDA CAP 50-2MG	2	QL (30 caps per month)
EMBEDA CAP 60-2.4MG	2	QL (30 caps per month)
EMBEDA CAP 80-3.2MG	2	QL (30 caps per month)
EMBEDA CAP 100-4MG	2	PA
EXALGO TAB 8MG	3	QL (30 tabs per month)
EXALGO TAB 12MG	3	QL (30 tabs per month)
EXALGO TAB 16MG	3	QL (30 tabs per month)
EXALGO TAB 32MG	3	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
FENTANYL DIS 37.5MCG	3	QL (10 patches per month)
FENTANYL DIS 62.5MCG	3	PA
FENTANYL DIS 87.5MCG	3	PA
fentanyl td patch 72hr 12 mcg/hr	1	QL (10 patches per month)
fentanyl td patch 72hr 25 mcg/hr	1	QL (10 patches per month)
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
FENTORA TAB 100MCG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
FIORICET CAP CODEINE	3	
FIORINAL/COD CAP 30MG	3	
HYCET SOL 7.5-325	3	QL (2700 mL per month)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL per month)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	QL (2700 mL per month)
hydrocodone-acetaminophen tab 2.5-325 mg	1	QL (360 tabs per month)
hydrocodone-acetaminophen tab 5-300 mg	1	QL (240 tabs per month)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs per month)
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL (180 tabs per month)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs per month)
hydrocodone-acetaminophen tab 10-300 mg	1	QL (180 tabs per month)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs per month)
hydrocodone-ibuprofen tab 5-200 mg	1	QL (50 tabs per month)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (50 tabs per month)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (50 tabs per month)
HYDROMORPHON SUP 3MG	3	QL (120 supps per month)
hydromorphone hcl liqd 1 mg/ml	1	QL (600 mL per month)
hydromorphone hcl tab 2 mg	1	QL (180 tabs per month)
hydromorphone hcl tab 4 mg	1	QL (150 tabs per month)
hydromorphone hcl tab 8 mg	1	QL (60 tabs per month)
hydromorphone hcl tab er 24hr deter 8 mg	1	QL (30 tabs per month)
hydromorphone hcl tab er 24hr deter 12 mg	1	QL (30 tabs per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab er 24hr deter 16 mg	1	QL (30 tabs per month)
hydromorphone hcl tab er 24hr deter 32 mg	1	PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 30 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 40 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 60 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 80 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
KADIAN CAP 10MG ER	3	QL (60 caps per month)
KADIAN CAP 20MG ER	3	QL (60 caps per month)
KADIAN CAP 30MG ER	3	QL (60 caps per month)
KADIAN CAP 40MG ER	3	QL (60 caps per month)
KADIAN CAP 50MG ER	3	QL (30 caps per month)
KADIAN CAP 60MG ER	3	QL (30 caps per month)
KADIAN CAP 80MG ER	3	QL (30 caps per month)
KADIAN CAP 100MG ER	3	PA
KADIAN CAP 200MG ER	3	PA
LORTAB ELX 10-300MG	3	QL (2025 mL per month)
methadone hcl conc 10 mg/ml	1	QL (90 mL per month)
methadone hcl soln 5 mg/5ml	1	QL (450 mL per month)
methadone hcl soln 10 mg/5ml	1	QL (300 ml's per month)
methadone hcl tab 5 mg	1	QL (90 tabs per month)
methadone hcl tab 10 mg	1	QL (90 tabs per month)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (90 mL per month)
MORPHINE SUL SUP 30MG	3	QL (90 supps per month)
morphine sulfate beads cap er 24hr 30 mg	1	QL (30 caps per month)
morphine sulfate beads cap er 24hr 45 mg	1	QL (30 caps per month)
morphine sulfate beads cap er 24hr 60 mg	1	QL (30 caps per month)
morphine sulfate beads cap er 24hr 75 mg	1	QL (30 caps per month)
morphine sulfate beads cap er 24hr 90 mg	1	QL (30 caps per month)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	QL (60 caps per month)
morphine sulfate cap er 24hr 20 mg	1	QL (60 caps per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate cap er 24hr 30 mg	1	QL (60 caps per month)
morphine sulfate cap er 24hr 50 mg	1	QL (30 caps per month)
morphine sulfate cap er 24hr 60 mg	1	QL (30 caps per month)
morphine sulfate cap er 24hr 80 mg	1	QL (30 caps per month)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	QL (900 mL per month)
morphine sulfate oral soln 20 mg/5ml	1	QL (675 mL per month)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL (135 mL per month)
morphine sulfate suppos 5 mg	1	QL (180 supps per month)
morphine sulfate suppos 10 mg	1	QL (180 supps per month)
morphine sulfate suppos 20 mg	1	QL (120 supps per month)
morphine sulfate tab 15 mg	1	QL (180 tabs per month)
morphine sulfate tab 30 mg	1	QL (90 tabs per month)
morphine sulfate tab er 15 mg	1	QL (90 tabs per month)
morphine sulfate tab er 30 mg	1	QL (90 tabs per month)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	QL (90 tabs per month)
MS CONTIN TAB 30MG ER	3	QL (90 tabs per month)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NORCO TAB 5-325MG	3	QL (240 tabs per month)
NORCO TAB 7.5-325	3	QL (180 tabs per month)
NORCO TAB 10-325MG	3	QL (180 tabs per month)
NUCYNTA ER TAB 50MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 100MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 75MG	2	QL (90 tabs per month)
NUCYNTA TAB 100MG	2	QL (60 tabs per month)
OPANA ER TAB 5MG	3	QL (60 tabs per month)
OPANA ER TAB 7.5MG	3	QL (60 tabs per month)
OPANA ER TAB 10MG	3	QL (60 tabs per month)
OPANA ER TAB 15MG	3	QL (60 tabs per month)
OPANA ER TAB 20MG	3	PA
OPANA ER TAB 30MG	3	PA
OPANA ER TAB 40MG	3	PA
OPANA TAB 5MG	3	QL (180 tabs per month)
OPANA TAB 10MG	3	QL (90 tabs per month)
oxycodone hcl cap 5 mg	1	QL (180 caps per month)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL (90 mL per month)
oxycodone hcl soln 5 mg/5ml	1	QL (900 mL per month)
oxycodone hcl tab 5 mg	1	QL (180 tabs per month)
oxycodone hcl tab 10 mg	1	QL (180 tabs per month)
oxycodone hcl tab 15 mg	1	QL (120 tabs per month)
oxycodone hcl tab 20 mg	1	QL (90 tabs per month)
oxycodone hcl tab 30 mg	1	QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 10 mg	1	QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 15 mg	1	QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 20 mg	1	QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 30 mg	1	QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 40 mg	1	QL (120 tabs per month), PA
oxycodone hcl tab er 12hr deter 60 mg	1	PA
oxycodone hcl tab er 12hr deter 60 mg	1	QL (60 tabs per month), PA
oxycodone hcl tab er 12hr deter 80 mg	1	QL (60 tabs per month), PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL (1800 mL per month)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs per month)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs per month)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs per month)
oxycodone-aspirin tab 4.8355-325 mg	1	QL (360 tabs per month)
oxycodone-ibuprofen tab 5-400 mg	1	QL (28 tabs per month)
OXYCONTIN TAB 10MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 15MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 20MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 30MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs per month), PA
OXYCONTIN TAB 60MG CR	2	QL (60 tabs per month), PA
OXYCONTIN TAB 80MG CR	2	QL (60 tabs per month), PA
oxymorphone hcl tab 5 mg	1	QL (180 tabs per month)
oxymorphone hcl tab 10 mg	1	QL (90 tabs per month)
oxymorphone hcl tab er 12hr 5 mg	1	QL (60 tabs per month)
oxymorphone hcl tab er 12hr 7.5 mg	1	QL (60 tabs per month)
oxymorphone hcl tab er 12hr 10 mg	1	QL (60 tabs per month)
oxymorphone hcl tab er 12hr 15 mg	1	QL (60 tabs per month)
oxymorphone hcl tab er 12hr 20 mg	1	PA
oxymorphone hcl tab er 12hr 30 mg	1	PA
oxymorphone hcl tab er 12hr 40 mg	1	PA
PERCOCET TAB 2.5-325	3	QL (360 tabs per month), PA; MNPA
PERCOCET TAB 5-325MG	3	QL (360 tabs per month), PA; MNPA
PERCOCET TAB 7.5-325	3	QL (240 tabs per month), PA; MNPA
PERCOCET TAB 10-325MG	3	QL (180 tabs per month), PA; MNPA
PERCODAN TAB	3	QL (360 tabs per month)
PRIMLEV TAB 5-300MG	3	QL (360 tabs per month), PA; MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PRIMLEV TAB 7.5-300	3	QL (240 tabs per month), PA; MNPA
PRIMLEV TAB 10-300MG	3	QL (180 tabs per month), PA; MNPA
REPREXAIN TAB 5-200MG	3	QL (50 tabs per month)
ROXICET SOL 5-325/5	2	QL (1800 mL per month)
ROXICODONE TAB 5MG	3	QL (180 tabs per month)
ROXICODONE TAB 15MG	3	QL (120 tabs per month)
ROXICODONE TAB 30MG	3	QL (60 tabs per month)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
SYNALGOS-DC CAP	3	QL (300 caps per month)
TRAMADOL HCL CAP 150MG ER	1	QL (30 tabs per month)
tramadol hcl cap er 24hr biphasic release 100 mg	1	QL (30 tabs per month)
tramadol hcl cap er 24hr biphasic release 200 mg	1	PA
tramadol hcl cap er 24hr biphasic release 300 mg	1	PA
tramadol hcl tab 50 mg	1	QL (180 tabs per month)
tramadol hcl tab er 24hr 100 mg	1	QL (30 tabs per month)
tramadol hcl tab er 24hr 200 mg	1	PA
tramadol hcl tab er 24hr 300 mg	1	PA
tramadol hcl tab er 24hr biphasic release 100 mg	1	QL (30 tabs per month)
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
tramadol-acetaminophen tab 37.5-325 mg	1	QL (40 tabs per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TREZIX CAP	3	QL (300 caps per month)
TYLENOL/COD TAB #3	3	QL (360 tabs per month)
TYLENOL/COD TAB #4	3	QL (180 tabs per month)
ULTRACET TAB 37.5-325	3	QL (40 tabs per month)
ULTRAM ER TAB 100MG	3	QL (30 tabs per month)
ULTRAM ER TAB 200MG	3	PA
ULTRAM ER TAB 300MG	3	PA
ULTRAM TAB 50MG	2	QL (180 tabs per month)
VERDROCET TAB 2.5-325	3	QL (360 tabs per month)
VICOPROFEN TAB 7.5-200	3	QL (50 tabs per month)
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs per month)
XODOL TAB 5-300MG	3	QL (240 tabs per month)
XODOL TAB 7.5-300	3	QL (180 tabs per month)
XODOL TAB 10-300MG	3	QL (180 tabs per month)
XTAMPZA ER CAP 9MG	3	QL (60 caps per month)
XTAMPZA ER CAP 13.5MG	3	QL (60 caps per month)
XTAMPZA ER CAP 18MG	3	QL (60 caps per month)
XTAMPZA ER CAP 27MG	3	QL (60 caps per month)
XTAMPZA ER CAP 36MG	3	PA
ZOHYDRO ER CAP 10MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 15MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 20MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 30MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 40MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 50MG	3	PA

ANTI-INFECTIVE AGENTS - MISC.

PLEUROMUTILINS

XENLETA TAB 600MG	3	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES

ARIKAYCE SUS	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
ANTIBACTERIALS, CEPHALOSPORINS, First Generation		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	
ANTIBACTERIALS, CEPHALOSPORINS, Second Generation		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
CEFTIN SUS 125/5ML	3	
CEFTIN SUS 250/5ML	3	
CEFTIN TAB 250MG	3	
CEFTIN TAB 500MG	3	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
ANTIBACTERIALS, CEPHALOSPORINS, Third Generation		
CEDAX CAP 400MG	3	
CEDAX SUS 90MG/5ML	3	
CEDAX SUS 180/5ML	3	
cefdinir cap 300 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
ceftibuten cap 400 mg	1	
ceftibuten for susp 180 mg/5ml	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
BIAXIN SUS 250/5ML	3	
BIAXIN TAB 250MG	3	
BIAXIN TAB 500MG	3	
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
DIFICID TAB 200MG	2	
E.E.S. GRAN SUS 200/5ML	3	PA
ERYPED SUS 200/5ML	3	PA
ERYPED SUS 400/5ML	3	PA
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB 600MG	3	
ZMAX SUS 2GM	3	
ANTIBACTERIALS, FLUOROQUINOLONES		
AVELOX TAB 400MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
CIPRO XR TAB 500MG	3	
CIPRO XR TAB 1000MG	3	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1	
FACTIVE TAB 320MG	3	
LEVAQUIN TAB 250MG	3	
LEVAQUIN TAB 500MG	3	
LEVAQUIN TAB 750MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ANTIBACTERIALS, PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
amoxicillin (trihydrate) tab er 24hr 775 mg	1	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ampicillin for susp 250 mg/5ml	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
AUGMENTIN TAB 875MG	3	
AUGMENTIN XR TAB 12HR	3	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
MOXATAG TAB 775MG	3	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
ANTIBACTERIALS, SULFONAMIDES		
BACTRIM DS TAB 800-160	2	
BACTRIM TAB 400-80MG	2	
SULFADIAZINE TAB 500MG	3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIBACTERIALS, TETRACYCLINES		
ADOXA CAP 150MG	3	
ADOXA PAK 1/ TAB 100MG	3	
ADOXA PAK 1/ TAB 150MG	3	
ADOXA TAB 50MG	3	
ADOXA TAB 75MG	3	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
DORYX TAB 200MG	3	PA; MNPA
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab delayed release 50 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline hyclate tab delayed release 200 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
MINOCIN CAP 50MG	3	PA
MINOCIN CAP 75MG	3	PA
MINOCIN CAP 100MG	3	PA
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
minocycline hcl tab er 24hr 45 mg	1	
minocycline hcl tab er 24hr 55 mg	1	
minocycline hcl tab er 24hr 65 mg	1	
minocycline hcl tab er 24hr 80 mg	1	
minocycline hcl tab er 24hr 90 mg	1	
minocycline hcl tab er 24hr 105 mg	1	
minocycline hcl tab er 24hr 115 mg	1	
minocycline hcl tab er 24hr 135 mg	1	
MONODOX CAP 75MG	3	PA; MNPA
MONODOX CAP 100MG	3	PA; MNPA
NUZYRA TAB 150MG	3	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
clotrimazole troche 10 mg	1	
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
GRIS-PEG TAB 125MG	2	
GRIS-PEG TAB 250MG	2	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
itraconazole cap 100 mg	1	
LAMISIL GRA 125MG	3	
LAMISIL GRA 187.5MG	3	
LAMISIL TAB 250MG	3	
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
nystatin oral powder	1	
nystatin susp 100000 unit/ml	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
nystatin tab 500000 unit	1	
ONMEL TAB 200MG	3	
ORAVIG TAB 50MG	3	
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
terbinafine hcl tab 250 mg	1	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARALEN TAB 500MG	2	
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
mefloquine hcl tab 250 mg	1	
PRIMAQUINE TAB 26.3MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS		
TYBOST TAB 150MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS		
abacavir sulfate-lamivudine tab 600-300 mg	1	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	
ATRIPLA TAB	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EPZICOM TAB 600-300	3	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
JULUCA TAB 50-25MG	3	
lamivudine-zidovudine tab 150-300 mg	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
SYMFI LO TAB	2	
SYMFI TAB	2	
TEMIXYS TAB 300-300	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	3	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS		
SELZENTRY SOL 20MG/ML	3	
SELZENTRY TAB 25MG	3	
SELZENTRY TAB 75MG	3	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
ANTIRETROVIRALS, FUSION INHIBITORS		
FUZEON INJ 90MG	4	PA
ANTIRETROVIRALS, INTEGRASE INHIBITORS		
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
VITEKTA TAB 85MG	3	
VITEKTA TAB 150MG	3	
ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT TAB 25MG	2	
efavirenz cap 50 mg	1	
efavirenz cap 200 mg	1	
efavirenz tab 600 mg	1	
INTELENCE TAB 25MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
nevirapine susp 50 mg/5ml	1	
nevirapine tab 200 mg	1	
nevirapine tab er 24hr 100 mg	1	
nevirapine tab er 24hr 400 mg	1	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	3	
SUSTIVA TAB 600MG	3	
VIRAMUNE SUS 50MG/5ML	3	
VIRAMUNE TAB 200MG	3	
VIRAMUNE XR TAB 400MG	3	
ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	
abacavir sulfate tab 300 mg (base equiv)	1	
didanosine delayed release capsule 125 mg	1	
didanosine delayed release capsule 200 mg	1	
didanosine delayed release capsule 250 mg	1	
didanosine delayed release capsule 400 mg	1	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
lamivudine oral soln 10 mg/ml	1	
lamivudine tab 150 mg	1	
lamivudine tab 300 mg	1	
RETROVIR CAP 100MG	2	
RETROVIR SYP 50MG/5ML	2	
stavudine cap 15 mg	1	
stavudine cap 20 mg	1	
stavudine cap 30 mg	1	
stavudine cap 40 mg	1	
stavudine for oral soln 1 mg/ml	1	
VIDEX EC CAP 125MG	2	
VIDEX EC CAP 200MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC CAP 250MG	2	
VIDEX EC CAP 400MG	2	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
ZERIT CAP 15MG	2	
ZERIT CAP 20MG	2	
ZERIT CAP 30MG	2	
ZERIT CAP 40MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
zidovudine cap 100 mg	1	
zidovudine syrup 10 mg/ml	1	
zidovudine tab 300 mg	1	
ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
tenofovir disoproxil fumarate tab 300 mg	1	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	
ANTIRETROVIRALS, PROTEASE INHIBITORS		
APTIVUS CAP 250MG	3	
APTIVUS SOL	3	
atazanavir sulfate cap 150 mg (base equiv)	1	
atazanavir sulfate cap 200 mg (base equiv)	1	
atazanavir sulfate cap 300 mg (base equiv)	1	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
fosamprenavir calcium tab 700 mg (base equiv)	1	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	3	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
VIRACEPT TAB 250MG	3	
VIRACEPT TAB 625MG	3	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 100MG	2	
MYAMBUTOL TAB 400MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
RIFADIN CAP 150MG	2	
RIFADIN CAP 300MG	2	
RIFAMATE CAP	3	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
RIFATER TAB	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTIVIRALS, CYTOMEGALOVIRUS AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VALCYTE SOL 50MG/ML	3	PA
VALCYTE TAB 450MG	3	PA
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	
valganciclovir hcl tab 450 mg (base equivalent)	1	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	
BARACLUDE TAB 0.5MG	3	PA; MNPA
BARACLUDE TAB 1MG	3	PA; MNPA
entecavir tab 0.5 mg	1	
entecavir tab 1 mg	1	
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	
HEPSERA TAB 10MG	3	
lamivudine tab 100 mg (hbv)	1	
TYZEKA TAB 600MG	3	
VEMLIDY TAB 25MG	3	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C		
EPCLUSA TAB 400-100	2	PA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI TAB 45-200MG	2	PA
HARVONI TAB 90-400MG	2	PA; Genotypes 1, 4, 5 ,6
MAVYRET TAB 100-40MG	3	PA; MNPA
MODERIBA PAK 800/DAY	3	PA
MODERIBA PAK 1200/DAY	3	PA
MODERIBA TAB 600/DAY	3	PA
MODERIBA TAB 1000/DAY	3	PA
OLYSIO CAP 150MG	3	PA; MNPA
REBETOL CAP 200MG	3	PA
REBETOL SOL 40MG/ML	2	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
ribavirin tab 400 mg	1	PA
ribavirin tab 600 mg	1	PA
SOVALDI TAB 200MG	3	PA
SOVALDI TAB 400MG	2	PA; MNPA
VIEKIRA PAK TAB	3	PA; MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	2	PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ANTIVIRALS, HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
FAMVIR TAB 125MG	3	
FAMVIR TAB 250MG	3	
FAMVIR TAB 500MG	3	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
VALTREX TAB 1GM	3	PA
VALTREX TAB 500MG	3	PA
ZOVIRAX CAP 200MG	3	
ZOVIRAX SUS 200/5ML	3	
ZOVIRAX TAB 400MG	3	
ZOVIRAX TAB 800MG	3	
ANTIVIRALS, INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (3 bottles / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
TAMIFLU CAP 30MG	2	QL (28 caps / 90 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAP 45MG	2	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	2	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	2	QL (3 bottles / 90 days)
MISCELLANEOUS		
AEMCOLO TAB 194MG	3	
ALBENZA TAB 200MG	3	QL (336 tabs per year)
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs per year)
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
DARAPRIM TAB 25MG	3	PA
EMVERM CHW 100MG	2	QL (12 tabs per year)
FLAGYL CAP 375MG	3	
FLAGYL ER TAB 750MG	3	
FLAGYL TAB 250MG	3	
FLAGYL TAB 500MG	3	
FURADANTIN SUS 25MG/5ML	3	
HIPREX TAB 1GM	3	
IMPAVIDO CAP 50MG	3	
ivermectin tab 3 mg	1	
linezolid for susp 100 mg/5ml	1	
linezolid tab 600 mg	1	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA
MACRODANTIN CAP 50MG	3	PA
MACRODANTIN CAP 100MG	3	PA
MEPRON SUS	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
MYCOBUTIN CAP 150MG	3	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
praziquantel tab 600 mg	1	QL (24 tabs per year)
PRIMSOL SOL 50MG/5ML	3	
rifabutin cap 150 mg	1	
SIVEXTRO TAB 200MG	3	
STROMECTOL TAB 3MG	3	
TINDAMAX TAB 250MG	2	
TINDAMAX TAB 500MG	2	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
VANCOCIN CAP 250MG	2	
VANCOCIN HCL CAP 125MG	2	
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ZYVOX TAB 600MG	3	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

ALKERAN TAB 2MG	0	
CYCLOPHOSPH CAP 25MG	0	
CYCLOPHOSPH CAP 50MG	0	
EMCYT CAP 140MG	0	
GLEOSTINE CAP 5MG	0	
GLEOSTINE CAP 10MG	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
HEXALEN CAP 50MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 5MG	0	PA
TEMODAR CAP 20MG	0	PA
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
VALCHLOR GEL 0.016%	3	PA
ANTIMETABOLITES		
azacitidine for inj 100 mg	4	PA
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium tab 2.5 mg (base equiv)	0	
PURIXAN SUS 20MG/ML	0	
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	4	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
HORMONAL ANTINEOPLASTICS, ANTIANDROGENS		
abiraterone acetate tab 250 mg	0	PA
bicalutamide tab 50 mg	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CASODEX TAB 50MG	0	
ERLEADA TAB 60MG	0	PA
flutamide cap 125 mg	0	
NILANDRON TAB 150MG	0	PA
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	0	PA
XTANDI CAP 40MG	0	PA
YONSA TAB 125MG	0	PA
ZYTIGA TAB 250MG	0	PA; MNPA
ZYTIGA TAB 500MG	0	PA; MNPA
HORMONAL ANTINEOPLASTICS, ANTIESTROGENS		
FARESTON TAB 60MG	0	
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS		
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
exemestane tab 25 mg	0	
FEMARA TAB 2.5MG	0	
letrozole tab 2.5 mg	0	
HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
leuprolide acetate inj kit 5 mg/ml	4	PA
HORMONAL ANTINEOPLASTICS, PROGESTINS		
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA
POMALYST CAP 2MG	0	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 3MG	0	PA
POMALYST CAP 4MG	0	PA
REVLIMID CAP 2.5MG	0	PA
REVLIMID CAP 5MG	0	PA
REVLIMID CAP 10MG	0	PA
REVLIMID CAP 15MG	0	PA
REVLIMID CAP 20MG	0	PA
REVLIMID CAP 25MG	0	PA
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
THALOMID CAP 150MG	0	PA
THALOMID CAP 200MG	0	PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA
AFINITOR DIS TAB 3MG	0	PA
AFINITOR DIS TAB 5MG	0	PA
AFINITOR TAB 2.5MG	0	PA
AFINITOR TAB 5MG	0	PA
AFINITOR TAB 7.5MG	0	PA
AFINITOR TAB 10MG	0	PA
ALECENSA CAP 150MG	0	PA
ALUNBRIG PAK	0	PA
ALUNBRIG TAB 30MG	0	PA
ALUNBRIG TAB 90MG	0	PA
ALUNBRIG TAB 180MG	0	PA
BOSULIF TAB 100MG	0	PA
BOSULIF TAB 400MG	0	PA
BOSULIF TAB 500MG	0	PA
BRAFTOVI CAP 50MG	0	PA
BRAFTOVI CAP 75MG	0	PA
CABOMETYX TAB 20MG	0	PA
CABOMETYX TAB 40MG	0	PA
CABOMETYX TAB 60MG	0	PA
CALQUENCE CAP 100MG	0	PA
CAPRELSA TAB 100MG	0	PA
CAPRELSA TAB 300MG	0	PA
COMETRIQ KIT 60MG	0	PA
COMETRIQ KIT 100MG	0	PA
COMETRIQ KIT 140MG	0	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
COTELLIC TAB 20MG	0	PA
GILOTRIF TAB 20MG	0	PA
GILOTRIF TAB 30MG	0	PA
GILOTRIF TAB 40MG	0	PA
GLEEVEC TAB 100MG	0	PA
GLEEVEC TAB 400MG	0	PA
IBRANCE CAP 75MG	0	PA
IBRANCE CAP 100MG	0	PA
IBRANCE CAP 125MG	0	PA
ICLUSIG TAB 15MG	0	PA
ICLUSIG TAB 45MG	0	PA
imatinib mesylate tab 100 mg (base equivalent)	0	PA
imatinib mesylate tab 400 mg (base equivalent)	0	PA
IMBRUVICA CAP 70MG	0	PA
IMBRUVICA CAP 140MG	0	PA
IMBRUVICA TAB 280MG	0	PA
IMBRUVICA TAB 420MG	0	PA
IMBRUVICA TAB 560MG	0	PA
INLYTA TAB 1MG	0	PA
INLYTA TAB 5MG	0	PA
IRESSA TAB 250MG	0	PA
JAKAFI TAB 5MG	0	PA
JAKAFI TAB 10MG	0	PA
JAKAFI TAB 15MG	0	PA
JAKAFI TAB 20MG	0	PA
JAKAFI TAB 25MG	0	PA
KISQALI 200 PAK FEMARA	0	PA
KISQALI 400 PAK FEMARA	0	PA
KISQALI 600 PAK FEMARA	0	PA
KISQALI TAB 200DOSE	0	PA
KISQALI TAB 400DOSE	0	PA
KISQALI TAB 600DOSE	0	PA
LENVIMA CAP 4MG	0	PA
LENVIMA CAP 10 MG	0	PA
LENVIMA CAP 12MG	0	PA
LENVIMA CAP 14 MG	0	PA
LENVIMA CAP 20 MG	0	PA
LENVIMA CAP 24 MG	0	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TAB 25MG	0	PA
LORBRENA TAB 100MG	0	PA
MEKINIST TAB 0.5MG	0	PA
MEKINIST TAB 2MG	0	PA
MEKTOVI TAB 15MG	0	PA
NERLYNX TAB 40MG	0	PA
NEXAVAR TAB 200MG	0	PA
RYDAPT CAP 25MG	0	PA
SPRYCEL TAB 20MG	0	PA
SPRYCEL TAB 50MG	0	PA
SPRYCEL TAB 70MG	0	PA
SPRYCEL TAB 80MG	0	PA
SPRYCEL TAB 100MG	0	PA
SPRYCEL TAB 140MG	0	PA
STIVARGA TAB 40MG	0	PA
SUTENT CAP 12.5MG	0	PA
SUTENT CAP 25MG	0	PA
SUTENT CAP 37.5MG	0	PA
SUTENT CAP 50MG	0	PA
TAFINLAR CAP 50MG	0	PA
TAFINLAR CAP 75MG	0	PA
TAGRISSO TAB 40MG	0	PA
TAGRISSO TAB 80MG	0	PA
TARCEVA TAB 25MG	0	PA
TARCEVA TAB 100MG	0	PA
TARCEVA TAB 150MG	0	PA
TASIGNA CAP 150MG	0	PA
TASIGNA CAP 200MG	0	PA
TYKERB TAB 250MG	0	PA
VERZENIO TAB 50MG	0	PA
VERZENIO TAB 100MG	0	PA
VERZENIO TAB 150MG	0	PA
VERZENIO TAB 200MG	0	PA
VITRAKVI CAP 25MG	0	PA
VITRAKVI CAP 100MG	0	PA
VITRAKVI SOL 20MG/ML	0	PA
VOTRIENT TAB 200MG	0	PA
XALKORI CAP 200MG	0	PA
XALKORI CAP 250MG	0	PA
ZELBORAF TAB 240MG	0	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 100MG	0	PA
ZYDELIG TAB 150MG	0	PA
ZYKADIA CAP 150MG	0	PA
ZYKADIA TAB 150MG	0	PA
MISCELLANEOUS		
bexarotene cap 75 mg	0	PA
DROXIA CAP 200MG	0	
DROXIA CAP 300MG	0	
DROXIA CAP 400MG	0	
ERIVEDGE CAP 150MG	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
IDHIFA TAB 50MG	0	PA
IDHIFA TAB 100MG	0	PA
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
LYNPARZA CAP 50MG	0	PA
LYNPARZA TAB 100MG	0	PA
LYNPARZA TAB 150MG	0	PA
LYSODREN TAB 500MG	0	
MATULANE CAP 50MG	0	
MESNEX TAB 400MG	0	
NINLARO CAP 2.3MG	0	PA
NINLARO CAP 3MG	0	PA
NINLARO CAP 4MG	0	PA
ODOMZO CAP 200MG	0	PA
RUBRACA TAB 200MG	0	PA
RUBRACA TAB 250MG	0	PA
RUBRACA TAB 300MG	0	PA
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
TARGRETIN CAP 75MG	0	PA
TARGRETIN GEL 1%	3	PA
TIBSOVO TAB 250MG	0	PA
tretinoin cap 10 mg	0	
VENCLEXTA TAB 10MG	0	PA
VENCLEXTA TAB 50MG	0	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 100MG	0	PA
VENCLEXTA TAB START PK	0	PA
VISTOGARD PAK 10GM	2	
ZEJULA CAP 100MG	0	PA
ZOLINZA CAP 100MG	0	PA
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
LOTREL CAP 2.5-10MG	2	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
TARKA TAB 1-240 CR	2	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITOR/DIURETIC COMBINATIONS		
ACCURETIC TAB 10-12.5	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-25 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ACEON TAB 4MG	3	
ACEON TAB 8MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
EPANED SOL 1MG/ML	3	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
MAVIK TAB 1MG	3	
MAVIK TAB 2MG	3	
MAVIK TAB 4MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
PRINIVIL TAB 5MG	3	
PRINIVIL TAB 10MG	3	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
ADRENOLYTICS, CENTRAL		
CATAPRES TAB 0.1MG	2	
CATAPRES TAB 0.2MG	2	
CATAPRES TAB 0.3MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
TENEX TAB 1MG	2	
TENEX TAB 2MG	2	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS		
clonidine & chlorthalidone tab 0.1-15 mg	1	
clonidine & chlorthalidone tab 0.2-15 mg	1	
clonidine & chlorthalidone tab 0.3-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 8MG	3	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
EXFORGE TAB 5-160MG	3	PA
EXFORGE TAB 5-320MG	3	PA
EXFORGE TAB 10-160MG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-320MG	3	PA
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS		
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
EXFORGE HCT TAB 5-160-12.5	3	PA
EXFORGE HCT TAB 5-160-25	3	PA
EXFORGE HCT TAB 10-160-12.5	3	PA
EXFORGE HCT TAB 10-160-25	3	PA
EXFORGE HCT TAB 10-320-25	3	PA
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-25MG	3	
ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS		
ATACAND HCT TAB 16-12.5	3	PA
ATACAND HCT TAB 32-12.5	3	PA
ATACAND HCT TAB 32-25MG	3	PA
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
BENICAR HCT TAB 20-12.5	3	PA; MNPA
BENICAR HCT TAB 40-12.5	3	PA; MNPA
BENICAR HCT TAB 40-25MG	3	PA; MNPA
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
DIOVAN HCT TAB 80/12.5	3	PA
DIOVAN HCT TAB 160-12.5	3	PA
DIOVAN HCT TAB 160-25MG	3	PA
DIOVAN HCT TAB 320-12.5	3	PA
DIOVAN HCT TAB 320-25MG	3	PA
EDARBYCLOR TAB 40-12.5	3	PA
EDARBYCLOR TAB 40-25MG	3	PA
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TEVETEN HCT TAB 600-12.5	3	PA
TEVETEN HCT TAB 600-25MG	3	PA
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND TAB 4MG	3	PA
ATACAND TAB 8MG	3	PA
ATACAND TAB 16MG	3	PA
ATACAND TAB 32MG	3	PA
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	PA; MNPA
BENICAR TAB 20MG	3	PA; MNPA
BENICAR TAB 40MG	3	PA; MNPA
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	PA
DIOVAN TAB 80MG	3	PA
DIOVAN TAB 160MG	3	PA
DIOVAN TAB 320MG	3	PA
EDARBI TAB 40MG	3	PA
EDARBI TAB 80MG	3	PA
eprosartan mesylate tab 600 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
TEVETEN TAB 600MG	3	PA
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
BETAPACE AF TAB 80MG	3	PA
BETAPACE AF TAB 120MG	3	PA
BETAPACE AF TAB 160MG	3	PA
BETAPACE TAB 80MG	3	PA
BETAPACE TAB 120MG	3	PA
BETAPACE TAB 160MG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CORDARONE TAB 200MG	2	
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG	2	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	
NORPACE CAP 150MG CR	2	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
RYTHMOL TAB 150MG	2	
RYTHMOL TAB 225MG	2	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
TIKOSYN CAP 125MCG	2	PA
TIKOSYN CAP 250MCG	2	PA
TIKOSYN CAP 500MCG	2	PA
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
ZETIA TAB 10MG	3	PA; MNPA
ANTILIPEMICS, FIBRATES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 40 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOFIBRA CAP 67MG	3	
LOFIBRA CAP 134MG	3	
LOFIBRA CAP 200MG	3	
LOFIBRA TAB 54MG	3	
LOFIBRA TAB 160MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	PA
TRICOR TAB 145MG	3	PA
TRIGLIDE TAB 160MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ALTOPREV TAB 20MG ER	3	PA
ALTOPREV TAB 40MG ER	3	PA
ALTOPREV TAB 60MG ER	3	PA
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
CRESTOR TAB 5MG	3	PA
CRESTOR TAB 10MG	3	PA
CRESTOR TAB 20MG	3	PA
CRESTOR TAB 40MG	3	PA
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	3	PA
LIPITOR TAB 10MG	3	PA
LIPITOR TAB 20MG	3	PA
LIPITOR TAB 40MG	3	PA
LIPITOR TAB 80MG	3	PA
LIVALO TAB 1MG	3	PA
LIVALO TAB 2MG	3	PA
LIVALO TAB 4MG	3	PA
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
MEVACOR TAB 40MG	3	
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 40MG	3	
PRAVACHOL TAB 80MG	3	
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ZOCOR TAB 5MG	3	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS		
JUXTAPID CAP 5MG	3	PA
JUXTAPID CAP 10MG	3	PA
JUXTAPID CAP 20MG	3	PA
JUXTAPID CAP 30MG	3	PA
JUXTAPID CAP 40MG	3	PA
JUXTAPID CAP 60MG	3	PA
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
KYNAMRO INJ 200MG/ML	4	PA
ANTILIPEMICS, NIACINS		
niacin (antihyperlipidemic) tab 500 mg	1	
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	4	PA; MNPA
PRALUENT INJ 150MG/ML	4	PA; MNPA
REPATHA INJ 140MG/ML	4	PA
REPATHA SURE INJ 140MG/ML	4	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
CORZIDE TAB 40-5MG	3	
CORZIDE TAB 80-5MG	3	
DUTOPROL TAB 25-12.5	3	PA
DUTOPROL TAB 50-12.5	3	PA
DUTOPROL TAB 100-12.5	3	PA
LOPRESS HCT TAB 50-25MG	2	
LOPRESS HCT TAB 100-25MG	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
nadolol & bendroflumethiazide tab 40-5 mg	1	
nadolol & bendroflumethiazide tab 80-5 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	
INDERAL LA CAP 160MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
KERLONE TAB 10MG	3	
KERLONE TAB 20MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
LEVATOL TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
SECTRAL CAP 200MG	3	
SECTRAL CAP 400MG	3	
TENORMIN TAB 25MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
TOPROL XL TAB 25MG	3	PA; MNPA
TOPROL XL TAB 50MG	3	PA; MNPA
TOPROL XL TAB 100MG	3	PA; MNPA
TOPROL XL TAB 200MG	3	PA; MNPA
ZEBETA TAB 5MG	3	
ZEBETA TAB 10MG	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CADUET TAB 2.5-10MG	3	
CADUET TAB 2.5-20MG	3	
CADUET TAB 2.5-40MG	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES		
ADALAT CC TAB 30MG ER	3	
ADALAT CC TAB 60MG ER	3	
ADALAT CC TAB 90MG ER	3	
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NORVASC TAB 2.5MG	3	PA
NORVASC TAB 5MG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NORVASC TAB 10MG	3	PA
NYMALIZE SOL 60/20ML	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES		
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CALAN TAB 80MG	3	
CALAN TAB 120MG	3	
CARDIZEM CD CAP 120MG/24	3	PA
CARDIZEM CD CAP 180MG/24	3	PA
CARDIZEM CD CAP 240MG/24	3	PA
CARDIZEM CD CAP 300MG/24	3	PA
CARDIZEM CD CAP 360MG/24	3	PA
CARDIZEM LA TAB 120MG	3	PA
CARDIZEM LA TAB 180MG	3	PA
CARDIZEM LA TAB 240MG	3	PA
CARDIZEM LA TAB 300MG/24	3	PA
CARDIZEM LA TAB 360MG	3	PA
CARDIZEM LA TAB 420MG/24	3	PA
CARDIZEM TAB 30MG	3	PA
CARDIZEM TAB 60MG	3	PA
CARDIZEM TAB 120MG	3	PA
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 180 mg	1	PA
diltiazem hcl coated beads tab er 24hr 240 mg	1	PA
diltiazem hcl coated beads tab er 24hr 300 mg	1	PA
diltiazem hcl coated beads tab er 24hr 360 mg	1	PA
diltiazem hcl coated beads tab er 24hr 420 mg	1	PA
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.25MG	3	PA
LANOXIN TAB 0.125MG	3	PA
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	
TEKTURNA TAB 300MG	2	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
DIAMOX SEQUE CAP 500MG CR	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS TAB 50MG	3	PA
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
NEPTAZANE TAB 25MG	3	
NEPTAZANE TAB 50MG	3	
DIURETICS, DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
DYAZIDE CAP 37.5-25	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide cap 50-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
DIURETICS, LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
DEMADEX TAB 5MG	3	
DEMADEX TAB 10MG	3	
DEMADEX TAB 20MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 10 mg/ml	1	
FUROSEMIDE SOL 8MG/ML	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
DIURETICS, POTASSIUM-SPARING DIURETICS		
amiloride hcl tab 5 mg	1	
DYRENIUM CAP 50MG	3	PA
DYRENIUM CAP 100MG	3	PA
DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab 250 mg	1	
chlorothiazide tab 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
methyclothiazide tab 5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
MICROZIDE CAP 12.5MG	3	
HEART FAILURE		
BIDIL TAB	2	
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
NORTHERA CAP 100MG	3	PA
NORTHERA CAP 200MG	3	PA
NORTHERA CAP 300MG	3	PA
phenoxybenzamine hcl cap 10 mg	1	
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
reserpine tab 0.1 mg	1	
reserpine tab 0.25 mg	1	
NITRATES, ORAL		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 5MG	2	
ISORDIL TAB 40MG	2	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab er 40 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRATES, SUBLINGUAL/TRANSLINGUAL		
nitroglycerin lingual aerosol 400 mcg/spray	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	PA
NITROSTAT SUB 0.4MG	3	PA
NITROSTAT SUB 0.6MG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NITRATES, TRANSDERMAL		
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB 5MG	2	PA
LETAIRIS TAB 10MG	2	PA
OPSUMIT TAB 10MG	2	PA
TRACLEER TAB 32MG	2	PA
TRACLEER TAB 62.5MG	2	PA
TRACLEER TAB 125MG	2	PA
PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	3	PA
REVATIO SUS 10MG/ML	3	PA
REVATIO TAB 20MG	3	PA
sildenafil citrate tab 20 mg	1	PA
PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS		
UPTRAVI TAB 200/800	2	PA
UPTRAVI TAB 200MCG	2	PA
UPTRAVI TAB 400MCG	2	PA
UPTRAVI TAB 600MCG	2	PA
UPTRAVI TAB 800MCG	2	PA
UPTRAVI TAB 1000MCG	2	PA
UPTRAVI TAB 1200MCG	2	PA
UPTRAVI TAB 1400MCG	2	PA
UPTRAVI TAB 1600MCG	2	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
TYVASO START SOL 0.6MG/ML	3	PA
VENTAVIS SOL 10MCG/ML	3	PA
VENTAVIS SOL 20MCG/ML	3	PA
PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS		
ADEMPAS TAB 0.5MG	2	PA
ADEMPAS TAB 1.5MG	2	PA
ADEMPAS TAB 1MG	2	PA
ADEMPAS TAB 2.5MG	2	PA
ADEMPAS TAB 2MG	2	PA
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY, BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN TAB 0.5MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ATIVAN TAB 1MG	2	
ATIVAN TAB 2MG	2	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
NIRAVAM TAB 0.25MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 3.75MG	3	
TRANXENE T TAB 7.5MG	3	
TRANXENE T TAB 15MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	PA; MNPA
XANAX TAB 0.25MG	3	PA; MNPA
XANAX TAB 1MG	3	PA; MNPA
XANAX TAB 2MG	3	PA; MNPA
XANAX XR TAB 0.5MG	3	PA; MNPA
XANAX XR TAB 1MG	3	PA; MNPA
XANAX XR TAB 2MG	3	PA; MNPA
XANAX XR TAB 3MG	3	PA; MNPA
ANTIANXIETY, MISCELLANEOUS		
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
CELONTIN CAP 300MG	3	
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
DEPAKENE CAP 250MG	3	
DEPAKENE SOL 250/5ML	3	
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
DIACOMIT CAP 250MG	3	PA
DIACOMIT CAP 500MG	3	PA
DIACOMIT PAK 250MG	3	PA
DIACOMIT PAK 500MG	3	PA
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
EPIDIOLEX SOL 100MG/ML	3	PA
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 2MG	3	
LAMICTAL CHW 5MG	3	PA; MNPA
LAMICTAL CHW 25MG	3	PA; MNPA
LAMICTAL KIT START 35	3	PA; MNPA
LAMICTAL KIT START 49	3	PA; MNPA
LAMICTAL KIT START 98	3	PA; MNPA
LAMICTAL ODT KIT	3	PA; MNPA
LAMICTAL ODT TAB 25MG	3	PA; MNPA
LAMICTAL ODT TAB 50MG	3	PA; MNPA
LAMICTAL ODT TAB 100MG	3	PA; MNPA
LAMICTAL ODT TAB 200MG	3	PA; MNPA
LAMICTAL TAB 25MG	3	PA; MNPA
LAMICTAL TAB 100MG	3	PA; MNPA
LAMICTAL TAB 150MG	3	PA; MNPA
LAMICTAL TAB 200MG	3	PA; MNPA
LAMICTAL XR KIT	3	PA; MNPA
LAMICTAL XR TAB 25MG	3	PA; MNPA
LAMICTAL XR TAB 50MG	3	PA; MNPA
LAMICTAL XR TAB 100MG	3	PA; MNPA
LAMICTAL XR TAB 200MG	3	PA; MNPA
LAMICTAL XR TAB 250MG	3	PA; MNPA
LAMICTAL XR TAB 300MG	3	PA; MNPA
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (35) starter kit	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
ONFI SUS 2.5MG/ML	3	PA; MNPA
ONFI TAB 10MG	3	PA; MNPA
ONFI TAB 20MG	3	PA; MNPA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
PEGANONE TAB 250MG	3	
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin susp 125 mg/5ml	1	
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
SABRIL POW 500MG	3	PA; MNPA
SABRIL TAB 500MG	3	PA; MNPA
STAVZOR CAP 125MG	3	
STAVZOR CAP 250MG	3	
STAVZOR CAP 500MG	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr sprinkle 25 mg	1	
topiramate cap er 24hr sprinkle 50 mg	1	
topiramate cap er 24hr sprinkle 100 mg	1	
topiramate cap er 24hr sprinkle 150 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
topiramate cap er 24hr sprinkle 200 mg	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
vigabatrin powd pack 500 mg	1	PA
vigabatrin tab 500 mg	1	PA
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
ZONEGRAN CAP 25MG	3	PA
ZONEGRAN CAP 100MG	3	PA
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON CAP 1.5MG	3	
EXELON CAP 3MG	3	
EXELON CAP 4.5MG	3	
EXELON CAP 6MG	3	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	1	
memantine hcl tab 10 mg	1	
NAMENDA SOL 10MG/5ML	3	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
RAZADYNE TAB 4MG	3	
RAZADYNE TAB 8MG	3	
RAZADYNE TAB 12MG	3	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	
APLENZIN TAB 522MG	3	
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
FORFIVO XL TAB 450MG	3	
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
OLEPTRO TAB 24HR150	3	PA
OLEPTRO TAB 24HR300	3	PA
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
REMERON TAB 45MG	3	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
WELLBUTRIN TAB 75MG	3	
WELLBUTRIN TAB 100MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl (pmdd) cap 10 mg	1	
fluoxetine hcl (pmdd) cap 20 mg	1	
fluoxetine hcl (pmdd) tab 10 mg	1	
fluoxetine hcl (pmdd) tab 20 mg	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluoxetine hcl tab 60 mg	1	
FLUOXETINE TAB 60MG	3	
LEXAPRO SOL 5MG/5ML	3	
LEXAPRO TAB 5MG	3	PA; MNPA
LEXAPRO TAB 10MG	3	PA; MNPA
LEXAPRO TAB 20MG	3	PA; MNPA
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
PROZAC CAP 10MG	3	PA; MNPA
PROZAC CAP 20MG	3	PA; MNPA
PROZAC CAP 40MG	3	PA; MNPA
PROZAC WEEKL CAP 90MG	3	
SARAFEM TAB 10MG	3	
SARAFEM TAB 20MG	3	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	

ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

CYMBALTA CAP 20MG	3	PA
CYMBALTA CAP 30MG	3	PA
CYMBALTA CAP 60MG	3	PA
DESVENLAFAX TAB 50MG ER	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
desvenlafaxine tab er 24hr 50 mg	1	
desvenlafaxine tab er 24hr 100 mg	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
EFFEXOR XR CAP 37.5MG	3	PA; MNPA
EFFEXOR XR CAP 75MG	3	PA; MNPA
EFFEXOR XR CAP 150MG	3	PA; MNPA
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
KHEDEZLA TAB 50MG ER	3	
KHEDEZLA TAB 100MG ER	3	
PRISTIQ TAB 25MG	3	PA; MNPA
PRISTIQ TAB 50MG	3	PA; MNPA
PRISTIQ TAB 100MG	3	PA; MNPA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	3	PA; MNPA
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	3	PA; MNPA
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	PA
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
VENLAFAXINE TAB 37.5 ER	3	PA; MNPA
VENLAFAXINE TAB 75MG ER	3	PA; MNPA
VENLAFAXINE TAB 150MG ER	3	PA
VENLAFAXINE TAB 225MG ER	3	
ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
NORPRAMIN TAB 50MG	2	
NORPRAMIN TAB 75MG	2	
NORPRAMIN TAB 100MG	2	
NORPRAMIN TAB 150MG	2	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
SURMONTIL CAP 25MG	3	
SURMONTIL CAP 50MG	3	
SURMONTIL CAP 100MG	3	
TOFRANIL TAB 10MG	2	
TOFRANIL TAB 25MG	2	
TOFRANIL TAB 50MG	2	
TOFRANIL-PM CAP 75MG	3	
TOFRANIL-PM CAP 100MG	3	
TOFRANIL-PM CAP 125MG	3	
TOFRANIL-PM CAP 150MG	3	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
trimipramine maleate cap 100 mg	1	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	1	
amantadine hcl syrup 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	4	PA
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa tab 25 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
COMTAN TAB 200MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ELDEPRYL CAP 5MG	3	
entacapone tab 200 mg	1	
LODOSYN TAB 25MG	3	
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.25MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1.5MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
REQUIP TAB 0.5MG	3	
REQUIP TAB 0.25MG	3	
REQUIP TAB 1MG	3	
REQUIP TAB 2MG	3	
REQUIP TAB 3MG	3	
REQUIP TAB 4MG	3	
REQUIP TAB 5MG	3	
REQUIP XL TAB 2MG	3	
REQUIP XL TAB 4MG	3	
REQUIP XL TAB 6MG	3	
REQUIP XL TAB 8MG	3	
REQUIP XL TAB 12MG	3	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
selegiline hcl cap 5 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl tab 5 mg	1	
SINEMET CR TAB 25-100MG	3	
SINEMET CR TAB 50-200MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
trihexyphenidyl hcl elixir 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS, ATYPICALS		
ABILIFY TAB 2MG	3	PA
ABILIFY TAB 5MG	3	PA
ABILIFY TAB 10MG	3	PA
ABILIFY TAB 15MG	3	PA
ABILIFY TAB 20MG	3	PA
ABILIFY TAB 30MG	3	PA
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
ARIPIPRAZOLE TAB 10MG ODT	1	
aripiprazole tab 15 mg	1	
ARIPIPRAZOLE TAB 15MG ODT	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 100MG	3	
FANAPT PAK	3	PA
FANAPT TAB 1MG	3	PA
FANAPT TAB 2MG	3	PA
FANAPT TAB 4MG	3	PA
FANAPT TAB 6MG	3	PA
FANAPT TAB 8MG	3	PA
FANAPT TAB 10MG	3	PA
FANAPT TAB 12MG	3	PA
FAZACLO TAB 12.5 ODT	3	
FAZACLO TAB 25MG ODT	3	
FAZACLO TAB 100 ODT	3	
FAZACLO TAB 150 ODT	3	
FAZACLO TAB 200 ODT	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	PA
NUPLAZID TAB 10MG	3	PA
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
RISPERDAL M TAB 0.5MG	3	
RISPERDAL M TAB 1MG	3	
RISPERDAL M TAB 2MG	3	
RISPERDAL M TAB 3MG	3	
RISPERDAL M TAB 4MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 0.25MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	PA; MNPA
SEROQUEL XR TAB 150MG	3	PA; MNPA
SEROQUEL XR TAB 200MG	3	PA; MNPA
SEROQUEL XR TAB 300MG	3	PA; MNPA
SEROQUEL XR TAB 400MG	3	PA; MNPA
VERSACLOZ SUS 50MG/ML	3	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE INH 10MG	3	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

ADDERALL TAB 5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 7.5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 10MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 12.5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 15MG	3	QL (60 tabs / 25 days)
ADDERALL TAB 20MG	3	QL (60 tabs / 25 days)
ADDERALL TAB 30MG	3	QL (30 tabs / 25 days)
ADDERALL XR CAP 5MG	3	QL (90 caps / 25 days), PA
ADDERALL XR CAP 10MG	3	QL (90 caps / 25 days), PA
ADDERALL XR CAP 15MG	3	QL (30 caps / 25 days), PA
ADDERALL XR CAP 20MG	3	QL (30 caps / 25 days), PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CAP 25MG	3	QL (30 caps / 25 days), PA
ADDERALL XR CAP 30MG	3	QL (30 caps / 25 days), PA
ADZENYS ER SUS 1.25MG	3	QL (450 mL / 25 days)
ADZENYS XR TAB 3.1MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 6.3MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 9.4MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 12.5MG	3	QL (30 ea / 25 days)
ADZENYS XR TAB 15.7 MG	3	QL (30 ea / 25 days)
ADZENYS XR TAB 18.8MG	3	QL (30 ea / 25 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days)
APTENSIO XR CAP 10MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 15MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 20MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 30MG	3	QL (60 caps / 25 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CAP 40MG	3	QL (30 caps / 25 days)
APTENSIO XR CAP 50MG	3	QL (30 caps / 25 days)
APTENSIO XR CAP 60MG	3	QL (30 caps / 25 days)
atomoxetine hcl cap 10 mg (base equiv)	1	QL (120 caps / 25 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (120 caps / 25 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (120 caps / 25 days)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps / 25 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps / 25 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps / 25 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps / 25 days)
CONCERTA TAB 18MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 27MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 36MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 54MG	3	QL (30 tabs / 25 days)
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / 25 days)
DESOXYN TAB 5MG	3	QL (150 tabs / 25 days)
DEXEDRINE CAP 5MG CR	3	QL (120 caps / 25 days)
DEXEDRINE CAP 10MG CR	3	QL (120 caps / 25 days)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / 25 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 2.5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1200 mL / 25 days)
dextroamphetamine sulfate tab 2.5 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs / 25 days)
DYANAVEL XR SUS 2.5MG/ML	3	QL (240 mL / 25 days)
EVEKEO TAB 5MG	3	QL (120 tabs / 25 days), PA; MNPA
EVEKEO TAB 10MG	3	QL (120 tabs / 25 days), PA; MNPA
FOCALIN TAB 2.5MG	3	QL (120 tabs / 25 days)
FOCALIN TAB 5MG	3	QL (120 tabs / 25 days)
FOCALIN TAB 10MG	3	QL (60 tabs / 25 days)
FOCALIN XR CAP 5MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 10MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 15MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 20MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 25MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 30MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 35MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 40MG	3	QL (30 caps / 25 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	3	PA
INTUNIV TAB 2MG	3	PA
INTUNIV TAB 3MG	3	PA
INTUNIV TAB 4MG	3	PA
METADATE CD CAP 10MG	3	QL (60 caps / 25 days)
METADATE CD CAP 20MG	3	QL (60 caps / 25 days)
METADATE CD CAP 30MG	3	QL (60 caps / 25 days)
METADATE CD CAP 40MG	3	QL (30 caps / 25 days)
METADATE CD CAP 50MG	3	QL (30 caps / 25 days)
METADATE CD CAP 60MG	3	QL (30 caps / 25 days)
METHYLIN CHW 2.5MG	2	QL (180 tabs / 25 days)
METHYLIN CHW 5MG	2	QL (180 tabs / 25 days)
METHYLIN CHW 10MG	2	QL (180 tabs / 25 days)
METHYLIN SOL 5MG/5ML	3	QL (1800 mL / 25 days)
METHYLIN SOL 10MG/5ML	3	QL (900 mL / 25 days)
methylphenid tab 72mg er	3	QL (30 tabs / 25 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl chew tab 5 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl chew tab 10 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (1800 mL / 25 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (900 mL / 25 days)
methylphenidate hcl tab 5 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 10 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 20 mg	1	QL (900 tabs / 25 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 10 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 20 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 24hr 18 mg	1	
methylphenidate hcl tab er 24hr 27 mg	1	
methylphenidate hcl tab er 24hr 36 mg	1	
methylphenidate hcl tab er 24hr 54 mg	1	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs / 25 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 25MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 37.5MG	2	QL (30 caps / 25 days)
MYDAYIS CAP 50MG	2	QL (30 caps / 25 days)
PROCENTRA SOL 5MG/5ML	3	QL (1200 mL / 25 days)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / 25 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL / 25 days)
RITALIN LA CAP 10MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 20MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 30MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 40MG	3	QL (30 caps / 25 days)
RITALIN LA CAP 60MG	3	QL (30 caps / 25 days)
RITALIN TAB 5MG	3	QL (180 tabs / 25 days)
RITALIN TAB 10MG	3	QL (180 tabs / 25 days)
RITALIN TAB 20MG	3	QL (900 tabs / 25 days)
STRATTERA CAP 10MG	3	QL (120 caps / 25 days)
STRATTERA CAP 18MG	3	QL (120 caps / 25 days)
STRATTERA CAP 25MG	3	QL (120 caps / 25 days)
STRATTERA CAP 40MG	3	QL (60 caps / 25 days)
STRATTERA CAP 60MG	3	QL (30 caps / 25 days)
STRATTERA CAP 80MG	3	QL (30 caps / 25 days)
STRATTERA CAP 100MG	3	QL (30 caps / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
FIBROMYALGIA		
LYRICA CAP 25MG	2	
LYRICA CAP 50MG	2	
LYRICA CAP 75MG	2	
LYRICA CAP 100MG	2	
LYRICA CAP 150MG	2	
LYRICA CAP 200MG	2	
LYRICA CAP 225MG	2	
LYRICA CAP 300MG	2	
LYRICA SOL 20MG/ML	2	
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HUNTINGTON'S DISEASE AGENTS		
AUSTEDO TAB 6MG	2	PA
AUSTEDO TAB 9MG	2	PA
AUSTEDO TAB 12MG	2	PA
tetrabenazine tab 12.5 mg	1	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 25 mg	1	PA
XENAZINE TAB 12.5MG	3	PA
XENAZINE TAB 25MG	3	PA
HYPNOTICS, BENZODIAZEPINES		
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
HALCION TAB 0.25MG	3	
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
HYPNOTICS, NON-BENZODIAZEPINES		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
BUTISOL SOD TAB 30MG	3	
BUTISOL SOD TAB 50MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
HETLIOZ CAP 20MG	3	PA
INTERMEZZO SUB 1.75MG	3	PA
INTERMEZZO SUB 3.5MG	3	PA
LUNESTA TAB 1MG	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
LUNESTA TAB 2MG	3	PA
LUNESTA TAB 3MG	3	PA
ramelteon tab 8 mg	1	
ROZEREM TAB 8MG	3	PA
SONATA CAP 5MG	3	
SONATA CAP 10MG	3	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate sl tab 1.75 mg	1	
zolpidem tartrate sl tab 3.5 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
HYPNOTICS, TRICYCLICS		
SILENOR TAB 3MG	2	
SILENOR TAB 6MG	2	
MIGRAINE, ERGOTAMINE DERIVATIVES		
CAFERGOT TAB 1-100MG	3	PA
D.H.E. 45 INJ 1MG/ML	4	
dihydroergotamine mesylate inj 1 mg/ml	4	
ERGOMAR SUB 2MG	3	
ergotamine w/ caffeine suppos 2-100 mg	1	
ergotamine w/ caffeine tab 1-100 mg	1	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
MIGRAINE, MONOCLONAL ANTIBODIES		
AJOVY INJ 225/1.5	4	ST
EMGALITY INJ 120MG/ML	4	ST
MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS		
sumatriptan-naproxen sodium tab 85-500 mg	1	QL (9 tabs per month)
TREXIMET TAB 10-60MG	2	QL (9 tablets per month)
TREXIMET TAB 85-500MG	2	QL (9 tabs per month)
MIGRAINE, SELECTIVE SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 tabs per month)
almotriptan malate tab 12.5 mg	1	QL (12 tabs per month)
ALSUMA INJ 6MG/0.5	4	QL (12 inj per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
AMERGE TAB 1MG	3	QL (12 tabs per month)
AMERGE TAB 2.5MG	3	QL (12 tabs per month)
AXERT TAB 6.25MG	3	QL (12 tabs per month)
AXERT TAB 12.5MG	3	QL (12 tabs per month)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs per month)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs per month)
FROVA TAB 2.5MG	3	QL (18 tabs per month)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tabs per month)
IMITREX INJ 4MG/0.5	4	QL (12 inj per month)
IMITREX INJ 6MG/0.5	4	QL (12 inj per month)
IMITREX SPR 5MG/ACT	3	QL (24 per month)
IMITREX SPR 20MG/ACT	3	QL (12 per month)
IMITREX TAB 25MG	3	QL (12 tabs per month)
IMITREX TAB 50MG	3	QL (12 tabs per month)
IMITREX TAB 100MG	3	QL (12 tabs per month)
MAXALT TAB 5MG	3	QL (18 tabs per month)
MAXALT TAB 10MG	3	QL (18 tabs per month)
MAXALT-MLT TAB 5MG	3	QL (18 ea per month)
MAXALT-MLT TAB 10MG	3	QL (18 ea per month)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs per month)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs per month)
ONZETRA XSAI MIS 11MG	2	QL (1 kit per month)
RELPAX TAB 20MG	3	QL (12 tabs per month)
RELPAX TAB 40MG	3	QL (12 tabs per month)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 ea per month)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 ea per month)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs per month)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs per month)
sumatriptan nasal spray 5 mg/act	1	QL (24 per month)
sumatriptan nasal spray 20 mg/act	1	QL (12 per month)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (12 inj per month)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 inj per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 inj per month)
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (12 inj per month)
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL (12 inj per month)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	4	QL (12 inj per month)
sumatriptan succinate tab 25 mg	1	QL (12 tabs per month)
sumatriptan succinate tab 50 mg	1	QL (12 tabs per month)
sumatriptan succinate tab 100 mg	1	QL (12 tabs per month)
SUMAVEL DOSE INJ 4MG/0.5	4	QL (12 per month), PA; MNPA
SUMAVEL DOSE INJ 6MG/0.5	4	QL (12 per month), PA; MNPA
ZEMBRACE SYM INJ 3/0.5ML	4	QL (24 inj per month)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 ea per month)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 ea per month)
zolmitriptan tab 2.5 mg	1	QL (12 tabs per month)
zolmitriptan tab 5 mg	1	QL (12 tabs per month)
ZOMIG SPR 2.5MG	2	QL (12 units per month)
ZOMIG SPR 5MG	2	QL (12 units per month)
ZOMIG TAB 2.5MG	3	QL (12 tabs per month)
ZOMIG TAB 5MG	3	QL (12 tabs per month)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 ea per month)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 ea per month)
MISCELLANEOUS		
FIRDAPSE TAB 10MG	3	PA
GUANIDINE TAB 125MG	3	
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
MOOD STABILIZERS		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	3	
MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	3	PA
AUBAGIO TAB 7MG	2	PA
AUBAGIO TAB 14MG	2	PA
AVONEX KIT 30MCG	4	PA
AVONEX PEN KIT 30MCG	4	PA
AVONEX PREFL KIT 30MCG	4	PA
BETASERON INJ 0.3MG	4	PA
COPAXONE INJ 20MG/ML	4	PA
COPAXONE INJ 40MG/ML	4	PA
EXTAVIA INJ 0.3MG	4	PA; MNPA
GILENYA CAP 0.5MG	2	PA
glatiramer acetate soln prefilled syringe 20 mg/ml	4	PA
glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA
MAYZENT TAB 0.25MG	2	PA
MAYZENT TAB 2MG	2	PA
PLEGRIDY INJ	4	PA
PLEGRIDY INJ PEN	4	PA
PLEGRIDY INJ STARTER	4	PA
PLEGRIDY PEN INJ STARTER	4	PA
REBIF INJ 22/0.5	4	PA
REBIF INJ 44/0.5	4	PA
REBIF REBIDO INJ 22/0.5	4	PA
REBIF REBIDO INJ 44/0.5	4	PA
REBIF REBIDO INJ TITRATN	4	PA
REBIF TITRTN INJ PACK	4	PA
TECFIDERA CAP 120MG	2	PA
TECFIDERA CAP 240MG	2	PA
TECFIDERA MIS STARTER	2	PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
MAVENCLAD PAK 10MG (4)	3	PA
MAVENCLAD PAK 10MG (5)	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG (6)	3	PA
MAVENCLAD PAK 10MG (7)	3	PA
MAVENCLAD PAK 10MG (8)	3	PA
MAVENCLAD PAK 10MG (9)	3	PA
MAVENCLAD PAK 10MG(4)	3	PA
MAVENCLAD PAK 10MG(5)	3	PA
MAVENCLAD PAK 10MG(6)	3	PA
MAVENCLAD PAK 10MG(7)	3	PA
MAVENCLAD PAK 10MG(8)	3	PA
MAVENCLAD PAK 10MG(9)	3	PA
MAVENCLAD PAK 10MG(10)	3	PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX CAP 15MG	3	PA
AMRIX CAP 30MG	3	PA
BACLOFEN TAB 5MG	3	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	
carisoprodol tab 350 mg	1	
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	
carisoprodol w/ aspirin tab 200-325 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl cap er 24hr 15 mg	1	
cyclobenzaprine hcl cap er 24hr 30 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
FEXMID TAB 7.5MG	3	
LORZONE TAB 375MG	3	
LORZONE TAB 750MG	3	
metaxalone tab 400 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	
PARAFON FORT TAB 500MG	2	
ROBAXIN TAB 500MG	2	
ROBAXIN-750 TAB 750MG	2	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	2	
MYASTHENIA GRAVIS		
MESTINON SOL 60MG/5ML	2	
MESTINON TAB 60MG	2	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
NUVIGIL TAB 50MG	3	PA; MNPA
NUVIGIL TAB 150MG	3	PA; MNPA
NUVIGIL TAB 200MG	3	PA; MNPA
NUVIGIL TAB 250MG	3	PA; MNPA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
XYREM SOL 500MG/ML	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)		
GRALISE STAR MIS 300/600	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
HORIZANT TAB 300MG ER	3	PA; MNPA
HORIZANT TAB 600MG ER	3	PA; MNPA
PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS		
acamprosate calcium tab delayed release 333 mg	1	
ANTABUSE TAB 250MG	2	
ANTABUSE TAB 500MG	2	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS		
EVZIO INJ	4	PA
EVZIO INJ 2/0.4ML	4	PA
naloxone hcl inj 0.4 mg/ml	4	
naltrexone hcl tab 50 mg	1	
NARCAN SPR	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS		
BUNAVAIL MIS 2.1-0.3	3	
BUNAVAIL MIS 4.2-0.7	3	
BUNAVAIL MIS 6.3-1MG	3	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
SUBOXONE MIS 2-0.5MG	2	
SUBOXONE MIS 4-1MG	2	
SUBOXONE MIS 8-2MG	2	
SUBOXONE MIS 12-3MG	3	PA; MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	1	
buprenorphine hcl sl tab 8 mg (base equiv)	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	0	$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	$0 limited to 2 treatment cycles/year
ZYBAN TAB 150MG SR	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
paroxetine mesylate cap 7.5 mg (base equiv)	1	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA
SANDOSTATIN INJ 50MCG/ML	4	PA
SANDOSTATIN INJ 100MCG	4	PA
SANDOSTATIN INJ 200MCG	4	PA
SANDOSTATIN INJ 500MCG	4	PA
SANDOSTATIN INJ 1000MCG	4	PA
SOMAVERT INJ 10MG	4	PA
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	PA
ANDROGEL GEL 1%(50MG)	3	PA
ANDROGEL GEL 1.62%	3	
ANDROGEL GEL PUMP 1%	3	PA
AXIRON SOL 30MG/ACT	3	
FORTESTA GEL 10MG/ACT	3	PA
NATESTO GEL 5.5MG	3	PA
OXANDRIN TAB 2.5MG	3	
OXANDRIN TAB 10MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
STRIANT MIS 30MG	3	
TESTIM GEL 1%(50MG)	3	PA
testosterone td gel 10mg/act (2%)	1	
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	
testosterone td gel 50 mg/5gm (1%)	1	
testosterone td gel 50 mg/5gm (1%)	3	PA; Listing reflects the authorized generics for TESTIM and VOGELXO
testosterone td soln 30 mg/act	1	
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
XYOSTED INJ 50/0.5	4	
XYOSTED INJ 75/0.5	4	
XYOSTED INJ 100/0.5	4	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
GLYSET TAB 25MG	3	
GLYSET TAB 50MG	3	
GLYSET TAB 100MG	3	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	
SYMLNPEN 120 INJ 1000MCG	4	
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
GLUCOVANCE TAB 1.25-250	3	
GLUCOVANCE TAB 2.5-500	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
GLUCOVANCE TAB 5-500MG	3	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
ANTIDIABETICS, BIGUANIDES		
GLUCOPHAGE TAB 500MG	3	
GLUCOPHAGE TAB 500MG XR	3	
GLUCOPHAGE TAB 750MG XR	3	
GLUCOPHAGE TAB 850MG	3	
GLUCOPHAGE TAB 1000MG	3	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
RIOMET SOL	3	PA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
KAZANO 12.5- TAB 500MG	3	PA
KAZANO 12.5- TAB 1000MG	3	PA
KOMBIGLYZ XR TAB 2.5-1000	3	PA
KOMBIGLYZ XR TAB 5-500MG	3	PA
KOMBIGLYZ XR TAB 5-1000MG	3	PA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/INSULIN SENSITIZER COMBINATIONS		
OSENI TAB 12.5-15	3	PA
OSENI TAB 12.5-30	3	PA
OSENI TAB 12.5-45	3	PA
OSENI TAB 25-15MG	3	PA
OSENI TAB 25-30MG	3	PA
OSENI TAB 25-45MG	3	PA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	PA
NESINA TAB 12.5MG	3	PA
NESINA TAB 25MG	3	PA
ONGLYZA TAB 2.5MG	3	PA
ONGLYZA TAB 5MG	3	PA
ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN COMBINATIONS		
SOLIQUA INJ 100/33	4	
XULTOPHY INJ 100/3.6	4	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON INJ 2MG	4	QL (4 Pens Per Month), PA
BYDUREON PEN INJ 2MG	4	QL (4 Pens Per Month), PA
BYETTA INJ 5MCG	4	QL (1 Pen Per Month), PA
BYETTA INJ 10MCG	4	QL (1 Pen Per Month), PA
OZEMPIC INJ 2/1.5ML	4	QL (1 Pen Per Month); Starter Pen
OZEMPIC INJ 2/1.5ML	4	QL (3 Pens Per Month)
TRULICITY INJ 0.75/0.5	4	QL (4 Pens Per Month)
TRULICITY INJ 1.5/0.5	4	QL (4 Pens Per Month)
VICTOZA INJ 18MG/3ML	4	QL (3 Pens Per Month)
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOPLUS MET TAB XR	3	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS		
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZERS		
ACTOS TAB 15MG	3	PA
ACTOS TAB 30MG	3	PA
ACTOS TAB 45MG	3	PA
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
ANTIDIABETICS, INSULINS		
APIDRA INJ SOLOSTAR	3	PA
APIDRA INJ U-100	3	PA
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	3	PA
HUMALOG KWIK INJ 100/ML	3	PA
HUMALOG KWIK INJ 200/ML	3	PA
HUMALOG MIX INJ 50/50	3	PA
HUMALOG MIX INJ 50/50KWP	3	PA
HUMALOG MIX INJ 75/25KWP	3	PA
HUMALOG MIX SUS 75/25	3	PA
HUMULIN INJ 70/30KWP	3	PA
HUMULIN N INJ U-100KWP	3	PA
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	3	PA
LANTUS SOLOS INJ 100/ML	3	PA
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ FLEXPEN	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOLO INJ 300IU/ML	3	PA
TRESIBA FLEX INJ 100UNIT	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS		
PRANDIMET TAB 1-500MG	3	
PRANDIMET TAB 2-500MG	3	
repaglinide-metformin hcl tab 1-500 mg	1	
repaglinide-metformin hcl tab 2-500 mg	1	
ANTIDIABETICS, MEGLITINIDES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
PRANDIN TAB 0.5MG	3	
PRANDIN TAB 1MG	3	
PRANDIN TAB 2MG	3	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 60MG	3	
STARLIX TAB 120MG	3	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS		
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
ANTIDIABETICS, SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
chlorpropamide tab 100 mg	1	
chlorpropamide tab 250 mg	1	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL TAB 5MG	3	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
tolbutamide tab 500 mg	1	
ANTIDIABETICS, SUPPLIES		
ACCU-CHEK KIT SPIRIT	3	
ACCU-CHEK TES AVIVA PL	0	QL (204 test strips per month)
ACCU-CHEK TES COMPACT	0	QL (204 test strips per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES GUIDE	0	QL (204 test strips per month)
ACCU-CHEK TES SMART	0	QL (204 test strips per month)
ACETEST TAB TABLETS	0	
ACTIVE 1ST MIS LANC 30G	0	
AUTOLET LITE KIT STARTER	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
CARDIO CHEK MIS KIT	0	
CONTOUR TES BLD GLUC	0	QL (204 test strips per month), PA; MNPA
CONTOUR TES NEXT	0	QL (204 test strips per month), PA; MNPA
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DIASTIX TES STRIPS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FREESTYLE KIT SENSOR	3	FREESTYLE LIBRE
FREESTYLE MIS READER	3	FREESTYLE LIBRE
FREESTYLE TES	0	QL (204 test strips per month), PA
FREESTYLE TES INSULINX	0	QL (204 test strips per month), PA
FREESTYLE TES LITE	0	QL (204 test strips per month), PA
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
GOODSENSE MIS LANC 30G	0	
HUMAPEN MIS LUXURA	0	
INCONTROL MIS LANC 33G	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
KETO-DIASTIX TES	0	
MONOJECTOR MIS END CAPS	0	
PEN NEEDLES MIS 31GX8MM	0	
PTS PANELS TES KETONE	0	
READYLANCE MIS 30G	0	
RELION KETON TES	0	
SAFETY 28G MIS LANCETS	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS ADV 28G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
ANTIDOTES		
CA-DTPA SOL 1000MG	3	
CHEMET CAP 100MG	3	
RADIOGARDASE CAP 0.5GM	3	
ZN-DTPA SOL 1000MG	3	
CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE PARATHYROID LEVELS		
SENSIPAR TAB 30MG	2	PA
SENSIPAR TAB 60MG	2	PA
SENSIPAR TAB 90MG	2	PA
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL TAB 5MG	3	
ACTONEL TAB 30MG	3	
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
CALCIUM REGULATORS, CALCITONINS		
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTICAL SPR 200/ACT	3	
MIACALCIN INJ 200/ML	2	PA
MIACALCIN SPR 200/ACT	3	PA
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	PA
NATPARA INJ 25MCG	4	PA
NATPARA INJ 50MCG	4	PA
NATPARA INJ 75MCG	4	PA
NATPARA INJ 100MCG	4	PA
TYMLOS INJ	4	PA
CARNITINE DEFICIENCY AGENTS		
CARNITOR SF SOL 1GM/10ML	3	PA
CARNITOR SOL 1GM/10ML	3	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
CONTRACEPTIVES, BIPHASIC		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
LO LOESTRIN TAB 1-10-10	0	
MIRCETTE TAB 28 DAY	2	
NECON TAB 10/11-28	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES, CONTINUOUS		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
CONTRACEPTIVES, EXTENDED CYCLE		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
QUARTETTE TAB	0	
CONTRACEPTIVES, FOUR PHASE		
NATAZIA TAB	0	
CONTRACEPTIVES, IMPLANT		
NEXPLANON IMP 68MG	0	
CONTRACEPTIVES, INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	4	
DEPO-SQ PROV INJ 104	0	
medroxyprogesterone acetate im susp 150 mg/ml	0	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	
CONTRACEPTIVES, MISCELLANEOUS		
CAYA DPR	0	
ENCARE SUP 100MG	0	OTC
FC FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
GYNOL II GEL 3%	0	OTC
nonoxynol-9 gel 4%	0	OTC
OMNIFLEX DPR	0	
ORTHO COIL DPR KIT 50	0	
ORTHO COIL DPR KIT 100	0	
ORTHO COIL DPR KIT 105	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ORTHO FLAT DPR KIT 55	0	
ORTHO FLAT DPR KIT 60	0	
ORTHO FLAT DPR KIT 65	0	
ORTHO FLAT DPR KIT 70	0	
ORTHO FLAT DPR KIT 75	0	
ORTHO FLAT DPR KIT 80	0	
ORTHO FLAT DPR KIT 85	0	
ORTHO FLAT DPR KIT 90	0	
ORTHO FLAT DPR KIT 95	0	
PRENTIF MIS 22MM	0	
PRENTIF MIS 25MM	0	
PRENTIF MIS 28MM	0	
PRENTIF MIS 31MM	0	
PRENTIF MIS FITTING	0	
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	
WIDE-SEAL DPR KIT 85	0	
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen		
BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	3	PA; MNPA
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
FALESSA KIT	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
LOESTRIN FE TAB 1/20	3	
LOESTRIN TAB 1/20-21	3	
MINASTRIN 24 CHW FE	3	PA; MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
YAZ TAB 3-0.02MG	3	PA; MNPA
CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen		
GENERESS FE CHW	3	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen		
DESOGEN-28 TAB	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
LOESTRIN 21 TAB 1.5/30	3	
LOESTRIN FE TAB 1.5/30	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
SAFYRAL TAB	2	
YASMIN 28 TAB 3-0.03MG	3	
CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
FEMCON FE CHW	3	
MODICON TAB 0.5/35	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
ORTHO-CYCLEN TAB 0.25/35	3	
ORTHO-NOVUM TAB 1/35	3	
OVCON-35 TAB	3	
CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
norethindrone & mestranol tab 1 mg-50 mcg	0	
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	0	
NORINYL TAB 1+50-28	3	
CONTRACEPTIVES, PROGESTIN ONLY		
norethindrone tab 0.35 mg	0	
ORTHO MICRON TAB 0.35MG	2	
CONTRACEPTIVES, TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
CONTRACEPTIVES, TRIPHASIC		
CYCLESSA PAK	3	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
ESTROSTEP FE TAB	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
ORTHO TRI- TAB CYCLEN	3	
ORTHO TRI- TAB CYCLN LO	3	PA; MNPA
ORTHO-NOVUM TAB 7/7/7	3	
TRI-NORINYL TAB 28	3	
CONTRACEPTIVES, VAGINAL		
NUVARING MIS	0	
ENDOMETRIOSIS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	3	
ESTROGEN/PROGESTIN, ORAL		
ACTIVELLA TAB 0.5-0.1	3	
ACTIVELLA TAB 1-0.5MG	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
FEMHRT TAB 0.5-2.5	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGEN/PROGESTIN, TRANSDERMAL		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
COMBIPATCH DIS .05/.14	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS		
DUAVEE TAB 0.45-20	2	
ESTROGENS, ORAL		
ENJUVIA TAB 0.3MG	3	
ENJUVIA TAB 0.9MG	3	
ENJUVIA TAB 0.45MG	3	
ENJUVIA TAB 0.625MG	3	
ENJUVIA TAB 1.25MG	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estropipate tab 0.75 mg	1	
estropipate tab 1.5 mg	1	
estropipate tab 3 mg	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
ESTROGENS, TRANSDERMAL		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DIVIGEL GEL 0.5MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	PA
MINIVELLE DIS 0.05MG	3	PA
MINIVELLE DIS 0.025MG	3	PA
MINIVELLE DIS 0.075MG	3	PA
MINIVELLE DIS 0.0375MG	3	PA
VIVELLE-DOT DIS 0.1MG	3	PA
VIVELLE-DOT DIS 0.05MG	3	PA
VIVELLE-DOT DIS 0.025MG	3	PA
VIVELLE-DOT DIS 0.075MG	3	PA
VIVELLE-DOT DIS 0.0375MG	3	PA
ESTROGENS, VAGINAL		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	
GANIRELIX AC INJ 250/0.5	4	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	4	PA
FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS		
BRAVELLE INJ 75UNIT	4	
CHOR GONADOT INJ 10000UNT	4	PA
chorionic gonadotropin for im inj 10000 unit	4	PA
FOLLISTIM AQ INJ 75UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 300UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 600UNIT	4	PA; MNPA
FOLLISTIM AQ INJ 900UNIT	4	PA; MNPA
GONAL-F INJ 450UNIT	4	
GONAL-F INJ 1050UNIT	4	
GONAL-F RFF INJ 75UNIT	4	
GONAL-F RFF INJ 300	4	
GONAL-F RFF INJ 450	4	
GONAL-F RFF INJ 900	4	
MENOPUR INJ 75UNIT	4	
NOVAREL INJ 10000UNT	4	PA
OVIDREL INJ	4	
FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC		
clomiphene citrate tab 50 mg	1	
GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA
miglustat cap 100 mg	1	PA
ZAVESCA CAP 100MG	3	PA
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CORTEF TAB 20MG	3	
cortisone acetate tab 25 mg	1	
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
DEXPAK PAK 10 DAY	3	PA
FLO-PRED SUS	3	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
MILLIPRED DP PAK 5MG	3	PA
MILLIPRED SOL 10MG/5ML	3	PA
MILLIPRED TAB 5MG	3	PA
ORAPRED ODT TAB 10MG	2	
ORAPRED ODT TAB 15MG	2	
ORAPRED ODT TAB 30MG	2	
PEDIAPRED SOL 6.7/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 10 mg (21)	1	
RAYOS TAB 1MG	3	PA
RAYOS TAB 2MG	3	PA
RAYOS TAB 5MG	3	PA
VERIPRED 20 SOL 20MG/5ML	3	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	4	
GLUCAGON KIT 1MG	4	
PROGLYCEM SUS 50MG/ML	3	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN INJ 0.2MG	4	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5MG	4	PA
GENOTROPIN INJ 12MG	4	PA
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NUTROPIN AQ INJ 10MG/2ML	4	PA
NUTROPIN AQ INJ 20MG/2ML	4	PA
NUTROPIN AQ INJ NUSPIN 5	4	PA
OMNITROPE INJ 5.8MG	4	PA
SAIZEN INJ 5MG	4	PA
SAIZEN INJ 8.8MG	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
HECTOROL CAP 0.5MCG	2	
HECTOROL CAP 1MCG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
HECTOROL CAP 2.5MCG	2	
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
RAYALDEE CAP 30MCG	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
INSULIN-LIKE GROWTH FACTORS		
INCRELEX INJ 40MG/4ML	4	PA
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
MISCELLANEOUS		
ACTHAR INJ 80UNIT	4	PA
BUPHENYL POW	3	PA
BUPHENYL TAB 500MG	3	PA
cabergoline tab 0.5 mg	1	
CARBAGLU TAB 200MG	3	PA
CERVIDIL VAG MIS 10MG INS	3	
CYSTADANE POW	3	
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
EGRIFTA SOL 1MG	4	PA
EGRIFTA SOL 2MG	4	PA
GALAFOLD CAP 123MG	3	PA
KORLYM TAB 300MG	3	PA
METHERGINE TAB 0.2MG	3	
methylergonovine maleate tab 0.2 mg	1	
MIFEPREX TAB 200MG	3	
MYALEPT INJ 11.3MG	4	PA
PREPIDIL GEL 0.5MG/3G	3	
PROCYSBI CAP 25MG	3	PA
PROCYSBI CAP 75MG	3	PA
PROSTIN E2 SUP 20MG	3	
RAVICTI LIQ 1.1GM/ML	3	PA
REVCOVI INJ 1.6MG/ML	4	
SIGNIFOR INJ 0.3MG/ML	4	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJ 0.6MG/ML	4	PA
SIGNIFOR INJ 0.9MG/ML	4	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA
sodium phenylbutyrate tab 500 mg	1	PA
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
SYPRINE CAP 250MG	3	
trientine hcl cap 250 mg	1	
PHENYLKETONURIA TREATMENT AGENTS		
KUVAN POW 100MG	2	PA
KUVAN POW 500MG	2	PA
KUVAN TAB 100MG	2	PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
ELIPHOS TAB 667MG	3	
FOSRENOL CHW 500MG	3	PA
FOSRENOL CHW 750MG	3	PA
FOSRENOL CHW 1000MG	3	PA
FOSRENOL POW 750MG	3	PA
FOSRENOL POW 1000MG	3	PA
lanthanum carbonate chew tab 500 mg (elemental)	1	
lanthanum carbonate chew tab 750 mg (elemental)	1	
lanthanum carbonate chew tab 1000 mg (elemental)	1	
PHOSLO CAP 667MG	3	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	3	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer tab 400mg	1	
VELPHORO CHW 500MG	2	
POTASSIUM-REMOVING AGENTS		
KAYEXALATE POW	3	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder*	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGESTINS, ORAL		
AYGESTIN TAB 5MG	3	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
MEGACE ES SUS 625/5ML	0	
MEGACE ORAL SUS 40MG/ML	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate susp 625 mg/5ml	0	
norethindrone acetate tab 5 mg	1	
progesterone micronized cap 100 mg	1	
progesterone micronized cap 200 mg	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PROGESTINS, VAGINAL		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	2	
raloxifene hcl tab 60 mg	0	
THYROID AGENTS, ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID AGENTS, THYROID SUPPLEMENTS		
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
CYTOMEL TAB 5MCG	2	
CYTOMEL TAB 25MCG	2	
CYTOMEL TAB 50MCG	2	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 45-15MG	3	PA
JYNARQUE PAK 60-30MG	3	PA
JYNARQUE PAK 90-30MG	3	PA
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	4	
DDAVP SOL 0.01%	2	
DDAVP SPR 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
desmopressin acetate nasal soln 0.01% (refrigerated)	1	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
STIMATE SOL 1.5MG/ML	3	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO CAP 300-0.5	3	
ANZEMET TAB 50MG	3	QL (6 tabs per 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs per 21 days)
aprepitant capsule 40 mg	1	QL (3 caps per 180 days)
aprepitant capsule 80 mg	1	QL (4 caps per 21 days)
aprepitant capsule 125 mg	1	QL (2 caps per 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs per 21 days)
CESAMET CAP 1MG	3	
COMPAZINE PAK 5MG	3	
COMPAZINE TAB 10MG	3	
DICLEGIS TAB 10-10MG	2	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
EMEND CAP 40MG	3	QL (3 caps per 180 days)
EMEND CAP 80MG	3	QL (4 caps per 21 days)
EMEND CAP 125MG	3	QL (2 caps per 21 days)
EMEND SOL 150MG	4	QL (2 vials per 21 days)
EMEND SUS 125MG	3	QL (6 kits per 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (2 packs per 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs per 21 days)
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
METOCLOPRAMI TAB 10MG ODT	3	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
METOZOLV ODT TAB 5MG	3	
ondansetron hcl oral soln 4 mg/5ml	1	QL (200ml per 21 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl tab 4 mg	1	QL (18 tabs per 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs per 21 days)
ondansetron hcl tab 24 mg	1	QL (2 tabs per 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs per 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs per 21 days)
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
SANCUSO DIS 3.1MG	2	QL (2 patches per 21 days)
TIGAN CAP 300MG	3	
TRANSDERM-SC DIS 1.5MG	3	
trimethobenzamide hcl cap 300 mg	1	
VARUBI TAB 90MG	2	QL (4 tabs per 21 days)
ZOFRAN SOL 4MG/5ML	3	QL (200ml per 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 4MG ODT	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG ODT	3	QL (18 tabs per 21 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
ANASPAZ TAB 0.125MG	2	
BENTYL CAP 10MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
BENTYL TAB 20MG	2	
CANTIL TAB 25MG	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
LEVBID TAB 0.375 ER	2	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
PAMINE FORTE TAB 5MG	3	
PAMINE TAB 2.5MG	3	
propantheline bromide tab 15 mg	1	
ROBINUL FORT TAB 2MG	3	
ROBINUL TAB 1MG	3	
SYMAX DUOTAB TAB	3	
CHOLELITHOLYTICS		
ACTIGALL CAP 300MG	2	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
AXID CAP 300MG	3	
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
PEPCID SUS 40MG/5ML	3	
PEPCID TAB 40MG	3	
ranitidine hcl cap 300 mg	1	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1	
ranitidine hcl tab 300 mg	1	
ZANTAC TAB 300MG	3	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS		
APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	PA
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
COLAZAL CAP 750MG	3	PA
DELZICOL CAP 400MG	3	PA
DIPENTUM CAP 250MG	3	
ENTOCORT EC CAP 3MG DR	3	
GIAZO TAB 1.1GM	3	
LIALDA TAB 1.2GM	3	PA; MNPA
mesalamine tab delayed release 1.2 gm	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
UCERIS TAB 9MG	3	
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS		
CANASA SUP 1000MG	3	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
mesalamine enema 4 gm	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	
mesalamine suppos 1000 mg	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
UCERIS AER 2MG/ACT	3	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
TRULANCE TAB 3MG	3	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
viberzi tab 75mg	2	
viberzi tab 100mg	2	
LAXATIVES		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 50 through 74
CASCARA EXT SAGRADA	3	
CLENPIQ SOL	0	$0 copay for members age 50 through 74
COLYTE/FLAVR SOL PACKS	3	
GOLYTELY SOL	3	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
lactulose solution 10 gm/15ml	1	
MOVIPREP SOL	0	$0 copay for members age 50 through 74
NULYTELY SOL FLAV PKS	3	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PREPOPIK PAK	0	$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP KIT	0	$0 copay for members age 50 through 74
MISCELLANEOUS		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
cromolyn sodium oral conc 100 mg/5ml	1	
CUVPOSA SOL 1MG/5ML	3	
ENTEREG CAP 12MG	3	
GASTROCROM CON 100/5ML	3	
GATTEX KIT 5MG	4	PA
lactulose (encephalopathy) solution 10 gm/15ml	1	
OCALIVA TAB 5MG	3	PA
OCALIVA TAB 10MG	3	PA
RECTIV OIN 0.4%	3	
RESTORA RX CAP 60-1.25	3	
SUCRAID SOL 8500/ML	3	
SUCRALFATE SUS 1GM/10ML	3	
sucralfate tab 1 gm	1	
XERMELO TAB 250MG	3	PA
OPIOID-INDUCED CONSTIPATION		
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	4	PA
RELISTOR INJ 12/0.6ML	4	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000	2	
ZENPEP CAP 40000UNT	2	
PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX SPR CAP 5MG	3	QL (90 units per 365 days), PA; MNPA
ACIPHEX SPR CAP 10MG	3	QL (90 units per 365 days)
ACIPHEX TAB 20MG	3	QL (90 units per 365 days), PA; MNPA
DEXILANT CAP 30MG DR	2	QL (90 units per 365 days)
DEXILANT CAP 60MG DR	2	QL (90 units per 365 days)
esomeprazole cap 24.65mg	3	QL (90 units per 365 days)
esomeprazole cap 49.3mg	3	QL (90 units per 365 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 units per 365 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 units per 365 days)
lansoprazole cap delayed release 15 mg	1	QL (90 units per 365 days)
lansoprazole cap delayed release 30 mg	1	QL (90 units per 365 days)
NEXIUM CAP 20MG	3	QL (90 units per 365 days), PA
NEXIUM CAP 40MG	3	QL (90 units per 365 days), PA
NEXIUM GRA 2.5MG DR	3	QL (90 units per 365 days), PA
NEXIUM GRA 5MG DR	3	QL (90 units per 365 days), PA
NEXIUM GRA 10MG DR	3	QL (90 units per 365 days), PA
NEXIUM GRA 20MG DR	3	QL (90 units per 365 days), PA
NEXIUM GRA 40MG DR	3	QL (90 units per 365 days), PA
omeprazole cap delayed release 10 mg	1	QL (90 units per 365 days)
omeprazole cap delayed release 20 mg	1	QL (90 units per 365 days)
omeprazole cap delayed release 40 mg	1	QL (90 units per 365 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 units per 365 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 units per 365 days)
PREVACID CAP 15MG DR	3	QL (90 units per 365 days), PA
PREVACID CAP 30MG DR	3	QL (90 units per 365 days), PA
PREVACID TAB 15MG STB	3	QL (90 units per 365 days), PA
PREVACID TAB 30MG STB	3	QL (90 units per 365 days), PA
PRILOSEC CAP 10MG	3	QL (90 units per 365 days)
PRILOSEC CAP 20MG	3	QL (90 units per 365 days)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC CAP 40MG	3	QL (90 units per 365 days)
PRILOSEC POW 2.5MG	3	QL (90 units per 365 days)
PRILOSEC POW 10MG	3	QL (90 units per 365 days)
PROTONIX PAK	3	QL (90 units per 365 days), PA
PROTONIX TAB 20MG	3	QL (90 units per 365 days), PA
PROTONIX TAB 40MG	3	QL (90 units per 365 days), PA
RABEPRAZOLE CAP 10MG DR	3	QL (90 units per 365 days)
rabeprazole sodium ec tab 20 mg	1	QL (90 units per 365 days)
ZEGERID CAP 20-1100	3	QL (90 units per 365 days), PA
ZEGERID CAP 40-1100	3	QL (90 units per 365 days), PA
ZEGERID POW 20-1680	3	QL (90 units per 365 days), PA
ZEGERID POW 40-1680	3	QL (90 units per 365 days), PA
SALIVA STIMULANTS		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	2	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
STEROIDS, RECTAL		
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
ANUSOL-HC CRE 2.5%	2	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone acetate w/ pramoxine rectal cream 1-1%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%	1	
hydrocortisone enema 100 mg/60ml	1	
hydrocortisone rectal cream 1%	1	
hydrocortisone rectal cream 2.5%	1	
PROCORT CRE	3	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
PROCTOFOAM AER HC 1%	2	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
OMECLAMOX- MIS PAK	3	
PREVPAC MIS	3	
PYLERA CAP	2	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	PA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	PA; MNPA
RAPAFLO CAP 8MG	3	PA; MNPA
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	PA
ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS		
CAVERJECT IM KIT 10MCG	4	QL (6 per month)
CAVERJECT INJ 20MCG	4	QL (6 per month)
CAVERJECT INJ 40MCG	4	QL (6 per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT KIT 20MCG	4	QL (6 per month)
EDEX KIT 40MCG	4	QL (6 per month)
MUSE SUP 125MCG	2	QL (6 per month)
MUSE SUP 250MCG	2	QL (6 per month)
MUSE SUP 500MCG	2	QL (6 per month)
MUSE SUP 1000MCG	2	QL (6 per month)
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
CIALIS TAB 2.5MG	3	QL (30 tabs per month), PA, ST; MNPA
CIALIS TAB 5MG	3	QL (30 tabs per month for BPH, 6 tabs per for ED), PA, ST; MNPA
CIALIS TAB 10MG	3	QL (6 tabs per month), PA; MNPA
CIALIS TAB 20MG	3	QL (6 tabs per month), PA; MNPA
LEVITRA TAB 2.5MG	3	QL (6 tabs per month)
LEVITRA TAB 5MG	3	QL (6 tabs per month)
LEVITRA TAB 10MG	3	QL (6 tabs per month)
LEVITRA TAB 20MG	3	QL (6 tabs per month)
sildenafil citrate tab 25 mg	1	QL (6 tabs per month)
sildenafil citrate tab 50 mg	1	QL (6 tabs per month)
sildenafil citrate tab 100 mg	1	QL (6 tabs per month)
STAXYN TAB 10MG	3	QL (6 ea per month)
STENDRA TAB 50MG	3	QL (6 tabs per month), PA; MNPA
STENDRA TAB 100MG	3	QL (6 tabs per month), PA; MNPA
STENDRA TAB 200MG	3	QL (6 tabs per month), PA; MNPA
tadalafil tab 2.5 mg	1	QL (30 tabs per month), ST
tadalafil tab 5 mg	1	QL (30 tabs per month for BPH, 6 tabs per for ED), ST
tadalafil tab 10 mg	1	QL (6 tabs per month)
tadalafil tab 20 mg	1	QL (6 tabs per month)
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 ea per month)
VIAGRA TAB 25MG	3	QL (6 tabs per month), PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
VIAGRA TAB 50MG	3	QL (6 tabs per month), PA
VIAGRA TAB 100MG	3	QL (6 tabs per month), PA
MISCELLANEOUS		
acetic acid-oxyquinoline vaginal gel 0.9-0.025%	1	
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
ELMIRON CAP 100MG	3	
INTRAROSA SUP 6.5MG	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
K-PHOS TAB NO 2	3	
LITHOSTAT TAB 250MG	3	
ORACIT SOL	3	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
SHOHLS SOL MODIFIED	3	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
THIOLA EC TAB 100MG	3	
THIOLA EC TAB 300MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
THIOLA TAB 100MG	3	
URECHOLINE TAB 5MG	2	
URECHOLINE TAB 10MG	2	
URECHOLINE TAB 25MG	2	
URECHOLINE TAB 50MG	2	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL LA CAP 2MG	3	PA
DETROL LA CAP 4MG	3	PA
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
DITROPAN XL TAB 15MG	3	
ENABLEX TAB 7.5MG	3	PA
ENABLEX TAB 15MG	3	PA
GELNIQUE GEL 3%	3	
GELNIQUE GEL 10%	3	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
OXYTROL DIS 3.9MG/24	3	PA
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
VAGINAL ANTI-INFECTIVES		
AVC CRE 15%	3	
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
METROGEL-VAG GEL 0.75%	2	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
TERAZOL 3 CRE 0.8%	2	
TERAZOL 7 CRE 0.4%	2	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS, INJECTABLE		
ARIXTRA INJ 2.5/0.5	4	
ARIXTRA INJ 5/0.4ML	4	
ARIXTRA INJ 7.5/0.6	4	
ARIXTRA INJ 10/0.8ML	4	
enoxaparin sodium inj 30 mg/0.3ml	4	
enoxaparin sodium inj 40 mg/0.4ml	4	
enoxaparin sodium inj 60 mg/0.6ml	4	
enoxaparin sodium inj 80 mg/0.8ml	4	
enoxaparin sodium inj 100 mg/ml	4	
enoxaparin sodium inj 120 mg/0.8ml	4	
enoxaparin sodium inj 150 mg/ml	4	
enoxaparin sodium inj 300 mg/3ml	4	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	4	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	4	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	4	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
LOVENOX INJ 30/0.3ML	4	
LOVENOX INJ 40/0.4ML	4	
LOVENOX INJ 60/0.6ML	4	
LOVENOX INJ 80/0.8ML	4	
LOVENOX INJ 100MG/ML	4	
LOVENOX INJ 120/0.8	4	
LOVENOX INJ 150MG/ML	4	
LOVENOX INJ 300/3ML	4	
ANTICOAGULANTS, ORAL		
COUMADIN TAB 1MG	3	PA; MNPA
COUMADIN TAB 2.5MG	3	PA; MNPA
COUMADIN TAB 2MG	3	PA; MNPA
COUMADIN TAB 3MG	3	PA; MNPA
COUMADIN TAB 4MG	3	PA; MNPA
COUMADIN TAB 5MG	3	PA; MNPA
COUMADIN TAB 6MG	3	PA; MNPA
COUMADIN TAB 7.5MG	3	PA; MNPA
COUMADIN TAB 10MG	3	PA; MNPA
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
PRADAXA CAP 75MG	3	PA
PRADAXA CAP 110MG	3	PA
PRADAXA CAP 150MG	3	PA; MNPA
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
EPOGEN INJ 2000/ML	4	PA; MNPA
EPOGEN INJ 3000/ML	4	PA; MNPA
EPOGEN INJ 4000/ML	4	PA; MNPA
EPOGEN INJ 10000/ML	4	PA; MNPA
EPOGEN INJ 20000/ML	4	PA; MNPA
GRANIX INJ 300/0.5	4	PA
GRANIX INJ 480/0.8	4	PA
LEUKINE INJ 250MCG	4	PA
NEULASTA INJ 6MG/0.6M	4	PA
NEULASTA KIT 6MG/0.6M	4	PA
NEUPOGEN INJ 300/0.5	4	PA
NEUPOGEN INJ 300MCG	4	PA
NEUPOGEN INJ 480/0.8	4	PA
NEUPOGEN INJ 480MCG	4	PA
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROCRIT INJ 40000/ML	4	PA; MNPA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA
HEMOSTATICS, SYSTEMIC		
AMICAR SYP 25%	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
LYSTEDA TAB 650MG	3	
tranexamic acid tab 650 mg	1	
HEREDITARY ANGIOEDEMA AGENTS		
BERINERT INJ 500UNIT	4	PA
CINRYZE SOL 500 UNIT	4	PA
FIRAZYR INJ 30MG/3ML	4	PA
HAEGARDA INJ 2000UNIT	4	PA
HAEGARDA INJ 3000UNIT	4	PA
icatibant acetate inj 30 mg/3ml (base equivalent)	4	PA
KALBITOR INJ 10MG/ML	4	PA
RUCONEST INJ 2100UNIT	4	PA
IRON CHELATING AGENTS		
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA
EXJADE TAB 500MG	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
JADENU SPRKL GRA 90MG	3	PA
JADENU SPRKL GRA 180MG	3	PA
JADENU SPRKL GRA 360MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
MISCELLANEOUS		
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ENDARI POW 5GM	3	PA
pentoxifylline tab er 400 mg	1	
PLETAL TAB 50MG	2	
PLETAL TAB 100MG	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PERSANTINE TAB 25MG	2	
PERSANTINE TAB 50MG	2	
PERSANTINE TAB 75MG	2	
PLAVIX TAB 75MG	3	PA
PLAVIX TAB 300MG	3	PA
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ZONTIVITY TAB 2.08MG	3	
PLATELET SYNTHESIS INHIBITOR		
AGRYLIN CAP 0.5MG	2	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
THROMBOCYTOPENIA AGENTS		
MULPLETA TAB 3MG	2	
PROMACTA POW 12.5MG	2	PA
PROMACTA TAB 12.5MG	2	PA
PROMACTA TAB 25MG	2	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 50MG	2	PA
PROMACTA TAB 75MG	2	PA

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	

AUTOIMMUNE AGENTS

ACTEMRA INJ 162/0.9	4	PA; MNPA
CIMZIA KIT	4	PA; MNPA
CIMZIA KIT STARTER	4	PA; MNPA
CIMZIA PREFL KIT 200MG/ML	4	PA; MNPA
COSENTYX INJ 150MG/ML	4	PA
COSENTYX PEN INJ 300DOSE	4	PA
ENBREL INJ 25/0.5ML	4	PA
ENBREL INJ 25MG	4	PA
ENBREL INJ 50MG/ML	4	PA
ENBREL MINI INJ 50MG/ML	4	PA
ENBREL SRCLK INJ 50MG/ML	4	PA
HUMIRA INJ 10/0.1ML	4	PA
HUMIRA INJ 10MG/0.2	4	PA
HUMIRA INJ 20/0.2ML	4	PA
HUMIRA INJ 40/0.4ML	4	PA
HUMIRA KIT 20MG/0.4	4	PA
HUMIRA KIT 40MG/0.8	4	PA
HUMIRA PEDIA INJ CROHNS	4	PA
HUMIRA PEN INJ 40/0.4ML	4	PA
HUMIRA PEN INJ 40MG/0.8	4	PA
HUMIRA PEN INJ PS/UV	4	PA; Humira preferred for psoriasis
HUMIRA PEN KIT CD/UC/HS	4	PA
HUMIRA PEN KIT PS/UV	4	PA
KEVZARA INJ 150/1.14	4	PA
KEVZARA INJ 200/1.14	4	PA
KINERET INJ	4	PA; MNPA
ORENCIA INJ 125MG/ML	4	PA; MNPA
OTEZLA TAB 10/20/30	2	PA; MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	2	PA; MNPA
SIMPONI INJ 50/0.5ML	4	PA; MNPA
SIMPONI INJ 100MG/ML	4	PA; MNPA
STELARA INJ 45MG/0.5	4	PA; MNPA; after failure of Humira for psoriasis
STELARA INJ 90MG/ML	4	PA; MNPA; after failure of Humira for psoriasis
TALTZ INJ 80MG/ML	4	PA; MNPA
XELJANZ TAB 5MG	2	PA
XELJANZ TAB 10MG	2	PA
XELJANZ XR TAB 11MG	2	PA
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
CUPRIMINE CAP 250MG	3	
hydroxychloroquine sulfate tab 200 mg	1	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
OTREXUP INJ 7.5/0.4	4	PA
OTREXUP INJ 10MG	4	PA
OTREXUP INJ 15MG	4	PA
otrexup inj 17.5/0.4	4	PA
OTREXUP INJ 20MG	4	PA
otrexup inj 22.5/0.4	4	PA
OTREXUP INJ 25MG	4	PA
PLAQUENIL TAB 200MG	2	
RASUVO INJ 7.5MG	4	PA
RASUVO INJ 10MG	4	PA
RASUVO INJ 12.5MG	4	PA
RASUVO INJ 15MG	4	PA
RASUVO INJ 17.5MG	4	PA
RASUVO INJ 22.5MG	4	PA
RASUVO INJ 25MG	4	PA
RASUVO INJ 27.5MG	4	PA
RASUVO INJ 30MG	4	PA
RHEUMATREX TAB 2.5MG	0	
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)		
OTREXUP INJ 12.5/0.4	4	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS, INTERFERONS		
ACTIMMUNE INJ 2MU/0.5	4	PA
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
PEGASYS INJ PROCLICK	4	PA
SYLATRON KIT 200MCG	4	PA
SYLATRON KIT 300MCG	4	PA
SYLATRON KIT 600MCG	4	PA
IMMUNOMODULATORS, MISCELLANEOUS		
ARCALYST INJ 220MG	4	PA
IMMUNOSUPPRESSANTS, ANTIMETABOLITES		
AZASAN TAB 75 MG	2	
AZASAN TAB 100MG	2	
azathioprine tab 50 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
IMURAN TAB 50MG	2	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE		
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
VACCINES		
FLUMIST QUAD SUS 2014-15	0	
NUTRITIONAL / SUPPLEMENTS		
ELECTROLYTES, POTASSIUM		
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
KLOR-CON M15 TAB 15MEQ ER	3	
KLOR-CON/25 POW 25MEQ	3	PA
MICRO-K CAP 8MEQ CR	2	
MICRO-K CAP 10MEQ CR	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
pot bicarbonate & chloride effer tab 25 meq	1	
potassium bicarbonate effer tab 25 meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
VITAMINS AND MINERALS, FOLIC ACID AGENTS		
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women ages 55 and under
folic acid tab 800 mcg	0	OTC; $0 copay for women ages 55 and under
VITAMINS AND MINERALS, IRON/COMBINATIONS		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	0	
FER-IN-SOL DRO 15MG/ML	0	
FERROUS SUL LIQ 220/5ML	0	
FERROUS SULF SYP 300/5ML	0	
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	0	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	0	
ICAR PEDS SUS GRAPE	0	
MYKIDZ IRON SUS 15/1.5ML	0	
VITAMINS AND MINERALS, MISCELLANEOUS		
DRISDOL CAP 50000UNT	2	
ergocalciferol cap 1.25 mg (50000 unit)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
FLUORABON DRO	0	$0 applies for ages 5 and under
LURIDE CHW 0.5MG F	0	$0 applies for ages 5 and under
LURIDE CHW 0.25MG F	0	$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	$0 applies for ages 5 and under
MEPHYTON TAB 5MG	3	
NASCOBAL SPR 500MCG	3	
phytonadione tab 5 mg	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	$0 applies for ages 5 and under
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	$0 applies for ages 5 and under
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	0	$0 applies for ages 5 and under
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	0	$0 applies for ages 5 and under
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under
VITAMINS AND MINERALS, PRENATAL VITAMINS		
ACTIVE OB CAP	3	
ATABEX EC TAB	3	
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	
FOLET DHA PAK	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
FOLET ONE CAP 38-1-225	3	
FOLIVANE-OB CAP	3	
HEMENATAL OB MIS + DHA	3	
INFANATE CAP BALANCE	3	
LEVOMEFOLATE CAP DHA	3	
MARNATAL-F CAP	3	
MYNATAL CAP	3	
MYNATE 90 TAB PLUS	3	
NATACHEW CHW	3	
NATALVIT TAB 75-1MG	3	
NATELLE ONE CAP	3	
NEEVO DHA CAP 27-1.13	3	
NESTABS ABC MIS	3	
NEWGEN TAB 32-1MG	3	
NEXA PLUS CAP	3	
O-CAL FA TAB	3	
O-CAL TAB PRENATAL	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
PAIRE OB MIS	3	
PNV-TOTAL CAP	3	
PR NATAL 400 PAK EC	3	
PR NATAL 430 PAK	3	
PR NATAL 430 PAK EC	3	
PREFERAOB CAP ONE	3	
PREMESISRX TAB	3	
PRENAISSANCE CAP BALANCE	3	
PRENAISSANCE CAP PLUS	3	
PRENAISSANCE MIS HARMONY	3	
PRENAISSANCE TAB NEXT	3	
PRENAISSANCE TAB NEXT-B	3	
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*	1	
PRENATA CHW 29-1MG	3	
PRENATAL MIS COMPLEAT	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VIT TAB LOW IRON	3	
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**	1	
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg**	1	
prenatal vit w/ fe fumarate-fa tab 29-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg**	1	
prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg**	1	
prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg**	1	
prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg**	1	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENTIA	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE STAR TAB 20-1MG	3	
PRENATE TAB ELITE	3	
PREQUE 10 TAB	3	
PROVIDA OB CAP	3	
PUREFE OB CAP PLUS	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 TAB	3	
SE-TAN DHA CAP	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-BC MIS	3	
TARON-C DHA CAP	3	
TARON-PREX CAP	3	
TL FOLATE TAB	3	
TL-CARE DHA CAP 27-1-500	3	
TL-SELECT CAP	3	
TRI-TABS DHA MIS	3	
TRINATAL GT TAB	3	
TRINATAL RX TAB 1	3	
TRIVEEN-DUO PAK DHA	3	
TRIVEEN-PRX CAP RNF	3	
ULTIMATECARE CAP ONE	3	
ULTIMATECARE CAP ONE NF	3	
VEMAVITE- CAP PRX 2	3	
VENA-BAL MIS DHA	3	
VINATE C TAB	3	
VINATE CAL TAB	3	
VINATE CARE CHW 40-1MG	3	
VINATE II TAB	3	
VINATE M TAB	3	
VIRT-PN TAB	3	
VITA-PREN TAB	3	
VITAFOL CAP ULTRA	3	
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAMEDMD MIS PLUS RX	3	
VITAPEARL CAP	3	
VOL-NATE TAB	3	
VOL-TAB RX TAB	3	
VP-PNV-DHA CAP	3	
ZATEAN-CH CAP	3	
ZATEAN-PN CAP DHA	3	
ZATEAN-PN CAP PLUS	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
ADRENACLICK INJ 0.3MG	4	PA
ADRENACLICK INJ 0.15MG	4	PA
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	4	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	4	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	4	
EPIPEN 2-PAK INJ 0.3MG	4	
EPIPEN-JR INJ 0.15MG	4	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING		
ANORO ELLIPT AER 62.5-25	2	
STIOLTO AER 2.5-2.5	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting		
BEVESPI AER 9-4.8MCG	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING		
COMBIVENT AER 20-100	2	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS		
TRELEGY AER ELLIPTA	2	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	2	
ipratropium bromide inhal soln 0.02%	1	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
TUDORZA PRES AER 400/ACT	3	PA
ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
DECON-A ELX 2-5MG/5M	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
RELHIST CHW	3	
SEMPREX-D CAP 8-60MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES, NONSEDATING		
CLARINEX RDT TAB 2.5MG	3	
CLARINEX RDT TAB 5MG	3	
CLARINEX SYP 0.5MG/ML	3	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
ANTIHISTAMINES, SEDATING		
brompheniramine tannate chew tab 12 mg	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
dexchlorpheniramine maleate oral soln 2 mg/5ml	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
RESPA-BR TAB 11MG	3	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
ANTITUSSIVE COMBINATIONS, NON-OPIOID		
CARBAPHEN 12 LIQ	3	
CARBAPHEN 12 SUS PED	3	
NEOTUSS PLUS LIQ	3	
NORTUSS-EX LIQ 200-20/5	3	
PEDIATEX TDM SUS	3	
phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TGQ 15DM/5PE SYP H/2CPM	3	
TGQ 30/ SYP 150/15	3	
TGQ 30/PSE/3 SYP BRM/15DM	3	
ANTITUSSIVE COMBINATIONS, OPIOID		
CODAR AR LIQ 2-8/5ML	3	
FLOWTUSS SOL 2.5-200	3	
GILTUSS LIQ PED-C	3	
guaifenesin-codeine soln 100-10 mg/5ml	3	
HYCOFENIX SOL	3	
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	3	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	1	
REZIRA SOL 60-5/5ML	3	
SUTTAR-SF SYP	3	
TUSSICAPS CAP 5-4MG	3	
TUSSICAPS CAP 10-8MG	3	
TUSSIONEX SUS 10-8/5ML	3	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
ZUTRIPRO LIQ 60-4-5MG	3	
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
TESSALON PER CAP 100MG	2	
ZONATUSS CAP 150MG	3	
BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active Inhalation		
ARCAPTA CAP 75MCG	3	
SEREVENT DIS AER 50MCG	2	
STRIVERDI AER 2.5MCG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive Inhalation		
BROVANA NEB 15MCG	3	
PERFOROMIST NEB 20MCG	2	
BETA AGONISTS, INHALANTS, SHORT ACTING		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	
PROAIR HFA AER	2	
PROVENTIL AER HFA	3	PA
VENTOLIN HFA AER	3	PA
XOPENEX CONC NEB 1.25/0.5	2	
XOPENEX HFA AER	3	PA
XOPENEX NEB 0.31MG	3	
XOPENEX NEB 0.63MG	3	
XOPENEX NEB 1.25/3ML	3	
BETA AGONISTS, ORAL AGENTS		
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
metaproterenol sulfate syrup 10 mg/5ml	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
metaproterenol sulfate tab 10 mg	1	
metaproterenol sulfate tab 20 mg	1	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
VOSPIRE ER TAB 4MG	2	
VOSPIRE ER TAB 8MG	2	
CYSTIC FIBROSIS		
BETHKIS NEB 300/4ML	3	PA
CAYSTON INH 75MG	3	PA
KALYDECO PAK 25MG	3	PA
KALYDECO PAK 50MG	3	PA
KALYDECO PAK 75MG	3	PA
KALYDECO TAB 150MG	3	PA
KITABIS PAK NEB 300/5ML	3	PA
ORKAMBI GRA 100-125	3	PA
ORKAMBI GRA 150-188	3	PA
ORKAMBI TAB 100-125	3	PA
ORKAMBI TAB 200-125	3	PA
PULMOZYME SOL 1MG/ML	2	PA
SYMDEKO TAB 50-75MG	3	PA
SYMDEKO TAB 100-150	3	PA
TOBI NEB 300/5ML	3	PA
TOBI PODHALR CAP 28MG	3	PA
tobramycin nebu soln 300 mg/5ml	1	PA
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
SINGULAIR CHW 4MG	3	PA; MNPA
SINGULAIR CHW 5MG	3	PA; MNPA
SINGULAIR GRA 4MG	3	PA; MNPA
SINGULAIR TAB 10MG	3	PA; MNPA
zafirlukast tab 10 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 20 mg	1	
zileuton tab er 12hr 600 mg	1	
ZYFLO CR TAB 600MG	3	
ZYFLO TAB 600MG	3	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	1	
MISCELLANEOUS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
ATROVENT NAS SOL 0.03%	2	
ATROVENT NAS SOL 0.06%	2	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
HYPER-SAL NEB 7%	3	
HYPERSAL NEB 3.5%	3	
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NEBUSAL NEB 6%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
SURFAXIN SUS 30MG/ML	3	
NASAL ANTIHISTAMINES		
ASTEPRO SPR 0.15%	3	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
PATANASE SPR 0.6%	3	
NASAL DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	
NASAL STEROIDS/COMBINATIONS		
BECONASE AQ SUS 0.042%	3	PA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
budesonide nasal susp 32 mcg/act	1	
DYMISTA SPR 137-50	2	
FLONASE SPR 0.05%	3	
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	PA
QNASL AER 80MCG	3	PA
QNASL CHILD SPR 40MCG	3	PA
RHINOCORT SUS AQUA	3	PA
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	PA
PHOSPHODIESTERASE-4 INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	PA
ESBRIET TAB 267MG	2	PA
ESBRIET TAB 801MG	2	PA
OFEV CAP 100MG	2	PA
OFEV CAP 150MG	2	PA
RESPIRATORY SYNCYTIAL VIRUS		
ribavirin for inhal soln 6 gm	1	
VIRAZOLE INH 6GM	3	
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200/1.14	4	PA
FASENRA PEN INJ 30MG/ML	4	PA
NUCALA INJ 100MG/ML	4	PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
AEROSPAN AER 80MCG	3	PA
ALVESCO AER 80MCG	3	PA
ALVESCO AER 160MCG	3	PA
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 30 AER 110MCG	2	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
budesonide inhalation susp 0.5 mg/2ml	1	
budesonide inhalation susp 0.25 mg/2ml	1	
budesonide inhalation susp 1 mg/2ml	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
STEROID/BETA AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	1	
ADVAIR DISKU AER 250/50	1	
ADVAIR DISKU AER 500/50	1	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
DULERA AER 100-5MCG	3	PA; MNPA
DULERA AER 200-5MCG	3	PA; MNPA
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
XANTHINES - DRUGS TO TREAT COPD		
dyphylline-guaifenesin liqd 100-100 mg/5ml	1	
ELIXOPHYLLIN ELX 80/15ML	3	
LUFYLLIN TAB 400MG	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
THEO-24 CAP 400MG ER	3	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg	1	
theophylline tab er 12hr 200 mg	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE, Oral

ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ISOTRETINOIN CAP 10 MG	1	
ISOTRETINOIN CAP 20 MG	1	
isotretinoin cap 30 mg	1	
ISOTRETINOIN CAP 40 MG	1	

DERMATOLOGY, ACNE, Topical

ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
adapalene cream 0.1%	1	
adapalene gel 0.1%	1	
adapalene gel 0.3%	1	
adapalene lotion 0.1%	1	
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	3	
BENZ PEROXID GEL 6.5%	2	
BENZAMYCIN GEL 5-3%	3	
BENZAMYCIN GEL PAK	3	
BENZIQ GEL 5.25%	3	
BENZIQ LS GEL 2.75%	3	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T LOT 1%	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN-T PAD 1%	3	
CLEOCIN-T SOL 1%	3	
CLINDAGEL GEL 1%	3	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
DIFFERIN CRE 0.1%	3	
DIFFERIN GEL 0.1%	3	
DIFFERIN GEL 0.3%	3	
DIFFERIN LOT 0.1%	3	
DUAC GEL 1.2-5%	3	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	
erythromycin gel 2%	1	
erythromycin pads 2%	1	
erythromycin soln 2%	1	
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
KLARON LOT 10%	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	2	PA
RETIN-A MICR GEL 0.04%	2	PA
RETIN-A MICR GEL 0.08%	2	PA
SOD SUL/SULF EMU 10-5%	3	PA
SOD SUL/SULF SUS 10-5%	3	PA
sulfacetamide sodium lotion 10% (acne)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
SULFOAM SHA 2%	3	
tazarotene cream 0.1%	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TRETIN-X CRE 0.075%	3	PA
TRETIN-X CRE 0.0375%	3	PA
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
VANOXIDE-HC LOT 5-0.5%	3	PA
ZACLIR LOT 8%	3	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC CRE 0.5%	3	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
fluorouracil cream 0.5%	3	PA
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
METVIXIA CRE 16.8%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
SOLARAZE GEL 3% W/W	3	PA
TOLAK CRE 4%	2	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CORTISPORIN CRE 0.5%	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN OIN 1%	3	
NEO-SYNALAR CRE	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OIN 1%	3	
BACTROBAN CRE 2%	2	
BACTROBAN OIN 2%	2	
BACTROBAN OIN NASAL 2%	3	
CENTANY OIN 2%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	3	PA; MNPA
mupirocin oint 2%	1	
SILVADENE CRE 1%	2	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
XEPI CRE 1%	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
econazole nitrate cream 1%	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	
HALOTIN CRE 1%	3	
JUBLIA SOL 10%	2	PA
KERYDIN SOL 5%	3	PA
ketoconazole cream 2%	1	
ketoconazole foam 2%	1	
ketoconazole shampoo 2%	1	
LOPROX SHA 1%	3	
luliconazole cream 1%	1	
LUZU CRE 1%	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
NAFTIN CRE 1%	2	
NAFTIN CRE 2%	2	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
NIZORAL SHA 2%	3	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
oxiconazole nitrate cream 1%	1	
OXISTAT CRE 1%	3	
OXISTAT LOT 1%	3	
VUSION OIN	3	
DERMATOLOGY, ANTIPSORIATICS, ORAL		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
methoxsalen rapid cap 10 mg	1	
8-MOP CAP 10MG	3	
OXSORALEN-UL CAP 10MG	3	
SKYRIZI INJ 150DOSE	4	PA
SORIATANE CAP 10MG	3	
SORIATANE CAP 17.5MG	3	
SORIATANE CAP 25MG	3	
DERMATOLOGY, ANTIPSORIATICS, TOPICAL		
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	
calcitriol oint 3 mcg/gm	1	
DOVONEX CRE 0.005%	3	
ENSTILAR AER	3	
TACLONEX OIN	3	
TACLONEX SUS	3	
DERMATOLOGY, ANTISEBORRHEICS		
PROMISEB KIT COMPLETE	3	
selenium sulfide lotion 2.5%	1	
SODIUM SULFA LIQ 10% WASH	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTISEPTICS/DISINFECTANTS		
BENZALKONIUM SOL 50%	3	
CHLORHEX GLU SOL 20%	3	
DERMATOLOGY, ATOPIC DERMATITIS, Injectable		
DUPIXENT INJ 300/2ML	4	PA
DERMATOLOGY, ATOPIC DERMATITIS, Topical		
ELIDEL CRE 1%	2	
EUCRISA OIN 2%	2	
pimecrolimus cream 1%	1	
PROTOPIC OIN 0.1%	3	
PROTOPIC OIN 0.03%	3	
tacrolimus oint 0.1%	1	
tacrolimus oint 0.03%	1	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS		
EPIFOAM AER 1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
DERMATOLOGY, CORTICOSTEROIDS, High Potency		
amcinonide cream 0.1%	1	
amcinonide lotion 0.1%	1	
AMCINONIDE OIN 0.1%	3	
APEXICON E CRE 0.05%	3	PA
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint 0.05%	1	
desoximetasone cream 0.25%	1	
desoximetasone gel 0.05%	1	
desoximetasone oint 0.25%	1	
DIPROLENE AF CRE 0.05%	3	
DIPROLENE LOT 0.05%	3	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
PSORCON CRE 0.05%	3	
TOPICORT CRE 0.25%	3	
TOPICORT GEL 0.05%	3	
TOPICORT OIN 0.25%	3	
TOPICORT SPR 0.25%	3	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide oint 0.5%	1	
VANOS CRE 0.1%	3	
DERMATOLOGY, CORTICOSTEROIDS, Low Potency		
ACLOVATE CRE 0.05%	2	
ALA SCALP LOT 2%	3	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
CAPEX SHA 0.01%	2	
DERMA-SMOOTH OIL /FS BODY	2	
DERMA-SMOOTH OIL /FS SCLP	2	
DESONATE GEL 0.05%	3	
desonide cream 0.05%	1	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	
DESOWEN CRE 0.05%	2	
DESOWEN LOT 0.05%	2	
DESOWEN OIN 0.05%	2	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide soln 0.01%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
SYNALAR SOL 0.01%	2	
TEXACORT SOL 2.5%	2	
VERDESO AER 0.05%	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS, Medium Potency		
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
clocortolone pivalate cream 0.1%	1	
CLODERM CRE 0.1% PMP	3	
CORDRAN 24X3 TAP 4MCG/CM	3	
CORDRAN CRE 0.05%	3	
CORDRAN LOT 0.05%	3	
CUTIVATE CRE 0.05%	3	
CUTIVATE LOT 0.05%	3	
DERMATOP CRE 0.1%	3	
DERMATOP OIN 0.1%	3	
desoximetasone cream 0.05%	1	
desoximetasone oint 0.05%	1	
ELOCON CRE 0.1%	3	
ELOCON LOT 0.1%	3	
ELOCON OIN 0.1%	2	
fluocinolone acetonide cream 0.025%	1	
fluocinolone acetonide oint 0.025%	1	
flurandrenolide cream 0.05%	1	
flurandrenolide lotion 0.05%	1	
flurandrenolide oint 0.05%	1	
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate oint 0.005%	1	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	1	
hydrocortisone butyrate lotion 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
KENALOG AER SPRAY	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
LOCOID CRE 0.1%	3	
LOCOID LIPO CRE 0.1%	3	
LOCOID LOT 0.1%	3	
LOCOID OIN 0.1%	3	
LOCOID SOL 0.1%	3	
LUXIQ AER 0.12%	3	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
PANDEL CRE 0.1%	3	
prednicarbate cream 0.1%	1	
prednicarbate oint 0.1%	1	
SYNALAR CRE 0.025%	3	
SYNALAR OIN 0.025%	3	
TOPICORT CRE 0.05%	3	
TOPICORT OIN 0.05%	3	
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.025%	1	
TRIANEX OIN 0.05%	3	
WESTCORT OIN 0.2%	2	
DERMATOLOGY, CORTICOSTEROIDS, Very High Potency		
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
BRYHALI LOT 0.01%	3	
clobetasol propionate cream 0.05%	1	
clobetasol propionate emollient base cream 0.05%	1	
clobetasol propionate emulsion foam 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
clobetasol propionate spray 0.05%	3	PA
CLOBEX LOT 0.05%	2	
CLOBEX SHA 0.05%	2	
CLOBEX SPR 0.05%	3	PA
DIPROLENE OIN 0.05%	2	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
OLUX AER 0.05%	3	
OLUX-E AER 0.05%	3	PA; MNPA
TEMOVATE CRE 0.05%	2	
TEMOVATE E CRE 0.05%EML	2	
TEMOVATE GEL 0.05%	2	
TEMOVATE OIN 0.05%	2	
TEMOVATE SOL 0.05%	3	
ULTRAVATE CRE 0.05%	2	
ULTRAVATE LOT 0.05%	3	
ULTRAVATE OIN 0.05%	2	
DERMATOLOGY, EMOLLIENTS		
HPR PLUS MB KIT HYDROGEL	3	
hyaluronate sodium (emollient) gel 0.2%	1	
HYLIRA GEL 0.2%	3	
HYLIRA LOT 0.1%	3	
DERMATOLOGY, LOCAL ANALGESICS		
lidocaine patch 5%	1	PA
LIDODERM DIS 5%	2	PA
QUTENZA KIT 8% 1-PCH	3	
DERMATOLOGY, LOCAL ANESTHETICS		
ANACAINE OIN	3	
EMLA CRE 2.5-2.5%	3	QL (30 gms per month)
lidocaine hcl soln 4%	1	QL (50 ml per month)
lidocaine hcl urethral/mucosal gel 2%	1	QL (30 gms per month)
lidocaine oint 5%	1	QL (50 gms per month)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gms per month)
SYNERA DIS 70-70MG	3	QL (2 patches per month)
XYLOCAINE SOL 4%	3	QL (50 ml per month)

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir cream 5%	1	
acyclovir oint 5%	1	
ALDARA CRE 5%	3	
ARNICA TIN FLOWER	3	
BENSAL HP OIN	3	PA
DENAVIR CRE 1%	3	
DRYSOL SOL 20%	3	
HYLATOPIC AER	3	
imiquimod cream 5%	1	
NUVAIL SOL 16%	3	
OXSORALEN LOT 1%	3	
PANRETIN GEL 0.1%	3	
podofilox soln 0.5%	1	
prudoxin cre 5%	1	QL (90 grams per month), ST
SANTYL OIN 250/GM	3	
SILVER NITRA OIN 10%	3	
XERAC-AC SOL 6.25%	3	
XERESE CRE 5-1%	3	
ZONALON CRE 5%	3	QL (90 grams per month), ST
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
doxycycline (rosacea) cap delayed release 40 mg	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	PA; MNPA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
RHOFADE CRE 1%	3	
ROSADAN KIT 0.75%	3	
SOOLANTRA CRE 1%	2	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
ELIMITE CRE 5%	2	
EURAX CRE 10%	3	
EURAX LOT 10%	3	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
permethrin cream 5%	1	
SKLICE LOT 0.5%	3	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
ULESFIA LOT 5%	3	
DERMATOLOGY, WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS		
AQUORAL AER	3	
chlorhexidine gluconate soln 0.12%	1	
FLUORIDEX GEL SENSITIV	3	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
LTA 360 KIT SOL 4%	3	
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
PERIDEX SOL 0.12%	3	
PREVDNT 5000 PST 1.1%	3	PA; MNPA
PREVDNT 5000 PST 1.1-5%	3	PA; MNPA
PREVIDENT CRE 5000 PLS	3	PA; MNPA
PREVIDENT GEL 1.1%	3	PA; MNPA
PREVIDENT SOL 0.2%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate paste 1.1-5%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide dental paste 0.1%	1	
MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS		
EPISIL LIQ	2	
MUGARD LIQ	2	
ORAFATE PST 10%	3	
OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
OPHTHALMIC, ANTI-INFECTIVES		
AZASITE SOL 1%	3	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
GARAMYCIN SOL 0.3% OP	3	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
NEOSPORIN SOL OP	3	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.09% (base equivalent)	1	
BROMSITE DRO 0.075%	3	
diclofenac sodium ophth soln 0.1%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUS 0.1%	2	
OCUFEN SOL 0.03% OP	3	
PROLENSA SOL 0.07%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal		
ALREX SUS 0.2%	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	2	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	PA
FML OIN 0.1% OP	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	2	
OMNIPRED SUS 1% OP	3	
PRED FORTE SUS 1% OP	3	PA
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
VEXOL SUS 1% OP	3	
OPHTHALMIC, ANTIALLERGICS		
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	1	
ELESTAT DRO 0.05%	3	
EMADINE SOL 0.05% OP	3	
epinastine hcl ophth soln 0.05%	1	
LASTACAFT SOL 0.25%	2	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PAZEO DRO 0.7%	2	
OPHTHALMIC, ANTIFUNGALS		
NATACYN SUS 5% OP	3	
OPHTHALMIC, ANTIVIRALS		
trifluridine ophth soln 1%	1	
VIROPTIC SOL 1% OP	2	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS		
LACRISERT MIS 5MG OP	3	
OPHTHALMIC, BETA-BLOCKERS, Nonselective		
BETAGAN SOL 0.5% OP	3	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
carteolol hcl ophth soln 1%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
levobunolol hcl ophth soln 0.25%	1	
metipranolol ophth soln 0.3%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
OPHTHALMIC, BETA-BLOCKERS, Selective		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS		
COSOPT PF SOL	3	
COSOPT SOL 22.3-6.8	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS		
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS		
AZOPT SUS 1% OP	2	
dorzolamide hcl ophth soln 2%	1	
TRUSOPT SOL 2% OP	3	
OPHTHALMIC, DRY EYE DISEASE		
RESTASIS EMU 0.05%	2	
XIIDRA DRO 5%	2	
OPHTHALMIC, MISCELLANEOUS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
CYSTARAN SOL 0.44%	3	PA
GELFILM MIS OP	3	
naphazoline hcl ophth soln 0.1%	1	
OXERVATE SOL 20MCG/ML	3	
phenylephrine hcl ophth soln 2.5%	1	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC, MYDRIATICS		
atropine sulfate ophth soln 1%	1	
CYCLOMYDRIL SOL OP	3	
ISO HYOSCINE SOL 0.25% OP	3	
MYDRIACYL SOL 1% OP	3	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
OPHTHALMIC, PARASYMPATHOMIMETICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, PROSTAGLANDIN/RHO KINASE INHIBITOR COMBINATIONS		
ROCKLATAN DRO	2	
OPHTHALMIC, PROSTAGLANDINS		
bimatoprost ophth soln 0.03%	1	
bimatoprost soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	2	
travoprost ophth soln 0.004%	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OPHTHALMIC, RHO KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS		
COMBIGAN SOL 0.2/0.5%	2	
OPHTHALMIC, SYMPATHOMIMETICS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
coly-mycin s sus otic	3	
CORTISPORIN SOL 1% OTIC	3	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC, ANTI-INFECTIVES		
acetic acid 2% in aluminum acetate otic soln	1	
acetic acid otic soln 2%	1	
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ofloxacin otic soln 0.3%	1	
OTIC, MISCELLANEOUS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Index

*
mesalamine rectal enema 4 gm & cleanser wipe kit*, 134
nystatin oral powder, 20
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**, 155
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**, 155
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**, 155
prenatal vit w/ fe fumarate-fa tab 28-1 mg**, 155
prenatal vit w/ fe fumarate-fa tab 29-1 mg**, 155
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**, 155
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**, 155
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg**, 155
prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg**, 155
prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg**, 155
prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg**, 155
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*, 154
sodium polystyrene sulfonate powder*, 127
8
8-MOP CAP 10MG, 169
A
abacavir sulfate-lamivudine tab 600-300 mg, 21
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg, 21
abacavir sulfate soln 20 mg/ml (base equiv), 23
abacavir sulfate tab 300 mg (base equiv), 23
ABILIFY TAB 10MG, 83
ABILIFY TAB 15MG, 83
ABILIFY TAB 20MG, 83
ABILIFY TAB 2MG, 83
ABILIFY TAB 30MG, 83
ABILIFY TAB 5MG, 83
abiraterone acetate tab 250 mg, 30
ABSORICA CAP 10MG, 165
ABSORICA CAP 20MG, 165
ABSORICA CAP 25MG, 165
ABSORICA CAP 30MG, 165
ABSORICA CAP 35MG, 165
ABSORICA CAP 40MG, 165
ABSTRAL SUB 100MCG, 4
ABSTRAL SUB 200MCG, 4
ABSTRAL SUB 300MCG, 4
ABSTRAL SUB 400MCG, 4
ABSTRAL SUB 600MCG, 4
ABSTRAL SUB 800MCG, 4
acamprosate calcium tab delayed release 333 mg, 102
acarbose tab 100 mg, 105
acarbose tab 25 mg, 105
acarbose tab 50 mg, 105
ACCOLATE TAB 10MG, 161
ACCOLATE TAB 20MG, 161
ACCU-CHEK KIT SPIRIT, 110
ACCU-CHEK TES AVIVA PL, 110
ACCU-CHEK TES COMPACT, 110
ACCU-CHEK TES GUIDE, 111
ACCU-CHEK TES SMART, 111
ACCUPRIL TAB 10MG, 38
ACCUPRIL TAB 20MG, 38
ACCUPRIL TAB 40MG, 38
ACCUPRIL TAB 5MG, 38
ACCURETIC TAB 10-12.5, 36
ACCURETIC TAB 20-12.5, 37
ACCURETIC TAB 20-25MG, 37
acebutolol hcl cap 200 mg, 52
acebutolol hcl cap 400 mg, 52
ACEON TAB 4MG, 38
ACEON TAB 8MG, 38
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg, 4
acetaminophen w/ codeine soln 120-12 mg/5ml, 4
acetaminophen w/ codeine tab 300-15 mg, 4

acetaminophen w/ codeine tab 300-30 mg, 4
acetaminophen w/ codeine tab 300-60 mg, 4
acetazolamide cap er 12hr 500 mg, 58
acetazolamide tab 125 mg, 58
acetazolamide tab 250 mg, 58
ACETEST TAB TABLETS, 111
acetic acid 2% in aluminum acetate otic soln, 182
acetic acid otic soln 2%, 182
acetic acid-oxyquinoline vaginal gel 0.9-0.025%, 141
acetylcysteine inhal soln 10%, 162
acetylcysteine inhal soln 20%, 162
ACIPHEX SPR CAP 10MG, 136
ACIPHEX SPR CAP 5MG, 136
ACIPHEX TAB 20MG, 136
acitretin cap 10 mg, 169
acitretin cap 17.5 mg, 169
acitretin cap 25 mg, 169
ACLOVATE CRE 0.05%, 171
ACTEMRA INJ 162/0.9, 148
ACTHAR INJ 80UNIT, 125
ACTIGALL CAP 300MG, 132
ACTIMMUNE INJ 2MU/0.5, 150
ACTIQ LOZ 1200MCG, 4
ACTIQ LOZ 1600MCG, 4
ACTIQ LOZ 200MCG, 4
ACTIQ LOZ 400MCG, 4
ACTIQ LOZ 600MCG, 4
ACTIQ LOZ 800MCG, 4
ACTIVE 1ST MIS LANC 30G, 111
ACTIVELLA TAB 0.5-0.1, 118
ACTIVELLA TAB 1-0.5MG, 118
ACTIVE OB CAP, 153
ACTONEL TAB 150MG, 112
ACTONEL TAB 30MG, 112
ACTONEL TAB 35MG, 112
ACTONEL TAB 5MG, 112
ACTOPLUS MET TAB 15-500MG, 107
ACTOPLUS MET TAB 15-850MG, 107
ACTOPLUS MET TAB XR, 107
ACTOS TAB 15MG, 108
ACTOS TAB 30MG, 108
ACTOS TAB 45MG, 108
ACULAR LS SOL 0.4%, 178
ACULAR SOL 0.5% OP, 178
ACUVAIL SOL 0.45%, 178
acyclovir cap 200 mg, 27
acyclovir cream 5%, 175
acyclovir oint 5%, 175
acyclovir susp 200 mg/5ml, 27
acyclovir tab 400 mg, 27
acyclovir tab 800 mg, 27
ACZONE GEL 5%, 165
ACZONE GEL 7.5%, 165
ADALAT CC TAB 30MG ER, 55
ADALAT CC TAB 60MG ER, 55
ADALAT CC TAB 90MG ER, 55
adapalene-benzoyl peroxide gel 0.1-2.5%, 165
adapalene cream 0.1%, 165
adapalene gel 0.1%, 165
adapalene gel 0.3%, 165
adapalene lotion 0.1%, 165
ADASUVE INH 10MG, 87
ADCIRCA TAB 20MG, 62
ADDERALL TAB 10MG, 88
ADDERALL TAB 12.5MG, 88
ADDERALL TAB 15MG, 88
ADDERALL TAB 20MG, 88
ADDERALL TAB 30MG, 88
ADDERALL TAB 5MG, 88
ADDERALL TAB 7.5MG, 88
ADDERALL XR CAP 10MG, 88
ADDERALL XR CAP 15MG, 88
ADDERALL XR CAP 20MG, 88
ADDERALL XR CAP 25MG, 89
ADDERALL XR CAP 30MG, 89
ADDERALL XR CAP 5MG, 88
adefovir dipivoxil tab 10 mg, 26
ADEMPAS TAB 0.5MG, 63
ADEMPAS TAB 1.5MG, 63
ADEMPAS TAB 1MG, 63
ADEMPAS TAB 2.5MG, 63
ADEMPAS TAB 2MG, 63
ADOXA CAP 150MG, 18
ADOXA PAK 1/ TAB 100MG, 18
ADOXA PAK 1/ TAB 150MG, 18
ADOXA TAB 50MG, 18
ADOXA TAB 75MG, 18

ADRENACLICK INJ 0.15MG, 157
ADRENACLICK INJ 0.3MG, 157
ADRENALIN SOL 1:1000, 162
ADVAIR DISKU AER 100/50, 164
ADVAIR DISKU AER 250/50, 164
ADVAIR DISKU AER 500/50, 164
ADVAIR HFA AER 115/21, 164
ADVAIR HFA AER 230/21, 164
ADVAIR HFA AER 45/21, 164
ADZENYS ER SUS 1.25MG, 89
ADZENYS XR TAB 12.5MG, 89
ADZENYS XR TAB 15.7 MG, 89
ADZENYS XR TAB 18.8MG, 89
ADZENYS XR TAB 3.1MG, 89
ADZENYS XR TAB 6.3MG, 89
ADZENYS XR TAB 9.4MG, 89
AEMCOLO TAB 194MG, 28
AEROSPAN AER 80MCG, 163
AFINITOR DIS TAB 2MG, 32
AFINITOR DIS TAB 3MG, 32
AFINITOR DIS TAB 5MG, 32
AFINITOR TAB 10MG, 32
AFINITOR TAB 2.5MG, 32
AFINITOR TAB 5MG, 32
AFINITOR TAB 7.5MG, 32
AGGRENOX CAP 25-200MG, 147
AGRYLIN CAP 0.5MG, 147
AJOVY INJ 225/1.5, 96
AKTEN GEL 3.5%, 181
AKYNZEO CAP 300-0.5, 130
ALA SCALP LOT 2%, 171
ALBENZA TAB 200MG, 28
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), 160
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 160
albuterol sulfate soln nebu 0.5% (5 mg/ml), 160
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 160
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), 160
albuterol sulfate syrup 2 mg/5ml, 160
albuterol sulfate tab 2 mg, 160
albuterol sulfate tab 4 mg, 160
albuterol sulfate tab er 12hr 4 mg, 160
albuterol sulfate tab er 12hr 8 mg, 160
ALCAINE SOL 0.5% OP, 181
alclometasone dipropionate cream 0.05%, 171
alclometasone dipropionate oint 0.05%, 171
ALDACTAZIDE TAB 25/25, 59
ALDACTAZIDE TAB 50/50, 59
ALDACTONE TAB 100MG, 40
ALDACTONE TAB 25MG, 40
ALDACTONE TAB 50MG, 40
ALDARA CRE 5%, 175
ALECENSA CAP 150MG, 32
alendronate sodium oral soln 70 mg/75ml, 112
alendronate sodium tab 10 mg, 112
alendronate sodium tab 35 mg, 112
alendronate sodium tab 40 mg, 113
alendronate sodium tab 5 mg, 112
alendronate sodium tab 70 mg, 113
alfuzosin hcl tab er 24hr 10 mg, 139
ALINIA SUS 100/5ML, 28
ALINIA TAB 500MG, 28
aliskiren fumarate tab 150 mg (base equivalent), 58
aliskiren fumarate tab 300 mg (base equivalent), 58
ALKERAN TAB 2MG, 29
allopurinol tab 100 mg, 1
allopurinol tab 300 mg, 1
almotriptan malate tab 12.5 mg, 96
almotriptan malate tab 6.25 mg, 96
ALOCRIL SOL 2%, 179
ALOMIDE SOL 0.1% OP, 179
ALORA DIS 0.025MG, 119
ALORA DIS 0.05MG, 119
ALORA DIS 0.075MG, 119
ALORA DIS 0.1MG, 119
alosetron hcl tab 0.5 mg (base equiv), 134
alosetron hcl tab 1 mg (base equiv), 134
ALPHAGAN P SOL 0.1%, 182
ALPHAGAN P SOL 0.15%, 182
ALPRAZOLAM CON 1 MG/ML, 63
alprazolam orally disintegrating tab 0.25 mg, 63

alprazolam orally disintegrating tab 0.5 mg, 63
alprazolam orally disintegrating tab 1 mg, 63
alprazolam orally disintegrating tab 2 mg, 63
alprazolam tab 0.25 mg, 63
alprazolam tab 0.5 mg, 63
alprazolam tab 1 mg, 63
alprazolam tab 2 mg, 63
alprazolam tab er 24hr 0.5 mg, 63
alprazolam tab er 24hr 1 mg, 63
alprazolam tab er 24hr 2 mg, 63
alprazolam tab er 24hr 3 mg, 63
ALREX SUS 0.2%, 179
ALSUMA INJ 6MG/0.5, 96
ALTABAX OIN 1%, 168
ALTACE CAP 1.25MG, 38
ALTACE CAP 10MG, 38
ALTACE CAP 2.5MG, 38
ALTACE CAP 5MG, 38
ALTOPREV TAB 20MG ER, 48
ALTOPREV TAB 40MG ER, 48
ALTOPREV TAB 60MG ER, 48
ALUNBRIG PAK, 32
ALUNBRIG TAB 180MG, 32
ALUNBRIG TAB 30MG, 32
ALUNBRIG TAB 90MG, 32
ALVESCO AER 160MCG, 163
ALVESCO AER 80MCG, 163
amantadine hcl cap 100 mg, 80
amantadine hcl syrup 50 mg/5ml, 80
amantadine hcl tab 100 mg, 80
AMARYL TAB 1MG, 110
AMARYL TAB 2MG, 110
AMARYL TAB 4MG, 110
AMBIEN CR TAB 12.5MG, 95
AMBIEN CR TAB 6.25MG, 95
AMBIEN TAB 10MG, 95
AMBIEN TAB 5MG, 95
amcinonide cream 0.1%, 170
amcinonide lotion 0.1%, 170
AMCINONIDE OIN 0.1%, 170
AMERGE TAB 1MG, 97
AMERGE TAB 2.5MG, 97
AMICAR SYP 25%, 146
AMICAR TAB 1000MG, 146
AMICAR TAB 500MG, 146
amiloride & hydrochlorothiazide tab 5-50 mg, 59
amiloride hcl tab 5 mg, 60
amiodarone hcl tab 100 mg, 45
amiodarone hcl tab 200 mg, 45
amiodarone hcl tab 400 mg, 45
AMITIZA CAP 24MCG, 134
AMITIZA CAP 8MCG, 134
amitriptyline hcl tab 100 mg, 78
amitriptyline hcl tab 10 mg, 78
amitriptyline hcl tab 150 mg, 78
amitriptyline hcl tab 25 mg, 78
amitriptyline hcl tab 50 mg, 78
amitriptyline hcl tab 75 mg, 78
amlodipine besylate-atorvastatin calcium tab 10-10 mg, 54
amlodipine besylate-atorvastatin calcium tab 10-20 mg, 54
amlodipine besylate-atorvastatin calcium tab 10-40 mg, 54
amlodipine besylate-atorvastatin calcium tab 10-80 mg, 54
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 54
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, 54
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, 54
amlodipine besylate-atorvastatin calcium tab 5-10 mg, 54
amlodipine besylate-atorvastatin calcium tab 5-20 mg, 54
amlodipine besylate-atorvastatin calcium tab 5-40 mg, 54
amlodipine besylate-atorvastatin calcium tab 5-80 mg, 54
amlodipine besylate-benazepril hcl cap 10-20 mg, 36
amlodipine besylate-benazepril hcl cap 10-40 mg, 36
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 36
amlodipine besylate-benazepril hcl cap 5-10 mg, 36

amlodipine besylate-benazepril hcl cap 5-20 mg, 36
amlodipine besylate-benazepril hcl cap 5-40 mg, 36
amlodipine besylate-olmesartan medoxomil tab 10-20 mg, 41
amlodipine besylate-olmesartan medoxomil tab 10-40 mg, 41
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 41
amlodipine besylate-olmesartan medoxomil tab 5-40 mg, 41
amlodipine besylate tab 10 mg (base equivalent), 55
amlodipine besylate tab 2.5 mg (base equivalent), 55
amlodipine besylate tab 5 mg (base equivalent), 55
amlodipine besylate-valsartan tab 10-160 mg, 41
amlodipine besylate-valsartan tab 10-320 mg, 41
amlodipine besylate-valsartan tab 5-160 mg, 41
amlodipine besylate-valsartan tab 5-320 mg, 41
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg, 42
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg, 42
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg, 42
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 42
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg, 42
amoxapine tab 100 mg, 78
amoxapine tab 150 mg, 78
amoxapine tab 25 mg, 78
amoxapine tab 50 mg, 78
amoxicillin (trihydrate) cap 250 mg, 17
amoxicillin (trihydrate) cap 500 mg, 17
amoxicillin (trihydrate) chew tab 125 mg, 17
amoxicillin (trihydrate) chew tab 250 mg, 17
amoxicillin (trihydrate) for susp 125 mg/5ml, 17
amoxicillin (trihydrate) for susp 200 mg/5ml, 17
amoxicillin (trihydrate) for susp 250 mg/5ml, 17
amoxicillin (trihydrate) for susp 400 mg/5ml, 17
amoxicillin (trihydrate) tab 500 mg, 17
amoxicillin (trihydrate) tab 875 mg, 17
amoxicillin (trihydrate) tab er 24hr 775 mg, 17
amoxicillin & k clavulanate chew tab 200-28.5 mg, 17
amoxicillin & k clavulanate chew tab 400-57 mg, 17
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 17
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, 17
amoxicillin & k clavulanate for susp 400-57 mg/5ml, 17
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, 17
amoxicillin & k clavulanate tab 250-125 mg, 17
amoxicillin & k clavulanate tab 500-125 mg, 17
amoxicillin & k clavulanate tab 875-125 mg, 17
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg, 17
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack, 139
amphetamine-dextroamphetamine cap er 24hr 10 mg, 89
amphetamine-dextroamphetamine cap er 24hr 15 mg, 89
amphetamine-dextroamphetamine cap er 24hr 20 mg, 89
amphetamine-dextroamphetamine cap er 24hr 25 mg, 89
amphetamine-dextroamphetamine cap er 24hr 30 mg, 89
amphetamine-dextroamphetamine cap er 24hr 5 mg, 89

amphetamine-dextroamphetamine tab 10 mg, 89
amphetamine-dextroamphetamine tab 12.5 mg, 89
amphetamine-dextroamphetamine tab 15 mg, 89
amphetamine-dextroamphetamine tab 20 mg, 89
amphetamine-dextroamphetamine tab 30 mg, 89
amphetamine-dextroamphetamine tab 5 mg, 89
amphetamine-dextroamphetamine tab 7.5 mg, 89
ampicillin cap 250 mg, 17
ampicillin cap 500 mg, 17
ampicillin for susp 125 mg/5ml, 17
ampicillin for susp 250 mg/5ml, 18
AMPYRA TAB 10MG, 99
AMRIX CAP 15MG, 100
AMRIX CAP 30MG, 100
ANACAINE OIN, 174
ANAFRANIL CAP 25MG, 65
ANAFRANIL CAP 50MG, 65
ANAFRANIL CAP 75MG, 65
anagrelide hcl cap 0.5 mg, 147
anagrelide hcl cap 1 mg, 147
ANALPRAM-HC CRE 1-1%, 138
ANALPRAM HC CRE 2.5-1%, 138
ANALPRAM-HC LOT 2.5%, 138
ANALPRM SNGL CRE HC 2.5-1, 138
ANAPROX DS TAB 550MG, 2
ANAPROX TAB 275MG, 2
ANASPAZ TAB 0.125MG, 131
anastrozole tab 1 mg, 31
ANDRODERM DIS 2MG/24HR, 104
ANDRODERM DIS 4MG/24HR, 104
ANDROGEL GEL 1.62%, 104
ANDROGEL GEL 1%(25MG), 104
ANDROGEL GEL 1%(50MG), 104
ANDROGEL GEL PUMP 1%, 104
ANORO ELLIPT AER 62.5-25, 157
ANTABUSE TAB 250MG, 102
ANTABUSE TAB 500MG, 102
ANTARA CAP 30MG, 47
ANTARA CAP 90MG, 47
ANUSOL-HC CRE 2.5%, 138
ANZEMET TAB 100MG, 130
ANZEMET TAB 50MG, 130
APEXICON E CRE 0.05%, 170
APIDRA INJ SOLOSTAR, 108
APIDRA INJ U-100, 108
APLENZIN TAB 174MG, 73
APLENZIN TAB 348MG, 73
APLENZIN TAB 522MG, 73
APOKYN INJ 10MG/ML, 80
aprepitant capsule 125 mg, 130
aprepitant capsule 40 mg, 130
aprepitant capsule 80 mg, 130
aprepitant capsule therapy pack 80 & 125 mg, 130
APRISO CAP 0.375GM, 133
APTENSIO XR CAP 10MG, 89
APTENSIO XR CAP 15MG, 89
APTENSIO XR CAP 20MG, 89
APTENSIO XR CAP 30MG, 89
APTENSIO XR CAP 40MG, 90
APTENSIO XR CAP 50MG, 90
APTENSIO XR CAP 60MG, 90
APTIOM TAB 200MG, 65
APTIOM TAB 400MG, 65
APTIOM TAB 600MG, 65
APTIOM TAB 800MG, 65
APTIVUS CAP 250MG, 24
APTIVUS SOL, 24
AQUORAL AER, 176
ARALEN TAB 500MG, 21
ARANESP INJ 100MCG, 145
ARANESP INJ 10MCG, 145
ARANESP INJ 150MCG, 145
ARANESP INJ 200MCG, 145
ARANESP INJ 25MCG, 145
ARANESP INJ 300MCG, 145
ARANESP INJ 40MCG, 145
ARANESP INJ 500MCG, 145
ARANESP INJ 60MCG, 145
ARAVA TAB 10MG, 149
ARAVA TAB 20MG, 149
ARCALYST INJ 220MG, 150
ARCAPTA CAP 75MCG, 159
ARICEPT TAB 10MG, 71
ARICEPT TAB 23MG, 71

ARICEPT TAB 5MG, 71
ARIKAYCE SUS, 13
ARIMIDEX TAB 1MG, 31
aripiprazole orally disintegrating tab 10 mg, 83
aripiprazole orally disintegrating tab 15 mg, 83
aripiprazole oral solution 1 mg/ml, 83
aripiprazole tab 10 mg, 83
ARIPIPRAZOLE TAB 10MG ODT, 83
aripiprazole tab 15 mg, 83
ARIPIPRAZOLE TAB 15MG ODT, 83
aripiprazole tab 20 mg, 83
aripiprazole tab 2 mg, 83
aripiprazole tab 30 mg, 83
aripiprazole tab 5 mg, 83
ARIXTRA INJ 10/0.8ML, 143
ARIXTRA INJ 2.5/0.5, 143
ARIXTRA INJ 5/0.4ML, 143
ARIXTRA INJ 7.5/0.6, 143
armodafinil tab 150 mg, 101
armodafinil tab 200 mg, 101
armodafinil tab 250 mg, 101
armodafinil tab 50 mg, 101
ARMOUR THYRO TAB 30MG, 128
ARMOUR THYRO TAB 60MG, 128
ARNICA TIN FLOWER, 175
ARNUITY ELPT INH 100MCG, 163
ARNUITY ELPT INH 200MCG, 163
ARNUITY ELPT INH 50MCG, 163
AROMASIN TAB 25MG, 31
ARTHROTEC 50 TAB, 4
ARTHROTEC 75 TAB, 4
ASACOL HD TAB 800MG, 133
ASMANEX 120 AER 220MCG, 164
ASMANEX 30 AER 110MCG, 163
ASMANEX HFA AER 100 MCG, 164
ASMANEX HFA AER 200 MCG, 164
aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg, 5
aspirin chew tab 81 mg, 147
aspirin-dipyridamole cap er 12hr 25-200 mg, 147
aspirin tab delayed release 81 mg, 147
ASTAGRAF XL CAP 0.5MG, 150
ASTAGRAF XL CAP 1MG, 150
ASTAGRAF XL CAP 5MG, 150
ASTEPRO SPR 0.15%, 162
ATABEX EC TAB, 153
ATACAND HCT TAB 16-12.5, 43
ATACAND HCT TAB 32-12.5, 43
ATACAND HCT TAB 32-25MG, 43
ATACAND TAB 16MG, 44
ATACAND TAB 32MG, 44
ATACAND TAB 4MG, 44
ATACAND TAB 8MG, 44
atazanavir sulfate cap 150 mg (base equiv), 24
atazanavir sulfate cap 200 mg (base equiv), 24
atazanavir sulfate cap 300 mg (base equiv), 24
ATELVIA TAB, 113
atenolol & chlorthalidone tab 100-25 mg, 51
atenolol & chlorthalidone tab 50-25 mg, 51
atenolol tab 100 mg, 52
atenolol tab 25 mg, 52
atenolol tab 50 mg, 52
ATIVAN TAB 0.5MG, 63
ATIVAN TAB 1MG, 64
ATIVAN TAB 2MG, 64
atomoxetine hcl cap 100 mg (base equiv), 90
atomoxetine hcl cap 10 mg (base equiv), 90
atomoxetine hcl cap 18 mg (base equiv), 90
atomoxetine hcl cap 25 mg (base equiv), 90
atomoxetine hcl cap 40 mg (base equiv), 90
atomoxetine hcl cap 60 mg (base equiv), 90
atomoxetine hcl cap 80 mg (base equiv), 90
atorvastatin calcium tab 10 mg (base equivalent), 48
atorvastatin calcium tab 20 mg (base equivalent), 48
atorvastatin calcium tab 40 mg (base

equivalent), 48
atorvastatin calcium tab 80 mg (base equivalent), 48
atovaquone-proguanil hcl tab 250-100 mg, 21
atovaquone-proguanil hcl tab 62.5-25 mg, 21
atovaquone susp 750 mg/5ml, 28
ATRALIN GEL 0.05%, 165
ATRIPLA TAB, 21
atropine sulfate ophth soln 1%, 181
ATROVENT HFA AER 17MCG, 157
ATROVENT NAS SOL 0.03%, 162
ATROVENT NAS SOL 0.06%, 162
AUBAGIO TAB 14MG, 99
AUBAGIO TAB 7MG, 99
AUGMENTIN SUS 125/5ML, 18
AUGMENTIN SUS 250/5ML, 18
AUGMENTIN SUS ES-600, 18
AUGMENTIN TAB 500MG, 18
AUGMENTIN TAB 875MG, 18
AUGMENTIN XR TAB 12HR, 18
AURYXIA TAB 210MG, 126
AUSTEDO TAB 12MG, 94
AUSTEDO TAB 6MG, 94
AUSTEDO TAB 9MG, 94
AUTOLET LITE KIT STARTER, 111
AVALIDE TAB 150-12.5, 43
AVALIDE TAB 300-12.5, 43
AVAPRO TAB 150MG, 44
AVAPRO TAB 300MG, 44
AVAPRO TAB 75MG, 44
AVC CRE 15%, 143
AVELOX TAB 400MG, 16
AVODART CAP 0.5MG, 139
AVONEX KIT 30MCG, 99
AVONEX PEN KIT 30MCG, 99
AVONEX PREFL KIT 30MCG, 99
AXERT TAB 12.5MG, 97
AXERT TAB 6.25MG, 97
AXID CAP 300MG, 132
AXIRON SOL 30MG/ACT, 104
AYGESTIN TAB 5MG, 127
azacitidine for inj 100 mg, 30
AZASAN TAB 100MG, 150
AZASAN TAB 75 MG, 150
AZASITE SOL 1%, 177
azathioprine tab 50 mg, 150
azelaic acid gel 15%, 175
azelastine hcl nasal spray 0.1% (137 mcg/spray), 162
azelastine hcl nasal spray 0.15% (205.5 mcg/spray), 162
azelastine hcl ophth soln 0.05%, 179
AZELEX CRE 20%, 165
AZILECT TAB 0.5MG, 80
AZILECT TAB 1MG, 80
azithromycin for susp 100 mg/5ml, 15
azithromycin for susp 200 mg/5ml, 15
azithromycin powd pack for susp 1 gm, 15
azithromycin tab 250 mg, 15
azithromycin tab 500 mg, 15
azithromycin tab 600 mg, 15
AZOPT SUS 1% OP, 181
AZOR TAB 10-20MG, 41
AZOR TAB 10-40MG, 41
AZOR TAB 5-20MG, 41
AZOR TAB 5-40MG, 41
AZULFIDINE TAB 500MG, 133
AZULFIDINE TAB 500MG EN, 133
B
bacitracin ophth oint 500 unit/gm, 177
bacitracin-polymyxin b ophth oint, 177
bacitracin-polymyxin-neomycin-hc ophth oint 1%, 177
baclofen tab 10 mg, 100
baclofen tab 20 mg, 100
BACLOFEN TAB 5MG, 100
BACTRIM DS TAB 800-160, 18
BACTRIM TAB 400-80MG, 18
BACTROBAN CRE 2%, 168
BACTROBAN OIN 2%, 168
BACTROBAN OIN NASAL 2%, 168
BALCOLTRA TAB 0.1-20, 115
balsalazide disodium cap 750 mg, 133
BANZEL SUS 40MG/ML, 65
BANZEL TAB 200MG, 65
BANZEL TAB 400MG, 65
BARACLUDE SOL, 26
BARACLUDE TAB 0.5MG, 26
BARACLUDE TAB 1MG, 26

BASAGLAR INJ 100UNIT, 108
BAXDELA TAB 450MG, 16
BD ULTRAFINE INSULIN SYRINGES/NEEDLES, 111
BD ULTRAFINE PEN NEEDLES, 111
BECONASE AQ SUS 0.042%, 162
BELBUCA MIS 150MCG, 5
BELBUCA MIS 300MCG, 5
BELBUCA MIS 450MCG, 5
BELBUCA MIS 600MCG, 5
BELBUCA MIS 750MCG, 5
BELBUCA MIS 75MCG, 5
BELBUCA MIS 900MCG, 5
BELSOMRA TAB 10MG, 95
BELSOMRA TAB 15MG, 95
BELSOMRA TAB 20MG, 95
BELSOMRA TAB 5MG, 95
benazepril & hydrochlorothiazide tab 10-12.5 mg, 37
benazepril & hydrochlorothiazide tab 20-12.5 mg, 37
benazepril & hydrochlorothiazide tab 20-25 mg, 37
benazepril & hydrochlorothiazide tab 5-6.25 mg, 37
benazepril hcl tab 10 mg, 38
benazepril hcl tab 20 mg, 38
benazepril hcl tab 40 mg, 38
benazepril hcl tab 5 mg, 38
BENICAR HCT TAB 20-12.5, 43
BENICAR HCT TAB 40-12.5, 43
BENICAR HCT TAB 40-25MG, 43
BENICAR TAB 20MG, 44
BENICAR TAB 40MG, 44
BENICAR TAB 5MG, 44
BENSAL HP OIN, 175
BENTYL CAP 10MG, 131
BENTYL TAB 20MG, 132
BENZALKONIUM SOL 50%, 170
BENZAMYCIN GEL 5-3%, 165
BENZAMYCIN GEL PAK, 165
BENZIQ GEL 5.25%, 165
BENZIQ LS GEL 2.75%, 165
BENZNIDAZOLE TAB 100MG, 28
BENZNIDAZOLE TAB 12.5MG, 28
benzonatate cap 100 mg, 159
benzonatate cap 200 mg, 159
benzoyl peroxide-erythromycin gel 5-3%, 165
benzoyl peroxide liq 7%, 165
BENZ PEROXID GEL 6.5%, 165
benztropine mesylate tab 0.5 mg, 80
benztropine mesylate tab 1 mg, 80
benztropine mesylate tab 2 mg, 80
BEPREVE DRO 1.5%, 179
BERINERT INJ 500UNIT, 146
BESIVANCE SUS 0.6%, 177
BETADINE SOL 5% OP, 177
BETAGAN SOL 0.5% OP, 180
betamethasone dipropionate augmented cream 0.05%, 170
betamethasone dipropionate augmented gel 0.05%, 173
betamethasone dipropionate augmented lotion 0.05%, 170
betamethasone dipropionate augmented oint 0.05%, 173
betamethasone dipropionate cream 0.05%, 170
betamethasone dipropionate lotion 0.05%, 170
betamethasone dipropionate oint 0.05%, 170
betamethasone valerate aerosol foam 0.12%, 172
betamethasone valerate cream 0.1% (base equivalent), 172
betamethasone valerate lotion 0.1% (base equivalent), 172
betamethasone valerate oint 0.1% (base equivalent), 172
BETAPACE AF TAB 120MG, 45
BETAPACE AF TAB 160MG, 45
BETAPACE AF TAB 80MG, 45
BETAPACE TAB 120MG, 45
BETAPACE TAB 160MG, 45
BETAPACE TAB 80MG, 45
BETASERON INJ 0.3MG, 99
betaxolol hcl ophth soln 0.5%, 180
betaxolol hcl tab 10 mg, 52
betaxolol hcl tab 20 mg, 52
bethanechol chloride tab 10 mg, 141

bethanechol chloride tab 25 mg, 141
bethanechol chloride tab 50 mg, 141
bethanechol chloride tab 5 mg, 141
BETHKIS NEB 300/4ML, 161
BETIMOL SOL 0.25%, 180
BETIMOL SOL 0.5%, 180
BETOPTIC-S SUS 0.25% OP, 180
BEVESPI AER 9-4.8MCG, 157
bexarotene cap 75 mg, 35
BEYAZ TAB, 115
BIAXIN SUS 250/5ML, 15
BIAXIN TAB 250MG, 15
BIAXIN TAB 500MG, 15
bicalutamide tab 50 mg, 30
BIDIL TAB, 60
BIKTARVY TAB, 21
BILTRICIDE TAB 600MG, 28
bimatoprost ophth soln 0.03%, 182
bimatoprost soln 0.03%, 182
BINOSTO TAB 70MG, 113
BIO-STATIN CAP 1000000, 20
BIO-STATIN CAP 500000, 20
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit, 134
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 51
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 51
bisoprolol & hydrochlorothiazide tab 5-6.25 mg, 51
bisoprolol fumarate tab 10 mg, 52
bisoprolol fumarate tab 5 mg, 52
BLEPH-10 SOL 10% OP, 177
BLEPHAMIDE OIN S.O.P., 177
BLEPHAMIDE SUS OP, 177
BONIVA TAB 150MG, 113
BOSULIF TAB 100MG, 32
BOSULIF TAB 400MG, 32
BOSULIF TAB 500MG, 32
BRAFTOVI CAP 50MG, 32
BRAFTOVI CAP 75MG, 32
BRAVELLE INJ 75UNIT, 121
BREO ELLIPTA INH 100-25, 164
BRILINTA TAB 60MG, 147
BRILINTA TAB 90MG, 147
brimonidine tartrate ophth soln 0.15%, 182
brimonidine tartrate ophth soln 0.2%, 182
BRISDELLE CAP 7.5MG, 104
BRIVIACT TAB 100MG, 66
BRIVIACT TAB 10MG, 65
BRIVIACT TAB 25MG, 65
BRIVIACT TAB 50MG, 65
BRIVIACT TAB 75MG, 66
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily), 178
bromfenac sodium ophth soln 0.09% (base equivalent), 178
bromocriptine mesylate cap 5 mg (base equivalent), 80
bromocriptine mesylate tab 2.5 mg (base equivalent), 80
brompheniramine tannate chew tab 12 mg, 158
BROMSITE DRO 0.075%, 178
BROVANA NEB 15MCG, 160
BRYHALI LOT 0.01%, 173
budesonide delayed release particles cap 3 mg, 133
budesonide inhalation susp 0.25 mg/2ml, 164
budesonide inhalation susp 0.5 mg/2ml, 164
budesonide inhalation susp 1 mg/2ml, 164
budesonide nasal susp 32 mcg/act, 163
budesonide tab er 24hr 9 mg, 133
bumetanide tab 0.5 mg, 59
bumetanide tab 1 mg, 59
bumetanide tab 2 mg, 59
BUNAVAIL MIS 2.1-0.3, 102
BUNAVAIL MIS 4.2-0.7, 102
BUNAVAIL MIS 6.3-1MG, 102
BUPAP TAB 50-300MG, 1
BUPHENYL POW, 125
BUPHENYL TAB 500MG, 125
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv), 102
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 102
buprenorphine hcl-naloxone hcl sl film

4-1 mg (base equiv), 102
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 102
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 102
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv), 102
buprenorphine hcl sl tab 2 mg (base equiv), 103
buprenorphine hcl sl tab 8 mg (base equiv), 103
bupropion hcl (smoking deterrent) tab er 12hr 150 mg, 103
bupropion hcl tab 100 mg, 73
bupropion hcl tab 75 mg, 73
bupropion hcl tab er 12hr 100 mg, 73
bupropion hcl tab er 12hr 150 mg, 73
bupropion hcl tab er 12hr 200 mg, 73
bupropion hcl tab er 24hr 150 mg, 73
bupropion hcl tab er 24hr 300 mg, 73
buspirone hcl tab 10 mg, 65
buspirone hcl tab 15 mg, 65
buspirone hcl tab 30 mg, 65
buspirone hcl tab 5 mg, 65
buspirone hcl tab 7.5 mg, 65
butalbital-acetaminophen-caffeine cap 50-300-40 mg, 1
butalbital-acetaminophen-caffeine cap 50-325-40 mg, 1
butalbital-acetaminophen-caffeine tab 50-325-40 mg, 1
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg, 5
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg, 5
butalbital-acetaminophen tab 50-325 mg, 1
butalbital-aspirin-caffeine cap 50-325-40 mg, 2
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg, 5
BUTISOL SOD TAB 30MG, 95
BUTISOL SOD TAB 50MG, 95
butorphanol tartrate nasal soln 10 mg/ml, 5
BUTRANS DIS 10MCG/HR, 5
BUTRANS DIS 15MCG/HR, 5
BUTRANS DIS 20MCG/HR, 5
BUTRANS DIS 5MCG/HR, 5
BUTRANS DIS 7.5/HR, 5
BYDUREON INJ 2MG, 107
BYDUREON PEN INJ 2MG, 107
BYETTA INJ 10MCG, 107
BYETTA INJ 5MCG, 107
BYSTOLIC TAB 10MG, 52
BYSTOLIC TAB 2.5MG, 52
BYSTOLIC TAB 20MG, 52
BYSTOLIC TAB 5MG, 52
C
cabergoline tab 0.5 mg, 125
CABOMETYX TAB 20MG, 32
CABOMETYX TAB 40MG, 32
CABOMETYX TAB 60MG, 32
CA-DTPA SOL 1000MG, 112
CADUET TAB 10-10MG, 55
CADUET TAB 10-20MG, 55
CADUET TAB 10-40MG, 55
CADUET TAB 10-80MG, 55
CADUET TAB 2.5-10MG, 54
CADUET TAB 2.5-20MG, 54
CADUET TAB 2.5-40MG, 54
CADUET TAB 5-10MG, 54
CADUET TAB 5-20MG, 54
CADUET TAB 5-40MG, 54
CADUET TAB 5-80MG, 54
CAFERGOT TAB 1-100MG, 96
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv), 162
CALAN SR TAB 120MG, 56
CALAN SR TAB 180MG, 56
CALAN SR TAB 240MG, 56
CALAN TAB 120MG, 56
CALAN TAB 80MG, 56
calcipotriene-betamethasone dipropionate oint 0.005-0.064%, 169
calcipotriene oint 0.005%, 169
calcipotriene soln 0.005% (50 mcg/ml), 169
calcitonin (salmon) nasal soln 200 unit/act, 113
calcitriol cap 0.25 mcg, 124
calcitriol cap 0.5 mcg, 124

calcitriol oint 3 mcg/gm, 169
calcitriol oral soln 1 mcg/ml, 124
calcium acetate (phosphate binder) cap 667 mg (169 mg ca), 126
calcium acetate (phosphate binder) tab 667 mg, 126
CALQUENCE CAP 100MG, 32
CANASA SUP 1000MG, 133
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 43
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg, 43
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg, 43
candesartan cilexetil tab 16 mg, 44
candesartan cilexetil tab 32 mg, 44
candesartan cilexetil tab 4 mg, 44
candesartan cilexetil tab 8 mg, 44
CANTIL TAB 25MG, 132
capecitabine tab 150 mg, 30
capecitabine tab 500 mg, 30
CAPEX SHA 0.01%, 171
CAPITAL/COD SUS 120-12/5, 5
CAPRELSA TAB 100MG, 32
CAPRELSA TAB 300MG, 32
captopril & hydrochlorothiazide tab 25-15 mg, 37
captopril & hydrochlorothiazide tab 25-25 mg, 37
captopril & hydrochlorothiazide tab 50-15 mg, 37
captopril & hydrochlorothiazide tab 50-25 mg, 37
captopril tab 100 mg, 38
captopril tab 12.5 mg, 38
captopril tab 25 mg, 38
captopril tab 50 mg, 38
CARAC CRE 0.5%, 167
CARAFATE SUS 1GM/10ML, 135
CARAFATE TAB 1GM, 135
CARBAGLU TAB 200MG, 125
carbamazepine cap er 12hr 100 mg, 66
carbamazepine cap er 12hr 200 mg, 66
carbamazepine cap er 12hr 300 mg, 66
carbamazepine chew tab 100 mg, 66
carbamazepine susp 100 mg/5ml, 66
carbamazepine tab 200 mg, 66
carbamazepine tab er 12hr 200 mg, 66
carbamazepine tab er 12hr 400 mg, 66
CARBAPHEN 12 LIQ, 158
CARBAPHEN 12 SUS PED, 158
CARBATROL CAP 100MG, 66
CARBATROL CAP 200MG, 66
CARBATROL CAP 300MG, 66
carbidopa & levodopa orally disintegrating tab 10-100 mg, 80
carbidopa & levodopa orally disintegrating tab 25-100 mg, 80
carbidopa & levodopa orally disintegrating tab 25-250 mg, 80
carbidopa & levodopa tab 10-100 mg, 80
carbidopa & levodopa tab 25-100 mg, 80
carbidopa & levodopa tab 25-250 mg, 80
carbidopa & levodopa tab er 25-100 mg, 80
carbidopa & levodopa tab er 50-200 mg, 80
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 80
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg, 80
carbidopa-levodopa-entacapone tabs 25-100-200 mg, 80
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg, 80
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg, 80
carbidopa-levodopa-entacapone tabs 50-200-200 mg, 80
carbidopa tab 25 mg, 80
carbinoxamine maleate soln 4 mg/5ml, 158
carbinoxamine maleate tab 4 mg, 158
carbonyl iron susp 15 mg/1.25ml (elemental iron), 152
CARDIO CHEK MIS KIT, 111
CARDIZEM CD CAP 120MG/24, 56
CARDIZEM CD CAP 180MG/24, 56
CARDIZEM CD CAP 240MG/24, 56
CARDIZEM CD CAP 300MG/24, 56
CARDIZEM CD CAP 360MG/24, 56
CARDIZEM LA TAB 120MG, 56

CARDIZEM LA TAB 180MG, 56
CARDIZEM LA TAB 240MG, 56
CARDIZEM LA TAB 300MG/24, 56
CARDIZEM LA TAB 360MG, 56
CARDIZEM LA TAB 420MG/24, 56
CARDIZEM TAB 120MG, 56
CARDIZEM TAB 30MG, 56
CARDIZEM TAB 60MG, 56
CARDURA TAB 1MG, 40
CARDURA TAB 2MG, 40
CARDURA TAB 4MG, 40
CARDURA TAB 8MG, 41
CARDURA XL TAB 4MG, 139
CARDURA XL TAB 8MG, 139
carisoprodol tab 250 mg, 100
carisoprodol tab 350 mg, 100
carisoprodol w/ aspirin & codeine tab 200-325-16 mg, 100
carisoprodol w/ aspirin tab 200-325 mg, 100
CARNITOR SF SOL 1GM/10ML, 113
CARNITOR SOL 1GM/10ML, 113
carteolol hcl ophth soln 1%, 180
carvedilol phosphate cap er 24hr 10 mg, 52
carvedilol phosphate cap er 24hr 20 mg, 52
carvedilol phosphate cap er 24hr 40 mg, 52
carvedilol phosphate cap er 24hr 80 mg, 52
carvedilol tab 12.5 mg, 52
carvedilol tab 25 mg, 52
carvedilol tab 3.125 mg, 52
carvedilol tab 6.25 mg, 52
CASCARA EXT SAGRADA, 134
CASODEX TAB 50MG, 31
CATAPRES TAB 0.1MG, 39
CATAPRES TAB 0.2MG, 39
CATAPRES TAB 0.3MG, 39
CATAPRES-TTS DIS 0.1/24HR, 40
CATAPRES-TTS DIS 0.2/24HR, 40
CATAPRES-TTS DIS 0.3/24HR, 40
CAVERJECT IM KIT 10MCG, 139
CAVERJECT INJ 20MCG, 139
CAVERJECT INJ 40MCG, 139
CAVERJECT KIT 20MCG, 140
CAYA DPR, 114
CAYSTON INH 75MG, 161
CEDAX CAP 400MG, 14
CEDAX SUS 180/5ML, 14
CEDAX SUS 90MG/5ML, 14
cefaclor cap 250 mg, 14
cefaclor cap 500 mg, 14
CEFACLOR ER TAB 500MG, 14
cefaclor for susp 125 mg/5ml, 14
cefaclor for susp 250 mg/5ml, 14
cefaclor for susp 375 mg/5ml, 14
cefadroxil cap 500 mg, 14
cefadroxil for susp 250 mg/5ml, 14
cefadroxil for susp 500 mg/5ml, 14
cefadroxil tab 1 gm, 14
cefdinir cap 300 mg, 14
cefdinir for susp 125 mg/5ml, 15
cefdinir for susp 250 mg/5ml, 15
cefixime for susp 100 mg/5ml, 15
cefixime for susp 200 mg/5ml, 15
cefpodoxime proxetil for susp 100 mg/5ml, 15
cefpodoxime proxetil for susp 50 mg/5ml, 15
cefpodoxime proxetil tab 100 mg, 15
cefpodoxime proxetil tab 200 mg, 15
cefprozil for susp 125 mg/5ml, 14
cefprozil for susp 250 mg/5ml, 14
cefprozil tab 250 mg, 14
cefprozil tab 500 mg, 14
ceftibuten cap 400 mg, 15
ceftibuten for susp 180 mg/5ml, 15
CEFTIN SUS 125/5ML, 14
CEFTIN SUS 250/5ML, 14
CEFTIN TAB 250MG, 14
CEFTIN TAB 500MG, 14
cefuroxime axetil tab 250 mg, 14
cefuroxime axetil tab 500 mg, 14
CELEBREX CAP 100MG, 1
CELEBREX CAP 200MG, 1
CELEBREX CAP 400MG, 1
CELEBREX CAP 50MG, 1
celecoxib cap 100 mg, 1
celecoxib cap 200 mg, 1
celecoxib cap 400 mg, 1

celecoxib cap 50 mg, 1
CELEXA TAB 10MG, 74
CELEXA TAB 20MG, 74
CELEXA TAB 40MG, 75
CELLCEPT CAP 250MG, 150
CELLCEPT SUS 200MG/ML, 150
CELLCEPT TAB 500MG, 150
CELONTIN CAP 300MG, 66
CENTANY OIN 2%, 168
cephalexin cap 250 mg, 14
cephalexin cap 500 mg, 14
cephalexin cap 750 mg, 14
cephalexin for susp 125 mg/5ml, 14
cephalexin for susp 250 mg/5ml, 14
cephalexin tab 250 mg, 14
cephalexin tab 500 mg, 14
CERDELGA CAP 84MG, 121
CERVIDIL VAG MIS 10MG INS, 125
CESAMET CAP 1MG, 130
CETRAXAL SOL 0.2%, 182
CETROTIDE KIT 0.25MG, 121
cevimeline hcl cap 30 mg, 138
CHANTIX PAK 0.5& 1MG, 103
CHANTIX PAK 1MG, 103
CHANTIX TAB 0.5MG, 103
CHEMET CAP 100MG, 112
chlordiazepoxide-amitriptyline tab 10-25 mg, 73
chlordiazepoxide-amitriptyline tab 5-12.5 mg, 73
chlordiazepoxide hcl cap 10 mg, 64
chlordiazepoxide hcl cap 25 mg, 64
chlordiazepoxide hcl cap 5 mg, 64
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg, 132
CHLORHEX GLU SOL 20%, 170
chlorhexidine gluconate soln 0.12%, 176
chloroquine phosphate tab 250 mg, 21
chloroquine phosphate tab 500 mg, 21
chlorothiazide tab 250 mg, 60
chlorothiazide tab 500 mg, 60
chlorpromazine hcl tab 100 mg, 87
chlorpromazine hcl tab 10 mg, 87
chlorpromazine hcl tab 200 mg, 87
chlorpromazine hcl tab 25 mg, 87
chlorpromazine hcl tab 50 mg, 87
chlorpropamide tab 100 mg, 110
chlorpropamide tab 250 mg, 110
chlorthalidone tab 25 mg, 60
chlorthalidone tab 50 mg, 60
chlorzoxazone tab 500 mg, 100
CHOLBAM CAP 250MG, 135
CHOLBAM CAP 50MG, 135
cholestyramine light powder 4 gm/dose, 46
cholestyramine light powder packets 4 gm, 46
cholestyramine powder 4 gm/dose, 47
cholestyramine powder packets 4 gm, 47
choline & magnesium salicylates tab 1000 mg, 2
choline fenofibrate cap dr 135 mg (fenofibric acid equiv), 47
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 47
CHOR GONADOT INJ 10000UNT, 121
chorionic gonadotropin for im inj 10000 unit, 121
CIALIS TAB 10MG, 140
CIALIS TAB 2.5MG, 140
CIALIS TAB 20MG, 140
CIALIS TAB 5MG, 140
ciclopirox gel 0.77%, 168
ciclopirox olamine cream 0.77% (base equiv), 168
ciclopirox olamine susp 0.77% (base equiv), 168
ciclopirox shampoo 1%, 168
cilostazol tab 100 mg, 146
cilostazol tab 50 mg, 146
CILOXAN OIN 0.3% OP, 177
CILOXAN SOL 0.3% OP, 177
CIMDUO TAB 300-300, 21
cimetidine hcl soln 300 mg/5ml, 132
cimetidine tab 300 mg, 132
cimetidine tab 400 mg, 132
cimetidine tab 800 mg, 133
CIMZIA KIT, 148
CIMZIA KIT STARTER, 148
CIMZIA PREFL KIT 200MG/ML, 148
CINRYZE SOL 500 UNIT, 146
CIPRO (10%) SUS 500MG/5, 16

CIPRO (5%) SUS 250MG/5, 16
CIPRODEX SUS 0.3-0.1%, 182
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq), 16
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq), 16
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 16
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml), 16
ciprofloxacin hcl ophth soln 0.3% (base equivalent), 177
ciprofloxacin hcl otic soln 0.2% (base equivalent), 182
ciprofloxacin hcl tab 100 mg (base equiv), 16
ciprofloxacin hcl tab 250 mg (base equiv), 16
ciprofloxacin hcl tab 500 mg (base equiv), 16
ciprofloxacin hcl tab 750 mg (base equiv), 16
CIPRO HC SUS OTIC, 182
CIPRO TAB 250MG, 16
CIPRO TAB 500MG, 16
CIPRO XR TAB 1000MG, 16
CIPRO XR TAB 500MG, 16
citalopram hydrobromide oral soln 10 mg/5ml, 75
citalopram hydrobromide tab 10 mg (base equiv), 75
citalopram hydrobromide tab 20 mg (base equiv), 75
citalopram hydrobromide tab 40 mg (base equiv), 75
CITRANATAL CAP HARMONY, 153
CITRANATAL CAP MEDLEY, 153
CITRANATAL MIS 90 DHA, 153
CITRANATAL MIS B-CALM, 153
CITRANATAL PAK ASSURE, 153
CITRANATAL PAK DHA, 153
CITRANATAL TAB BLOOM, 153
CITRANATAL TAB RX, 153
CLARINEX-D TAB 2.5-120, 157
CLARINEX RDT TAB 2.5MG, 158
CLARINEX RDT TAB 5MG, 158
CLARINEX SYP 0.5MG/ML, 158
CLARINEX TAB 5MG, 158
clarithromycin for susp 125 mg/5ml, 15
clarithromycin for susp 250 mg/5ml, 15
clarithromycin tab 250 mg, 15
clarithromycin tab 500 mg, 15
clarithromycin tab er 24hr 500 mg, 15
clemastine fumarate tab 2.68 mg, 158
CLENPIQ SOL, 134
CLEOCIN CAP 150MG, 28
CLEOCIN CAP 300MG, 28
CLEOCIN CAP 75MG, 28
CLEOCIN CRE 2% VAG, 143
CLEOCIN PED SOL 75MG/5ML, 28
CLEOCIN SUP 100MG, 143
CLEOCIN-T GEL 1%, 165
CLEOCIN-T LOT 1%, 165
CLEOCIN-T PAD 1%, 166
CLEOCIN-T SOL 1%, 166
CLIMARA DIS 0.025MG, 119
CLIMARA DIS 0.0375MG, 119
CLIMARA DIS 0.05MG, 119
CLIMARA DIS 0.06MG, 119
CLIMARA DIS 0.075MG, 119
CLIMARA DIS 0.1MG, 119
CLIMARA PRO DIS WEEKLY, 118
CLINDAGEL GEL 1%, 166
clindamycin hcl cap 150 mg, 28
clindamycin hcl cap 300 mg, 28
clindamycin hcl cap 75 mg, 28
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv), 28
clindamycin phosphate-benzoyl peroxide gel 1-5%, 166
clindamycin phosphate foam 1%, 166
clindamycin phosphate gel 1%, 166
clindamycin phosphate lotion 1%, 166
clindamycin phosphate soln 1%, 166
clindamycin phosphate swab 1%, 166
clindamycin phosphate-tretinoin gel 1.2-0.025%, 166
clindamycin phosphate vaginal cream 2%, 143
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%, 166
CLINDESSE CRE 2%, 143

clobazam suspension 2.5 mg/ml, 66
clobazam tab 10 mg, 66
clobazam tab 20 mg, 66
clobetasol propionate cream 0.05%, 173
clobetasol propionate emollient base cream 0.05%, 173
clobetasol propionate emulsion foam 0.05%, 173
clobetasol propionate foam 0.05%, 173
clobetasol propionate gel 0.05%, 173
clobetasol propionate lotion 0.05%, 173
clobetasol propionate oint 0.05%, 174
clobetasol propionate shampoo 0.05%, 174
clobetasol propionate soln 0.05%, 174
clobetasol propionate spray 0.05%, 174
CLOBEX LOT 0.05%, 174
CLOBEX SHA 0.05%, 174
CLOBEX SPR 0.05%, 174
clocortolone pivalate cream 0.1%, 172
CLODERM CRE 0.1% PMP, 172
clomiphene citrate tab 50 mg, 121
clomipramine hcl cap 25 mg, 65
clomipramine hcl cap 50 mg, 65
clomipramine hcl cap 75 mg, 65
clonazepam orally disintegrating tab 0.125 mg, 64
clonazepam orally disintegrating tab 0.25 mg, 64
clonazepam orally disintegrating tab 0.5 mg, 64
clonazepam orally disintegrating tab 1 mg, 64
clonazepam orally disintegrating tab 2 mg, 64
clonazepam tab 0.5 mg, 64
clonazepam tab 1 mg, 64
clonazepam tab 2 mg, 64
clonidine & chlorthalidone tab 0.1-15 mg, 40
clonidine & chlorthalidone tab 0.2-15 mg, 40
clonidine & chlorthalidone tab 0.3-15 mg, 40
clonidine hcl tab 0.1 mg, 40
clonidine hcl tab 0.2 mg, 40
clonidine hcl tab 0.3 mg, 40
clonidine td patch weekly 0.1 mg/24hr, 40
clonidine td patch weekly 0.2 mg/24hr, 40
clonidine td patch weekly 0.3 mg/24hr, 40
clopidogrel bisulfate tab 300 mg (base equiv), 147
clopidogrel bisulfate tab 75 mg (base equiv), 147
clorazepate dipotassium tab 15 mg, 64
clorazepate dipotassium tab 3.75 mg, 64
clorazepate dipotassium tab 7.5 mg, 64
clotrimazole troche 10 mg, 20
clozapine orally disintegrating tab 100 mg, 83
clozapine orally disintegrating tab 12.5 mg, 83
clozapine orally disintegrating tab 150 mg, 83
clozapine orally disintegrating tab 200 mg, 83
clozapine orally disintegrating tab 25 mg, 83
clozapine tab 100 mg, 84
clozapine tab 200 mg, 84
clozapine tab 25 mg, 84
clozapine tab 50 mg, 84
CLOZARIL TAB 100MG, 84
CLOZARIL TAB 25MG, 84
C-NATE DHA CAP 28-1-200, 153
COARTEM TAB 20-120MG, 21
CODAR AR LIQ 2-8/5ML, 159
codeine sulfate tab 30 mg, 5
CODEINE SULF TAB 15MG, 5
CODEINE SULF TAB 60MG, 5
COLAZAL CAP 750MG, 133
colchicine cap 0.6 mg, 1
colchicine tab 0.6 mg, 1
colchicine w/ probenecid tab 0.5-500 mg, 1
COLCRYS TAB 0.6MG, 1
colesevelam hcl packet for susp 3.75 gm, 47
colesevelam hcl tab 625 mg, 47

COLESTID GRA 5GM, 47
COLESTID POW 5GM, 47
COLESTID TAB 1GM, 47
colestipol hcl granule packets 5 gm, 47
colestipol hcl granules 5 gm, 47
colestipol hcl tab 1 gm, 47
coly-mycin s sus otic, 182
COLYTE/FLAVR SOL PACKS, 134
COMBIGAN SOL 0.2/0.5%, 182
COMBIPATCH DIS, 118
COMBIPATCH DIS .05/.14, 118
COMBIVENT AER 20-100, 157
COMBIVIR TAB 150-300, 21
COMETRIQ KIT 100MG, 32
COMETRIQ KIT 140MG, 32
COMETRIQ KIT 60MG, 32
COMPAZINE PAK 5MG, 130
COMPAZINE TAB 10MG, 130
COMPLERA TAB, 21
COMPLETENATE CHW, 153
COMPLETE NAT PAK DHA, 153
COMTAN TAB 200MG, 80
CO-NATAL FA TAB 29-1MG, 153
CONCERTA TAB 18MG, 90
CONCERTA TAB 27MG, 90
CONCERTA TAB 36MG, 90
CONCERTA TAB 54MG, 90
CONTOUR TES BLD GLUC, 111
CONTOUR TES NEXT, 111
CONZIP CAP 100MG, 5
CONZIP CAP 200MG, 5
CONZIP CAP 300MG, 5
COPAXONE INJ 20MG/ML, 99
COPAXONE INJ 40MG/ML, 99
CORDARONE TAB 200MG, 46
CORDRAN 24X3 TAP 4MCG/CM, 172
CORDRAN CRE 0.05%, 172
CORDRAN LOT 0.05%, 172
COREG CR CAP 10MG, 52
COREG CR CAP 20MG, 52
COREG CR CAP 40MG, 52
COREG CR CAP 80MG, 52
COREG TAB 12.5MG, 52
COREG TAB 25MG, 52
COREG TAB 3.125MG, 52
COREG TAB 6.25MG, 52
CORGARD TAB 20MG, 52
CORGARD TAB 40MG, 52
CORGARD TAB 80MG, 52
CORLANOR SOL 5MG/5ML, 60
CORLANOR TAB 5MG, 60
CORLANOR TAB 7.5MG, 60
CORTEF TAB 10MG, 121
CORTEF TAB 20MG, 122
CORTEF TAB 5MG, 121
CORTENEMA ENE 100MG, 133
CORTIFOAM AER 90MG, 133
cortisone acetate tab 25 mg, 122
CORTISPORIN CRE 0.5%, 167
CORTISPORIN OIN 1%, 168
CORTISPORIN SOL 1% OTIC, 182
CORZIDE TAB 40-5MG, 51
CORZIDE TAB 80-5MG, 51
COSENTYX INJ 150MG/ML, 148
COSENTYX PEN INJ 300DOSE, 148
COSOPT PF SOL, 180
COSOPT SOL 22.3-6.8, 180
COTELLIC TAB 20MG, 33
COUMADIN TAB 10MG, 144
COUMADIN TAB 1MG, 144
COUMADIN TAB 2.5MG, 144
COUMADIN TAB 2MG, 144
COUMADIN TAB 3MG, 144
COUMADIN TAB 4MG, 144
COUMADIN TAB 5MG, 144
COUMADIN TAB 6MG, 144
COUMADIN TAB 7.5MG, 144
COZAAR TAB 100MG, 45
COZAAR TAB 25MG, 44
COZAAR TAB 50MG, 45
CREON CAP 12000UNT, 135
CREON CAP 24000UNT, 135
CREON CAP 3000UNIT, 135
CREON CAP 36000UNT, 135
CREON CAP 6000UNIT, 135
CRESEMBA CAP 186 MG, 20
CRESTOR TAB 10MG, 48
CRESTOR TAB 20MG, 48
CRESTOR TAB 40MG, 48
CRESTOR TAB 5MG, 48
CRINONE GEL 4% VAG, 127
CRINONE GEL 8% VAG, 127

CRIXIVAN CAP 200MG, 24
CRIXIVAN CAP 400MG, 24
cromolyn sodium ophth soln 4%, 179
cromolyn sodium oral conc 100 mg/5ml, 135
cromolyn sodium soln nebu 20 mg/2ml, 162
CUPRIMINE CAP 250MG, 149
CUTIVATE CRE 0.05%, 172
CUTIVATE LOT 0.05%, 172
CUVPOSA SOL 1MG/5ML, 135
CYCLESSA PAK, 117
cyclobenzaprine hcl cap er 24hr 15 mg, 100
cyclobenzaprine hcl cap er 24hr 30 mg, 100
cyclobenzaprine hcl tab 10 mg, 100
cyclobenzaprine hcl tab 5 mg, 100
cyclobenzaprine hcl tab 7.5 mg, 100
CYCLOMYDRIL SOL OP, 181
CYCLOPHOSPH CAP 25MG, 29
CYCLOPHOSPH CAP 50MG, 29
cycloserine cap 250 mg, 25
cyclosporine cap 100 mg, 150
cyclosporine cap 25 mg, 150
cyclosporine modified cap 100 mg, 151
cyclosporine modified cap 25 mg, 150
cyclosporine modified cap 50 mg, 151
cyclosporine modified oral soln 100 mg/ml, 151
CYMBALTA CAP 20MG, 76
CYMBALTA CAP 30MG, 76
CYMBALTA CAP 60MG, 76
cyproheptadine hcl syrup 2 mg/5ml, 158
cyproheptadine hcl tab 4 mg, 158
CYSTADANE POW, 125
CYSTAGON CAP 150MG, 125
CYSTAGON CAP 50MG, 125
CYSTARAN SOL 0.44%, 181
CYTOMEL TAB 25MCG, 128
CYTOMEL TAB 50MCG, 128
CYTOMEL TAB 5MCG, 128
CYTOTEC TAB 100MCG, 136
CYTOTEC TAB 200MCG, 136
D
D.H.E. 45 INJ 1MG/ML, 96
DALIRESP TAB 250MCG, 163
DALIRESP TAB 500MCG, 163
danazol cap 100 mg, 118
danazol cap 200 mg, 118
danazol cap 50 mg, 118
DANTRIUM CAP 25MG, 100
DANTRIUM CAP 50MG, 100
dantrolene sodium cap 100 mg, 100
dantrolene sodium cap 25 mg, 100
dantrolene sodium cap 50 mg, 100
dapsone gel 5%, 166
dapsone tab 100 mg, 28
dapsone tab 25 mg, 28
DARAPRIM TAB 25MG, 28
darifenacin hydrobromide tab er 24hr 15 mg (base equiv), 142
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 142
DAYPRO TAB 600MG, 2
DAYTRANA DIS 10MG/9HR, 90
DAYTRANA DIS 15MG/9HR, 90
DAYTRANA DIS 20MG/9HR, 90
DAYTRANA DIS 30MG/9HR, 90
DDAVP INJ 4MCG/ML, 129
DDAVP SOL 0.01%, 129
DDAVP SPR 0.01%, 129
DDAVP TAB 0.1MG, 129
DDAVP TAB 0.2MG, 129
DECON-A ELX 2-5MG/5M, 157
deferasirox tab for oral susp 125 mg, 146
deferasirox tab for oral susp 250 mg, 146
deferasirox tab for oral susp 500 mg, 146
DELZICOL CAP 400MG, 133
DEMADEX TAB 10MG, 59
DEMADEX TAB 20MG, 59
DEMADEX TAB 5MG, 59
demeclocycline hcl tab 150 mg, 18
demeclocycline hcl tab 300 mg, 18
DEMSER CAP 250MG, 60
DENAVIR CRE 1%, 175
DEPAKENE CAP 250MG, 66
DEPAKENE SOL 250/5ML, 66
DEPAKOTE ER TAB 250MG, 66

DEPAKOTE ER TAB 500MG, 66
DEPAKOTE SPR CAP 125MG, 66
DEPAKOTE TAB 125MG DR, 66
DEPAKOTE TAB 250MG DR, 66
DEPAKOTE TAB 500MG DR, 66
DEPO-PROVERA INJ 150MG/ML, 114
DEPO-SQ PROV INJ 104, 114
DERMA-SMOOTH OIL /FS BODY, 171
DERMA-SMOOTH OIL /FS SCLP, 171
DERMATOP CRE 0.1%, 172
DERMATOP OIN 0.1%, 172
DERMOTIC OIL 0.01%, 183
DESCOVY TAB 200/25, 21
desipramine hcl tab 100 mg, 78
desipramine hcl tab 10 mg, 78
desipramine hcl tab 150 mg, 78
desipramine hcl tab 25 mg, 78
desipramine hcl tab 50 mg, 78
desipramine hcl tab 75 mg, 78
desloratadine tab 5 mg, 158
desloratadine tab orally disintegrating 2.5 mg, 158
desloratadine tab orally disintegrating 5 mg, 158
desmopressin acetate nasal soln 0.01% (refrigerated), 129
desmopressin acetate nasal spray soln 0.01%, 129
desmopressin acetate nasal spray soln 0.01% (refrigerated), 129
desmopressin acetate tab 0.1 mg, 129
desmopressin acetate tab 0.2 mg, 129
DESOGEN-28 TAB, 116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5), 113
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg, 117
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg, 116
DESONATE GEL 0.05%, 171
desonide cream 0.05%, 171
desonide lotion 0.05%, 171
desonide oint 0.05%, 171
DESOWEN CRE 0.05%, 171
DESOWEN LOT 0.05%, 171
DESOWEN OIN 0.05%, 171
desoximetasone cream 0.05%, 172
desoximetasone cream 0.25%, 170
desoximetasone gel 0.05%, 170
desoximetasone oint 0.05%, 172
desoximetasone oint 0.25%, 170
DESOXYN TAB 5MG, 90
desvenlafaxine succinate tab er 24hr 100 mg (base equiv), 77
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 77
desvenlafaxine succinate tab er 24hr 50 mg (base equiv), 77
desvenlafaxine tab er 24hr 100 mg, 77
desvenlafaxine tab er 24hr 50 mg, 77
DESVENLAFAX TAB 100MG ER, 77
DESVENLAFAX TAB 50MG ER, 76
DETROL LA CAP 2MG, 142
DETROL LA CAP 4MG, 142
DETROL TAB 1MG, 142
DETROL TAB 2MG, 142
DEXAMETHASON CON 1MG/ML, 122
dexamethasone elixir 0.5 mg/5ml, 122
dexamethasone sodium phosphate ophth soln 0.1%, 179
dexamethasone soln 0.5 mg/5ml, 122
dexamethasone tab 0.5 mg, 122
dexamethasone tab 0.75 mg, 122
dexamethasone tab 1.5 mg, 122
dexamethasone tab 1 mg, 122
dexamethasone tab 2 mg, 122
dexamethasone tab 4 mg, 122
dexamethasone tab 6 mg, 122
dexchlorpheniramine maleate oral soln 2 mg/5ml, 158
DEXCOM G5 MIS RECEIVER, 111
DEXCOM G5 MIS TRANSMIT, 111
DEXCOM G6 MIS RECEIVER, 111
DEXCOM G6 MIS SENSOR, 111
DEXCOM G6 MIS TRANSMIT, 111
DEXEDRINE CAP 10MG CR, 90
DEXEDRINE CAP 15MG CR, 90
DEXEDRINE CAP 5MG CR, 90
DEXILANT CAP 30MG DR, 136
DEXILANT CAP 60MG DR, 136
dexmethylphenidate hcl cap er 24 hr 10

mg, 90
dexmethylphenidate hcl cap er 24 hr 15 mg, 90
dexmethylphenidate hcl cap er 24 hr 20 mg, 90
dexmethylphenidate hcl cap er 24 hr 25 mg, 90
dexmethylphenidate hcl cap er 24 hr 30 mg, 90
dexmethylphenidate hcl cap er 24 hr 35 mg, 90
dexmethylphenidate hcl cap er 24 hr 40 mg, 90
dexmethylphenidate hcl cap er 24 hr 5 mg, 90
dexmethylphenidate hcl tab 10 mg, 91
dexmethylphenidate hcl tab 2.5 mg, 91
dexmethylphenidate hcl tab 5 mg, 91
DEXPAK PAK 10 DAY, 122
dextroamphetamine sulfate cap er 24hr 10 mg, 91
dextroamphetamine sulfate cap er 24hr 15 mg, 91
dextroamphetamine sulfate cap er 24hr 5 mg, 91
dextroamphetamine sulfate oral solution 5 mg/5ml, 91
dextroamphetamine sulfate tab 10 mg, 91
dextroamphetamine sulfate tab 15 mg, 91
dextroamphetamine sulfate tab 2.5 mg, 91
dextroamphetamine sulfate tab 20 mg, 91
dextroamphetamine sulfate tab 30 mg, 91
dextroamphetamine sulfate tab 5 mg, 91
dextroamphetamine sulfate tab 7.5 mg, 91
DIACOMIT CAP 250MG, 66
DIACOMIT CAP 500MG, 66
DIACOMIT PAK 250MG, 66
DIACOMIT PAK 500MG, 66
DIAMOX SEQUE CAP 500MG CR, 58
DIASTAT ACDL GEL 12.5-20, 66
DIASTAT ACDL GEL 5-10MG, 66
DIASTAT PED GEL 2.5M GEL, 66
DIASTIX TES STRIPS, 111
diazepam conc 5 mg/ml, 64
diazepam oral soln 1 mg/ml, 64
diazepam rectal gel delivery system 10 mg, 66
diazepam rectal gel delivery system 2.5 mg, 66
diazepam rectal gel delivery system 20 mg, 66
diazepam tab 10 mg, 64
diazepam tab 2 mg, 64
diazepam tab 5 mg, 64
DIBENZYLINE CAP 10MG, 60
DICLEGIS TAB 10-10MG, 130
diclofenac potassium tab 50 mg, 2
diclofenac sodium (actinic keratoses) gel 3%, 167
diclofenac sodium ophth soln 0.1%, 178
diclofenac sodium soln 1.5%, 4
diclofenac sodium tab delayed release 25 mg, 2
diclofenac sodium tab delayed release 50 mg, 2
diclofenac sodium tab delayed release 75 mg, 2
diclofenac sodium tab er 24hr 100 mg, 2
diclofenac w/ misoprostol tab delayed release 50-0.2 mg, 4
diclofenac w/ misoprostol tab delayed release 75-0.2 mg, 4
dicloxacillin sodium cap 250 mg, 18
dicloxacillin sodium cap 500 mg, 18
dicyclomine hcl cap 10 mg, 132
dicyclomine hcl oral soln 10 mg/5ml, 132
dicyclomine hcl tab 20 mg, 132
didanosine delayed release capsule 125 mg, 23
didanosine delayed release capsule 200 mg, 23
didanosine delayed release capsule 250 mg, 23
didanosine delayed release capsule 400 mg, 23
DIFFERIN CRE 0.1%, 166

DIFFERIN GEL 0.1%, 166
DIFFERIN GEL 0.3%, 166
DIFFERIN LOT 0.1%, 166
DIFICID TAB 200MG, 15
DIFLUCAN SUS 10MG/ML, 20
DIFLUCAN SUS 40MG/ML, 20
DIFLUCAN TAB 100MG, 20
DIFLUCAN TAB 150MG, 20
DIFLUCAN TAB 200MG, 20
DIFLUCAN TAB 50MG, 20
diflunisal tab 500 mg, 2
digoxin oral soln 0.05 mg/ml, 58
digoxin tab 125 mcg (0.125 mg), 58
digoxin tab 250 mcg (0.25 mg), 58
dihydroergotamine mesylate inj 1 mg/ml, 96
DILANTIN-125 SUS 125/5ML, 66
DILANTIN CAP 100MG, 66
DILANTIN CAP 30MG, 66
DILANTIN CHW 50MG, 66
DILATRATE SR CAP 40MG, 61
DILAUDID LIQ 1MG/ML, 5
DILAUDID TAB 2MG, 5
DILAUDID TAB 4MG, 5
DILAUDID TAB 8MG, 5
diltiazem hcl cap er 12hr 120 mg, 56
diltiazem hcl cap er 12hr 60 mg, 56
diltiazem hcl cap er 12hr 90 mg, 56
diltiazem hcl cap er 24hr 120 mg, 56
diltiazem hcl cap er 24hr 180 mg, 56
diltiazem hcl cap er 24hr 240 mg, 56
diltiazem hcl coated beads cap er 24hr 120 mg, 56
diltiazem hcl coated beads cap er 24hr 180 mg, 56
diltiazem hcl coated beads cap er 24hr 240 mg, 56
diltiazem hcl coated beads cap er 24hr 300 mg, 57
diltiazem hcl coated beads cap er 24hr 360 mg, 57
diltiazem hcl coated beads tab er 24hr 180 mg, 57
diltiazem hcl coated beads tab er 24hr 240 mg, 57
diltiazem hcl coated beads tab er 24hr 300 mg, 57
diltiazem hcl coated beads tab er 24hr 360 mg, 57
diltiazem hcl coated beads tab er 24hr 420 mg, 57
diltiazem hcl extended release beads cap er 24hr 120 mg, 57
diltiazem hcl extended release beads cap er 24hr 180 mg, 57
diltiazem hcl extended release beads cap er 24hr 240 mg, 57
diltiazem hcl extended release beads cap er 24hr 300 mg, 57
diltiazem hcl extended release beads cap er 24hr 360 mg, 57
diltiazem hcl extended release beads cap er 24hr 420 mg, 57
diltiazem hcl tab 120 mg, 57
diltiazem hcl tab 30 mg, 57
diltiazem hcl tab 60 mg, 57
diltiazem hcl tab 90 mg, 57
DIOVAN HCT TAB 160-12.5, 43
DIOVAN HCT TAB 160-25MG, 43
DIOVAN HCT TAB 320-12.5, 43
DIOVAN HCT TAB 320-25MG, 43
DIOVAN HCT TAB 80/12.5, 43
DIOVAN TAB 160MG, 45
DIOVAN TAB 320MG, 45
DIOVAN TAB 40MG, 45
DIOVAN TAB 80MG, 45
DIPENTUM CAP 250MG, 133
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml, 129
diphenoxylate w/ atropine tab 2.5-0.025 mg, 129
DIPROLENE AF CRE 0.05%, 170
DIPROLENE LOT 0.05%, 170
DIPROLENE OIN 0.05%, 174
dipyridamole tab 25 mg, 147
dipyridamole tab 50 mg, 147
dipyridamole tab 75 mg, 147
disopyramide phosphate cap 100 mg, 46
disopyramide phosphate cap 150 mg, 46
disulfiram tab 250 mg, 102
disulfiram tab 500 mg, 102
DITROPAN XL TAB 10MG, 142

DITROPAN XL TAB 15MG, 142
DITROPAN XL TAB 5MG, 142
DIURIL SUS 250/5ML, 60
divalproex sodium cap delayed release sprinkle 125 mg, 67
divalproex sodium tab delayed release 125 mg, 67
divalproex sodium tab delayed release 250 mg, 67
divalproex sodium tab delayed release 500 mg, 67
divalproex sodium tab er 24 hr 250 mg, 67
divalproex sodium tab er 24 hr 500 mg, 67
DIVIGEL GEL 0.25MG, 120
DIVIGEL GEL 0.5MG, 119
DIVIGEL GEL 0.75MG, 120
DIVIGEL GEL 1MG/GM, 120
dofetilide cap 125 mcg (0.125 mg), 46
dofetilide cap 250 mcg (0.25 mg), 46
dofetilide cap 500 mcg (0.5 mg), 46
DOLOPHINE TAB 10MG, 5
DOLOPHINE TAB 5MG, 5
donepezil hydrochloride orally disintegrating tab 10 mg, 71
donepezil hydrochloride orally disintegrating tab 5 mg, 71
donepezil hydrochloride tab 10 mg, 72
donepezil hydrochloride tab 23 mg, 72
donepezil hydrochloride tab 5 mg, 72
DORYX TAB 200MG, 18
dorzolamide hcl ophth soln 2%, 181
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml, 181
DOVONEX CRE 0.005%, 169
doxazosin mesylate tab 1 mg, 41
doxazosin mesylate tab 2 mg, 41
doxazosin mesylate tab 4 mg, 41
doxazosin mesylate tab 8 mg, 41
doxepin hcl cap 100 mg, 79
doxepin hcl cap 10 mg, 78
doxepin hcl cap 150 mg, 79
doxepin hcl cap 25 mg, 78
doxepin hcl cap 50 mg, 78
doxepin hcl cap 75 mg, 79
doxepin hcl conc 10 mg/ml, 79
doxercalciferol cap 0.5 mcg, 124
doxercalciferol cap 1 mcg, 124
doxercalciferol cap 2.5 mcg, 124
doxycycline (rosacea) cap delayed release 40 mg, 175
doxycycline hyclate cap 100 mg, 18
doxycycline hyclate cap 50 mg, 18
doxycycline hyclate tab 100 mg, 18
doxycycline hyclate tab 20 mg, 18
doxycycline hyclate tab delayed release 100 mg, 19
doxycycline hyclate tab delayed release 150 mg, 19
doxycycline hyclate tab delayed release 200 mg, 19
doxycycline hyclate tab delayed release 50 mg, 18
doxycycline hyclate tab delayed release 75 mg, 19
doxycycline monohydrate cap 100 mg, 19
doxycycline monohydrate cap 150 mg, 19
doxycycline monohydrate cap 50 mg, 19
doxycycline monohydrate cap 75 mg, 19
doxycycline monohydrate for susp 25 mg/5ml, 19
doxycycline monohydrate tab 100 mg, 19
doxycycline monohydrate tab 150 mg, 19
doxycycline monohydrate tab 50 mg, 19
doxycycline monohydrate tab 75 mg, 19
DRISDOL CAP 50000UNT, 152
dronabinol cap 10 mg, 130
dronabinol cap 2.5 mg, 130
dronabinol cap 5 mg, 130
drospirenone-ethinyl estradiol tab 3-0.02 mg, 115
drospirenone-ethinyl estradiol tab 3-0.03 mg, 116
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 115
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg, 116

DROXIA CAP 200MG, 35
DROXIA CAP 300MG, 35
DROXIA CAP 400MG, 35
DRYSOL SOL 20%, 175
DUAC GEL 1.2-5%, 166
DUAVEE TAB 0.45-20, 119
DUETACT TAB 30-2MG, 107
DUETACT TAB 30-4MG, 107
DUET DHA 400 MIS 25-1-400, 153
DUET DHA MIS BALANCED, 153
DUEXIS TAB 800-26.6, 4
DULERA AER 100-5MCG, 164
DULERA AER 200-5MCG, 164
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 77
duloxetine hcl enteric coated pellets cap 30 mg (base eq), 77
duloxetine hcl enteric coated pellets cap 40 mg (base eq), 77
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ), 77
duloxetine hcl enteric coated pellets cap 60 mg (base eq), 77
DUPIXENT INJ 200/1.14, 163
DUPIXENT INJ 300/2ML, 170
DURAGESIC DIS 100MCG/H, 6
DURAGESIC DIS 12MCG/HR, 6
DURAGESIC DIS 25MCG/HR, 6
DURAGESIC DIS 50MCG/HR, 6
DURAGESIC DIS 75MCG/HR, 6
DUREZOL EMU 0.05%, 179
dutasteride cap 0.5 mg, 139
dutasteride-tamsulosin hcl cap 0.5-0.4 mg, 139
DUTOPROL TAB 100-12.5, 51
DUTOPROL TAB 25-12.5, 51
DUTOPROL TAB 50-12.5, 51
DYANAVEL XR SUS 2.5MG/ML, 91
DYAZIDE CAP 37.5-25, 59
DYMISTA SPR 137-50, 163
dyphylline-guaifenesin liqd 100-100 mg/5ml, 164
DYRENIUM CAP 100MG, 60
DYRENIUM CAP 50MG, 60
E
E.E.S. GRAN SUS 200/5ML, 15
EC-NAPROSYN TAB 375MG, 2
EC-NAPROSYN TAB 500MG, 2
econazole nitrate cream 1%, 168
ECOZA AER 1%, 168
EDARBI TAB 40MG, 45
EDARBI TAB 80MG, 45
EDARBYCLOR TAB 40-12.5, 43
EDARBYCLOR TAB 40-25MG, 43
EDECRIN TAB 25MG, 59
EDEX KIT 40MCG, 140
EDLUAR SUB 10MG, 95
EDLUAR SUB 5MG, 95
EDURANT TAB 25MG, 22
efavirenz cap 200 mg, 22
efavirenz cap 50 mg, 22
efavirenz tab 600 mg, 22
EFFEXOR XR CAP 150MG, 77
EFFEXOR XR CAP 37.5MG, 77
EFFEXOR XR CAP 75MG, 77
EFFIENT TAB 10MG, 147
EFFIENT TAB 5MG, 147
EFUDEX CRE 5%, 167
EGRIFTA SOL 1MG, 125
EGRIFTA SOL 2MG, 125
ELDEPRYL CAP 5MG, 81
ELESTAT DRO 0.05%, 179
ELESTRIN GEL 0.06%, 120
eletriptan hydrobromide tab 20 mg (base equivalent), 97
eletriptan hydrobromide tab 40 mg (base equivalent), 97
ELIDEL CRE 1%, 170
ELIMITE CRE 5%, 176
ELIPHOS TAB 667MG, 126
ELIQUIS TAB 2.5MG, 144
ELIQUIS TAB 5MG, 144
ELIXOPHYLLIN ELX 80/15ML, 164
ELLA TAB 30MG, 114
ELMIRON CAP 100MG, 141
ELOCON CRE 0.1%, 172
ELOCON LOT 0.1%, 172
ELOCON OIN 0.1%, 172
EMADINE SOL 0.05% OP, 179
EMBEDA CAP 100-4MG, 6
EMBEDA CAP 20-0.8MG, 6
EMBEDA CAP 30-1.2MG, 6

EMBEDA CAP 50-2MG, 6
EMBEDA CAP 60-2.4MG, 6
EMBEDA CAP 80-3.2MG, 6
EMCYT CAP 140MG, 29
EMEND CAP 125MG, 130
EMEND CAP 40MG, 130
EMEND CAP 80MG, 130
EMEND SOL 150MG, 130
EMEND SUS 125MG, 130
EMEND TRIPAC PAK 80 & 125, 130
EMGALITY INJ 120MG/ML, 96
EMLA CRE 2.5-2.5%, 174
EMSAM DIS 12MG/24H, 74
EMSAM DIS 6MG/24HR, 74
EMSAM DIS 9MG/24HR, 74
EMTRIVA CAP 200MG, 23
EMTRIVA SOL 10MG/ML, 23
EMVERM CHW 100MG, 28
ENABLEX TAB 15MG, 142
ENABLEX TAB 7.5MG, 142
enalapril maleate & hydrochlorothiazide tab 10-25 mg, 37
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 37
enalapril maleate tab 10 mg, 38
enalapril maleate tab 2.5 mg, 38
enalapril maleate tab 20 mg, 38
enalapril maleate tab 5 mg, 38
ENBREL INJ 25/0.5ML, 148
ENBREL INJ 25MG, 148
ENBREL INJ 50MG/ML, 148
ENBREL MINI INJ 50MG/ML, 148
ENBREL SRCLK INJ 50MG/ML, 148
ENCARE SUP 100MG, 114
ENDARI POW 5GM, 147
ENDOMETRIN SUP 100MG, 127
ENJUVIA TAB 0.3MG, 119
ENJUVIA TAB 0.45MG, 119
ENJUVIA TAB 0.625MG, 119
ENJUVIA TAB 0.9MG, 119
ENJUVIA TAB 1.25MG, 119
enoxaparin sodium inj 100 mg/ml, 143
enoxaparin sodium inj 120 mg/0.8ml, 143
enoxaparin sodium inj 150 mg/ml, 143
enoxaparin sodium inj 300 mg/3ml, 143
enoxaparin sodium inj 30 mg/0.3ml, 143
enoxaparin sodium inj 40 mg/0.4ml, 143
enoxaparin sodium inj 60 mg/0.6ml, 143
enoxaparin sodium inj 80 mg/0.8ml, 143
ENSTILAR AER, 169
entacapone tab 200 mg, 81
entecavir tab 0.5 mg, 26
entecavir tab 1 mg, 26
ENTEREG CAP 12MG, 135
ENTOCORT EC CAP 3MG DR, 133
ENTRESTO TAB 24-26MG, 60
ENTRESTO TAB 49-51MG, 60
ENTRESTO TAB 97-103MG, 60
EPANED SOL 1MG/ML, 38
EPCLUSA TAB 400-100, 26
EPIDIOLEX SOL 100MG/ML, 67
EPIDUO FORTE GEL 0.3-2.5%, 166
EPIDUO GEL 0.1-2.5%, 166
EPIFOAM AER 1%, 170
epinastine hcl ophth soln 0.05%, 179
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 157
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), 157
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000), 157
EPIPEN 2-PAK INJ 0.3MG, 157
EPIPEN-JR INJ 0.15MG, 157
EPISIL LIQ, 177
EPIVIR HBV SOL 5MG/ML, 26
EPIVIR HBV TAB 100MG, 26
EPIVIR SOL 10MG/ML, 23
EPIVIR TAB 150MG, 23
EPIVIR TAB 300MG, 23
eplerenone tab 25 mg, 40
eplerenone tab 50 mg, 40
EPOGEN INJ 10000/ML, 145
EPOGEN INJ 2000/ML, 145
EPOGEN INJ 20000/ML, 145
EPOGEN INJ 3000/ML, 145
EPOGEN INJ 4000/ML, 145
eprosartan mesylate tab 600 mg, 45
EPZICOM TAB 600-300, 21
EQUAGESIC TAB 200-325, 2
EQUETRO CAP 100MG, 98
EQUETRO CAP 200MG, 98

EQUETRO CAP 300MG, 98
ergocalciferol cap 1.25 mg (50000 unit), 152
ERGOMAR SUB 2MG, 96
ergotamine w/ caffeine suppos 2-100 mg, 96
ergotamine w/ caffeine tab 1-100 mg, 96
ERIVEDGE CAP 150MG, 35
ERLEADA TAB 60MG, 31
ERTACZO CRE 2%, 168
ERYGEL GEL 2%, 166
ERYPED SUS 200/5ML, 15
ERYPED SUS 400/5ML, 15
erythromycin ethylsuccinate for susp 200 mg/5ml, 15
erythromycin ethylsuccinate tab 400 mg, 15
erythromycin gel 2%, 166
erythromycin ophth oint 5 mg/gm, 177
erythromycin pads 2%, 166
erythromycin soln 2%, 166
erythromycin stearate tab 250 mg, 15
erythromycin tab 250 mg, 15
erythromycin tab 500 mg, 16
erythromycin tab delayed release 250 mg, 16
erythromycin tab delayed release 333 mg, 16
erythromycin tab delayed release 500 mg, 16
erythromycin w/ delayed release particles cap 250 mg, 16
ESBRIET CAP 267MG, 163
ESBRIET TAB 267MG, 163
ESBRIET TAB 801MG, 163
escitalopram oxalate soln 5 mg/5ml (base equiv), 75
escitalopram oxalate tab 10 mg (base equiv), 75
escitalopram oxalate tab 20 mg (base equiv), 75
escitalopram oxalate tab 5 mg (base equiv), 75
ESGIC TAB, 2
esomeprazole cap 24.65mg, 136
esomeprazole cap 49.3mg, 136
esomeprazole magnesium cap delayed release 20 mg (base eq), 136
esomeprazole magnesium cap delayed release 40 mg (base eq), 137
estazolam tab 1 mg, 95
estazolam tab 2 mg, 95
ESTRACE TAB 0.5MG, 119
ESTRACE TAB 1MG, 119
ESTRACE TAB 2MG, 119
ESTRACE VAG CRE 0.01%, 120
estradiol & norethindrone acetate tab 0.5-0.1 mg, 118
estradiol & norethindrone acetate tab 1-0.5 mg, 118
estradiol tab 0.5 mg, 119
estradiol tab 1 mg, 119
estradiol tab 2 mg, 119
estradiol td patch twice weekly 0.025 mg/24hr, 120
estradiol td patch twice weekly 0.0375 mg/24hr, 120
estradiol td patch twice weekly 0.05 mg/24hr, 120
estradiol td patch twice weekly 0.075 mg/24hr, 120
estradiol td patch twice weekly 0.1 mg/24hr, 120
estradiol td patch weekly 0.025 mg/24hr, 120
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), 120
estradiol td patch weekly 0.05 mg/24hr, 120
estradiol td patch weekly 0.06 mg/24hr, 120
estradiol td patch weekly 0.075 mg/24hr, 120
estradiol td patch weekly 0.1 mg/24hr, 120
estradiol vaginal tab 10 mcg, 120
ESTRING MIS 2MG, 120
ESTROGEL GEL, 120
estropipate tab 0.75 mg, 119
estropipate tab 1.5 mg, 119
estropipate tab 3 mg, 119
ESTROSTEP FE TAB, 117

eszopiclone tab 1 mg, 95
eszopiclone tab 2 mg, 95
eszopiclone tab 3 mg, 95
ethacrynic acid tab 25 mg, 59
ethambutol hcl tab 100 mg, 25
ethambutol hcl tab 400 mg, 25
ethosuximide cap 250 mg, 67
ethosuximide soln 250 mg/5ml, 67
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 116
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg, 117
etodolac cap 200 mg, 2
etodolac cap 300 mg, 2
etodolac tab 400 mg, 2
etodolac tab 500 mg, 2
etodolac tab er 24hr 400 mg, 2
etodolac tab er 24hr 500 mg, 2
etodolac tab er 24hr 600 mg, 2
etoposide cap 50 mg, 36
EUCRISA OIN 2%, 170
EURAX CRE 10%, 176
EURAX LOT 10%, 176
EVAMIST SPR 1.53MG, 120
EVEKEO TAB 10MG, 91
EVEKEO TAB 5MG, 91
EVISTA TAB 60MG, 128
EVOCLIN AER 1%, 166
EVOTAZ TAB 300-150, 21
EVOXAC CAP 30MG, 138
EVZIO INJ, 102
EVZIO INJ 2/0.4ML, 102
EXALGO TAB 12MG, 6
EXALGO TAB 16MG, 6
EXALGO TAB 32MG, 6
EXALGO TAB 8MG, 6
EXELDERM CRE 1%, 168
EXELDERM SOL 1%, 168
EXELON CAP 1.5MG, 72
EXELON CAP 3MG, 72
EXELON CAP 4.5MG, 72
EXELON CAP 6MG, 72
EXELON DIS 13.3/24, 72
EXELON DIS 4.6MG/24, 72
EXELON DIS 9.5MG/24, 72
exemestane tab 25 mg, 31
EXFORGE HCT TAB 10-160-12.5, 42
EXFORGE HCT TAB 10-160-25, 42
EXFORGE HCT TAB 10-320-25, 42
EXFORGE HCT TAB 5-160-12.5, 42
EXFORGE HCT TAB 5-160-25, 42
EXFORGE TAB 10-160MG, 41
EXFORGE TAB 10-320MG, 42
EXFORGE TAB 5-160MG, 41
EXFORGE TAB 5-320MG, 41
EXJADE TAB 125MG, 146
EXJADE TAB 250MG, 146
EXJADE TAB 500MG, 146
EXODERM LOT 25-1%, 168
EXTAVIA INJ 0.3MG, 99
EXTINA AER 2%, 168
ezetimibe-simvastatin tab 10-10 mg, 48
ezetimibe-simvastatin tab 10-20 mg, 48
ezetimibe-simvastatin tab 10-40 mg, 48
ezetimibe-simvastatin tab 10-80 mg, 48
ezetimibe tab 10 mg, 47

F

FABIOR AER 0.1%, 166
FACTIVE TAB 320MG, 16
FALESSA KIT, 115
famciclovir tab 125 mg, 27
famciclovir tab 250 mg, 27
famciclovir tab 500 mg, 27
famotidine for susp 40 mg/5ml, 133
famotidine tab 40 mg, 133
FAMVIR TAB 125MG, 27
FAMVIR TAB 250MG, 27
FAMVIR TAB 500MG, 27
FANAPT PAK, 84
FANAPT TAB 10MG, 84
FANAPT TAB 12MG, 84
FANAPT TAB 1MG, 84
FANAPT TAB 2MG, 84
FANAPT TAB 4MG, 84
FANAPT TAB 6MG, 84
FANAPT TAB 8MG, 84
FARESTON TAB 60MG, 31
FARXIGA TAB 10MG, 109
FARXIGA TAB 5MG, 109
FASENRA PEN INJ 30MG/ML, 163
FAZACLO TAB 100 ODT, 84
FAZACLO TAB 12.5 ODT, 84

FAZACLO TAB 150 ODT, 84
FAZACLO TAB 200 ODT, 84
FAZACLO TAB 25MG ODT, 84
FC FEMALE MIS CONDOM, 114
febuxostat tab 40 mg, 1
febuxostat tab 80 mg, 1
felbamate susp 600 mg/5ml, 67
felbamate tab 400 mg, 67
felbamate tab 600 mg, 67
FELBATOL SUS 600/5ML, 67
FELBATOL TAB 400MG, 67
FELBATOL TAB 600MG, 67
FELDENE CAP 10MG, 2
FELDENE CAP 20MG, 2
felodipine tab er 24hr 10 mg, 55
felodipine tab er 24hr 2.5 mg, 55
felodipine tab er 24hr 5 mg, 55
FEMARA TAB 2.5MG, 31
FEMCAP MIS 26MM, 114
FEMCAP MIS 30MM, 114
FEMCON FE CHW, 116
FEMHRT TAB 0.5-2.5, 118
FEMRING MIS 0.05/24H, 120
FEMRING MIS 0.1MG/24, 120
fenofibrate cap 150 mg, 47
fenofibrate cap 50 mg, 47
fenofibrate micronized cap 130 mg, 47
fenofibrate micronized cap 134 mg, 47
fenofibrate micronized cap 200 mg, 47
fenofibrate micronized cap 43 mg, 47
fenofibrate micronized cap 67 mg, 47
fenofibrate tab 145 mg, 47
fenofibrate tab 160 mg, 47
fenofibrate tab 40 mg, 47
fenofibrate tab 48 mg, 47
fenofibrate tab 54 mg, 47
fenofibric acid tab 105 mg, 47
fenofibric acid tab 35 mg, 47
FENOGLIDE TAB 120MG, 47
FENOGLIDE TAB 40MG, 47
fenoprofen calcium tab 600 mg, 2
fentanyl citrate lozenge on a handle 1200 mcg, 6
fentanyl citrate lozenge on a handle 1600 mcg, 6
fentanyl citrate lozenge on a handle 200 mcg, 6
fentanyl citrate lozenge on a handle 400 mcg, 6
fentanyl citrate lozenge on a handle 600 mcg, 6
fentanyl citrate lozenge on a handle 800 mcg, 6
FENTANYL DIS 37.5MCG, 6
FENTANYL DIS 62.5MCG, 6
FENTANYL DIS 87.5MCG, 6
fentanyl td patch 72hr 100 mcg/hr, 6
fentanyl td patch 72hr 12 mcg/hr, 6
fentanyl td patch 72hr 25 mcg/hr, 6
fentanyl td patch 72hr 50 mcg/hr, 6
fentanyl td patch 72hr 75 mcg/hr, 6
FENTORA TAB 100MCG, 6
FENTORA TAB 200MCG, 7
FENTORA TAB 400MCG, 7
FENTORA TAB 600MCG, 7
FENTORA TAB 800MCG, 7
FER-IN-SOL DRO 15MG/ML, 152
FERRIPROX TAB 1000MG, 146
FERRIPROX TAB 500MG, 146
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe), 152
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 152
FERROUS SULF SYP 300/5ML, 152
FERROUS SUL LIQ 220/5ML, 152
FETZIMA CAP 120MG, 77
FETZIMA CAP 20MG, 77
FETZIMA CAP 40MG, 77
FETZIMA CAP 80MG, 77
FETZIMA CAP TITRATIO, 77
FEXMID TAB 7.5MG, 100
FIASP FLEX INJ TOUCH, 108
FIASP INJ 100/ML, 108
FIASP PENFIL INJ U-100, 108
FIBRICOR TAB 105MG, 48
FIBRICOR TAB 35MG, 48
FINACEA AER 15%, 175
FINACEA GEL 15%, 175
finasteride tab 5 mg, 139
FINGERSTIX MIS LANCETS, 111
FIORICET CAP, 2
FIORICET CAP CODEINE, 7

FIORINAL/COD CAP 30MG, 7
FIORINAL CAP, 2
FIRAZYR INJ 30MG/3ML, 146
FIRDAPSE TAB 10MG, 98
FLAGYL CAP 375MG, 28
FLAGYL ER TAB 750MG, 28
FLAGYL TAB 250MG, 28
FLAGYL TAB 500MG, 28
FLAREX SUS 0.1% OP, 179
flecainide acetate tab 100 mg, 46
flecainide acetate tab 150 mg, 46
flecainide acetate tab 50 mg, 46
FLOMAX CAP 0.4MG, 139
FLONASE SPR 0.05%, 163
FLO-PRED SUS, 122
FLOVENT DISK AER 100MCG, 164
FLOVENT DISK AER 250MCG, 164
FLOVENT DISK AER 50MCG, 164
FLOVENT HFA AER 110MCG, 164
FLOVENT HFA AER 220MCG, 164
FLOVENT HFA AER 44MCG, 164
FLOWTUSS SOL 2.5-200, 159
fluconazole for susp 10 mg/ml, 20
fluconazole for susp 40 mg/ml, 20
fluconazole tab 100 mg, 20
fluconazole tab 150 mg, 20
fluconazole tab 200 mg, 20
fluconazole tab 50 mg, 20
fludrocortisone acetate tab 0.1 mg, 125
FLUMIST QUAD SUS 2014-15, 151
flunisolide nasal soln 25 mcg/act (0.025%), 163
fluocinolone acetonide (otic) oil 0.01%, 183
fluocinolone acetonide cream 0.01%, 171
fluocinolone acetonide cream 0.025%, 172
fluocinolone acetonide oil 0.01% (body oil), 171
fluocinolone acetonide oil 0.01% (scalp oil), 171
fluocinolone acetonide oint 0.025%, 172
fluocinolone acetonide soln 0.01%, 171
fluocinonide cream 0.05%, 170
fluocinonide emulsified base cream 0.05%, 170
fluocinonide gel 0.05%, 170
fluocinonide oint 0.05%, 170
fluocinonide soln 0.05%, 170
FLUORABON DRO, 153
FLUORIDEX GEL SENSITIV, 176
fluorometholone ophth susp 0.1%, 179
FLUOROPLEX CRE 1%, 167
fluorouracil cream 0.5%, 167
fluorouracil cream 5%, 167
fluorouracil soln 2%, 167
fluorouracil soln 5%, 167
fluoxetine hcl (pmdd) cap 10 mg, 75
fluoxetine hcl (pmdd) cap 20 mg, 75
fluoxetine hcl (pmdd) tab 10 mg, 75
fluoxetine hcl (pmdd) tab 20 mg, 75
fluoxetine hcl cap 10 mg, 75
fluoxetine hcl cap 20 mg, 75
fluoxetine hcl cap 40 mg, 75
fluoxetine hcl cap delayed release 90 mg, 75
fluoxetine hcl solution 20 mg/5ml, 75
fluoxetine hcl tab 10 mg, 75
fluoxetine hcl tab 20 mg, 75
fluoxetine hcl tab 60 mg, 75
FLUOXETINE TAB 60MG, 75
fluphenazine hcl elixir 2.5 mg/5ml, 87
fluphenazine hcl oral conc 5 mg/ml, 87
fluphenazine hcl tab 10 mg, 87
fluphenazine hcl tab 1 mg, 87
fluphenazine hcl tab 2.5 mg, 87
fluphenazine hcl tab 5 mg, 87
flurandrenolide cream 0.05%, 172
flurandrenolide lotion 0.05%, 172
flurandrenolide oint 0.05%, 172
flurbiprofen sodium ophth soln 0.03%, 178
flurbiprofen tab 100 mg, 2
flurbiprofen tab 50 mg, 2
flutamide cap 125 mg, 31
fluticasone propionate cream 0.05%, 172
fluticasone propionate lotion 0.05%, 172
fluticasone propionate nasal susp 50 mcg/act, 163
fluticasone propionate oint 0.005%, 172
fluvastatin sodium cap 20 mg (base equivalent), 48

fluvastatin sodium cap 40 mg (base equivalent), 49
fluvastatin sodium tab er 24 hr 80 mg (base equivalent), 49
fluvoxamine maleate cap er 24hr 100 mg, 65
fluvoxamine maleate cap er 24hr 150 mg, 65
fluvoxamine maleate tab 100 mg, 65
fluvoxamine maleate tab 25 mg, 65
fluvoxamine maleate tab 50 mg, 65
FML FORTE SUS 0.25% OP, 179
FML LIQUIFLM SUS 0.1% OP, 179
FML OIN 0.1% OP, 179
FOCALIN TAB 10MG, 91
FOCALIN TAB 2.5MG, 91
FOCALIN TAB 5MG, 91
FOCALIN XR CAP 10MG, 91
FOCALIN XR CAP 15MG, 91
FOCALIN XR CAP 20MG, 91
FOCALIN XR CAP 25MG, 91
FOCALIN XR CAP 30MG, 91
FOCALIN XR CAP 35MG, 91
FOCALIN XR CAP 40MG, 91
FOCALIN XR CAP 5MG, 91
FOLET DHA PAK, 153
FOLET ONE CAP 38-1-225, 154
folic acid tab 1 mg, 152
folic acid tab 400 mcg, 152
folic acid tab 800 mcg, 152
FOLIVANE-OB CAP, 154
FOLLISTIM AQ INJ 300UNIT, 121
FOLLISTIM AQ INJ 600UNIT, 121
FOLLISTIM AQ INJ 75UNIT, 121
FOLLISTIM AQ INJ 900UNIT, 121
fondaparinux sodium subcutaneous inj 10 mg/0.8ml, 144
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 143
fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 143
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml, 143
FORA LANCETS MIS 30G, 111
FORFIVO XL TAB 450MG, 73
FORTEO SOL 600/2.4, 113
FORTESTA GEL 10MG/ACT, 104
FORTICAL SPR 200/ACT, 113
FOSAMAX + D TAB 70-2800, 113
FOSAMAX + D TAB 70-5600, 113
FOSAMAX TAB 70MG, 113
fosamprenavir calcium tab 700 mg (base equiv), 24
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 37
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg, 37
fosinopril sodium tab 10 mg, 38
fosinopril sodium tab 20 mg, 38
fosinopril sodium tab 40 mg, 38
FOSRENOL CHW 1000MG, 126
FOSRENOL CHW 500MG, 126
FOSRENOL CHW 750MG, 126
FOSRENOL POW 1000MG, 126
FOSRENOL POW 750MG, 126
FRAGMIN INJ 10000/ML, 144
FRAGMIN INJ 12500UNT, 144
FRAGMIN INJ 15000UNT, 144
FRAGMIN INJ 18000UNT, 144
FRAGMIN INJ 2500/0.2, 144
FRAGMIN INJ 5000/0.2, 144
FRAGMIN INJ 7500/0.3, 144
FRAGMIN INJ 95000UNT, 144
FREESTYLE KIT SENSOR, 111
FREESTYLE MIS READER, 111
FREESTYLE TES, 111
FREESTYLE TES INSULINX, 111
FREESTYLE TES LITE, 111
FROVA TAB 2.5MG, 97
frovatriptan succinate tab 2.5 mg (base equivalent), 97
FURADANTIN SUS 25MG/5ML, 28
furosemide oral soln 10 mg/ml, 59
FUROSEMIDE SOL 8MG/ML, 59
furosemide tab 20 mg, 59
furosemide tab 40 mg, 59
furosemide tab 80 mg, 59
FUZEON INJ 90MG, 22
FYCOMPA SUS 0.5MG/ML, 67
FYCOMPA TAB 10MG, 67
FYCOMPA TAB 12MG, 67
FYCOMPA TAB 2MG, 67

FYCOMPA TAB 4MG, 67
FYCOMPA TAB 6MG, 67
FYCOMPA TAB 8MG, 67
G
G4 PLATINUM MIS PEDIATRC, 111
G4 PLATINUM MIS RCV/SHAR, 111
G4 PLATINUM MIS RECEIVER, 111
G4 PLATINUM MIS TRANSMIT, 111
G4 PLAT PED MIS RVC/SHAR, 111
G4 SENSOR MIS, 111
G5/G4 MIS SENSOR, 111
gabapentin cap 100 mg, 67
gabapentin cap 300 mg, 67
gabapentin cap 400 mg, 67
gabapentin oral soln 250 mg/5ml, 67
gabapentin tab 600 mg, 67
gabapentin tab 800 mg, 67
GABITRIL TAB 12MG, 67
GABITRIL TAB 16MG, 67
GABITRIL TAB 2MG, 67
GABITRIL TAB 4MG, 67
GALAFOLD CAP 123MG, 125
galantamine hydrobromide cap er 24hr 16 mg, 72
galantamine hydrobromide cap er 24hr 24 mg, 72
galantamine hydrobromide cap er 24hr 8 mg, 72
galantamine hydrobromide oral soln 4 mg/ml, 72
galantamine hydrobromide tab 12 mg, 72
galantamine hydrobromide tab 4 mg, 72
galantamine hydrobromide tab 8 mg, 72
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml, 121
GANIRELIX AC INJ 250/0.5, 121
GARAMYCIN SOL 0.3% OP, 178
GASTROCROM CON 100/5ML, 135
gatifloxacin ophth soln 0.5%, 178
GATTEX KIT 5MG, 135
GELFILM MIS OP, 181
GELNIQUE GEL 10%, 142
GELNIQUE GEL 3%, 142
gemfibrozil tab 600 mg, 48
GENERESS FE CHW, 116
GENOTROPIN INJ 0.2MG, 124
GENOTROPIN INJ 0.4MG, 124
GENOTROPIN INJ 0.6MG, 124
GENOTROPIN INJ 0.8MG, 124
GENOTROPIN INJ 1.2MG, 124
GENOTROPIN INJ 1.4MG, 124
GENOTROPIN INJ 1.6MG, 124
GENOTROPIN INJ 1.8MG, 124
GENOTROPIN INJ 12MG, 124
GENOTROPIN INJ 1MG, 124
GENOTROPIN INJ 2MG, 124
GENOTROPIN INJ 5MG, 124
gentamicin sulfate cream 0.1%, 168
gentamicin sulfate oint 0.1%, 168
gentamicin sulfate ophth oint 0.3%, 178
gentamicin sulfate ophth soln 0.3%, 178
GENVOYA TAB, 21
GEODON CAP 20MG, 84
GEODON CAP 40MG, 84
GEODON CAP 60MG, 84
GEODON CAP 80MG, 84
GIAZO TAB 1.1GM, 133
GILENYA CAP 0.5MG, 99
GILOTRIF TAB 20MG, 33
GILOTRIF TAB 30MG, 33
GILOTRIF TAB 40MG, 33
GILTUSS LIQ PED-C, 159
glatiramer acetate soln prefilled syringe 20 mg/ml, 99
glatiramer acetate soln prefilled syringe 40 mg/ml, 99
GLEEVEC TAB 100MG, 33
GLEEVEC TAB 400MG, 33
GLEOSTINE CAP 100MG, 30
GLEOSTINE CAP 10MG, 29
GLEOSTINE CAP 40MG, 30
GLEOSTINE CAP 5MG, 29
glimepiride tab 1 mg, 110
glimepiride tab 2 mg, 110
glimepiride tab 4 mg, 110
glipizide-metformin hcl tab 2.5-250 mg, 105
glipizide-metformin hcl tab 2.5-500 mg, 105
glipizide-metformin hcl tab 5-500 mg, 105

glipizide tab 10 mg, 110
glipizide tab 5 mg, 110
glipizide tab er 24hr 10 mg, 110
glipizide tab er 24hr 2.5 mg, 110
glipizide tab er 24hr 5 mg, 110
GLUCAGEN INJ HYPOKIT, 123
GLUCAGON KIT 1MG, 123
GLUCOPHAGE TAB 1000MG, 106
GLUCOPHAGE TAB 500MG, 106
GLUCOPHAGE TAB 500MG XR, 106
GLUCOPHAGE TAB 750MG XR, 106
GLUCOPHAGE TAB 850MG, 106
GLUCOTROL TAB 10MG, 110
GLUCOTROL TAB 5MG, 110
GLUCOTROL XL TAB 10MG, 110
GLUCOTROL XL TAB 2.5MG, 110
GLUCOTROL XL TAB 5MG, 110
GLUCOVANCE TAB 1.25-250, 105
GLUCOVANCE TAB 2.5-500, 105
GLUCOVANCE TAB 5-500MG, 106
glyburide-metformin tab 1.25-250 mg, 106
glyburide-metformin tab 2.5-500 mg, 106
glyburide-metformin tab 5-500 mg, 106
glyburide micronized tab 1.5 mg, 110
glyburide micronized tab 3 mg, 110
glyburide micronized tab 6 mg, 110
glyburide tab 1.25 mg, 110
glyburide tab 2.5 mg, 110
glyburide tab 5 mg, 110
glycopyrrolate tab 1 mg, 132
glycopyrrolate tab 2 mg, 132
GLYNASE TAB 1.5MG, 110
GLYNASE TAB 3MG, 110
GLYNASE TAB 6MG, 110
GLYSET TAB 100MG, 105
GLYSET TAB 25MG, 105
GLYSET TAB 50MG, 105
GLYXAMBI TAB 10-5 MG, 110
GLYXAMBI TAB 25-5 MG, 110
GOLYTELY SOL, 134
GONAL-F INJ 1050UNIT, 121
GONAL-F INJ 450UNIT, 121
GONAL-F RFF INJ 300, 121
GONAL-F RFF INJ 450, 121
GONAL-F RFF INJ 75UNIT, 121
GONAL-F RFF INJ 900, 121
GOODSENSE MIS LANC 30G, 111
GRALISE STAR MIS 300/600, 102
GRALISE TAB 300MG, 102
GRALISE TAB 600MG, 102
granisetron hcl tab 1 mg, 130
GRANIX INJ 300/0.5, 145
GRANIX INJ 480/0.8, 145
GRASTEK SUB 2800BAU, 148
griseofulvin microsize susp 125 mg/5ml, 20
griseofulvin microsize tab 500 mg, 20
griseofulvin ultramicrosize tab 125 mg, 20
griseofulvin ultramicrosize tab 250 mg, 20
GRIS-PEG TAB 125MG, 20
GRIS-PEG TAB 250MG, 20
guaifenesin-codeine soln 100-10 mg/5ml, 159
guanfacine hcl tab 1 mg, 40
guanfacine hcl tab 2 mg, 40
guanfacine hcl tab er 24hr 1 mg (base equiv), 91
guanfacine hcl tab er 24hr 2 mg (base equiv), 91
guanfacine hcl tab er 24hr 3 mg (base equiv), 91
guanfacine hcl tab er 24hr 4 mg (base equiv), 92
GUANIDINE TAB 125MG, 98
GYNAZOLE-1 CRE 2%, 143
GYNOL II GEL 3%, 114
H
HAEGARDA INJ 2000UNIT, 146
HAEGARDA INJ 3000UNIT, 146
HALCION TAB 0.25MG, 95
halobetasol propionate cream 0.05%, 174
halobetasol propionate oint 0.05%, 174
HALOG CRE 0.1%, 171
HALOG OIN 0.1%, 171
haloperidol lactate oral conc 2 mg/ml, 87
haloperidol tab 0.5 mg, 87
haloperidol tab 10 mg, 87

haloperidol tab 1 mg, 87
haloperidol tab 20 mg, 87
haloperidol tab 2 mg, 87
haloperidol tab 5 mg, 87
HALOTIN CRE 1%, 168
HARVONI TAB 45-200MG, 26
HARVONI TAB 90-400MG, 26
HECTOROL CAP 0.5MCG, 124
HECTOROL CAP 1MCG, 124
HECTOROL CAP 2.5MCG, 125
HEMANGEOL SOL 4.28/ML, 52
HEMENATAL OB MIS + DHA, 154
HEPSERA TAB 10MG, 26
HETLIOZ CAP 20MG, 95
HEXALEN CAP 50MG, 30
HIPREX TAB 1GM, 28
HORIZANT TAB 300MG ER, 102
HORIZANT TAB 600MG ER, 102
HPR PLUS MB KIT HYDROGEL, 174
HUMALOG INJ 100/ML, 108
HUMALOG KWIK INJ 100/ML, 108
HUMALOG KWIK INJ 200/ML, 108
HUMALOG MIX INJ 50/50, 108
HUMALOG MIX INJ 50/50KWP, 108
HUMALOG MIX INJ 75/25KWP, 108
HUMALOG MIX SUS 75/25, 108
HUMAPEN MIS LUXURA, 111
HUMATROPE INJ 12MG, 124
HUMATROPE INJ 24MG, 124
HUMATROPE INJ 5MG, 124
HUMATROPE INJ 6MG, 124
HUMIRA INJ 10/0.1ML, 148
HUMIRA INJ 10MG/0.2, 148
HUMIRA INJ 20/0.2ML, 148
HUMIRA INJ 40/0.4ML, 148
HUMIRA KIT 20MG/0.4, 148
HUMIRA KIT 40MG/0.8, 148
HUMIRA PEDIA INJ CROHNS, 148
HUMIRA PEN INJ 40/0.4ML, 148
HUMIRA PEN INJ 40MG/0.8, 148
HUMIRA PEN INJ PS/UV, 148
HUMIRA PEN KIT CD/UC/HS, 148
HUMIRA PEN KIT PS/UV, 148
HUMULIN INJ 70/30KWP, 108
HUMULIN N INJ U-100KWP, 108
HUMULIN R INJ U-500, 108
hyaluronate sodium (emollient) gel 0.2%, 174
HYCAMTIN CAP 0.25MG, 36
HYCAMTIN CAP 1MG, 36
HYCET SOL 7.5-325, 7
HYCOFENIX SOL, 159
hydralazine hcl tab 100 mg, 61
hydralazine hcl tab 10 mg, 60
hydralazine hcl tab 25 mg, 60
hydralazine hcl tab 50 mg, 60
HYDREA CAP 500MG, 35
hydrochlorothiazide cap 12.5 mg, 60
hydrochlorothiazide tab 12.5 mg, 60
hydrochlorothiazide tab 25 mg, 60
hydrochlorothiazide tab 50 mg, 60
hydrocodone-acetaminophen soln 10-325 mg/15ml, 7
hydrocodone-acetaminophen soln 7.5-325 mg/15ml, 7
hydrocodone-acetaminophen tab 10-300 mg, 7
hydrocodone-acetaminophen tab 10-325 mg, 7
hydrocodone-acetaminophen tab 2.5-325 mg, 7
hydrocodone-acetaminophen tab 5-300 mg, 7
hydrocodone-acetaminophen tab 5-325 mg, 7
hydrocodone-acetaminophen tab 7.5-300 mg, 7
hydrocodone-acetaminophen tab 7.5-325 mg, 7
hydrocodone-ibuprofen tab 10-200 mg, 7
hydrocodone-ibuprofen tab 5-200 mg, 7
hydrocodone-ibuprofen tab 7.5-200 mg, 7
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml, 159
hydrocodone w/ homatropine tab 5-1.5 mg, 159
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml, 159
hydrocortisone acetate suppos 25 mg, 138
hydrocortisone acetate suppos 30 mg,

138
hydrocortisone acetate w/ pramoxine rectal cream 1-1%, 138
hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%, 139
hydrocortisone butyrate cream 0.1%, 172
hydrocortisone butyrate hydrophilic lipo base cream 0.1%, 172
hydrocortisone butyrate lotion 0.1%, 172
hydrocortisone butyrate oint 0.1%, 172
hydrocortisone butyrate soln 0.1%, 172
hydrocortisone cream 2.5%, 171
hydrocortisone enema 100 mg/60ml, 133, 139
hydrocortisone lotion 2.5%, 171
hydrocortisone lotion 2%, 171
hydrocortisone oint 1%, 171
hydrocortisone oint 2.5%, 171
hydrocortisone rectal cream 1%, 139
hydrocortisone rectal cream 2.5%, 139
hydrocortisone tab 10 mg, 122
hydrocortisone tab 20 mg, 122
hydrocortisone tab 5 mg, 122
hydrocortisone valerate cream 0.2%, 172
hydrocortisone valerate oint 0.2%, 172
hydrocortisone w/ acetic acid otic soln 1-2%, 182
hydromorphone hcl liqd 1 mg/ml, 7
hydromorphone hcl tab 2 mg, 7
hydromorphone hcl tab 4 mg, 7
hydromorphone hcl tab 8 mg, 7
hydromorphone hcl tab er 24hr deter 12 mg, 7
hydromorphone hcl tab er 24hr deter 16 mg, 8
hydromorphone hcl tab er 24hr deter 32 mg, 8
hydromorphone hcl tab er 24hr deter 8 mg, 7
HYDROMORPHON SUP 3MG, 7
hydroxychloroquine sulfate tab 200 mg, 149
hydroxyurea cap 500 mg, 35
hydroxyzine hcl syrup 10 mg/5ml, 158
hydroxyzine hcl tab 10 mg, 158
hydroxyzine hcl tab 25 mg, 158
hydroxyzine hcl tab 50 mg, 158
hydroxyzine pamoate cap 100 mg, 158
hydroxyzine pamoate cap 25 mg, 158
hydroxyzine pamoate cap 50 mg, 158
HYLATOPIC AER, 175
HYLIRA GEL 0.2%, 174
HYLIRA LOT 0.1%, 174
hyoscyamine sulfate elixir 0.125 mg/5ml, 132
hyoscyamine sulfate sl tab 0.125 mg, 132
hyoscyamine sulfate soln 0.125 mg/ml, 132
hyoscyamine sulfate tab 0.125 mg, 132
hyoscyamine sulfate tab disint 0.125 mg, 132
hyoscyamine sulfate tab er 12hr 0.375 mg, 132
HYPERSAL NEB 3.5%, 162
HYPER-SAL NEB 7%, 162
HYSINGLA ER TAB 100 MG, 8
HYSINGLA ER TAB 120 MG, 8
HYSINGLA ER TAB 20 MG, 8
HYSINGLA ER TAB 30 MG, 8
HYSINGLA ER TAB 40 MG, 8
HYSINGLA ER TAB 60 MG, 8
HYSINGLA ER TAB 80 MG, 8
HYZAAR TAB 100-12.5, 43
HYZAAR TAB 100-25, 43
HYZAAR TAB 50-12.5, 43
I
ibandronate sodium tab 150 mg (base equivalent), 113
IBRANCE CAP 100MG, 33
IBRANCE CAP 125MG, 33
IBRANCE CAP 75MG, 33
ibuprofen tab 400 mg, 2
ibuprofen tab 600 mg, 2
ibuprofen tab 800 mg, 2
ICAR PEDS SUS GRAPE, 152
icatibant acetate inj 30 mg/3ml (base equivalent), 146
ICLUSIG TAB 15MG, 33
ICLUSIG TAB 45MG, 33

IDHIFA TAB 100MG, 35
IDHIFA TAB 50MG, 35
ILEVRO DRO 0.3% OP, 178
imatinib mesylate tab 100 mg (base equivalent), 33
imatinib mesylate tab 400 mg (base equivalent), 33
IMBRUVICA CAP 140MG, 33
IMBRUVICA CAP 70MG, 33
IMBRUVICA TAB 280MG, 33
IMBRUVICA TAB 420MG, 33
IMBRUVICA TAB 560MG, 33
imipramine hcl tab 10 mg, 79
imipramine hcl tab 25 mg, 79
imipramine hcl tab 50 mg, 79
imipramine pamoate cap 100 mg, 79
imipramine pamoate cap 125 mg, 79
imipramine pamoate cap 150 mg, 79
imipramine pamoate cap 75 mg, 79
imiquimod cream 5%, 175
IMITREX INJ 4MG/0.5, 97
IMITREX INJ 6MG/0.5, 97
IMITREX SPR 20MG/ACT, 97
IMITREX SPR 5MG/ACT, 97
IMITREX TAB 100MG, 97
IMITREX TAB 25MG, 97
IMITREX TAB 50MG, 97
IMPAVIDO CAP 50MG, 28
IMURAN TAB 50MG, 150
IMVEXXY MAIN SUP 10MCG, 121
IMVEXXY MAIN SUP 4MCG, 121
IMVEXXY STRT SUP 10MCG, 121
IMVEXXY STRT SUP 4MCG, 121
INCONTROL MIS LANC 33G, 111
INCRELEX INJ 40MG/4ML, 125
INCRUSE ELPT INH 62.5MCG, 157
indapamide tab 1.25 mg, 60
indapamide tab 2.5 mg, 60
INDERAL LA CAP 120MG, 52
INDERAL LA CAP 160MG, 52
INDERAL LA CAP 60MG, 52
INDERAL LA CAP 80MG, 52
INFANATE CAP BALANCE, 154
INLYTA TAB 1MG, 33
INLYTA TAB 5MG, 33
INSPRA TAB 25MG, 40
INSPRA TAB 50MG, 40
INTELENCE TAB 100MG, 23
INTELENCE TAB 200MG, 23
INTELENCE TAB 25MG, 22
INTERMEZZO SUB 1.75MG, 95
INTERMEZZO SUB 3.5MG, 95
INTRAROSA SUP 6.5MG, 141
INTRON A INJ 10MU, 150
INTRON A INJ 18MU, 150
INTRON A INJ 25MU, 150
INTRON A INJ 50MU, 150
INTUNIV TAB 1MG, 92
INTUNIV TAB 2MG, 92
INTUNIV TAB 3MG, 92
INTUNIV TAB 4MG, 92
INVEGA TAB 1.5MG, 84
INVEGA TAB 3MG, 84
INVEGA TAB 6MG, 84
INVEGA TAB 9MG, 84
INVIRASE CAP 200MG, 24
INVIRASE TAB 500MG, 24
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml, 157
ipratropium bromide inhal soln 0.02%, 157
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 162
ipratropium bromide nasal soln 0.06% (42 mcg/spray), 162
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 43
irbesartan-hydrochlorothiazide tab 300-12.5 mg, 43
irbesartan tab 150 mg, 45
irbesartan tab 300 mg, 45
irbesartan tab 75 mg, 45
IRESSA TAB 250MG, 33
ISENTRESS CHW 100MG, 22
ISENTRESS CHW 25MG, 22
ISENTRESS POW 100MG, 22
ISENTRESS TAB 400MG, 22
ISO HYOSCINE SOL 0.25% OP, 181
isoniazid syrup 50 mg/5ml, 25
isoniazid tab 100 mg, 25
isoniazid tab 300 mg, 25
ISOPTO CARP SOL 1% OP, 181

ISOPTO CARP SOL 2% OP, 181
ISOPTO CARP SOL 4% OP, 181
ISORDIL TAB 40MG, 61
ISORDIL TAB 5MG, 61
isosorbide dinitrate tab 10 mg, 61
isosorbide dinitrate tab 20 mg, 61
isosorbide dinitrate tab 30 mg, 61
isosorbide dinitrate tab 5 mg, 61
isosorbide dinitrate tab er 40 mg, 61
isosorbide mononitrate tab 10 mg, 61
isosorbide mononitrate tab 20 mg, 61
isosorbide mononitrate tab er 24hr 120 mg, 61
isosorbide mononitrate tab er 24hr 30 mg, 61
isosorbide mononitrate tab er 24hr 60 mg, 61
ISOTRETINOIN CAP 10 MG, 165
ISOTRETINOIN CAP 20 MG, 165
isotretinoin cap 30 mg, 165
ISOTRETINOIN CAP 40 MG, 165
isradipine cap 2.5 mg, 55
isradipine cap 5 mg, 55
ISTALOL SOL 0.5% OP, 180
itraconazole cap 100 mg, 20
ivermectin tab 3 mg, 28
J
JADENU SPRKL GRA 180MG, 146
JADENU SPRKL GRA 360MG, 146
JADENU SPRKL GRA 90MG, 146
JADENU TAB 180MG, 146
JADENU TAB 360MG, 146
JADENU TAB 90MG, 146
JAKAFI TAB 10MG, 33
JAKAFI TAB 15MG, 33
JAKAFI TAB 20MG, 33
JAKAFI TAB 25MG, 33
JAKAFI TAB 5MG, 33
JALYN CAP, 139
JANUMET TAB 50-1000, 106
JANUMET TAB 50-500MG, 106
JANUMET XR TAB 100-1000, 106
JANUMET XR TAB 50-1000, 106
JANUMET XR TAB 50-500MG, 106
JANUVIA TAB 100MG, 107
JANUVIA TAB 25MG, 106
JANUVIA TAB 50MG, 106
JARDIANCE TAB 10MG, 109
JARDIANCE TAB 25MG, 109
JUBLIA SOL 10%, 168
JULUCA TAB 50-25MG, 22
JUXTAPID CAP 10MG, 50
JUXTAPID CAP 20MG, 50
JUXTAPID CAP 30MG, 50
JUXTAPID CAP 40MG, 50
JUXTAPID CAP 5MG, 50
JUXTAPID CAP 60MG, 50
JYNARQUE PAK 45-15MG, 129
JYNARQUE PAK 60-30MG, 129
JYNARQUE PAK 90-30MG, 129
K
KADIAN CAP 100MG ER, 8
KADIAN CAP 10MG ER, 8
KADIAN CAP 200MG ER, 8
KADIAN CAP 20MG ER, 8
KADIAN CAP 30MG ER, 8
KADIAN CAP 40MG ER, 8
KADIAN CAP 50MG ER, 8
KADIAN CAP 60MG ER, 8
KADIAN CAP 80MG ER, 8
KALBITOR INJ 10MG/ML, 146
KALETRA SOL, 24
KALETRA TAB 100-25MG, 24
KALETRA TAB 200-50MG, 24
KALYDECO PAK 25MG, 161
KALYDECO PAK 50MG, 161
KALYDECO PAK 75MG, 161
KALYDECO TAB 150MG, 161
KARBINAL ER SUS 4MG/5ML, 158
KAYEXALATE POW, 127
KAZANO 12.5- TAB 1000MG, 106
KAZANO 12.5- TAB 500MG, 106
KEFLEX CAP 250MG, 14
KEFLEX CAP 500MG, 14
KEFLEX CAP 750MG, 14
KENALOG AER SPRAY, 172
KEPPRA SOL 100MG/ML, 67
KEPPRA TAB 1000MG, 68
KEPPRA TAB 250MG, 67
KEPPRA TAB 500MG, 67
KEPPRA TAB 750MG, 67
KEPPRA XR TAB 500MG, 68

KEPPRA XR TAB 750MG, 68
KERLONE TAB 10MG, 53
KERLONE TAB 20MG, 53
KERYDIN SOL 5%, 168
ketoconazole cream 2%, 168
ketoconazole foam 2%, 168
ketoconazole shampoo 2%, 168
KETO-DIASTIX TES, 112
KETOPROFEN CAP 25 MG, 2
ketoprofen cap 50 mg, 3
ketoprofen cap 75 mg, 3
ketoprofen cap er 24hr 200 mg, 3
ketorolac tromethamine ophth soln 0.4%, 178
ketorolac tromethamine ophth soln 0.5%, 178
ketorolac tromethamine tab 10 mg, 3
KEVEYIS TAB 50MG, 59
KEVZARA INJ 150/1.14, 148
KEVZARA INJ 200/1.14, 148
KHEDEZLA TAB 100MG ER, 77
KHEDEZLA TAB 50MG ER, 77
KINERET INJ, 148
KISQALI 200 PAK FEMARA, 33
KISQALI 400 PAK FEMARA, 33
KISQALI 600 PAK FEMARA, 33
KISQALI TAB 200DOSE, 33
KISQALI TAB 400DOSE, 33
KISQALI TAB 600DOSE, 33
KITABIS PAK NEB 300/5ML, 161
KLARON LOT 10%, 166
KLONOPIN TAB 0.5MG, 64
KLONOPIN TAB 1MG, 64
KLONOPIN TAB 2MG, 64
KLOR-CON/25 POW 25MEQ, 151
KLOR-CON M15 TAB 15MEQ ER, 151
KOMBIGLYZ XR TAB 2.5-1000, 106
KOMBIGLYZ XR TAB 5-1000MG, 106
KOMBIGLYZ XR TAB 5-500MG, 106
KORLYM TAB 300MG, 125
K-PHOS TAB, 141
K-PHOS TAB NEUTRAL, 141
K-PHOS TAB NO 2, 141
KRISTALOSE PAK 10GM, 134
KRISTALOSE PAK 20GM, 134
K-TAB TAB 10MEQ CR, 151
K-TAB TAB 20MEQ, 151
K-TAB TAB 8MEQ CR, 151
KUVAN POW 100MG, 126
KUVAN POW 500MG, 126
KUVAN TAB 100MG, 126
KYNAMRO INJ 200MG/ML, 50
L
labetalol hcl tab 100 mg, 53
labetalol hcl tab 200 mg, 53
labetalol hcl tab 300 mg, 53
LACRISERT MIS 5MG OP, 180
lactulose (encephalopathy) solution 10 gm/15ml, 135
lactulose solution 10 gm/15ml, 134
LAMICTAL CHW 25MG, 68
LAMICTAL CHW 2MG, 68
LAMICTAL CHW 5MG, 68
LAMICTAL KIT START 35, 68
LAMICTAL KIT START 49, 68
LAMICTAL KIT START 98, 68
LAMICTAL ODT KIT, 68
LAMICTAL ODT TAB 100MG, 68
LAMICTAL ODT TAB 200MG, 68
LAMICTAL ODT TAB 25MG, 68
LAMICTAL ODT TAB 50MG, 68
LAMICTAL TAB 100MG, 68
LAMICTAL TAB 150MG, 68
LAMICTAL TAB 200MG, 68
LAMICTAL TAB 25MG, 68
LAMICTAL XR KIT, 68
LAMICTAL XR TAB 100MG, 68
LAMICTAL XR TAB 200MG, 68
LAMICTAL XR TAB 250MG, 68
LAMICTAL XR TAB 25MG, 68
LAMICTAL XR TAB 300MG, 68
LAMICTAL XR TAB 50MG, 68
LAMISIL GRA 125MG, 20
LAMISIL GRA 187.5MG, 20
LAMISIL TAB 250MG, 20
lamivudine oral soln 10 mg/ml, 23
lamivudine tab 100 mg (hbv), 26
lamivudine tab 150 mg, 23
lamivudine tab 300 mg, 23
lamivudine-zidovudine tab 150-300 mg, 22
lamotrigine orally disintegrating tab 100

mg, 68
lamotrigine orally disintegrating tab 200 mg, 68
lamotrigine orally disintegrating tab 25 mg, 68
lamotrigine orally disintegrating tab 50 mg, 68
lamotrigine tab 100 mg, 68
lamotrigine tab 150 mg, 68
lamotrigine tab 200 mg, 68
lamotrigine tab 25 mg, 68
lamotrigine tab 25 mg (35) starter kit, 68
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit, 68
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit, 68
lamotrigine tab chewable dispersible 25 mg, 69
lamotrigine tab chewable dispersible 5 mg, 69
lamotrigine tab er 24hr 100 mg, 69
lamotrigine tab er 24hr 200 mg, 69
lamotrigine tab er 24hr 250 mg, 69
lamotrigine tab er 24hr 25 mg, 69
lamotrigine tab er 24hr 300 mg, 69
lamotrigine tab er 24hr 50 mg, 69
LANOXIN TAB 0.0625MG, 58
LANOXIN TAB 0.125MG, 58
LANOXIN TAB 0.1875MG, 58
LANOXIN TAB 0.25MG, 58
lansoprazole cap delayed release 15 mg, 137
lansoprazole cap delayed release 30 mg, 137
lanthanum carbonate chew tab 1000 mg (elemental), 126
lanthanum carbonate chew tab 500 mg (elemental), 126
lanthanum carbonate chew tab 750 mg (elemental), 126
LANTUS INJ 100/ML, 108
LANTUS SOLOS INJ 100/ML, 108
LASIX TAB 20MG, 59
LASIX TAB 40MG, 59
LASIX TAB 80MG, 59
LASTACAFT SOL 0.25%, 179
latanoprost ophth soln 0.005%, 182
LATUDA TAB 120MG, 84
LATUDA TAB 20MG, 84
LATUDA TAB 40MG, 84
LATUDA TAB 60MG, 84
LATUDA TAB 80MG, 84
leflunomide tab 10 mg, 149
leflunomide tab 20 mg, 149
LENVIMA CAP 10 MG, 33
LENVIMA CAP 12MG, 33
LENVIMA CAP 14 MG, 33
LENVIMA CAP 20 MG, 33
LENVIMA CAP 24 MG, 33
LENVIMA CAP 4MG, 33
LESCOL XL TAB 80MG, 49
LETAIRIS TAB 10MG, 62
LETAIRIS TAB 5MG, 62
letrozole tab 2.5 mg, 31
leucovorin calcium tab 10 mg, 35
leucovorin calcium tab 15 mg, 35
leucovorin calcium tab 25 mg, 35
leucovorin calcium tab 5 mg, 35
LEUKERAN TAB 2MG, 30
LEUKINE INJ 250MCG, 145
leuprolide acetate inj kit 5 mg/ml, 31
LEVACET TAB, 2
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 160
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv), 160
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv), 160
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv), 160
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv), 160
LEVAQUIN TAB 250MG, 16
LEVAQUIN TAB 500MG, 16
LEVAQUIN TAB 750MG, 16
LEVATOL TAB 20MG, 53
LEVBID TAB 0.375 ER, 132
LEVEMIR INJ, 108
LEVEMIR INJ FLEXTOUC, 108
levetiracetam oral soln 100 mg/ml, 69
levetiracetam tab 1000 mg, 69

levetiracetam tab 250 mg, 69
levetiracetam tab 500 mg, 69
levetiracetam tab 750 mg, 69
levetiracetam tab er 24hr 500 mg, 69
levetiracetam tab er 24hr 750 mg, 69
LEVITRA TAB 10MG, 140
LEVITRA TAB 2.5MG, 140
LEVITRA TAB 20MG, 140
LEVITRA TAB 5MG, 140
levobunolol hcl ophth soln 0.25%, 180
levobunolol hcl ophth soln 0.5%, 180
levocarnitine oral soln 1 gm/10ml (10%), 113
levocarnitine tab 330 mg, 113
levofloxacin ophth soln 0.5%, 178
levofloxacin oral soln 25 mg/ml, 17
levofloxacin tab 250 mg, 17
levofloxacin tab 500 mg, 17
levofloxacin tab 750 mg, 17
LEVOMEFOLATE CAP DHA, 154
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg, 114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg, 114
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg, 116
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 115
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg, 117
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg, 114
levonorgestrel tab 1.5 mg, 114
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), 114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), 114
levothyroxine sodium tab 100 mcg, 128
levothyroxine sodium tab 112 mcg, 128
levothyroxine sodium tab 125 mcg, 128
levothyroxine sodium tab 137 mcg, 128
levothyroxine sodium tab 150 mcg, 128
levothyroxine sodium tab 175 mcg, 128
levothyroxine sodium tab 200 mcg, 128
levothyroxine sodium tab 25 mcg, 128
levothyroxine sodium tab 300 mcg, 128
levothyroxine sodium tab 50 mcg, 128
levothyroxine sodium tab 75 mcg, 128
levothyroxine sodium tab 88 mcg, 128
LEVSIN/SL SUB 0.125MG, 132
LEVSIN TAB 0.125MG, 132
LEVULAN KERA SOL 20%, 167
LEXAPRO SOL 5MG/5ML, 75
LEXAPRO TAB 10MG, 75
LEXAPRO TAB 20MG, 75
LEXAPRO TAB 5MG, 75
LEXIVA SUS 50MG/ML, 24
LEXIVA TAB 700MG, 24
LIALDA TAB 1.2GM, 133
lidocaine hcl laryngotracheal soln 4%, 176
lidocaine hcl soln 4%, 174
lidocaine hcl urethral/mucosal gel 2%, 174
lidocaine hcl viscous soln 2%, 176
lidocaine oint 5%, 174
lidocaine patch 5%, 174
lidocaine-prilocaine cream 2.5-2.5%, 174
LIDODERM DIS 5%, 174
linezolid for susp 100 mg/5ml, 28
linezolid tab 600 mg, 28
LINZESS CAP 145MCG, 134
LINZESS CAP 290MCG, 134
LINZESS CAP 72MCG, 134
liothyronine sodium tab 25 mcg, 128
liothyronine sodium tab 50 mcg, 128
liothyronine sodium tab 5 mcg, 128
LIPITOR TAB 10MG, 49
LIPITOR TAB 20MG, 49
LIPITOR TAB 40MG, 49
LIPITOR TAB 80MG, 49
LIPOFEN CAP 150MG, 48
LIPOFEN CAP 50MG, 48
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 37
lisinopril & hydrochlorothiazide tab 20-12.5 mg, 37
lisinopril & hydrochlorothiazide tab 20-25 mg, 37
lisinopril tab 10 mg, 38
lisinopril tab 2.5 mg, 38

lisinopril tab 20 mg, 38
lisinopril tab 30 mg, 39
lisinopril tab 40 mg, 39
lisinopril tab 5 mg, 38
lithium carbonate cap 150 mg, 98
lithium carbonate cap 300 mg, 98
lithium carbonate cap 600 mg, 98
lithium carbonate tab 300 mg, 98
lithium carbonate tab er 300 mg, 99
lithium carbonate tab er 450 mg, 99
LITHIUM SOL 8MEQ/5ML, 99
LITHOBID TAB 300MG CR, 99
LITHOSTAT TAB 250MG, 141
LIVALO TAB 1MG, 49
LIVALO TAB 2MG, 49
LIVALO TAB 4MG, 49
LOCOID CRE 0.1%, 173
LOCOID LIPO CRE 0.1%, 173
LOCOID LOT 0.1%, 173
LOCOID OIN 0.1%, 173
LOCOID SOL 0.1%, 173
LODOSYN TAB 25MG, 81
LOESTRIN 21 TAB 1.5/30, 116
LOESTRIN FE TAB 1/20, 115
LOESTRIN FE TAB 1.5/30, 116
LOESTRIN TAB 1/20-21, 115
LOFIBRA CAP 134MG, 48
LOFIBRA CAP 200MG, 48
LOFIBRA CAP 67MG, 48
LOFIBRA TAB 160MG, 48
LOFIBRA TAB 54MG, 48
LOKELMA PAK 10GM, 127
LOKELMA PAK 5GM, 127
LO LOESTRIN TAB 1-10-10, 113
LOMOTIL TAB 2.5MG, 129
LOPID TAB 600MG, 48
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml), 25
LOPRESS HCT TAB 100-25MG, 51
LOPRESS HCT TAB 50-25MG, 51
LOPRESSOR TAB 100MG, 53
LOPRESSOR TAB 50MG, 53
LOPROX SHA 1%, 168
lorazepam conc 2 mg/ml, 64
lorazepam tab 0.5 mg, 64
lorazepam tab 1 mg, 64
lorazepam tab 2 mg, 64
LORBRENA TAB 100MG, 34
LORBRENA TAB 25MG, 34
LORTAB ELX 10-300MG, 8
LORZONE TAB 375MG, 100
LORZONE TAB 750MG, 100
losartan potassium & hydrochlorothiazide tab 100-12.5 mg, 43
losartan potassium & hydrochlorothiazide tab 100-25 mg, 43
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 43
losartan potassium tab 100 mg, 45
losartan potassium tab 25 mg, 45
losartan potassium tab 50 mg, 45
LOTEMAX GEL 0.5%, 179
LOTEMAX OIN 0.5%, 179
LOTEMAX SUS 0.5%, 179
LOTENSIN HCT TAB 10-12.5, 37
LOTENSIN HCT TAB 20-12.5, 37
LOTENSIN HCT TAB 20-25MG, 37
LOTENSIN TAB 10MG, 39
LOTENSIN TAB 20MG, 39
LOTENSIN TAB 40MG, 39
loteprednol etabonate ophth susp 0.5%, 179
LOTREL CAP 10-20MG, 36
LOTREL CAP 10-40MG, 36
LOTREL CAP 2.5-10MG, 36
LOTREL CAP 5-10MG, 36
LOTREL CAP 5-20MG, 36
LOTRONEX TAB 0.5MG, 134
LOTRONEX TAB 1MG, 134
lovastatin tab 10 mg, 49
lovastatin tab 20 mg, 49
lovastatin tab 40 mg, 49
LOVAZA CAP 1GM, 50
LOVENOX INJ 100MG/ML, 144
LOVENOX INJ 120/0.8, 144
LOVENOX INJ 150MG/ML, 144
LOVENOX INJ 30/0.3ML, 144
LOVENOX INJ 300/3ML, 144
LOVENOX INJ 40/0.4ML, 144
LOVENOX INJ 60/0.6ML, 144
LOVENOX INJ 80/0.8ML, 144
loxapine succinate cap 10 mg, 87

loxapine succinate cap 25 mg, 87
loxapine succinate cap 50 mg, 87
loxapine succinate cap 5 mg, 87
LTA 360 KIT SOL 4%, 176
LUFYLLIN TAB 400MG, 164
luliconazole cream 1%, 168
LUMIGAN SOL 0.01%, 182
LUNESTA TAB 1MG, 95
LUNESTA TAB 2MG, 96
LUNESTA TAB 3MG, 96
LURIDE CHW 0.25MG F, 153
LURIDE CHW 0.5MG F, 153
LURIDE DRO 0.5MG/ML, 153
LUXIQ AER 0.12%, 173
LUZU CRE 1%, 168
LYNPARZA CAP 50MG, 35
LYNPARZA TAB 100MG, 35
LYNPARZA TAB 150MG, 35
LYRICA CAP 100MG, 94
LYRICA CAP 150MG, 94
LYRICA CAP 200MG, 94
LYRICA CAP 225MG, 94
LYRICA CAP 25MG, 94
LYRICA CAP 300MG, 94
LYRICA CAP 50MG, 94
LYRICA CAP 75MG, 94
LYRICA SOL 20MG/ML, 94
LYSODREN TAB 500MG, 35
LYSTEDA TAB 650MG, 146
M
MACROBID CAP 100MG, 28
MACRODANTIN CAP 100MG, 28
MACRODANTIN CAP 25MG, 28
MACRODANTIN CAP 50MG, 28
MALARONE TAB 250-100, 21
MALARONE TAB 62.5-25, 21
malathion lotion 0.5%, 176
maprotiline hcl tab 25 mg, 73
maprotiline hcl tab 50 mg, 73
maprotiline hcl tab 75 mg, 73
MARINOL CAP 10MG, 130
MARINOL CAP 2.5MG, 130
MARINOL CAP 5MG, 130
MARNATAL-F CAP, 154
MARPLAN TAB 10MG, 74
MATULANE CAP 50MG, 35
MAVENCLAD PAK 10MG(10), 100
MAVENCLAD PAK 10MG(4), 100
MAVENCLAD PAK 10MG (4), 99
MAVENCLAD PAK 10MG(5), 100
MAVENCLAD PAK 10MG (5), 99
MAVENCLAD PAK 10MG(6), 100
MAVENCLAD PAK 10MG (6), 100
MAVENCLAD PAK 10MG(7), 100
MAVENCLAD PAK 10MG (7), 100
MAVENCLAD PAK 10MG(8), 100
MAVENCLAD PAK 10MG (8), 100
MAVENCLAD PAK 10MG(9), 100
MAVENCLAD PAK 10MG (9), 100
MAVIK TAB 1MG, 39
MAVIK TAB 2MG, 39
MAVIK TAB 4MG, 39
MAVYRET TAB 100-40MG, 26
MAXALT-MLT TAB 10MG, 97
MAXALT-MLT TAB 5MG, 97
MAXALT TAB 10MG, 97
MAXALT TAB 5MG, 97
MAXIDEX SUS 0.1% OP, 179
MAXITROL OIN 0.1% OP, 177
MAXITROL SUS 0.1% OP, 177
MAXZIDE-25 TAB, 59
MAXZIDE TAB 75-50, 59
MAYZENT TAB 0.25MG, 99
MAYZENT TAB 2MG, 99
meclofenamate sodium cap 100 mg, 3
meclofenamate sodium cap 50 mg, 3
MEDROL TAB 16MG, 122
MEDROL TAB 2MG, 122
MEDROL TAB 32MG, 122
MEDROL TAB 4MG, 122
MEDROL TAB 8MG, 122
medroxyprogesterone acetate im susp 150 mg/ml, 114
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml, 114
medroxyprogesterone acetate tab 10 mg, 127
medroxyprogesterone acetate tab 2.5 mg, 127
medroxyprogesterone acetate tab 5 mg, 127
mefenamic acid cap 250 mg, 3

mefloquine hcl tab 250 mg, 21
MEGACE ES SUS 625/5ML, 127
MEGACE ORAL SUS 40MG/ML, 127
megestrol acetate susp 40 mg/ml, 127
megestrol acetate susp 625 mg/5ml, 127
megestrol acetate tab 20 mg, 31
megestrol acetate tab 40 mg, 31
MEKINIST TAB 0.5MG, 34
MEKINIST TAB 2MG, 34
MEKTOVI TAB 15MG, 34
meloxicam susp 7.5 mg/5ml, 3
meloxicam tab 15 mg, 3
meloxicam tab 7.5 mg, 3
melphalan tab 2 mg, 30
memantine hcl cap er 24hr 14 mg, 72
memantine hcl cap er 24hr 21 mg, 72
memantine hcl cap er 24hr 28 mg, 72
memantine hcl cap er 24hr 7 mg, 72
memantine hcl oral solution 2 mg/ml, 72
memantine hcl tab 10 mg, 72
memantine hcl tab 5 mg, 72
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak, 72
MENEST TAB 0.3MG, 119
MENEST TAB 0.625MG, 119
MENEST TAB 1.25MG, 119
MENEST TAB 2.5MG, 119
MENOPUR INJ 75UNIT, 121
MENOSTAR DIS 14MCG, 120
MEPHYTON TAB 5MG, 153
meprobamate tab 200 mg, 65
meprobamate tab 400 mg, 65
MEPRON SUS, 28
mercaptopurine tab 50 mg, 30
mesalamine enema 4 gm, 133
mesalamine suppos 1000 mg, 134
mesalamine tab delayed release 1.2 gm, 133
MESNEX TAB 400MG, 35
MESTINON SOL 60MG/5ML, 101
MESTINON TAB 60MG, 101
MESTINON TAB TIMESPAN, 101
METADATE CD CAP 10MG, 92
METADATE CD CAP 20MG, 92
METADATE CD CAP 30MG, 92
METADATE CD CAP 40MG, 92
METADATE CD CAP 50MG, 92
METADATE CD CAP 60MG, 92
metaproterenol sulfate syrup 10 mg/5ml, 160
metaproterenol sulfate tab 10 mg, 161
metaproterenol sulfate tab 20 mg, 161
metaxalone tab 400 mg, 100
metaxalone tab 800 mg, 100
metformin hcl tab 1000 mg, 106
metformin hcl tab 500 mg, 106
metformin hcl tab 850 mg, 106
metformin hcl tab er 24hr 500 mg, 106
metformin hcl tab er 24hr 750 mg, 106
methadone hcl conc 10 mg/ml, 8
methadone hcl soln 10 mg/5ml, 8
methadone hcl soln 5 mg/5ml, 8
methadone hcl tab 10 mg, 8
methadone hcl tab 5 mg, 8
methadone hcl tab for oral susp 40 mg, 8
METHADOSE CON 10MG/ML, 8
methazolamide tab 25 mg, 59
methazolamide tab 50 mg, 59
methenamine hippurate tab 1 gm, 29
methenamine mandelate tab 0.5 gm, 29
methenamine mandelate tab 1 gm, 29
METHERGINE TAB 0.2MG, 125
methimazole tab 10 mg, 128
methimazole tab 5 mg, 128
methocarbamol tab 500 mg, 100
methocarbamol tab 750 mg, 101
methotrexate sodium tab 2.5 mg (base equiv), 30
methoxsalen rapid cap 10 mg, 169
methscopolamine bromide tab 2.5 mg, 132
methscopolamine bromide tab 5 mg, 132
methyclothiazide tab 5 mg, 60
methyldopa & hydrochlorothiazide tab 250-15 mg, 40
methyldopa & hydrochlorothiazide tab 250-25 mg, 40
methyldopa tab 250 mg, 40
methyldopa tab 500 mg, 40
methylergonovine maleate tab 0.2 mg, 125
METHYLIN CHW 10MG, 92

METHYLIN CHW 2.5MG, 92
METHYLIN CHW 5MG, 92
METHYLIN SOL 10MG/5ML, 92
METHYLIN SOL 5MG/5ML, 92
methylphenidate hcl cap er 10 mg (cd), 92
methylphenidate hcl cap er 20 mg (cd), 92
methylphenidate hcl cap er 24hr 10 mg (la), 92
methylphenidate hcl cap er 24hr 20 mg (la), 92
methylphenidate hcl cap er 24hr 30 mg (la), 92
methylphenidate hcl cap er 24hr 40 mg (la), 92
methylphenidate hcl cap er 30 mg (cd), 92
methylphenidate hcl cap er 40 mg (cd), 92
methylphenidate hcl cap er 50 mg (cd), 92
methylphenidate hcl cap er 60 mg (cd), 92
methylphenidate hcl chew tab 10 mg, 92
methylphenidate hcl chew tab 2.5 mg, 92
methylphenidate hcl chew tab 5 mg, 92
methylphenidate hcl soln 10 mg/5ml, 92
methylphenidate hcl soln 5 mg/5ml, 92
methylphenidate hcl tab 10 mg, 92
methylphenidate hcl tab 20 mg, 92
methylphenidate hcl tab 5 mg, 92
methylphenidate hcl tab er 10 mg, 93
methylphenidate hcl tab er 20 mg, 93
methylphenidate hcl tab er 24hr 18 mg, 93
methylphenidate hcl tab er 24hr 27 mg, 93
methylphenidate hcl tab er 24hr 36 mg, 93
methylphenidate hcl tab er 24hr 54 mg, 93
methylphenidate hcl tab er osmotic release (osm) 18 mg, 93
methylphenidate hcl tab er osmotic release (osm) 27 mg, 93
methylphenidate hcl tab er osmotic release (osm) 36 mg, 93
methylphenidate hcl tab er osmotic release (osm) 54 mg, 93
methylphenid tab 72mg er, 92
methylprednisolone tab 16 mg, 122
methylprednisolone tab 32 mg, 122
methylprednisolone tab 4 mg, 122
methylprednisolone tab 8 mg, 122
methylprednisolone tab therapy pack 4 mg (21), 122
metipranolol ophth soln 0.3%, 180
metoclopramide hcl orally disintegrating tab 5 mg (base eq), 130
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), 130
metoclopramide hcl tab 10 mg (base equivalent), 130
metoclopramide hcl tab 5 mg (base equivalent), 130
METOCLOPRAMI TAB 10MG ODT, 130
metolazone tab 10 mg, 60
metolazone tab 2.5 mg, 60
metolazone tab 5 mg, 60
metoprolol & hydrochlorothiazide tab 100-25 mg, 51
metoprolol & hydrochlorothiazide tab 100-50 mg, 51
metoprolol & hydrochlorothiazide tab 50-25 mg, 51
metoprolol succinate tab er 24hr 100 mg (tartrate equiv), 53
metoprolol succinate tab er 24hr 200 mg (tartrate equiv), 53
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 53
metoprolol succinate tab er 24hr 50 mg (tartrate equiv), 53
metoprolol tartrate tab 100 mg, 53
metoprolol tartrate tab 25 mg, 53
metoprolol tartrate tab 37.5 mg, 53
metoprolol tartrate tab 50 mg, 53
metoprolol tartrate tab 75 mg, 53
METOZOLV ODT TAB 5MG, 130
METROCREAM CRE 0.75%, 175

METROGEL GEL 1%, 175
METROGEL-VAG GEL 0.75%, 143
METROLOTION LOT 0.75%, 175
metronidazole cap 375 mg, 29
metronidazole cream 0.75%, 175
metronidazole gel 0.75%, 175
metronidazole gel 1%, 175
metronidazole lotion 0.75%, 175
metronidazole tab 250 mg, 29
metronidazole tab 500 mg, 29
metronidazole vaginal gel 0.75%, 143
METVIXIA CRE 16.8%, 167
MEVACOR TAB 40MG, 49
MIACALCIN INJ 200/ML, 113
MIACALCIN SPR 200/ACT, 113
MICARDIS HCT TAB 40/12.5, 43
MICARDIS HCT TAB 80/12.5, 43
MICARDIS HCT TAB 80-25MG, 43
MICARDIS TAB 20MG, 45
MICARDIS TAB 40MG, 45
MICARDIS TAB 80MG, 45
miconazole nitrate vaginal suppos 200 mg, 143
MICRO-K CAP 10MEQ CR, 151
MICRO-K CAP 8MEQ CR, 151
MICROZIDE CAP 12.5MG, 60
midazolam hcl syrup 2 mg/ml (base equivalent), 95
midodrine hcl tab 10 mg, 63
midodrine hcl tab 2.5 mg, 63
midodrine hcl tab 5 mg, 63
MIFEPREX TAB 200MG, 125
miglitol tab 100 mg, 105
miglitol tab 25 mg, 105
miglitol tab 50 mg, 105
miglustat cap 100 mg, 121
MIGRANAL SPR 4MG/ML, 96
MILLIPRED DP PAK 5MG, 122
MILLIPRED SOL 10MG/5ML, 122
MILLIPRED TAB 5MG, 122
MINASTRIN 24 CHW FE, 115
MINIPRESS CAP 1MG, 41
MINIPRESS CAP 2MG, 41
MINIPRESS CAP 5MG, 41
MINIVELLE DIS 0.025MG, 120
MINIVELLE DIS 0.0375MG, 120
MINIVELLE DIS 0.05MG, 120
MINIVELLE DIS 0.075MG, 120
MINIVELLE DIS 0.1MG, 120
MINOCIN CAP 100MG, 19
MINOCIN CAP 50MG, 19
MINOCIN CAP 75MG, 19
minocycline hcl cap 100 mg, 19
minocycline hcl cap 50 mg, 19
minocycline hcl cap 75 mg, 19
minocycline hcl tab 100 mg, 19
minocycline hcl tab 50 mg, 19
minocycline hcl tab 75 mg, 19
minocycline hcl tab er 24hr 105 mg, 19
minocycline hcl tab er 24hr 115 mg, 19
minocycline hcl tab er 24hr 135 mg, 19
minocycline hcl tab er 24hr 45 mg, 19
minocycline hcl tab er 24hr 55 mg, 19
minocycline hcl tab er 24hr 65 mg, 19
minocycline hcl tab er 24hr 80 mg, 19
minocycline hcl tab er 24hr 90 mg, 19
minoxidil tab 10 mg, 61
minoxidil tab 2.5 mg, 61
MIRAPEX ER TAB 0.375MG, 81
MIRAPEX ER TAB 0.75MG, 81
MIRAPEX ER TAB 1.5MG, 81
MIRAPEX ER TAB 2.25MG, 81
MIRAPEX ER TAB 3.75MG, 81
MIRAPEX ER TAB 3MG, 81
MIRAPEX ER TAB 4.5MG, 81
MIRAPEX TAB 0.125MG, 81
MIRAPEX TAB 0.25MG, 81
MIRAPEX TAB 0.5MG, 81
MIRAPEX TAB 0.75MG, 81
MIRAPEX TAB 1.5MG, 81
MIRAPEX TAB 1MG, 81
MIRCETTE TAB 28 DAY, 113
mirtazapine orally disintegrating tab 15 mg, 74
mirtazapine orally disintegrating tab 30 mg, 74
mirtazapine orally disintegrating tab 45 mg, 74
mirtazapine tab 15 mg, 74
mirtazapine tab 30 mg, 74
mirtazapine tab 45 mg, 74
mirtazapine tab 7.5 mg, 74

MIRVASO GEL 0.33%, 175
misoprostol tab 100 mcg, 136
misoprostol tab 200 mcg, 136
MITIGARE CAP 0.6MG, 1
MITOSOL KIT 0.2MG, 178
MOBIC SUS 7.5/5ML, 3
MOBIC TAB 15MG, 3
MOBIC TAB 7.5MG, 3
modafinil tab 100 mg, 101
modafinil tab 200 mg, 101
MODERIBA PAK 1200/DAY, 26
MODERIBA PAK 800/DAY, 26
MODERIBA TAB 1000/DAY, 26
MODERIBA TAB 600/DAY, 26
MODICON TAB 0.5/35, 116
moexipril hcl tab 15 mg, 39
moexipril hcl tab 7.5 mg, 39
moexipril-hydrochlorothiazide tab 15-12.5 mg, 37
moexipril-hydrochlorothiazide tab 15-25 mg, 37
moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 37
molindone hcl tab 10 mg, 87
molindone hcl tab 25 mg, 87
molindone hcl tab 5 mg, 87
mometasone furoate cream 0.1%, 173
mometasone furoate oint 0.1%, 173
mometasone furoate solution 0.1% (lotion), 173
MONODOX CAP 100MG, 19
MONODOX CAP 75MG, 19
MONOJECTOR MIS END CAPS, 112
montelukast sodium chew tab 4 mg (base equiv), 161
montelukast sodium chew tab 5 mg (base equiv), 161
montelukast sodium oral granules packet 4 mg (base equiv), 161
montelukast sodium tab 10 mg (base equiv), 161
morphine sulfate beads cap er 24hr 120 mg, 8
morphine sulfate beads cap er 24hr 30 mg, 8
morphine sulfate beads cap er 24hr 45 mg, 8
morphine sulfate beads cap er 24hr 60 mg, 8
morphine sulfate beads cap er 24hr 75 mg, 8
morphine sulfate beads cap er 24hr 90 mg, 8
morphine sulfate cap er 24hr 100 mg, 9
morphine sulfate cap er 24hr 10 mg, 8
morphine sulfate cap er 24hr 20 mg, 8
morphine sulfate cap er 24hr 30 mg, 9
morphine sulfate cap er 24hr 50 mg, 9
morphine sulfate cap er 24hr 60 mg, 9
morphine sulfate cap er 24hr 80 mg, 9
morphine sulfate oral soln 100 mg/5ml (20 mg/ml), 9
morphine sulfate oral soln 10 mg/5ml, 9
morphine sulfate oral soln 20 mg/5ml, 9
morphine sulfate suppos 10 mg, 9
morphine sulfate suppos 20 mg, 9
morphine sulfate suppos 5 mg, 9
morphine sulfate tab 15 mg, 9
morphine sulfate tab 30 mg, 9
morphine sulfate tab er 100 mg, 9
morphine sulfate tab er 15 mg, 9
morphine sulfate tab er 200 mg, 9
morphine sulfate tab er 30 mg, 9
morphine sulfate tab er 60 mg, 9
MORPHINE SUL SUP 30MG, 8
MOTOFEN TAB, 129
MOVANTIK TAB 12.5MG, 135
MOVANTIK TAB 25MG, 135
MOVIPREP SOL, 134
MOXATAG TAB 775MG, 18
MOXEZA SOL 0.5%, 178
moxifloxacin hcl ophth soln 0.5% (base equiv), 178
moxifloxacin hcl tab 400 mg (base equiv), 17
MS CONTIN TAB 100MG ER, 9
MS CONTIN TAB 15MG ER, 9
MS CONTIN TAB 200MG ER, 9
MS CONTIN TAB 30MG ER, 9
MS CONTIN TAB 60MG ER, 9
MUGARD LIQ, 177
MULPLETA TAB 3MG, 147

MULTAQ TAB 400MG, 46
mupirocin calcium cream 2%, 168
mupirocin oint 2%, 168
MUSE SUP 1000MCG, 140
MUSE SUP 125MCG, 140
MUSE SUP 250MCG, 140
MUSE SUP 500MCG, 140
MYALEPT INJ 11.3MG, 125
MYAMBUTOL TAB 100MG, 25
MYAMBUTOL TAB 400MG, 25
MYCOBUTIN CAP 150MG, 29
mycophenolate mofetil cap 250 mg, 150
mycophenolate mofetil for oral susp 200 mg/ml, 150
mycophenolate mofetil tab 500 mg, 150
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 150
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv), 150
MYDAYIS CAP 12.5MG, 93
MYDAYIS CAP 25MG, 93
MYDAYIS CAP 37.5MG, 93
MYDAYIS CAP 50MG, 93
MYDRIACYL SOL 1% OP, 181
MYFORTIC TAB 180MG, 150
MYFORTIC TAB 360MG, 150
MYKIDZ IRON SUS 15/1.5ML, 152
MYLERAN TAB 2MG, 30
MYNATAL CAP, 154
MYNATE 90 TAB PLUS, 154
MYRBETRIQ TAB 25MG, 142
MYRBETRIQ TAB 50MG, 142
MYSOLINE TAB 250MG, 69
MYSOLINE TAB 50MG, 69
N
nabumetone tab 500 mg, 3
nabumetone tab 750 mg, 3
nadolol & bendroflumethiazide tab 40-5 mg, 51
nadolol & bendroflumethiazide tab 80-5 mg, 51
nadolol tab 20 mg, 53
nadolol tab 40 mg, 53
nadolol tab 80 mg, 53
NAFRINSE DLY SOL /NEUTRAL, 176
NAFRINSE SOL DAILY, 176
NAFRINSE WK SOL 0.2%, 176
naftifine hcl cream 1%, 169
naftifine hcl cream 2%, 169
NAFTIN CRE 1%, 169
NAFTIN CRE 2%, 169
NAFTIN GEL 1%, 169
NAFTIN GEL 2%, 169
NALFON CAP 400MG, 3
NALFON TAB 600MG, 3
naloxone hcl inj 0.4 mg/ml, 102
naltrexone hcl tab 50 mg, 102
NAMENDA SOL 10MG/5ML, 72
NAMENDA TAB 10MG, 72
NAMENDA TAB 5-10MG, 72
NAMENDA TAB 5MG, 72
NAMENDA XR CAP 14MG, 72
NAMENDA XR CAP 21MG, 72
NAMENDA XR CAP 28MG, 72
NAMENDA XR CAP 7MG, 72
NAMENDA XR CAP TITRATIO, 72
NAMZARIC CAP, 72
NAMZARIC CAP 14-10MG, 73
NAMZARIC CAP 21-10MG, 73
NAMZARIC CAP 28-10MG, 73
NAMZARIC CAP 7-10MG, 73
naphazoline hcl ophth soln 0.1%, 181
NAPRELAN TAB 375MG CR, 3
NAPRELAN TAB 500MG CR, 3
NAPRELAN TAB 750MG CR, 3
NAPROSYN TAB 250MG, 3
NAPROSYN TAB 375MG, 3
NAPROSYN TAB 500MG, 3
naproxen sodium tab 275 mg, 3
naproxen sodium tab 550 mg, 3
naproxen tab 250 mg, 3
naproxen tab 375 mg, 3
naproxen tab 500 mg, 3
naproxen tab ec 375 mg, 3
naproxen tab ec 500 mg, 3
naratriptan hcl tab 1 mg (base equiv), 97
naratriptan hcl tab 2.5 mg (base equiv), 97
NARCAN SPR, 102
NARDIL TAB 15MG, 74
NASCOBAL SPR 500MCG, 153
NASONEX SPR 50MCG/AC, 163

NATACHEW CHW, 154
NATACYN SUS 5% OP, 180
NATALVIT TAB 75-1MG, 154
NATAZIA TAB, 114
nateglinide tab 120 mg, 109
nateglinide tab 60 mg, 109
NATELLE ONE CAP, 154
NATESTO GEL 5.5MG, 104
NATPARA INJ 100MCG, 113
NATPARA INJ 25MCG, 113
NATPARA INJ 50MCG, 113
NATPARA INJ 75MCG, 113
NATROBA SUS 0.9%, 176
NEBUSAL NEB 6%, 162
NECON TAB 10/11-28, 113
NEEVO DHA CAP 27-1.13, 154
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin, 178
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml, 178
neomycin-polymyxin-dexamethasone ophth oint 0.1%, 177
neomycin-polymyxin-dexamethasone ophth susp 0.1%, 177
neomycin-polymyxin-hc ophth susp, 177
neomycin-polymyxin-hc otic soln 1%, 182
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%, 182
neomycin sulfate tab 500 mg, 14
NEORAL CAP 100MG, 151
NEORAL CAP 25MG, 151
NEORAL SOL 100MG/ML, 151
NEOSPORIN SOL OP, 178
NEO-SYNALAR CRE, 168
NEOTUSS PLUS LIQ, 158
NEPTAZANE TAB 25MG, 59
NEPTAZANE TAB 50MG, 59
NERLYNX TAB 40MG, 34
NESINA TAB 12.5MG, 107
NESINA TAB 25MG, 107
NESINA TAB 6.25MG, 107
NESTABS ABC MIS, 154
NEULASTA INJ 6MG/0.6M, 145
NEULASTA KIT 6MG/0.6M, 145
NEUPOGEN INJ 300/0.5, 145
NEUPOGEN INJ 300MCG, 145
NEUPOGEN INJ 480/0.8, 145
NEUPOGEN INJ 480MCG, 145
NEUPRO DIS 1MG/24HR, 81
NEUPRO DIS 2MG/24HR, 81
NEUPRO DIS 3MG/24HR, 81
NEUPRO DIS 4MG/24HR, 81
NEUPRO DIS 6MG/24HR, 81
NEUPRO DIS 8MG/24HR, 81
NEURONTIN CAP 100MG, 69
NEURONTIN CAP 300MG, 69
NEURONTIN CAP 400MG, 69
NEURONTIN SOL 250/5ML, 69
NEURONTIN TAB 600MG, 69
NEURONTIN TAB 800MG, 69
NEVANAC SUS 0.1%, 179
nevirapine susp 50 mg/5ml, 23
nevirapine tab 200 mg, 23
nevirapine tab er 24hr 100 mg, 23
nevirapine tab er 24hr 400 mg, 23
NEWGEN TAB 32-1MG, 154
NEXA PLUS CAP, 154
NEXAVAR TAB 200MG, 34
NEXIUM CAP 20MG, 137
NEXIUM CAP 40MG, 137
NEXIUM GRA 10MG DR, 137
NEXIUM GRA 2.5MG DR, 137
NEXIUM GRA 20MG DR, 137
NEXIUM GRA 40MG DR, 137
NEXIUM GRA 5MG DR, 137
NEXPLANON IMP 68MG, 114
niacin (antihyperlipidemic) tab 500 mg, 50
niacin tab er 1000 mg (antihyperlipidemic), 50
niacin tab er 500 mg (antihyperlipidemic), 50
niacin tab er 750 mg (antihyperlipidemic), 50
NIASPAN TAB 1000 ER, 50
NIASPAN TAB 500MG ER, 50
NIASPAN TAB 750MG ER, 50
nicardipine hcl cap 20 mg, 55
nicardipine hcl cap 30 mg, 55
nicotine polacrilex gum 2 mg, 103
nicotine polacrilex gum 4 mg, 103

nicotine polacrilex lozenge 2 mg, 103
nicotine polacrilex lozenge 4 mg, 103
nicotine td patch 24hr 14 mg/24hr, 103
nicotine td patch 24hr 21 mg/24hr, 103
nicotine td patch 24hr 7 mg/24hr, 103
NICOTROL INH, 103
NICOTROL NS SPR 10MG/ML, 103
nifedipine tab er 24hr 30 mg, 55
nifedipine tab er 24hr 60 mg, 55
nifedipine tab er 24hr 90 mg, 55
nifedipine tab er 24hr osmotic release 30 mg, 55
nifedipine tab er 24hr osmotic release 60 mg, 55
nifedipine tab er 24hr osmotic release 90 mg, 55
NILANDRON TAB 150MG, 31
nilutamide tab 150 mg, 31
nimodipine cap 30 mg, 55
NINLARO CAP 2.3MG, 35
NINLARO CAP 3MG, 35
NINLARO CAP 4MG, 35
NIRAVAM TAB 0.25MG, 64
nisoldipine tab er 24hr 17 mg, 55
nisoldipine tab er 24hr 20 mg, 55
nisoldipine tab er 24hr 25.5 mg, 55
nisoldipine tab er 24hr 30 mg, 55
nisoldipine tab er 24hr 34 mg, 55
nisoldipine tab er 24hr 40 mg, 55
nisoldipine tab er 24hr 8.5 mg, 55
NITRO-BID OIN 2%, 62
NITRO-DUR DIS 0.1MG/HR, 62
NITRO-DUR DIS 0.2MG/HR, 62
NITRO-DUR DIS 0.3MG/HR, 62
NITRO-DUR DIS 0.4MG/HR, 62
NITRO-DUR DIS 0.6MG/HR, 62
NITRO-DUR DIS 0.8MG/HR, 62
nitrofurantoin macrocrystalline cap 100 mg, 29
nitrofurantoin macrocrystalline cap 25 mg, 29
nitrofurantoin macrocrystalline cap 50 mg, 29
nitrofurantoin monohydrate macrocrystalline cap 100 mg, 29
nitrofurantoin susp 25 mg/5ml, 29
nitroglycerin lingual aerosol 400 mcg/spray, 61
nitroglycerin sl tab 0.3 mg, 61
nitroglycerin sl tab 0.4 mg, 61
nitroglycerin sl tab 0.6 mg, 61
nitroglycerin td patch 24hr 0.1 mg/hr, 62
nitroglycerin td patch 24hr 0.2 mg/hr, 62
nitroglycerin td patch 24hr 0.4 mg/hr, 62
nitroglycerin td patch 24hr 0.6 mg/hr, 62
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray), 61
NITROLINGUAL SPR PUMPSPRA, 61
NITROMIST AER 400MCG, 61
NITROSTAT SUB 0.3MG, 61
NITROSTAT SUB 0.4MG, 61
NITROSTAT SUB 0.6MG, 61
NITYR TAB 10MG, 123
NITYR TAB 2MG, 123
NITYR TAB 5MG, 123
NIVESTYM INJ 300/0.5, 145
NIVESTYM INJ 300MCG, 145
NIVESTYM INJ 480/0.8, 145
NIVESTYM INJ 480MCG, 145
nizatidine cap 150 mg, 133
nizatidine cap 300 mg, 133
nizatidine oral soln 15 mg/ml, 133
NIZORAL SHA 2%, 169
nonoxynol-9 gel 4%, 114
NORCO TAB 10-325MG, 9
NORCO TAB 5-325MG, 9
NORCO TAB 7.5-325, 9
NORDITROPIN INJ 10/1.5ML, 124
NORDITROPIN INJ 5/1.5ML, 124
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr, 117
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 117
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg, 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 116
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg, 117
norethindrone & mestranol tab 1 mg-50

mcg, 117
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, 116
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 116
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg, 116
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 116
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), 116
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24), 116
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 118
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG, 118
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg, 118
norethindrone acetate tab 5 mg, 127
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg, 117
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 117
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg, 117
norethindrone tab 0.35 mg, 117
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg, 117
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 117
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg, 118
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg, 116
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg, 117
NORINYL TAB 1+50-28, 117
NORITATE CRE 1%, 175
NORPACE CAP 100MG, 46
NORPACE CAP 100MG CR, 46
NORPACE CAP 150MG, 46
NORPACE CAP 150MG CR, 46
NORPRAMIN TAB 100MG, 79
NORPRAMIN TAB 10MG, 79
NORPRAMIN TAB 150MG, 79
NORPRAMIN TAB 25MG, 79
NORPRAMIN TAB 50MG, 79
NORPRAMIN TAB 75MG, 79
NORTHERA CAP 100MG, 61
NORTHERA CAP 200MG, 61
NORTHERA CAP 300MG, 61
nortriptyline hcl cap 10 mg, 79
nortriptyline hcl cap 25 mg, 79
nortriptyline hcl cap 50 mg, 79
nortriptyline hcl cap 75 mg, 79
nortriptyline hcl soln 10 mg/5ml, 79
NORTUSS-EX LIQ 200-20/5, 158
NORVASC TAB 10MG, 56
NORVASC TAB 2.5MG, 55
NORVASC TAB 5MG, 55
NORVIR CAP 100MG, 25
NORVIR SOL 80MG/ML, 25
NORVIR TAB 100MG, 25
NOVAREL INJ 10000UNT, 121
NOVOLIN INJ 70/30, 108
NOVOLIN INJ FLEXPEN, 108
NOVOLIN N INJ U-100, 108
NOVOLIN R INJ U-100, 108
NOVOLOG INJ 100/ML, 108
NOVOLOG INJ FLEXPEN, 108
NOVOLOG INJ PENFILL, 108
NOVOLOG MIX INJ 70/30, 108
NOVOLOG MIX INJ FLEXPEN, 108
NOXAFIL SUS 40MG/ML, 20
NOXAFIL TAB 100MG, 20
NUBEQA TAB 300MG, 31
NUCALA INJ 100MG/ML, 163
NUCYNTA ER TAB 100MG, 9
NUCYNTA ER TAB 150MG, 9
NUCYNTA ER TAB 200MG, 9
NUCYNTA ER TAB 250MG, 9
NUCYNTA ER TAB 50MG, 9
NUCYNTA TAB 100MG, 10
NUCYNTA TAB 50MG, 9
NUCYNTA TAB 75MG, 10
NUEDEXTA CAP 20-10MG, 103
NULYTELY SOL FLAV PKS, 134
NUPLAZID CAP 34MG, 84
NUPLAZID TAB 10MG, 84
NUTROPIN AQ INJ 10MG/2ML, 124
NUTROPIN AQ INJ 20MG/2ML, 124

NUTROPIN AQ INJ NUSPIN 5, 124
NUVAIL SOL 16%, 175
NUVARING MIS, 118
NUVIGIL TAB 150MG, 101
NUVIGIL TAB 200MG, 101
NUVIGIL TAB 250MG, 101
NUVIGIL TAB 50MG, 101
NUZYRA TAB 150MG, 19
NYMALIZE SOL 60/20ML, 56
nystatin cream 100000 unit/gm, 169
nystatin oint 100000 unit/gm, 169
nystatin susp 100000 unit/ml, 20
nystatin tab 500000 unit, 21
nystatin topical powder 100000 unit/gm, 169
O
OB COMPLETE/ CAP DHA, 154
OB COMPLETE CAP ONE, 154
OB COMPLETE CAP PETITE, 154
OB COMPLETE TAB, 154
OB COMPLETE TAB PREMIER, 154
OBSTETRIX EC TAB, 154
OBSTETRIX PAK DHA, 154
O-CAL FA TAB, 154
OCALIVA TAB 10MG, 135
OCALIVA TAB 5MG, 135
O-CAL TAB PRENATAL, 154
octreotide acetate inj 1000 mcg/ml (1 mg/ml), 104
octreotide acetate inj 100 mcg/ml (0.1 mg/ml), 104
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 104
octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 104
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 104
OCUFEN SOL 0.03% OP, 179
OCUFLOX DRO 0.3% OP, 178
ODACTRA SUB, 148
ODEFSEY TAB, 22
ODOMZO CAP 200MG, 35
OFEV CAP 100MG, 163
OFEV CAP 150MG, 163
ofloxacin ophth soln 0.3%, 178
ofloxacin otic soln 0.3%, 183
olanzapine orally disintegrating tab 10 mg, 84
olanzapine orally disintegrating tab 15 mg, 84
olanzapine orally disintegrating tab 20 mg, 84
olanzapine orally disintegrating tab 5 mg, 84
olanzapine tab 10 mg, 85
olanzapine tab 15 mg, 85
olanzapine tab 2.5 mg, 84
olanzapine tab 20 mg, 85
olanzapine tab 5 mg, 84
olanzapine tab 7.5 mg, 85
OLEPTRO TAB 24HR150, 74
OLEPTRO TAB 24HR300, 74
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 42
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg, 42
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg, 42
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg, 42
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg, 42
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 44
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 44
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg, 44
olmesartan medoxomil tab 20 mg, 45
olmesartan medoxomil tab 40 mg, 45
olmesartan medoxomil tab 5 mg, 45
olopatadine hcl nasal soln 0.6%, 162
olopatadine hcl ophth soln 0.1% (base equivalent), 179
olopatadine hcl ophth soln 0.2% (base equivalent), 179
OLUX AER 0.05%, 174
OLUX-E AER 0.05%, 174
OLYSIO CAP 150MG, 26

OMECLAMOX- MIS PAK, 139
omega-3-acid ethyl esters cap 1 gm, 50
omeprazole cap delayed release 10 mg, 137
omeprazole cap delayed release 20 mg, 137
omeprazole cap delayed release 40 mg, 137
OMNARIS SPR, 163
OMNIFLEX DPR, 114
OMNIPRED SUS 1% OP, 179
OMNITROPE INJ 5.8MG, 124
ondansetron hcl oral soln 4 mg/5ml, 130
ondansetron hcl tab 24 mg, 131
ondansetron hcl tab 4 mg, 131
ondansetron hcl tab 8 mg, 131
ondansetron orally disintegrating tab 4 mg, 131
ondansetron orally disintegrating tab 8 mg, 131
ONFI SUS 2.5MG/ML, 69
ONFI TAB 10MG, 69
ONFI TAB 20MG, 69
ONGLYZA TAB 2.5MG, 107
ONGLYZA TAB 5MG, 107
ONMEL TAB 200MG, 21
ONZETRA XSAI MIS 11MG, 97
OPANA ER TAB 10MG, 10
OPANA ER TAB 15MG, 10
OPANA ER TAB 20MG, 10
OPANA ER TAB 30MG, 10
OPANA ER TAB 40MG, 10
OPANA ER TAB 5MG, 10
OPANA ER TAB 7.5MG, 10
OPANA TAB 10MG, 10
OPANA TAB 5MG, 10
OPSUMIT TAB 10MG, 62
ORACEA CAP 40MG, 175
ORACIT SOL, 141
ORAFATE PST 10%, 177
ORALAIR SUB 300 IR, 148
ORAPRED ODT TAB 10MG, 122
ORAPRED ODT TAB 15MG, 122
ORAPRED ODT TAB 30MG, 122
ORAP TAB 1MG, 87
ORAP TAB 2MG, 87
ORAVIG TAB 50MG, 21
ORENCIA INJ 125MG/ML, 148
ORENITRAM TAB 0.125MG, 63
ORENITRAM TAB 0.25MG, 63
ORENITRAM TAB 1MG, 63
ORENITRAM TAB 2.5MG, 63
ORENITRAM TAB 5MG, 63
ORFADIN CAP 10MG, 123
ORFADIN CAP 20MG, 123
ORFADIN CAP 2MG, 123
ORFADIN CAP 5MG, 123
ORFADIN SUS 4MG/ML, 123
ORILISSA TAB 150MG, 118
ORILISSA TAB 200MG, 118
ORKAMBI GRA 100-125, 161
ORKAMBI GRA 150-188, 161
ORKAMBI TAB 100-125, 161
ORKAMBI TAB 200-125, 161
orphenadrine citrate tab er 12hr 100 mg, 101
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg, 101
ORTHO COIL DPR KIT 100, 114
ORTHO COIL DPR KIT 105, 114
ORTHO COIL DPR KIT 50, 114
ORTHO-CYCLEN TAB 0.25/35, 117
ORTHO FLAT DPR KIT 55, 115
ORTHO FLAT DPR KIT 60, 115
ORTHO FLAT DPR KIT 65, 115
ORTHO FLAT DPR KIT 70, 115
ORTHO FLAT DPR KIT 75, 115
ORTHO FLAT DPR KIT 80, 115
ORTHO FLAT DPR KIT 85, 115
ORTHO FLAT DPR KIT 90, 115
ORTHO FLAT DPR KIT 95, 115
ORTHO MICRON TAB 0.35MG, 117
ORTHO-NOVUM TAB 1/35, 117
ORTHO-NOVUM TAB 7/7/7, 118
ORTHO TRI- TAB CYCLEN, 118
ORTHO TRI- TAB CYCLN LO, 118
oseltamivir phosphate cap 30 mg (base equiv), 27
oseltamivir phosphate cap 45 mg (base equiv), 27
oseltamivir phosphate cap 75 mg (base equiv), 27

oseltamivir phosphate for susp 6 mg/ml (base equiv), 27
OSENI TAB 12.5-15, 106
OSENI TAB 12.5-30, 106
OSENI TAB 12.5-45, 106
OSENI TAB 25-15MG, 106
OSENI TAB 25-30MG, 106
OSENI TAB 25-45MG, 106
OSMOPREP TAB 1.5GM, 134
OSPHENA TAB 60MG, 128
OTEZLA TAB 10/20/30, 148
OTEZLA TAB 30MG, 149
OTREXUP INJ 10MG, 149
OTREXUP INJ 12.5/0.4, 149
OTREXUP INJ 15MG, 149
otrexup inj 17.5/0.4, 149
OTREXUP INJ 20MG, 149
otrexup inj 22.5/0.4, 149
OTREXUP INJ 25MG, 149
OTREXUP INJ 7.5/0.4, 149
OVCON-35 TAB, 117
OVIDE LOT 0.5%, 176
OVIDREL INJ, 121
OXANDRIN TAB 10MG, 104
OXANDRIN TAB 2.5MG, 104
oxandrolone tab 10 mg, 105
oxandrolone tab 2.5 mg, 105
oxaprozin tab 600 mg, 3
oxazepam cap 10 mg, 64
oxazepam cap 15 mg, 64
oxazepam cap 30 mg, 64
oxcarbazepine susp 300 mg/5ml (60 mg/ml), 69
oxcarbazepine tab 150 mg, 69
oxcarbazepine tab 300 mg, 69
oxcarbazepine tab 600 mg, 69
OXERVATE SOL 20MCG/ML, 181
oxiconazole nitrate cream 1%, 169
OXISTAT CRE 1%, 169
OXISTAT LOT 1%, 169
OXSORALEN LOT 1%, 175
OXSORALEN-UL CAP 10MG, 169
OXTELLAR XR TAB 150MG, 69
OXTELLAR XR TAB 300MG, 69
OXTELLAR XR TAB 600MG, 69
oxybutynin chloride syrup 5 mg/5ml, 142
oxybutynin chloride tab 5 mg, 142
oxybutynin chloride tab er 24hr 10 mg, 142
oxybutynin chloride tab er 24hr 15 mg, 142
oxybutynin chloride tab er 24hr 5 mg, 142
oxycodone-aspirin tab 4.8355-325 mg, 11
oxycodone hcl cap 5 mg, 10
oxycodone hcl conc 100 mg/5ml (20 mg/ml), 10
oxycodone hcl soln 5 mg/5ml, 10
oxycodone hcl tab 10 mg, 10
oxycodone hcl tab 15 mg, 10
oxycodone hcl tab 20 mg, 10
oxycodone hcl tab 30 mg, 10
oxycodone hcl tab 5 mg, 10
oxycodone hcl tab er 12hr deter 10 mg, 10
oxycodone hcl tab er 12hr deter 15 mg, 10
oxycodone hcl tab er 12hr deter 20 mg, 10
oxycodone hcl tab er 12hr deter 30 mg, 10
oxycodone hcl tab er 12hr deter 40 mg, 10
oxycodone hcl tab er 12hr deter 60 mg, 10
oxycodone hcl tab er 12hr deter 80 mg, 10
oxycodone-ibuprofen tab 5-400 mg, 11
oxycodone w/ acetaminophen soln 5-325 mg/5ml, 10
oxycodone w/ acetaminophen tab 10-325 mg, 11
oxycodone w/ acetaminophen tab 2.5-325 mg, 10
oxycodone w/ acetaminophen tab 5-325 mg, 11
oxycodone w/ acetaminophen tab 7.5-325 mg, 11
OXYCONTIN TAB 10MG CR, 11
OXYCONTIN TAB 15MG CR, 11
OXYCONTIN TAB 20MG CR, 11

OXYCONTIN TAB 30MG CR, 11
OXYCONTIN TAB 40MG CR, 11
OXYCONTIN TAB 60MG CR, 11
OXYCONTIN TAB 80MG CR, 11
oxymorphone hcl tab 10 mg, 11
oxymorphone hcl tab 5 mg, 11
oxymorphone hcl tab er 12hr 10 mg, 11
oxymorphone hcl tab er 12hr 15 mg, 11
oxymorphone hcl tab er 12hr 20 mg, 11
oxymorphone hcl tab er 12hr 30 mg, 11
oxymorphone hcl tab er 12hr 40 mg, 11
oxymorphone hcl tab er 12hr 5 mg, 11
oxymorphone hcl tab er 12hr 7.5 mg, 11
OXYTROL DIS 3.9MG/24, 142
OZEMPIC INJ 2/1.5ML, 107
P
PAIRE OB MIS, 154
paliperidone tab er 24hr 1.5 mg, 85
paliperidone tab er 24hr 3 mg, 85
paliperidone tab er 24hr 6 mg, 85
paliperidone tab er 24hr 9 mg, 85
PAMELOR CAP 10MG, 79
PAMELOR CAP 25MG, 79
PAMELOR CAP 50MG, 79
PAMELOR CAP 75MG, 79
PAMINE FORTE TAB 5MG, 132
PAMINE TAB 2.5MG, 132
PANCREAZE CAP, 135
PANCREAZE CAP 10500UNT, 135
PANCREAZE CAP 16800UNT, 136
PANCREAZE CAP 21000UNT, 136
PANCREAZE CAP 4200UNIT, 135
PANDEL CRE 0.1%, 173
PANRETIN GEL 0.1%, 175
pantoprazole sodium ec tab 20 mg (base equiv), 137
pantoprazole sodium ec tab 40 mg (base equiv), 137
PARAFON FORT TAB 500MG, 101
paricalcitol cap 1 mcg, 125
paricalcitol cap 2 mcg, 125
paricalcitol cap 4 mcg, 125
PARLODEL CAP 5MG, 81
PARLODEL TAB 2.5MG, 81
PARNATE TAB 10MG, 74
paromomycin sulfate cap 250 mg, 14
paroxetine hcl tab 10 mg, 75
paroxetine hcl tab 20 mg, 75
paroxetine hcl tab 30 mg, 75
paroxetine hcl tab 40 mg, 75
paroxetine hcl tab er 24hr 12.5 mg, 75
paroxetine hcl tab er 24hr 25 mg, 75
paroxetine hcl tab er 24hr 37.5 mg, 75
paroxetine mesylate cap 7.5 mg (base equiv), 104
PASER GRA 4GM, 25
PATADAY SOL 0.2%, 179
PATANASE SPR 0.6%, 162
PATANOL SOL 0.1% OP, 179
PAXIL CR TAB 12.5MG, 76
PAXIL CR TAB 25MG, 76
PAXIL CR TAB 37.5MG, 76
PAXIL SUS 10MG/5ML, 76
PAXIL TAB 10MG, 76
PAXIL TAB 20MG, 76
PAXIL TAB 30MG, 76
PAXIL TAB 40MG, 76
PAZEO DRO 0.7%, 180
PCE TAB 333MG EC, 16
PCE TAB 500MG EC, 16
PEDIAPRED SOL 6.7/5ML, 122
PEDIATEX TDM SUS, 158
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, 134
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm, 134
peg 3350-kcl-sod bicarb-nacl for soln 420 gm, 135
PEGANONE TAB 250MG, 69
PEGASYS INJ, 150
PEGASYS INJ 180MCG/M, 150
PEGASYS INJ PROCLICK, 150
penicillin v potassium for soln 125 mg/5ml, 18
penicillin v potassium for soln 250 mg/5ml, 18
penicillin v potassium tab 250 mg, 18
penicillin v potassium tab 500 mg, 18
PEN NEEDLES MIS 31GX8MM, 112
PENNSAID SOL 2%, 4
PENTASA CAP 250MG CR, 133
PENTASA CAP 500MG CR, 133

pentoxifylline tab er 400 mg, 147
PEPCID SUS 40MG/5ML, 133
PEPCID TAB 40MG, 133
PERCOCET TAB 10-325MG, 11
PERCOCET TAB 2.5-325, 11
PERCOCET TAB 5-325MG, 11
PERCOCET TAB 7.5-325, 11
PERCODAN TAB, 11
PERFOROMIST NEB 20MCG, 160
PERIDEX SOL 0.12%, 176
perindopril erbumine tab 2 mg, 39
perindopril erbumine tab 4 mg, 39
perindopril erbumine tab 8 mg, 39
permethrin cream 5%, 176
perphenazine-amitriptyline tab 2-10 mg, 87
perphenazine-amitriptyline tab 2-25 mg, 88
perphenazine-amitriptyline tab 4-10 mg, 88
perphenazine-amitriptyline tab 4-25 mg, 88
perphenazine-amitriptyline tab 4-50 mg, 88
perphenazine tab 16 mg, 87
perphenazine tab 2 mg, 87
perphenazine tab 4 mg, 87
perphenazine tab 8 mg, 87
PERSANTINE TAB 25MG, 147
PERSANTINE TAB 50MG, 147
PERSANTINE TAB 75MG, 147
PERTZYE CAP 16000U, 136
PERTZYE CAP 24000U, 136
PERTZYE CAP 4000UNIT, 136
PERTZYE CAP 8000UNIT, 136
PEXEVA TAB 10MG, 76
PEXEVA TAB 20MG, 76
PEXEVA TAB 30MG, 76
PEXEVA TAB 40MG, 76
phenazopyridine hcl tab 100 mg, 141
phenazopyridine hcl tab 200 mg, 141
phenelzine sulfate tab 15 mg, 74
phenobarbital elixir 20 mg/5ml, 69
phenobarbital tab 100 mg, 70
phenobarbital tab 15 mg, 69
phenobarbital tab 16.2 mg, 69
phenobarbital tab 30 mg, 69
phenobarbital tab 32.4 mg, 69
phenobarbital tab 60 mg, 70
phenobarbital tab 64.8 mg, 70
phenobarbital tab 97.2 mg, 70
phenoxybenzamine hcl cap 10 mg, 61
phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml, 158
phenylephrine hcl ophth soln 2.5%, 181
PHENYTEK CAP 200MG, 70
PHENYTEK CAP 300MG, 70
phenytoin chew tab 50 mg, 70
phenytoin sodium extended cap 100 mg, 70
phenytoin susp 125 mg/5ml, 70
PHOSLO CAP 667MG, 126
PHOSLYRA SOL, 126
PHOSPHOLINE SOL 0.125%OP, 181
phytonadione tab 5 mg, 153
PICATO GEL 0.015%, 167
PICATO GEL 0.05%, 167
pilocarpine hcl ophth soln 1%, 181
pilocarpine hcl ophth soln 2%, 181
pilocarpine hcl ophth soln 4%, 181
pilocarpine hcl tab 5 mg, 138
pilocarpine hcl tab 7.5 mg, 138
pimecrolimus cream 1%, 170
pimozide tab 1 mg, 88
pimozide tab 2 mg, 88
pindolol tab 10 mg, 53
pindolol tab 5 mg, 53
pioglitazone hcl-glimepiride tab 30-2 mg, 107
pioglitazone hcl-glimepiride tab 30-4 mg, 107
pioglitazone hcl-metformin hcl tab 15-500 mg, 107
pioglitazone hcl-metformin hcl tab 15-850 mg, 107
pioglitazone hcl tab 15 mg (base equiv), 108
pioglitazone hcl tab 30 mg (base equiv), 108
pioglitazone hcl tab 45 mg (base equiv), 108
piroxicam cap 10 mg, 3

piroxicam cap 20 mg, 3
PLAQUENIL TAB 200MG, 149
PLAVIX TAB 300MG, 147
PLAVIX TAB 75MG, 147
PLEGRIDY INJ, 99
PLEGRIDY INJ PEN, 99
PLEGRIDY INJ STARTER, 99
PLEGRIDY PEN INJ STARTER, 99
PLETAL TAB 100MG, 147
PLETAL TAB 50MG, 147
PNV-TOTAL CAP, 154
podofilox soln 0.5%, 175
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%, 178
POLYTRIM SOL OP, 178
POMALYST CAP 1MG, 31
POMALYST CAP 2MG, 31
POMALYST CAP 3MG, 32
POMALYST CAP 4MG, 32
PONSTEL CAP 250MG, 3
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml, 141
pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml, 141
potassium bicarbonate effer tab 25 meq, 152
potassium chloride cap er 10 meq, 152
potassium chloride cap er 8 meq, 152
potassium chloride microencapsulated crys er tab 10 meq, 152
potassium chloride microencapsulated crys er tab 20 meq, 152
potassium chloride oral soln 10% (20 meq/15ml), 152
potassium chloride oral soln 20% (40 meq/15ml), 152
potassium chloride powder packet 20 meq, 152
potassium chloride tab er 10 meq, 152
potassium chloride tab er 20 meq (1500 mg), 152
potassium chloride tab er 8 meq (600 mg), 152
potassium citrate & citric acid powder pack 3300-1002 mg, 141
potassium citrate & citric acid soln 1100-334 mg/5ml, 141
potassium citrate tab er 10 meq (1080 mg), 141
potassium citrate tab er 15 meq (1620 mg), 141
potassium citrate tab er 5 meq (540 mg), 141
pot bicarbonate & chloride effer tab 25 meq, 152
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg, 141
PRADAXA CAP 110MG, 144
PRADAXA CAP 150MG, 144
PRADAXA CAP 75MG, 144
PRALUENT INJ 150MG/ML, 51
PRALUENT INJ 75MG/ML, 51
pramipexole dihydrochloride tab 0.125 mg, 81
pramipexole dihydrochloride tab 0.25 mg, 81
pramipexole dihydrochloride tab 0.5 mg, 81
pramipexole dihydrochloride tab 0.75 mg, 81
pramipexole dihydrochloride tab 1.5 mg, 81
pramipexole dihydrochloride tab 1 mg, 81
pramipexole dihydrochloride tab er 24hr 0.375 mg, 81
pramipexole dihydrochloride tab er 24hr 0.75 mg, 81
pramipexole dihydrochloride tab er 24hr 1.5 mg, 81
pramipexole dihydrochloride tab er 24hr 2.25 mg, 81
pramipexole dihydrochloride tab er 24hr 3.75 mg, 82
pramipexole dihydrochloride tab er 24hr 3 mg, 81
pramipexole dihydrochloride tab er 24hr 4.5 mg, 82
PRAMOSONE LOT 1%, 170
PRAMOSONE LOT 2.5%, 170
PRANDIMET TAB 1-500MG, 109
PRANDIMET TAB 2-500MG, 109

PRANDIN TAB 0.5MG, 109
PRANDIN TAB 1MG, 109
PRANDIN TAB 2MG, 109
prasugrel hcl tab 10 mg (base equiv), 147
prasugrel hcl tab 5 mg (base equiv), 147
PRAVACHOL TAB 20MG, 49
PRAVACHOL TAB 40MG, 49
PRAVACHOL TAB 80MG, 49
pravastatin sodium tab 10 mg, 49
pravastatin sodium tab 20 mg, 49
pravastatin sodium tab 40 mg, 49
pravastatin sodium tab 80 mg, 49
praziquantel tab 600 mg, 29
prazosin hcl cap 1 mg, 41
prazosin hcl cap 2 mg, 41
prazosin hcl cap 5 mg, 41
PRECOSE TAB 100MG, 105
PRECOSE TAB 25MG, 105
PRECOSE TAB 50MG, 105
PRED FORTE SUS 1% OP, 179
PRED-G S.O.P OIN OP, 177
PRED-G SUS OP, 177
PRED MILD SUS 0.12% OP, 179
prednicarbate cream 0.1%, 173
prednicarbate oint 0.1%, 173
prednisolone acetate ophth susp 1%, 179
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq), 123
prednisolone sod phos orally disintegr tab 10 mg (base eq), 122
prednisolone sod phos orally disintegr tab 15 mg (base eq), 122
prednisolone sod phos orally disintegr tab 30 mg (base eq), 123
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 123
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), 123
prednisolone syrup 15 mg/5ml (usp solution equivalent), 123
PREDNISONE CON 5MG/ML, 123
prednisone oral soln 5 mg/5ml, 123
prednisone tab 10 mg, 123
prednisone tab 1 mg, 123
prednisone tab 2.5 mg, 123
prednisone tab 20 mg, 123
prednisone tab 50 mg, 123
prednisone tab 5 mg, 123
prednisone tab therapy pack 10 mg (21), 123
prednisone tab therapy pack 5 mg (21), 123
PRED SOD PHO SOL 1% OP, 179
PREFERAOB CAP ONE, 154
PREFEST TAB, 118
pregabalin cap 100 mg, 94
pregabalin cap 150 mg, 94
pregabalin cap 200 mg, 94
pregabalin cap 225 mg, 94
pregabalin cap 25 mg, 94
pregabalin cap 300 mg, 94
pregabalin cap 50 mg, 94
pregabalin cap 75 mg, 94
PREMARIN TAB 0.3MG, 119
PREMARIN TAB 0.45MG, 119
PREMARIN TAB 0.625MG, 119
PREMARIN TAB 0.9MG, 119
PREMARIN TAB 1.25MG, 119
PREMARIN VAG CRE 0.625MG, 121
PREMESISRX TAB, 154
PREMPHASE TAB, 118
PREMPRO TAB, 118
PREMPRO TAB 0.3-1.5, 118
PREMPRO TAB 0.45-1.5, 118
PREMPRO TAB 0.625-5, 118
PRENAISSANCE CAP BALANCE, 154
PRENAISSANCE CAP PLUS, 154
PRENAISSANCE MIS HARMONY, 154
PRENAISSANCE TAB NEXT, 154
PRENAISSANCE TAB NEXT-B, 154
PRENATA CHW 29-1MG, 154
PRENATAL MIS COMPLEAT, 154
PRENATAL-U CAP 106.5-1, 155
PRENATAL VIT TAB LOW IRON, 155
PRENATE AM TAB 1MG, 155
PRENATE CAP ENHANCE, 155
PRENATE CAP ESSENTIA, 155
PRENATE CAP PIXIE, 155
PRENATE CAP RESTORE, 155
PRENATE CHW 0.6-0.4, 155

PRENATE DHA CAP, 155
PRENATE MINI CAP, 155
PRENATE STAR TAB 20-1MG, 155
PRENATE TAB ELITE, 155
PRENTIF MIS 22MM, 115
PRENTIF MIS 25MM, 115
PRENTIF MIS 28MM, 115
PRENTIF MIS 31MM, 115
PRENTIF MIS FITTING, 115
PREPIDIL GEL 0.5MG/3G, 125
PREPOPIK PAK, 135
PREQUE 10 TAB, 155
PREVACID CAP 15MG DR, 137
PREVACID CAP 30MG DR, 137
PREVACID TAB 15MG STB, 137
PREVACID TAB 30MG STB, 137
PREVDNT 5000 PST 1.1%, 176
PREVDNT 5000 PST 1.1-5%, 176
PREVIDENT CRE 5000 PLS, 176
PREVIDENT GEL 1.1%, 176
PREVIDENT SOL 0.2%, 176
PREVPAC MIS, 139
PREVYMIS TAB 240MG, 25
PREVYMIS TAB 480MG, 25
PREZCOBIX TAB 800-150, 22
PREZISTA SUS 100MG/ML, 25
PREZISTA TAB 150MG, 25
PREZISTA TAB 600MG, 25
PREZISTA TAB 75MG, 25
PREZISTA TAB 800MG, 25
PRIFTIN TAB 150MG, 25
PRILOSEC CAP 10MG, 137
PRILOSEC CAP 20MG, 137
PRILOSEC CAP 40MG, 138
PRILOSEC POW 10MG, 138
PRILOSEC POW 2.5MG, 138
PRIMAQUINE TAB 26.3MG, 21
primidone tab 250 mg, 70
primidone tab 50 mg, 70
PRIMLEV TAB 10-300MG, 12
PRIMLEV TAB 5-300MG, 11
PRIMLEV TAB 7.5-300, 12
PRIMSOL SOL 50MG/5ML, 29
PRINIVIL TAB 10MG, 39
PRINIVIL TAB 20MG, 39
PRINIVIL TAB 5MG, 39
PRISTIQ TAB 100MG, 77
PRISTIQ TAB 25MG, 77
PRISTIQ TAB 50MG, 77
PR NATAL 400 PAK EC, 154
PR NATAL 430 PAK, 154
PR NATAL 430 PAK EC, 154
PROAIR HFA AER, 160
probenecid tab 500 mg, 1
PROCARDIA XL TAB 30MG CR, 56
PROCARDIA XL TAB 60MG CR, 56
PROCARDIA XL TAB 90MG CR, 56
PROCENTRA SOL 5MG/5ML, 93
prochlorperazine maleate tab 10 mg (base equivalent), 131
prochlorperazine maleate tab 5 mg (base equivalent), 131
prochlorperazine suppos 25 mg, 131
PROCORT CRE, 139
PROCRIT INJ 40000/ML, 145
PROCTOCORT CRE 1%, 139
PROCTOCORT SUP 30MG, 139
PROCTOFOAM AER HC 1%, 139
PROCYSBI CAP 25MG, 125
PROCYSBI CAP 75MG, 125
progesterone micronized cap 100 mg, 127
progesterone micronized cap 200 mg, 127
PROGLYCEM SUS 50MG/ML, 123
PROGRAF CAP 0.5MG, 151
PROGRAF CAP 1MG, 151
PROGRAF CAP 5MG, 151
PROLENSA SOL 0.07%, 179
PROMACTA POW 12.5MG, 147
PROMACTA TAB 12.5MG, 147
PROMACTA TAB 25MG, 147
PROMACTA TAB 50MG, 148
PROMACTA TAB 75MG, 148
promethazine & phenylephrine syrup 6.25-5 mg/5ml, 157
promethazine-dm syrup 6.25-15 mg/5ml, 158
promethazine hcl suppos 12.5 mg, 131
promethazine hcl suppos 25 mg, 131
promethazine hcl suppos 50 mg, 131
promethazine hcl syrup 6.25 mg/5ml,

131
promethazine hcl tab 12.5 mg, 131
promethazine hcl tab 25 mg, 131
promethazine hcl tab 50 mg, 131
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml, 159
promethazine w/ codeine syrup 6.25-10 mg/5ml, 159
PROMETRIUM CAP 100MG, 127
PROMETRIUM CAP 200MG, 127
PROMISEB KIT COMPLETE, 169
propafenone hcl cap er 12hr 225 mg, 46
propafenone hcl cap er 12hr 325 mg, 46
propafenone hcl cap er 12hr 425 mg, 46
propafenone hcl tab 150 mg, 46
propafenone hcl tab 225 mg, 46
propafenone hcl tab 300 mg, 46
propantheline bromide tab 15 mg, 132
proparacaine hcl ophth soln 0.5%, 181
propranolol & hydrochlorothiazide tab 40-25 mg, 51
propranolol & hydrochlorothiazide tab 80-25 mg, 51
propranolol hcl cap er 24hr 120 mg, 53
propranolol hcl cap er 24hr 160 mg, 53
propranolol hcl cap er 24hr 60 mg, 53
propranolol hcl cap er 24hr 80 mg, 53
propranolol hcl oral soln 20 mg/5ml, 53
propranolol hcl oral soln 40 mg/5ml, 53
propranolol hcl tab 10 mg, 53
propranolol hcl tab 20 mg, 53
propranolol hcl tab 40 mg, 53
propranolol hcl tab 60 mg, 53
propranolol hcl tab 80 mg, 53
propylthiouracil tab 50 mg, 128
PROSCAR TAB 5MG, 139
PROSTIN E2 SUP 20MG, 125
PROTONIX PAK, 138
PROTONIX TAB 20MG, 138
PROTONIX TAB 40MG, 138
PROTOPIC OIN 0.03%, 170
PROTOPIC OIN 0.1%, 170
protriptyline hcl tab 10 mg, 79
protriptyline hcl tab 5 mg, 79
PROVENTIL AER HFA, 160
PROVERA TAB 10MG, 127
PROVERA TAB 2.5MG, 127
PROVERA TAB 5MG, 127
PROVIDA OB CAP, 155
PROVIGIL TAB 100MG, 101
PROVIGIL TAB 200MG, 101
PROZAC CAP 10MG, 76
PROZAC CAP 20MG, 76
PROZAC CAP 40MG, 76
PROZAC WEEKL CAP 90MG, 76
prudoxin cre 5%, 175
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml, 159
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml, 159
PSORCON CRE 0.05%, 171
PTS PANELS TES KETONE, 112
PULMICORT INH 180MCG, 164
PULMICORT INH 90MCG, 164
PULMICORT SUS 0.25MG/2, 164
PULMICORT SUS 0.5MG/2, 164
PULMICORT SUS 1MG/2ML, 164
PULMOZYME SOL 1MG/ML, 161
PUREFE OB CAP PLUS, 155
PURIXAN SUS 20MG/ML, 30
PYLERA CAP, 139
pyrazinamide tab 500 mg, 25
PYRIDIUM TAB 100MG, 141
PYRIDIUM TAB 200MG, 141
pyridostigmine bromide tab 60 mg, 101
pyridostigmine bromide tab er 180 mg, 101
Q
QBRELIS SOL 1MG/ML, 39
QNASL AER 80MCG, 163
QNASL CHILD SPR 40MCG, 163
QUARTETTE TAB, 114
QUDEXY XR CAP 100/24HR, 70
QUDEXY XR CAP 150/24HR, 70
QUDEXY XR CAP 200/24HR, 70
QUDEXY XR CAP 25/24HR, 70
QUDEXY XR CAP 50/24HR, 70
QUESTRAN POW 4GM, 47
QUESTRAN POW 4GM LITE, 47
quetiapine fumarate tab 100 mg, 85
quetiapine fumarate tab 200 mg, 85
quetiapine fumarate tab 25 mg, 85

quetiapine fumarate tab 300 mg, 85
quetiapine fumarate tab 400 mg, 85
quetiapine fumarate tab 50 mg, 85
quetiapine fumarate tab er 24hr 150 mg, 85
quetiapine fumarate tab er 24hr 200 mg, 85
quetiapine fumarate tab er 24hr 300 mg, 85
quetiapine fumarate tab er 24hr 400 mg, 85
quetiapine fumarate tab er 24hr 50 mg, 85
QUILLICHEW CHW 20MG ER, 93
QUILLICHEW CHW 30MG ER, 93
QUILLICHEW CHW 40MG ER, 93
QUILLIVANT SUS 25MG/5ML, 93
quinapril hcl tab 10 mg, 39
quinapril hcl tab 20 mg, 39
quinapril hcl tab 40 mg, 39
quinapril hcl tab 5 mg, 39
quinapril-hydrochlorothiazide tab 10-12.5 mg, 38
quinapril-hydrochlorothiazide tab 20-12.5 mg, 38
quinapril-hydrochlorothiazide tab 20-25 mg, 38
QUTENZA KIT 8% 1-PCH, 174
QVAR REDIHA AER 80MCG, 164
QVAR REDIHAL AER 40MCG, 164
R
RABEPRAZOLE CAP 10MG DR, 138
rabeprazole sodium ec tab 20 mg, 138
RADIOGARDASE CAP 0.5GM, 112
RAGWITEK SUB, 148
raloxifene hcl tab 60 mg, 128
ramelteon tab 8 mg, 96
ramipril cap 1.25 mg, 39
ramipril cap 10 mg, 39
ramipril cap 2.5 mg, 39
ramipril cap 5 mg, 39
RANEXA TAB 1000MG, 61
RANEXA TAB 500MG, 61
ranitidine hcl cap 300 mg, 133
ranitidine hcl syrup 15 mg/ml (75 mg/5ml), 133
ranitidine hcl tab 300 mg, 133
ranolazine tab er 12hr 1000 mg, 61
ranolazine tab er 12hr 500 mg, 61
RAPAFLO CAP 4MG, 139
RAPAFLO CAP 8MG, 139
RAPAMUNE SOL 1MG/ML, 151
RAPAMUNE TAB 0.5MG, 151
RAPAMUNE TAB 1MG, 151
RAPAMUNE TAB 2MG, 151
rasagiline mesylate tab 0.5 mg (base equiv), 82
rasagiline mesylate tab 1 mg (base equiv), 82
RASUVO INJ 10MG, 149
RASUVO INJ 12.5MG, 149
RASUVO INJ 15MG, 149
RASUVO INJ 17.5MG, 149
RASUVO INJ 22.5MG, 149
RASUVO INJ 25MG, 149
RASUVO INJ 27.5MG, 149
RASUVO INJ 30MG, 149
RASUVO INJ 7.5MG, 149
RAVICTI LIQ 1.1GM/ML, 125
RAYALDEE CAP 30MCG, 125
RAYOS TAB 1MG, 123
RAYOS TAB 2MG, 123
RAYOS TAB 5MG, 123
RAZADYNE ER CAP 16MG, 73
RAZADYNE ER CAP 24MG, 73
RAZADYNE ER CAP 8MG, 73
RAZADYNE TAB 12MG, 73
RAZADYNE TAB 4MG, 73
RAZADYNE TAB 8MG, 73
READYLANCE MIS 30G, 112
REBETOL CAP 200MG, 26
REBETOL SOL 40MG/ML, 26
REBIF INJ 22/0.5, 99
REBIF INJ 44/0.5, 99
REBIF REBIDO INJ 22/0.5, 99
REBIF REBIDO INJ 44/0.5, 99
REBIF REBIDO INJ TITRATN, 99
REBIF TITRTN INJ PACK, 99
RECTIV OIN 0.4%, 135
REDICHEW RX CHW, 155
REGLAN TAB 10MG, 131
REGLAN TAB 5MG, 131

REGRANEX GEL 0.01%, 176
RELENZA MIS DISKHALE, 27
RELHIST CHW, 157
RELION KETON TES, 112
RELISTOR INJ 12/0.6ML, 135
RELISTOR INJ 8/0.4ML, 135
RELNATE DHA CAP, 155
RELPAX TAB 20MG, 97
RELPAX TAB 40MG, 97
REMERON SLTB TAB 15MG, 74
REMERON SLTB TAB 30MG, 74
REMERON SLTB TAB 45MG, 74
REMERON TAB 15MG, 74
REMERON TAB 30MG, 74
REMERON TAB 45MG, 74
RENAGEL TAB 400MG, 126
RENAGEL TAB 800MG, 126
RENVELA POW 0.8GM, 126
RENVELA POW 2.4GM, 126
RENVELA TAB 800MG, 127
repaglinide-metformin hcl tab 1-500 mg, 109
repaglinide-metformin hcl tab 2-500 mg, 109
repaglinide tab 0.5 mg, 109
repaglinide tab 1 mg, 109
repaglinide tab 2 mg, 109
REPATHA INJ 140MG/ML, 51
REPATHA SURE INJ 140MG/ML, 51
REPREXAIN TAB 5-200MG, 12
REQUIP TAB 0.25MG, 82
REQUIP TAB 0.5MG, 82
REQUIP TAB 1MG, 82
REQUIP TAB 2MG, 82
REQUIP TAB 3MG, 82
REQUIP TAB 4MG, 82
REQUIP TAB 5MG, 82
REQUIP XL TAB 12MG, 82
REQUIP XL TAB 2MG, 82
REQUIP XL TAB 4MG, 82
REQUIP XL TAB 6MG, 82
REQUIP XL TAB 8MG, 82
RESCRIPTOR TAB 100 MG, 23
RESCRIPTOR TAB 200MG, 23
reserpine tab 0.1 mg, 61
reserpine tab 0.25 mg, 61
RESPA-BR TAB 11MG, 158
RESTASIS EMU 0.05%, 181
RESTORA RX CAP 60-1.25, 135
RESTORIL CAP 15MG, 95
RESTORIL CAP 22.5MG, 95
RESTORIL CAP 30MG, 95
RESTORIL CAP 7.5MG, 95
RETACRIT INJ 10000UNT, 146
RETACRIT INJ 2000UNIT, 145
RETACRIT INJ 3000UNIT, 145
RETACRIT INJ 40000UNT, 146
RETACRIT INJ 4000UNIT, 145
RETIN-A CRE 0.025%, 166
RETIN-A CRE 0.05%, 166
RETIN-A CRE 0.1%, 166
RETIN-A GEL 0.01%, 166
RETIN-A GEL 0.025%, 166
RETIN-A MICR GEL 0.04%, 166
RETIN-A MICR GEL 0.08%, 166
RETIN-A MICR GEL 0.1%, 166
RETROVIR CAP 100MG, 23
RETROVIR SYP 50MG/5ML, 23
REVATIO SUS 10MG/ML, 62
REVATIO TAB 20MG, 62
REVCOVI INJ 1.6MG/ML, 125
REVLIMID CAP 10MG, 32
REVLIMID CAP 15MG, 32
REVLIMID CAP 2.5MG, 32
REVLIMID CAP 20MG, 32
REVLIMID CAP 25MG, 32
REVLIMID CAP 5MG, 32
REXULTI TAB 0.25MG, 85
REXULTI TAB 0.5MG, 85
REXULTI TAB 1MG, 85
REXULTI TAB 2MG, 85
REXULTI TAB 3MG, 85
REXULTI TAB 4MG, 85
REYATAZ CAP 150MG, 25
REYATAZ CAP 200MG, 25
REYATAZ CAP 300MG, 25
REYATAZ POW 50MG, 25
REZIRA SOL 60-5/5ML, 159
RHEUMATREX TAB 2.5MG, 149
RHINOCORT SUS AQUA, 163
RHOFADE CRE 1%, 176
RHOPRESSA SOL 0.02%, 182

ribavirin cap 200 mg, 26
ribavirin for inhal soln 6 gm, 163
ribavirin tab 200 mg, 26
ribavirin tab 400 mg, 26
ribavirin tab 600 mg, 26
rifabutin cap 150 mg, 29
RIFADIN CAP 150MG, 25
RIFADIN CAP 300MG, 25
RIFAMATE CAP, 25
rifampin cap 150 mg, 25
rifampin cap 300 mg, 25
RIFATER TAB, 25
RILUTEK TAB 50MG, 98
riluzole tab 50 mg, 98
RIOMET SOL, 106
risedronate sodium tab 150 mg, 113
risedronate sodium tab 30 mg, 113
risedronate sodium tab 35 mg, 113
risedronate sodium tab 5 mg, 113
risedronate sodium tab delayed release 35 mg, 113
RISPERDAL M TAB 0.5MG, 85
RISPERDAL M TAB 1MG, 85
RISPERDAL M TAB 2MG, 85
RISPERDAL M TAB 3MG, 85
RISPERDAL M TAB 4MG, 85
RISPERDAL SOL 1MG/ML, 85
RISPERDAL TAB 0.25MG, 85
RISPERDAL TAB 0.5MG, 85
RISPERDAL TAB 1MG, 85
RISPERDAL TAB 2MG, 85
RISPERDAL TAB 3MG, 85
RISPERDAL TAB 4MG, 85
risperidone orally disintegrating tab 0.25 mg, 85
risperidone orally disintegrating tab 0.5 mg, 85
risperidone orally disintegrating tab 1 mg, 86
risperidone orally disintegrating tab 2 mg, 86
risperidone orally disintegrating tab 3 mg, 86
risperidone orally disintegrating tab 4 mg, 86
risperidone soln 1 mg/ml, 86
risperidone tab 0.25 mg, 86
risperidone tab 0.5 mg, 86
risperidone tab 1 mg, 86
risperidone tab 2 mg, 86
risperidone tab 3 mg, 86
risperidone tab 4 mg, 86
RITALIN LA CAP 10MG, 93
RITALIN LA CAP 20MG, 93
RITALIN LA CAP 30MG, 93
RITALIN LA CAP 40MG, 93
RITALIN LA CAP 60MG, 93
RITALIN TAB 10MG, 93
RITALIN TAB 20MG, 93
RITALIN TAB 5MG, 93
rivastigmine tartrate cap 1.5 mg (base equivalent), 73
rivastigmine tartrate cap 3 mg (base equivalent), 73
rivastigmine tartrate cap 4.5 mg (base equivalent), 73
rivastigmine tartrate cap 6 mg (base equivalent), 73
rivastigmine td patch 24hr 13.3 mg/24hr, 73
rivastigmine td patch 24hr 4.6 mg/24hr, 73
rivastigmine td patch 24hr 9.5 mg/24hr, 73
rizatriptan benzoate oral disintegrating tab 10 mg (base eq), 97
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 97
rizatriptan benzoate tab 10 mg (base equivalent), 97
rizatriptan benzoate tab 5 mg (base equivalent), 97
ROBAXIN-750 TAB 750MG, 101
ROBAXIN TAB 500MG, 101
ROBINUL FORT TAB 2MG, 132
ROBINUL TAB 1MG, 132
ROCALTROL CAP 0.25MCG, 125
ROCALTROL CAP 0.5MCG, 125
ROCALTROL SOL 1MCG/ML, 125
ROCKLATAN DRO, 182
ropinirole hydrochloride tab 0.25 mg, 82
ropinirole hydrochloride tab 0.5 mg, 82

ropinirole hydrochloride tab 1 mg, 82
ropinirole hydrochloride tab 2 mg, 82
ropinirole hydrochloride tab 3 mg, 82
ropinirole hydrochloride tab 4 mg, 82
ropinirole hydrochloride tab 5 mg, 82
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent), 82
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 82
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 82
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), 82
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent), 82
ROSADAN KIT 0.75%, 176
rosuvastatin calcium tab 10 mg, 49
rosuvastatin calcium tab 20 mg, 49
rosuvastatin calcium tab 40 mg, 49
rosuvastatin calcium tab 5 mg, 49
ROWASA KIT 4GM, 134
ROXICET SOL 5-325/5, 12
ROXICODONE TAB 15MG, 12
ROXICODONE TAB 30MG, 12
ROXICODONE TAB 5MG, 12
ROZEREM TAB 8MG, 96
RUBRACA TAB 200MG, 35
RUBRACA TAB 250MG, 35
RUBRACA TAB 300MG, 35
RUCONEST INJ 2100UNIT, 146
RYDAPT CAP 25MG, 34
RYTARY CAP 145MG, 82
RYTARY CAP 195MG, 82
RYTARY CAP 245MG, 82
RYTARY CAP 95MG, 82
RYTHMOL SR CAP 225MG, 46
RYTHMOL SR CAP 325MG, 46
RYTHMOL SR CAP 425MG, 46
RYTHMOL TAB 150MG, 46
RYTHMOL TAB 225MG, 46
S
SABRIL POW 500MG, 70
SABRIL TAB 500MG, 70
SAFETY 28G MIS LANCETS, 112
SAFYRAL TAB, 116
SAIZEN INJ 5MG, 124
SAIZEN INJ 8.8MG, 124
SALAGEN TAB 5MG, 138
SALAGEN TAB 7.5MG, 138
SAMSCA TAB 15MG, 129
SAMSCA TAB 30MG, 129
SANCUSO DIS 3.1MG, 131
SANDIMMUNE CAP 100MG, 151
SANDIMMUNE CAP 25MG, 151
SANDIMMUNE SOL 100MG/ML, 151
SANDOSTATIN INJ 1000MCG, 104
SANDOSTATIN INJ 100MCG, 104
SANDOSTATIN INJ 200MCG, 104
SANDOSTATIN INJ 500MCG, 104
SANDOSTATIN INJ 50MCG/ML, 104
SANTYL OIN 250/GM, 175
SAPHRIS SUB 10MG, 86
SAPHRIS SUB 2.5MG, 86
SAPHRIS SUB 5MG, 86
SARAFEM TAB 10MG, 76
SARAFEM TAB 20MG, 76
SAVELLA MIS TITR PAK, 94
SAVELLA TAB 100MG, 94
SAVELLA TAB 12.5MG, 94
SAVELLA TAB 25MG, 94
SAVELLA TAB 50MG, 94
SECTRAL CAP 200MG, 53
SECTRAL CAP 400MG, 53
SELECT-OB+ PAK DHA, 156
SELECT-OB CHW, 156
selegiline hcl cap 5 mg, 82
selegiline hcl tab 5 mg, 83
selenium sulfide lotion 2.5%, 169
SELZENTRY SOL 20MG/ML, 22
SELZENTRY TAB 150MG, 22
SELZENTRY TAB 25MG, 22
SELZENTRY TAB 300MG, 22
SELZENTRY TAB 75MG, 22
SEMPREX-D CAP 8-60MG, 157
SE-NATAL 19 TAB, 155
SENSIPAR TAB 30MG, 112
SENSIPAR TAB 60MG, 112
SENSIPAR TAB 90MG, 112
SEREVENT DIS AER 50MCG, 159
SEROQUEL TAB 100MG, 86
SEROQUEL TAB 200MG, 86
SEROQUEL TAB 25MG, 86

SEROQUEL TAB 300MG, 86
SEROQUEL TAB 400MG, 86
SEROQUEL TAB 50MG, 86
SEROQUEL XR TAB 150MG, 86
SEROQUEL XR TAB 200MG, 86
SEROQUEL XR TAB 300MG, 86
SEROQUEL XR TAB 400MG, 86
SEROQUEL XR TAB 50MG, 86
SEROSTIM INJ 4MG, 124
SEROSTIM INJ 5MG, 124
SEROSTIM INJ 6MG, 124
sertraline hcl oral concentrate for solution 20 mg/ml, 76
sertraline hcl tab 100 mg, 76
sertraline hcl tab 25 mg, 76
sertraline hcl tab 50 mg, 76
SE-TAN DHA CAP, 155
sevelamer carbonate packet 0.8 gm, 127
sevelamer carbonate packet 2.4 gm, 127
sevelamer carbonate tab 800 mg, 127
sevelamer tab 400mg, 127
SFROWASA ENE 4GM, 134
SHOHLS SOL MODIFIED, 141
SHUR-SEAL GEL 2%, 115
SIGNIFOR INJ 0.3MG/ML, 125
SIGNIFOR INJ 0.6MG/ML, 126
SIGNIFOR INJ 0.9MG/ML, 126
SIKLOS TAB 1000MG, 35
SIKLOS TAB 100MG, 35
sildenafil citrate tab 100 mg, 140
sildenafil citrate tab 20 mg, 62
sildenafil citrate tab 25 mg, 140
sildenafil citrate tab 50 mg, 140
SILENOR TAB 3MG, 96
SILENOR TAB 6MG, 96
silodosin cap 4 mg, 139
silodosin cap 8 mg, 139
SILVADENE CRE 1%, 168
SILVER NITRA OIN 10%, 175
silver sulfadiazine cream 1%, 168
SIMBRINZA SUS 1-0.2%, 181
SIMPONI INJ 100MG/ML, 149
SIMPONI INJ 50/0.5ML, 149
simvastatin tab 10 mg, 49
simvastatin tab 20 mg, 50
simvastatin tab 40 mg, 50
simvastatin tab 5 mg, 49
simvastatin tab 80 mg, 50
SINEMET CR TAB 25-100MG, 83
SINEMET CR TAB 50-200MG, 83
SINEMET TAB 10-100MG, 83
SINEMET TAB 25-100MG, 83
SINEMET TAB 25-250MG, 83
SINGULAIR CHW 4MG, 161
SINGULAIR CHW 5MG, 161
SINGULAIR GRA 4MG, 161
SINGULAIR TAB 10MG, 161
sirolimus tab 0.5 mg, 151
sirolimus tab 1 mg, 151
sirolimus tab 2 mg, 151
SIRTURO TAB 100MG, 25
SITAVIG TAB 50MG, 27
SIVEXTRO TAB 200MG, 29
SKELAXIN TAB 800MG, 101
SKLICE LOT 0.5%, 176
SKYRIZI INJ 150DOSE, 169
sodium chloride soln nebu 0.9%, 162
sodium chloride soln nebu 10%, 162
sodium chloride soln nebu 3%, 162
sodium chloride soln nebu 7%, 162
sodium citrate & citric acid soln 500-334 mg/5ml, 141
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 153
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf), 153
sodium fluoride cream 1.1%, 176
sodium fluoride gel 1.1% (0.5% f), 176
sodium fluoride paste 1.1%, 176
sodium fluoride-potassium nitrate paste 1.1-5%, 176
sodium fluoride rinse 0.2%, 176
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf), 153
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf), 153
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf), 153
sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 153
sodium phenylbutyrate oral powder 3 gm/teaspoonful, 126

sodium phenylbutyrate tab 500 mg, 126
sodium polystyrene sulfonate oral susp 15 gm/60ml, 127
sodium polystyrene sulfonate rectal susp 30 gm/120ml, 127
SODIUM SULFA LIQ 10% WASH, 169
SOD SUL/SULF EMU 10-5%, 166
SOD SUL/SULF SUS 10-5%, 166
SOLARAZE GEL 3% W/W, 167
solifenacin succinate tab 10 mg, 142
solifenacin succinate tab 5 mg, 142
SOLIQUA INJ 100/33, 107
SOLODYN TAB 105MG, 20
SOLODYN TAB 115MG, 20
SOLODYN TAB 55MG, 19
SOLODYN TAB 65MG, 19
SOLODYN TAB 80MG, 20
SOLTAMOX SOL 10MG/5ML, 31
SOMA TAB 250MG, 101
SOMA TAB 350MG, 101
SOMAVERT INJ 10MG, 104
SOMAVERT INJ 15MG, 104
SOMAVERT INJ 20MG, 104
SOMAVERT INJ 25MG, 104
SOMAVERT INJ 30MG, 104
SONATA CAP 10MG, 96
SONATA CAP 5MG, 96
SOOLANTRA CRE 1%, 176
SORIATANE CAP 10MG, 169
SORIATANE CAP 17.5MG, 169
SORIATANE CAP 25MG, 169
sotalol hcl (afib/afl) tab 120 mg, 46
sotalol hcl (afib/afl) tab 160 mg, 46
sotalol hcl (afib/afl) tab 80 mg, 46
sotalol hcl tab 120 mg, 46
sotalol hcl tab 160 mg, 46
sotalol hcl tab 240 mg, 46
sotalol hcl tab 80 mg, 46
SOTYLIZE SOL 5MG/ML, 46
SOVALDI TAB 200MG, 26
SOVALDI TAB 400MG, 26
spinosad susp 0.9%, 176
SPIRIVA CAP HANDIHLR, 157
SPIRIVA SPR 2.5MCG, 157
spironolactone & hydrochlorothiazide tab 25-25 mg, 59
spironolactone tab 100 mg, 40
spironolactone tab 25 mg, 40
spironolactone tab 50 mg, 40
SPORANOX CAP 100MG, 21
SPORANOX SOL 10MG/ML, 21
SPRYCEL TAB 100MG, 34
SPRYCEL TAB 140MG, 34
SPRYCEL TAB 20MG, 34
SPRYCEL TAB 50MG, 34
SPRYCEL TAB 70MG, 34
SPRYCEL TAB 80MG, 34
STALEVO 100 TAB, 83
STALEVO 125 TAB, 83
STALEVO 150 TAB, 83
STALEVO 200 TAB, 83
STALEVO 50 TAB, 83
STALEVO 75 TAB, 83
STARLIX TAB 120MG, 109
STARLIX TAB 60MG, 109
stavudine cap 15 mg, 23
stavudine cap 20 mg, 23
stavudine cap 30 mg, 23
stavudine cap 40 mg, 23
stavudine for oral soln 1 mg/ml, 23
STAVZOR CAP 125MG, 70
STAVZOR CAP 250MG, 70
STAVZOR CAP 500MG, 70
STAXYN TAB 10MG, 140
STELARA INJ 45MG/0.5, 149
STELARA INJ 90MG/ML, 149
STENDRA TAB 100MG, 140
STENDRA TAB 200MG, 140
STENDRA TAB 50MG, 140
STIMATE SOL 1.5MG/ML, 129
STIOLTO AER 2.5-2.5, 157
STIVARGA TAB 40MG, 34
STRATTERA CAP 100MG, 93
STRATTERA CAP 10MG, 93
STRATTERA CAP 18MG, 93
STRATTERA CAP 25MG, 93
STRATTERA CAP 40MG, 93
STRATTERA CAP 60MG, 93
STRATTERA CAP 80MG, 93
STRENSIQ INJ 18/0.45, 126
STRENSIQ INJ 28/0.7ML, 126
STRENSIQ INJ 40MG/ML, 126

STRENSIQ INJ 80/0.8ML, 126
STRIANT MIS 30MG, 105
STRIBILD TAB, 22
STRIVERDI AER 2.5MCG, 159
STROMECTOL TAB 3MG, 29
SUBOXONE MIS 12-3MG, 102
SUBOXONE MIS 2-0.5MG, 102
SUBOXONE MIS 4-1MG, 102
SUBOXONE MIS 8-2MG, 102
SUBSYS SPR 100MCG, 12
SUBSYS SPR 1200MCG, 12
SUBSYS SPR 1600MCG, 12
SUBSYS SPR 200MCG, 12
SUBSYS SPR 400MCG, 12
SUBSYS SPR 600MCG, 12
SUBSYS SPR 800MCG, 12
SUCRAID SOL 8500/ML, 135
SUCRALFATE SUS 1GM/10ML, 135
sucralfate tab 1 gm, 135
SULAR TAB 17MG, 56
SULAR TAB 34MG, 56
SULAR TAB 8.5MG, 56
sulfacetamide sodium lotion 10% (acne), 166
sulfacetamide sodium ophth oint 10%, 178
sulfacetamide sodium ophth soln 10%, 178
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%, 177
SULFADIAZINE TAB 500MG, 18
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, 18
sulfamethoxazole-trimethoprim tab 400-80 mg, 18
sulfamethoxazole-trimethoprim tab 800-160 mg, 18
SULFAMYLON CRE 85MG/GM, 168
SULFAMYLON PAK 5%, 168
sulfasalazine tab 500 mg, 133
sulfasalazine tab delayed release 500 mg, 133
SULF LIME SOL, 176
SULFOAM SHA 2%, 167
sulindac tab 150 mg, 3
sulindac tab 200 mg, 3
sumatriptan-naproxen sodium tab 85-500 mg, 96
sumatriptan nasal spray 20 mg/act, 97
sumatriptan nasal spray 5 mg/act, 97
sumatriptan succinate inj 6 mg/0.5ml, 97
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 97
sumatriptan succinate solution auto-injector 6 mg/0.5ml, 98
sumatriptan succinate solution cartridge 4 mg/0.5ml, 98
sumatriptan succinate solution cartridge 6 mg/0.5ml, 98
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml, 98
sumatriptan succinate tab 100 mg, 98
sumatriptan succinate tab 25 mg, 98
sumatriptan succinate tab 50 mg, 98
SUMAVEL DOSE INJ 4MG/0.5, 98
SUMAVEL DOSE INJ 6MG/0.5, 98
SUNOSI TAB 150MG, 1
SUNOSI TAB 75MG, 1
SUPRAX CAP 400MG, 15
SUPRAX CHW 100MG, 15
SUPRAX CHW 200MG, 15
SUPRAX SUS 100/5ML, 15
SUPRAX SUS 200/5ML, 15
SUPRAX SUS 500/5ML, 15
SUPREP BOWEL SOL PREP KIT, 135
SURE COMFORT MIS LANC 18G, 112
SURE COMFORT MIS LANC 21G, 112
SURE COMFORT MIS LANC 23G, 112
SURE COMFORT MIS LANC 30G, 112
SURFAXIN SUS 30MG/ML, 162
SURMONTIL CAP 100MG, 79
SURMONTIL CAP 25MG, 79
SURMONTIL CAP 50MG, 79
SUSTIVA CAP 200MG, 23
SUSTIVA CAP 50MG, 23
SUSTIVA TAB 600MG, 23
SUTENT CAP 12.5MG, 34
SUTENT CAP 25MG, 34
SUTENT CAP 37.5MG, 34
SUTENT CAP 50MG, 34
SUTTAR-SF SYP, 159
SYLATRON KIT 200MCG, 150

SYLATRON KIT 300MCG, 150
SYLATRON KIT 600MCG, 150
SYMAX DUOTAB TAB, 132
SYMBICORT AER 160-4.5, 164
SYMBICORT AER 80-4.5, 164
SYMDEKO TAB 100-150, 161
SYMDEKO TAB 50-75MG, 161
SYMFI LO TAB, 22
SYMFI TAB, 22
SYMLINPEN 60 INJ 1000MCG, 105
SYMLNPEN 120 INJ 1000MCG, 105
SYNALAR CRE 0.025%, 173
SYNALAR OIN 0.025%, 173
SYNALAR SOL 0.01%, 171
SYNALGOS-DC CAP, 12
SYNAREL SOL 2MG/ML, 118
SYNERA DIS 70-70MG, 174
SYNJARDY TAB, 109
SYNJARDY TAB 12.5-500, 109
SYNJARDY TAB 5-1000MG, 109
SYNJARDY TAB 5-500MG, 109
SYNJARDY XR TAB, 109
SYNJARDY XR TAB 10-1000, 109
SYNJARDY XR TAB 25-1000, 109
SYNJARDY XR TAB 5-1000MG, 109
SYNTHROID TAB 100MCG, 128
SYNTHROID TAB 112MCG, 128
SYNTHROID TAB 125MCG, 128
SYNTHROID TAB 137MCG, 129
SYNTHROID TAB 150MCG, 129
SYNTHROID TAB 175MCG, 129
SYNTHROID TAB 200MCG, 129
SYNTHROID TAB 25MCG, 128
SYNTHROID TAB 300MCG, 129
SYNTHROID TAB 50MCG, 128
SYNTHROID TAB 75MCG, 128
SYNTHROID TAB 88MCG, 128
SYPRINE CAP 250MG, 126
T
TABLOID TAB 40MG, 30
TACLONEX OIN, 169
TACLONEX SUS, 169
tacrolimus cap 0.5 mg, 151
tacrolimus cap 1 mg, 151
tacrolimus cap 5 mg, 151
tacrolimus oint 0.03%, 170
tacrolimus oint 0.1%, 170
tadalafil tab 10 mg, 140
tadalafil tab 2.5 mg, 140
tadalafil tab 20 mg, 140
tadalafil tab 5 mg, 140
TAFINLAR CAP 50MG, 34
TAFINLAR CAP 75MG, 34
TAGRISSO TAB 40MG, 34
TAGRISSO TAB 80MG, 34
TALTZ INJ 80MG/ML, 149
TAMIFLU CAP 30MG, 27
TAMIFLU CAP 45MG, 28
TAMIFLU CAP 75MG, 28
TAMIFLU SUS 6MG/ML, 28
tamoxifen citrate tab 10 mg (base equivalent), 31
tamoxifen citrate tab 20 mg (base equivalent), 31
tamsulosin hcl cap 0.4 mg, 139
TAPAZOLE TAB 10MG, 128
TAPAZOLE TAB 5MG, 128
TARCEVA TAB 100MG, 34
TARCEVA TAB 150MG, 34
TARCEVA TAB 25MG, 34
TARGRETIN CAP 75MG, 35
TARGRETIN GEL 1%, 35
TARKA TAB 1-240 CR, 36
TARKA TAB 2-180 CR, 36
TARKA TAB 2-240 CR, 36
TARKA TAB 4-240 CR, 36
TARON-BC MIS, 156
TARON-C DHA CAP, 156
TARON-PREX CAP, 156
TASIGNA CAP 150MG, 34
TASIGNA CAP 200MG, 34
tazarotene cream 0.1%, 167
TAZORAC CRE 0.05%, 167
TAZORAC CRE 0.1%, 167
TAZORAC GEL 0.05%, 167
TAZORAC GEL 0.1%, 167
TECFIDERA CAP 120MG, 99
TECFIDERA CAP 240MG, 99
TECFIDERA MIS STARTER, 99
TEGRETOL SUS 100/5ML, 70
TEGRETOL TAB 200MG, 70
TEGRETOL-XR TAB 100MG, 70

TEGRETOL-XR TAB 200MG, 70
TEGRETOL-XR TAB 400MG, 70
TEKTURNA HCT TAB 150-12.5, 58
TEKTURNA HCT TAB 150-25MG, 58
TEKTURNA HCT TAB 300-12.5, 58
TEKTURNA HCT TAB 300-25MG, 58
TEKTURNA TAB 150MG, 58
TEKTURNA TAB 300MG, 58
telmisartan-amlodipine tab 40-10 mg, 42
telmisartan-amlodipine tab 40-5 mg, 42
telmisartan-amlodipine tab 80-10 mg, 42
telmisartan-amlodipine tab 80-5 mg, 42
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 44
telmisartan-hydrochlorothiazide tab 80-12.5 mg, 44
telmisartan-hydrochlorothiazide tab 80-25 mg, 44
telmisartan tab 20 mg, 45
telmisartan tab 40 mg, 45
telmisartan tab 80 mg, 45
temazepam cap 15 mg, 95
temazepam cap 22.5 mg, 95
temazepam cap 30 mg, 95
temazepam cap 7.5 mg, 95
TEMIXYS TAB 300-300, 22
TEMODAR CAP 100MG, 30
TEMODAR CAP 140MG, 30
TEMODAR CAP 180MG, 30
TEMODAR CAP 20MG, 30
TEMODAR CAP 250MG, 30
TEMODAR CAP 5MG, 30
TEMOVATE CRE 0.05%, 174
TEMOVATE E CRE 0.05%EML, 174
TEMOVATE GEL 0.05%, 174
TEMOVATE OIN 0.05%, 174
TEMOVATE SOL 0.05%, 174
temozolomide cap 100 mg, 30
temozolomide cap 140 mg, 30
temozolomide cap 180 mg, 30
temozolomide cap 20 mg, 30
temozolomide cap 250 mg, 30
temozolomide cap 5 mg, 30
TENEX TAB 1MG, 40
TENEX TAB 2MG, 40
tenofovir disoproxil fumarate tab 300 mg, 24
TENORETIC TAB 100, 51
TENORETIC TAB 50, 51
TENORMIN TAB 100MG, 54
TENORMIN TAB 25MG, 53
TENORMIN TAB 50MG, 54
TERAZOL 3 CRE 0.8%, 143
TERAZOL 7 CRE 0.4%, 143
terazosin hcl cap 10 mg (base equivalent), 41
terazosin hcl cap 1 mg (base equivalent), 41
terazosin hcl cap 2 mg (base equivalent), 41
terazosin hcl cap 5 mg (base equivalent), 41
terbinafine hcl tab 250 mg, 21
terbutaline sulfate tab 2.5 mg, 161
terbutaline sulfate tab 5 mg, 161
terconazole vaginal cream 0.4%, 143
terconazole vaginal cream 0.8%, 143
terconazole vaginal suppos 80 mg, 143
TESSALON PER CAP 100MG, 159
TESTIM GEL 1%(50MG), 105
testosterone td gel 10mg/act (2%), 105
testosterone td gel 12.5 mg/act (1%), 105
testosterone td gel 25 mg/2.5gm (1%), 105
testosterone td gel 50 mg/5gm (1%), 105
testosterone td soln 30 mg/act, 105
tetrabenazine tab 12.5 mg, 94
tetrabenazine tab 25 mg, 95
tetracaine hcl ophth soln 0.5%, 181
tetracycline hcl cap 250 mg, 20
tetracycline hcl cap 500 mg, 20
TEVETEN HCT TAB 600-12.5, 44
TEVETEN HCT TAB 600-25MG, 44
TEVETEN TAB 600MG, 45
TEXACORT SOL 2.5%, 171
TGQ 15DM/5PE SYP H/2CPM, 159
TGQ 30/PSE/3 SYP BRM/15DM, 159
TGQ 30/ SYP 150/15, 159
THALOMID CAP 100MG, 32
THALOMID CAP 150MG, 32

THALOMID CAP 200MG, 32
THALOMID CAP 50MG, 32
THEO-24 CAP 100MG CR, 164
THEO-24 CAP 200MG CR, 164
THEO-24 CAP 300MG CR, 164
THEO-24 CAP 400MG ER, 165
theophylline soln 80 mg/15ml, 165
theophylline tab er 12hr 100 mg, 165
theophylline tab er 12hr 200 mg, 165
theophylline tab er 12hr 300 mg, 165
theophylline tab er 12hr 450 mg, 165
theophylline tab er 24hr 400 mg, 165
theophylline tab er 24hr 600 mg, 165
THIOLA EC TAB 100MG, 141
THIOLA EC TAB 300MG, 141
THIOLA TAB 100MG, 142
thioridazine hcl tab 100 mg, 88
thioridazine hcl tab 10 mg, 88
thioridazine hcl tab 25 mg, 88
thioridazine hcl tab 50 mg, 88
thiothixene cap 10 mg, 88
thiothixene cap 1 mg, 88
thiothixene cap 2 mg, 88
thiothixene cap 5 mg, 88
THYROLAR-1/2 TAB 30MG, 129
THYROLAR-1/4 TAB 15MG, 129
THYROLAR-1 TAB 60MG, 129
THYROLAR-2 TAB 120MG, 129
THYROLAR-3 TAB 180MG, 129
tiagabine hcl tab 12 mg, 70
tiagabine hcl tab 16 mg, 70
tiagabine hcl tab 2 mg, 70
tiagabine hcl tab 4 mg, 70
TIAZAC CAP 120MG/24, 57
TIAZAC CAP 180MG/24, 57
TIAZAC CAP 240MG/24, 57
TIAZAC CAP 300MG/24, 57
TIAZAC CAP 360MG/24, 57
TIAZAC CAP 420MG/24, 57
TIBSOVO TAB 250MG, 35
TIGAN CAP 300MG, 131
TIKOSYN CAP 125MCG, 46
TIKOSYN CAP 250MCG, 46
TIKOSYN CAP 500MCG, 46
timolol maleate ophth gel forming soln 0.25%, 180
timolol maleate ophth gel forming soln 0.5%, 180
timolol maleate ophth soln 0.25%, 180
timolol maleate ophth soln 0.5%, 180
timolol maleate ophth soln 0.5% (once-daily), 180
timolol maleate tab 10 mg, 54
timolol maleate tab 20 mg, 54
timolol maleate tab 5 mg, 54
TIMOPTIC OCU SOL 0.25% OP, 180
TIMOPTIC OCU SOL 0.5% OP, 180
TIMOPTIC SOL 0.25% OP, 180
TIMOPTIC SOL 0.5% OP, 180
TIMOPTIC-XE SOL 0.25% OP, 180
TIMOPTIC-XE SOL 0.5% OP, 180
TINDAMAX TAB 250MG, 29
TINDAMAX TAB 500MG, 29
tinidazole tab 250 mg, 29
tinidazole tab 500 mg, 29
TIVICAY TAB 10MG, 22
TIVICAY TAB 25MG, 22
TIVICAY TAB 50MG, 22
tizanidine hcl cap 2 mg (base equivalent), 101
tizanidine hcl cap 4 mg (base equivalent), 101
tizanidine hcl cap 6 mg (base equivalent), 101
tizanidine hcl tab 2 mg (base equivalent), 101
tizanidine hcl tab 4 mg (base equivalent), 101
TL-CARE DHA CAP 27-1-500, 156
TL FOLATE TAB, 156
TL-SELECT CAP, 156
TOBI NEB 300/5ML, 161
TOBI PODHALR CAP 28MG, 161
TOBRADEX OIN 0.3-0.1%, 177
TOBRADEX ST SUS 0.3-0.05, 177
TOBRADEX SUS 0.3-0.1%, 177
tobramycin-dexamethasone ophth susp 0.3-0.1%, 177
tobramycin nebu soln 300 mg/5ml, 161
tobramycin ophth soln 0.3%, 178
TOBREX OIN 0.3% OP, 178
TOBREX SOL 0.3% OP, 178

TODAY SPONGE MIS, 115
TOFRANIL-PM CAP 100MG, 79
TOFRANIL-PM CAP 125MG, 79
TOFRANIL-PM CAP 150MG, 79
TOFRANIL-PM CAP 75MG, 79
TOFRANIL TAB 10MG, 79
TOFRANIL TAB 25MG, 79
TOFRANIL TAB 50MG, 79
TOLAK CRE 4%, 167
tolbutamide tab 500 mg, 110
tolmetin sodium cap 400 mg, 3
tolmetin sodium tab 200 mg, 3
tolmetin sodium tab 600 mg, 3
tolterodine tartrate cap er 24hr 2 mg, 142
tolterodine tartrate cap er 24hr 4 mg, 142
tolterodine tartrate tab 1 mg, 142
tolterodine tartrate tab 2 mg, 142
TOPAMAX SPR CAP 15MG, 70
TOPAMAX SPR CAP 25MG, 70
TOPAMAX TAB 100MG, 70
TOPAMAX TAB 200MG, 70
TOPAMAX TAB 25MG, 70
TOPAMAX TAB 50MG, 70
TOPCARE MIS LANC 33G, 112
TOPICORT CRE 0.05%, 173
TOPICORT CRE 0.25%, 171
TOPICORT GEL 0.05%, 171
TOPICORT OIN 0.05%, 173
TOPICORT OIN 0.25%, 171
TOPICORT SPR 0.25%, 171
topiramate cap er 24hr sprinkle 100 mg, 70
topiramate cap er 24hr sprinkle 150 mg, 70
topiramate cap er 24hr sprinkle 200 mg, 71
topiramate cap er 24hr sprinkle 25 mg, 70
topiramate cap er 24hr sprinkle 50 mg, 70
topiramate sprinkle cap 15 mg, 71
topiramate sprinkle cap 25 mg, 71
topiramate tab 100 mg, 71
topiramate tab 200 mg, 71
topiramate tab 25 mg, 71
topiramate tab 50 mg, 71
TOPROL XL TAB 100MG, 54
TOPROL XL TAB 200MG, 54
TOPROL XL TAB 25MG, 54
TOPROL XL TAB 50MG, 54
toremifene citrate tab 60 mg (base equivalent), 31
torsemide tab 100 mg, 60
torsemide tab 10 mg, 60
torsemide tab 20 mg, 60
torsemide tab 5 mg, 60
TOUJEO SOLO INJ 300IU/ML, 108
TOVIAZ TAB 4MG, 142
TOVIAZ TAB 8MG, 143
TRACLEER TAB 125MG, 62
TRACLEER TAB 32MG, 62
TRACLEER TAB 62.5MG, 62
tramadol-acetaminophen tab 37.5-325 mg, 12
TRAMADOL HCL CAP 150MG ER, 12
tramadol hcl cap er 24hr biphasic release 100 mg, 12
tramadol hcl cap er 24hr biphasic release 200 mg, 12
tramadol hcl cap er 24hr biphasic release 300 mg, 12
tramadol hcl tab 50 mg, 12
tramadol hcl tab er 24hr 100 mg, 12
tramadol hcl tab er 24hr 200 mg, 12
tramadol hcl tab er 24hr 300 mg, 12
tramadol hcl tab er 24hr biphasic release 100 mg, 12
tramadol hcl tab er 24hr biphasic release 200 mg, 12
tramadol hcl tab er 24hr biphasic release 300 mg, 12
trandolapril tab 1 mg, 39
trandolapril tab 2 mg, 39
trandolapril tab 4 mg, 39
trandolapril-verapamil hcl tab er 1-240 mg, 36
trandolapril-verapamil hcl tab er 2-180 mg, 36
trandolapril-verapamil hcl tab er 2-240 mg, 36

trandolapril-verapamil hcl tab er 4-240 mg, 36
tranexamic acid tab 650 mg, 146
TRANSDERM-SC DIS 1.5MG, 131
TRANXENE T TAB 15MG, 64
TRANXENE T TAB 3.75MG, 64
TRANXENE T TAB 7.5MG, 64
tranylcypromine sulfate tab 10 mg, 74
TRAVATAN Z DRO 0.004%, 182
TRAVEL LANCE MIS ADV 28G, 112
travoprost ophth soln 0.004%, 182
trazodone hcl tab 100 mg, 74
trazodone hcl tab 150 mg, 74
trazodone hcl tab 300 mg, 74
trazodone hcl tab 50 mg, 74
TRECATOR TAB 250MG, 25
TRELEGY AER ELLIPTA, 157
TRESIBA FLEX INJ 100UNIT, 108
TRESIBA FLEX INJ 200UNIT, 109
TRESIBA INJ 100UNIT, 109
tretinoin cap 10 mg, 35
tretinoin cream 0.025%, 167
tretinoin cream 0.05%, 167
tretinoin cream 0.1%, 167
tretinoin gel 0.01%, 167
tretinoin gel 0.025%, 167
tretinoin gel 0.05%, 167
tretinoin microsphere gel 0.04%, 167
tretinoin microsphere gel 0.1%, 167
TRETIN-X CRE 0.0375%, 167
TRETIN-X CRE 0.075%, 167
TREXALL TAB 10MG, 30
TREXALL TAB 15MG, 30
TREXALL TAB 5MG, 30
TREXALL TAB 7.5MG, 30
TREXIMET TAB 10-60MG, 96
TREXIMET TAB 85-500MG, 96
TREZIX CAP, 13
triamcinolone acetonide aerosol soln 0.147 mg/gm, 173
triamcinolone acetonide cream 0.025%, 173
triamcinolone acetonide cream 0.1%, 173
triamcinolone acetonide cream 0.5%, 171
triamcinolone acetonide dental paste 0.1%, 177
triamcinolone acetonide lotion 0.025%, 173
triamcinolone acetonide lotion 0.1%, 173
triamcinolone acetonide nasal aerosol suspension 55 mcg/act, 163
triamcinolone acetonide oint 0.025%, 173
triamcinolone acetonide oint 0.1%, 173
triamcinolone acetonide oint 0.5%, 171
triamterene & hydrochlorothiazide cap 37.5-25 mg, 59
triamterene & hydrochlorothiazide cap 50-25 mg, 59
triamterene & hydrochlorothiazide tab 37.5-25 mg, 59
triamterene & hydrochlorothiazide tab 75-50 mg, 59
TRIANEX OIN 0.05%, 173
triazolam tab 0.125 mg, 95
triazolam tab 0.25 mg, 95
TRIBENZOR20- TAB 5-12.5MG, 42
TRIBENZOR40- TAB 10-12.5, 42
TRIBENZOR40- TAB 10-25MG, 43
TRIBENZOR40- TAB 5-12.5MG, 42
TRIBENZOR40- TAB 5-25MG, 42
TRICOR TAB 145MG, 48
TRICOR TAB 48MG, 48
trientine hcl cap 250 mg, 126
trifluoperazine hcl tab 10 mg (base equivalent), 88
trifluoperazine hcl tab 1 mg (base equivalent), 88
trifluoperazine hcl tab 2 mg (base equivalent), 88
trifluoperazine hcl tab 5 mg (base equivalent), 88
trifluridine ophth soln 1%, 180
TRIGLIDE TAB 160MG, 48
trihexyphenidyl hcl elixir 0.4 mg/ml, 83
trihexyphenidyl hcl tab 2 mg, 83
trihexyphenidyl hcl tab 5 mg, 83
TRILEPTAL SUS 300MG/5M, 71
TRILEPTAL TAB 150MG, 71
TRILEPTAL TAB 300MG, 71

TRILEPTAL TAB 600MG, 71
TRILIPIX CAP 135MG, 48
TRILIPIX CAP 45MG, 48
trimethobenzamide hcl cap 300 mg, 131
trimethoprim tab 100 mg, 29
trimipramine maleate cap 100 mg, 80
trimipramine maleate cap 25 mg, 79
trimipramine maleate cap 50 mg, 79
TRINATAL GT TAB, 156
TRINATAL RX TAB 1, 156
TRI-NORINYL TAB 28, 118
TRINTELLIX TAB 10MG, 76
TRINTELLIX TAB 20MG, 76
TRINTELLIX TAB 5MG, 76
TRI-TABS DHA MIS, 156
TRIUMEQ TAB, 22
TRIVEEN-DUO PAK DHA, 156
TRIVEEN-PRX CAP RNF, 156
TRIZIVIR TAB, 22
TROKENDI XR CAP 100MG, 71
TROKENDI XR CAP 200MG, 71
TROKENDI XR CAP 25MG, 71
TROKENDI XR CAP 50MG, 71
tropicamide ophth soln 0.5%, 181
tropicamide ophth soln 1%, 181
trospium chloride cap er 24hr 60 mg, 143
trospium chloride tab 20 mg, 143
TRULANCE TAB 3MG, 134
TRULICITY INJ 0.75/0.5, 107
TRULICITY INJ 1.5/0.5, 107
TRUSOPT SOL 2% OP, 181
TRUVADA TAB 100-150, 22
TRUVADA TAB 133-200, 22
TRUVADA TAB 167-250, 22
TRUVADA TAB 200-300, 22
TUDORZA PRES AER 400/ACT, 157
TUSSICAPS CAP 10-8MG, 159
TUSSICAPS CAP 5-4MG, 159
TUSSIONEX SUS 10-8/5ML, 159
TUZISTRA XR SUS, 159
TWYNSTA TAB 40-10MG, 42
TWYNSTA TAB 40-5MG, 42
TWYNSTA TAB 80-10MG, 42
TWYNSTA TAB 80-5MG, 42
TYBOST TAB 150MG, 21
TYKERB TAB 250MG, 34
TYLENOL/COD TAB #3, 13
TYLENOL/COD TAB #4, 13
TYMLOS INJ, 113
TYVASO START SOL 0.6MG/ML, 63
TYZEKA TAB 600MG, 26
TYZINE PED DRO 0.05%, 162
TYZINE SOL 0.1%, 162
U
UCERIS AER 2MG/ACT, 134
UCERIS TAB 9MG, 133
UDENYCA INJ 6MG/.6ML, 146
ULESFIA LOT 5%, 176
ULORIC TAB 40MG, 1
ULORIC TAB 80MG, 1
ULTIMATECARE CAP ONE, 156
ULTIMATECARE CAP ONE NF, 156
ULTRACET TAB 37.5-325, 13
ULTRAM ER TAB 100MG, 13
ULTRAM ER TAB 200MG, 13
ULTRAM ER TAB 300MG, 13
ULTRAM TAB 50MG, 13
ULTRAVATE CRE 0.05%, 174
ULTRAVATE LOT 0.05%, 174
ULTRAVATE OIN 0.05%, 174
UNILET LANCT MIS 28G, 112
UNILET LANCT MIS 30G, 112
UNILET LANCT MIS 33G, 112
UNISTIK TOUC MIS LANC 21G, 112
UNISTIK TOUC MIS LANC 23G, 112
UNISTIK TOUC MIS LANC 28G, 112
UNISTIK TOUC MIS LANC 30G, 112
UPTRAVI TAB 1000MCG, 62
UPTRAVI TAB 1200MCG, 62
UPTRAVI TAB 1400MCG, 62
UPTRAVI TAB 1600MCG, 62
UPTRAVI TAB 200/800, 62
UPTRAVI TAB 200MCG, 62
UPTRAVI TAB 400MCG, 62
UPTRAVI TAB 600MCG, 62
UPTRAVI TAB 800MCG, 62
URECHOLINE TAB 10MG, 142
URECHOLINE TAB 25MG, 142
URECHOLINE TAB 50MG, 142
URECHOLINE TAB 5MG, 142
UROCIT-K 10 TAB, 142

UROCIT-K 15 TAB, 142
UROCIT-K 5 TAB, 142
UROXATRAL TAB 10MG, 139
URSO 250 TAB 250MG, 132
ursodiol cap 300 mg, 132
ursodiol tab 250 mg, 132
ursodiol tab 500 mg, 132
URSO FORTE TAB 500MG, 132
V
VAGIFEM TAB 10MCG, 121
valacyclovir hcl tab 1 gm, 27
valacyclovir hcl tab 500 mg, 27
VALCHLOR GEL 0.016%, 30
VALCYTE SOL 50MG/ML, 26
VALCYTE TAB 450MG, 26
valganciclovir hcl for soln 50 mg/ml (base equiv), 26
valganciclovir hcl tab 450 mg (base equivalent), 26
VALIUM TAB 10MG, 65
VALIUM TAB 2MG, 64
VALIUM TAB 5MG, 64
valproate sodium oral soln 250 mg/5ml (base equiv), 71
valproic acid cap 250 mg, 71
valsartan-hydrochlorothiazide tab 160-12.5 mg, 44
valsartan-hydrochlorothiazide tab 160-25 mg, 44
valsartan-hydrochlorothiazide tab 320-12.5 mg, 44
valsartan-hydrochlorothiazide tab 320-25 mg, 44
valsartan-hydrochlorothiazide tab 80-12.5 mg, 44
valsartan tab 160 mg, 45
valsartan tab 320 mg, 45
valsartan tab 40 mg, 45
valsartan tab 80 mg, 45
VALTREX TAB 1GM, 27
VALTREX TAB 500MG, 27
VANCOCIN CAP 250MG, 29
VANCOCIN HCL CAP 125MG, 29
vancomycin hcl cap 125 mg (base equivalent), 29
vancomycin hcl cap 250 mg (base equivalent), 29
VANOS CRE 0.1%, 171
VANOXIDE-HC LOT 5-0.5%, 167
vardenafil hcl orally disintegrating tab 10 mg, 140
VARUBI TAB 90MG, 131
VASCEPA CAP 0.5GM, 50
VASCEPA CAP 1GM, 50
VASERETIC TAB 10-25MG, 38
VASOTEC TAB 10MG, 39
VASOTEC TAB 2.5MG, 39
VASOTEC TAB 20MG, 39
VASOTEC TAB 5MG, 39
VCF VAGINAL AER CONTRACP, 115
VCF VAGINAL MIS CONTRACP, 115
VELPHORO CHW 500MG, 127
VELTASSA POW 16.8GM, 127
VELTASSA POW 25.2GM, 127
VELTASSA POW 8.4GM, 127
VEMAVITE- CAP PRX 2, 156
VEMLIDY TAB 25MG, 26
VENA-BAL MIS DHA, 156
VENCLEXTA TAB 100MG, 36
VENCLEXTA TAB 10MG, 35
VENCLEXTA TAB 50MG, 35
VENCLEXTA TAB START PK, 36
venlafaxine hcl cap er 24hr 150 mg (base equivalent), 77
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 77
venlafaxine hcl cap er 24hr 75 mg (base equivalent), 77
venlafaxine hcl tab 100 mg (base equivalent), 78
venlafaxine hcl tab 25 mg (base equivalent), 77
venlafaxine hcl tab 37.5 mg (base equivalent), 78
venlafaxine hcl tab 50 mg (base equivalent), 78
venlafaxine hcl tab 75 mg (base equivalent), 78
venlafaxine hcl tab er 24hr 150 mg (base equivalent), 78
venlafaxine hcl tab er 24hr 225 mg (base equivalent), 78

venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 78
venlafaxine hcl tab er 24hr 75 mg (base equivalent), 78
VENLAFAXINE TAB 150MG ER, 78
VENLAFAXINE TAB 225MG ER, 78
VENLAFAXINE TAB 37.5 ER, 78
VENLAFAXINE TAB 75MG ER, 78
VENTAVIS SOL 10MCG/ML, 63
VENTAVIS SOL 20MCG/ML, 63
VENTOLIN HFA AER, 160
verapamil hcl cap er 24hr 100 mg, 57
verapamil hcl cap er 24hr 120 mg, 57
verapamil hcl cap er 24hr 180 mg, 57
verapamil hcl cap er 24hr 200 mg, 57
verapamil hcl cap er 24hr 240 mg, 57
verapamil hcl cap er 24hr 300 mg, 58
verapamil hcl cap er 24hr 360 mg, 58
verapamil hcl tab 120 mg, 58
verapamil hcl tab 40 mg, 58
verapamil hcl tab 80 mg, 58
verapamil hcl tab er 120 mg, 58
verapamil hcl tab er 180 mg, 58
verapamil hcl tab er 240 mg, 58
VERDESO AER 0.05%, 171
VERDROCET TAB 2.5-325, 13
VERELAN CAP 120MG SR, 58
VERELAN CAP 180MG SR, 58
VERELAN CAP 240MG SR, 58
VERELAN CAP 360MG SR, 58
VERELAN PM CAP 100MG ER, 58
VERELAN PM CAP 200MG ER, 58
VERELAN PM CAP 300MG ER, 58
VERIPRED 20 SOL 20MG/5ML, 123
VERSACLOZ SUS 50MG/ML, 86
VERZENIO TAB 100MG, 34
VERZENIO TAB 150MG, 34
VERZENIO TAB 200MG, 34
VERZENIO TAB 50MG, 34
VESICARE TAB 10MG, 143
VESICARE TAB 5MG, 143
VEXOL SUS 1% OP, 179
VFEND SUS 40MG/ML, 21
VFEND TAB 200MG, 21
VFEND TAB 50MG, 21
VIAGRA TAB 100MG, 141
VIAGRA TAB 25MG, 140
VIAGRA TAB 50MG, 141
viberzi tab 100mg, 134
viberzi tab 75mg, 134
VIBRAMYCIN CAP 100MG, 20
VIBRAMYCIN SUS 25MG/5ML, 20
VIBRAMYCIN SYP 50MG/5ML, 20
VICOPROFEN TAB 7.5-200, 13
VICTOZA INJ 18MG/3ML, 107
VIDAZA INJ 100MG, 30
VIDEX EC CAP 125MG, 23
VIDEX EC CAP 200MG, 23
VIDEX EC CAP 250MG, 24
VIDEX EC CAP 400MG, 24
VIDEX SOL 2GM, 24
VIDEX SOL 4GM, 24
VIEKIRA PAK TAB, 26
vigabatrin powd pack 500 mg, 71
vigabatrin tab 500 mg, 71
VIGAMOX DRO 0.5%, 178
VIIBRYD KIT STARTER, 76
VIIBRYD TAB 10MG, 76
VIIBRYD TAB 20MG, 76
VIIBRYD TAB 40MG, 76
VIMOVO TAB 375-20MG, 4
VIMOVO TAB 500-20MG, 4
VIMPAT SOL 10MG/ML, 71
VIMPAT TAB 100MG, 71
VIMPAT TAB 150MG, 71
VIMPAT TAB 200MG, 71
VIMPAT TAB 50MG, 71
VINATE CAL TAB, 156
VINATE CARE CHW 40-1MG, 156
VINATE C TAB, 156
VINATE II TAB, 156
VINATE M TAB, 156
VIOKACE TAB 10440, 136
VIOKACE TAB 20880, 136
VIRACEPT TAB 250MG, 25
VIRACEPT TAB 625MG, 25
VIRAMUNE SUS 50MG/5ML, 23
VIRAMUNE TAB 200MG, 23
VIRAMUNE XR TAB 400MG, 23
VIRAZOLE INH 6GM, 163
VIREAD POW 40MG/GM, 24
VIREAD TAB 150MG, 24

VIREAD TAB 200MG, 24
VIREAD TAB 250MG, 24
VIREAD TAB 300MG, 24
VIROPTIC SOL 1% OP, 180
VIRT-PN TAB, 156
VISTARIL CAP 25MG, 158
VISTARIL CAP 50MG, 158
VISTOGARD PAK 10GM, 36
VITAFOL CAP ULTRA, 156
VITAFOL-NANO TAB, 156
VITAFOL-OB PAK +DHA, 156
VITAFOL-OB TAB 65-1MG, 156
VITAFOL-ONE CAP, 156
VITAMEDMD CAP ONE RX, 156
VITAMEDMD MIS PLUS RX, 156
VITAPEARL CAP, 156
VITA-PREN TAB, 156
VITEKTA TAB 150MG, 22
VITEKTA TAB 85MG, 22
VITRAKVI CAP 100MG, 34
VITRAKVI CAP 25MG, 34
VITRAKVI SOL 20MG/ML, 34
VITUZ SOL 5-4MG, 159
VIVELLE-DOT DIS 0.025MG, 120
VIVELLE-DOT DIS 0.0375MG, 120
VIVELLE-DOT DIS 0.05MG, 120
VIVELLE-DOT DIS 0.075MG, 120
VIVELLE-DOT DIS 0.1MG, 120
VOGELXO GEL 1%(50MG), 105
VOGELXO GEL PUMP 1%, 105
VOL-NATE TAB, 156
VOL-TAB RX TAB, 156
VOLTAREN GEL 1%, 4
voriconazole for susp 40 mg/ml, 21
voriconazole tab 200 mg, 21
voriconazole tab 50 mg, 21
VOSEVI TAB, 27
VOSPIRE ER TAB 4MG, 161
VOSPIRE ER TAB 8MG, 161
VOTRIENT TAB 200MG, 34
VP-PNV-DHA CAP, 156
VRAYLAR CAP 1.5-3MG, 86
VRAYLAR CAP 1.5MG, 86
VRAYLAR CAP 3MG, 86
VRAYLAR CAP 4.5MG, 86
VRAYLAR CAP 6MG, 86
VUSION OIN, 169
VYTORIN TAB 10-10MG, 50
VYTORIN TAB 10-20MG, 50
VYTORIN TAB 10-40MG, 50
VYTORIN TAB 10-80MG, 50
VYVANSE CAP 10MG, 93
VYVANSE CAP 20MG, 93
VYVANSE CAP 30MG, 94
VYVANSE CAP 40MG, 94
VYVANSE CAP 50MG, 94
VYVANSE CAP 60MG, 94
VYVANSE CAP 70MG, 94
VYVANSE CHW 10MG, 94
VYVANSE CHW 20MG, 94
VYVANSE CHW 30MG, 94
VYVANSE CHW 40MG, 94
VYVANSE CHW 50MG, 94
VYVANSE CHW 60MG, 94
VYZULTA SOL 0.024%, 182
W
warfarin sodium tab 10 mg, 145
warfarin sodium tab 1 mg, 144
warfarin sodium tab 2.5 mg, 144
warfarin sodium tab 2 mg, 144
warfarin sodium tab 3 mg, 144
warfarin sodium tab 4 mg, 144
warfarin sodium tab 5 mg, 144
warfarin sodium tab 6 mg, 144
warfarin sodium tab 7.5 mg, 145
WELCHOL PAK 3.75GM, 47
WELCHOL TAB 625MG, 47
WELLBUTRIN TAB 100MG, 74
WELLBUTRIN TAB 100MG SR, 74
WELLBUTRIN TAB 150MG SR, 74
WELLBUTRIN TAB 200MG SR, 74
WELLBUTRIN TAB 75MG, 74
WELLBUTRIN TAB XL 150MG, 74
WELLBUTRIN TAB XL 300MG, 74
WESTCORT OIN 0.2%, 173
WIDE-SEAL DPR KIT 60, 115
WIDE-SEAL DPR KIT 65, 115
WIDE-SEAL DPR KIT 70, 115
WIDE-SEAL DPR KIT 75, 115
WIDE-SEAL DPR KIT 80, 115
WIDE-SEAL DPR KIT 85, 115
WIDE-SEAL DPR KIT 90, 115

WIDE-SEAL DPR KIT 95, 115
X
XALATAN SOL 0.005%, 182
XALKORI CAP 200MG, 34
XALKORI CAP 250MG, 34
XANAX TAB 0.25MG, 65
XANAX TAB 0.5MG, 65
XANAX TAB 1MG, 65
XANAX TAB 2MG, 65
XANAX XR TAB 0.5MG, 65
XANAX XR TAB 1MG, 65
XANAX XR TAB 2MG, 65
XANAX XR TAB 3MG, 65
XARELTO STAR TAB 15/20MG, 145
XARELTO TAB 10MG, 145
XARELTO TAB 15MG, 145
XARELTO TAB 2.5MG, 145
XARELTO TAB 20MG, 145
XARTEMIS XR TAB 7.5-325, 13
XATMEP SOL 2.5MG/ML, 30
XELJANZ TAB 10MG, 149
XELJANZ TAB 5MG, 149
XELJANZ XR TAB 11MG, 149
XELODA TAB 150MG, 30
XELODA TAB 500MG, 30
XENAZINE TAB 12.5MG, 95
XENAZINE TAB 25MG, 95
XENLETA TAB 600MG, 13
XEPI CRE 1%, 168
XERAC-AC SOL 6.25%, 175
XERESE CRE 5-1%, 175
XERMELO TAB 250MG, 135
XHANCE MIS 93MCG, 163
XIFAXAN TAB 200MG, 29
XIFAXAN TAB 550MG, 29
XIGDUO XR TAB 10-1000, 109
XIGDUO XR TAB 10-500MG, 109
XIGDUO XR TAB 2.5-1000, 109
XIGDUO XR TAB 5-1000MG, 109
XIGDUO XR TAB 5-500MG, 109
XIIDRA DRO 5%, 181
XODOL TAB 10-300MG, 13
XODOL TAB 5-300MG, 13
XODOL TAB 7.5-300, 13
XOPENEX CONC NEB 1.25/0.5, 160
XOPENEX HFA AER, 160
XOPENEX NEB 0.31MG, 160
XOPENEX NEB 0.63MG, 160
XOPENEX NEB 1.25/3ML, 160
XTAMPZA ER CAP 13.5MG, 13
XTAMPZA ER CAP 18MG, 13
XTAMPZA ER CAP 27MG, 13
XTAMPZA ER CAP 36MG, 13
XTAMPZA ER CAP 9MG, 13
XTANDI CAP 40MG, 31
XULTOPHY INJ 100/3.6, 107
XYLOCAINE SOL 4%, 174
XYOSTED INJ 100/0.5, 105
XYOSTED INJ 50/0.5, 105
XYOSTED INJ 75/0.5, 105
XYREM SOL 500MG/ML, 101
Y
YASMIN 28 TAB 3-0.03MG, 116
YAZ TAB 3-0.02MG, 116
YONSA TAB 125MG, 31
Z
ZACLIR LOT 8%, 167
zafirlukast tab 10 mg, 161
zafirlukast tab 20 mg, 162
zaleplon cap 10 mg, 96
zaleplon cap 5 mg, 96
ZANAFLEX CAP 2MG, 101
ZANAFLEX CAP 4MG, 101
ZANAFLEX CAP 6MG, 101
ZANAFLEX TAB 4MG, 101
ZANTAC TAB 300MG, 133
ZARONTIN CAP 250MG, 71
ZARONTIN SOL 250/5ML, 71
ZARXIO INJ 300/0.5, 146
ZARXIO INJ 480/0.8, 146
ZATEAN-CH CAP, 156
ZATEAN-PN CAP DHA, 156
ZATEAN-PN CAP PLUS, 156
ZAVESCA CAP 100MG, 121
ZEBETA TAB 10MG, 54
ZEBETA TAB 5MG, 54
ZEGERID CAP 20-1100, 138
ZEGERID CAP 40-1100, 138
ZEGERID POW 20-1680, 138
ZEGERID POW 40-1680, 138
ZEJULA CAP 100MG, 36
ZELAPAR TAB 1.25MG, 83

ZELBORAF TAB 240MG, 34
ZEMBRACE SYM INJ 3/0.5ML, 98
ZEMPLAR CAP 1MCG, 125
ZEMPLAR CAP 2MCG, 125
ZENPEP CAP 10000UNT, 136
ZENPEP CAP 15000UNT, 136
ZENPEP CAP 20000UNT, 136
ZENPEP CAP 25000, 136
ZENPEP CAP 25000UNT, 136
ZENPEP CAP 3000UNIT, 136
ZENPEP CAP 40000, 136
ZENPEP CAP 40000UNT, 136
ZENPEP CAP 5000UNIT, 136
ZERIT CAP 15MG, 24
ZERIT CAP 20MG, 24
ZERIT CAP 30MG, 24
ZERIT CAP 40MG, 24
ZERIT SOL 1MG/ML, 24
ZESTORETIC TAB 10-12.5, 38
ZESTORETIC TAB 20-12.5, 38
ZESTORETIC TAB 20-25MG, 38
ZESTRIL TAB 2.5MG, 39
ZESTRIL TAB 30MG, 39
ZESTRIL TAB 40MG, 39
ZETIA TAB 10MG, 47
ZETONNA AER 37MCG, 163
ZIAC TAB 10/6.25, 51
ZIAC TAB 2.5/6.25, 51
ZIAC TAB 5-6.25MG, 51
ZIAGEN SOL 20MG/ML, 24
ZIAGEN TAB 300MG, 24
zidovudine cap 100 mg, 24
zidovudine syrup 10 mg/ml, 24
zidovudine tab 300 mg, 24
zileuton tab er 12hr 600 mg, 162
ZIOPTAN DRO 0.0015%, 182
ziprasidone hcl cap 20 mg, 86
ziprasidone hcl cap 40 mg, 86
ziprasidone hcl cap 60 mg, 86
ziprasidone hcl cap 80 mg, 86
ZIPSOR CAP 25MG, 3
ZIRGAN GEL 0.15%, 180
ZITHROMAX POW 1GM PAK, 16
ZITHROMAX SUS 100/5ML, 16
ZITHROMAX SUS 200/5ML, 16
ZITHROMAX TAB 250MG, 16
ZITHROMAX TAB 500MG, 16
ZITHROMAX TAB 600MG, 16
ZMAX SUS 2GM, 16
ZN-DTPA SOL 1000MG, 112
ZOCOR TAB 10MG, 50
ZOCOR TAB 20MG, 50
ZOCOR TAB 40MG, 50
ZOCOR TAB 5MG, 50
ZOCOR TAB 80MG, 50
ZOFRAN SOL 4MG/5ML, 131
ZOFRAN TAB 4MG, 131
ZOFRAN TAB 4MG ODT, 131
ZOFRAN TAB 8MG, 131
ZOFRAN TAB 8MG ODT, 131
ZOHYDRO ER CAP 10MG, 13
ZOHYDRO ER CAP 15MG, 13
ZOHYDRO ER CAP 20MG, 13
ZOHYDRO ER CAP 30MG, 13
ZOHYDRO ER CAP 40MG, 13
ZOHYDRO ER CAP 50MG, 13
ZOLINZA CAP 100MG, 36
zolmitriptan orally disintegrating tab 2.5 mg, 98
zolmitriptan orally disintegrating tab 5 mg, 98
zolmitriptan tab 2.5 mg, 98
zolmitriptan tab 5 mg, 98
ZOLOFT CON 20MG/ML, 76
ZOLOFT TAB 100MG, 76
ZOLOFT TAB 25MG, 76
ZOLOFT TAB 50MG, 76
zolpidem tartrate sl tab 1.75 mg, 96
zolpidem tartrate sl tab 3.5 mg, 96
zolpidem tartrate tab 10 mg, 96
zolpidem tartrate tab 5 mg, 96
zolpidem tartrate tab er 12.5 mg, 96
zolpidem tartrate tab er 6.25 mg, 96
ZOMIG SPR 2.5MG, 98
ZOMIG SPR 5MG, 98
ZOMIG TAB 2.5MG, 98
ZOMIG TAB 5MG, 98
ZOMIG ZMT TAB 2.5 MG, 98
ZOMIG ZMT TAB 5MG ODT, 98
ZONALON CRE 5%, 175
ZONATUSS CAP 150MG, 159
ZONEGRAN CAP 100MG, 71

ZONEGRAN CAP 25MG, 71
zonisamide cap 100 mg, 71
zonisamide cap 25 mg, 71
zonisamide cap 50 mg, 71
ZONTIVITY TAB 2.08MG, 147
ZORBTIVE INJ 8.8MG, 124
ZORTRESS TAB 0.25MG, 151
ZORTRESS TAB 0.5MG, 151
ZORTRESS TAB 0.75MG, 151
ZORTRESS TAB 1MG, 151
ZOVIRAX CAP 200MG, 27
ZOVIRAX CRE 5%, 175
ZOVIRAX OIN 5%, 175
ZOVIRAX SUS 200/5ML, 27
ZOVIRAX TAB 400MG, 27
ZOVIRAX TAB 800MG, 27
ZUBSOLV SUB 0.7-0.18, 103
ZUBSOLV SUB 1.4-0.36, 103
ZUBSOLV SUB 2.9-0.71, 103
ZUBSOLV SUB 5.7-1.4, 103
ZUBSOLV SUB 8.6-2.1, 103
ZUTRIPRO LIQ 60-4-5MG, 159
ZYBAN TAB 150MG SR, 103
ZYCLARA CRE 3.75%, 167
ZYCLARA PUMP CRE 2.5%, 167
ZYDELIG TAB 100MG, 35
ZYDELIG TAB 150MG, 35
ZYFLO CR TAB 600MG, 162
ZYFLO TAB 600MG, 162
ZYKADIA CAP 150MG, 35
ZYKADIA TAB 150MG, 35
ZYLET SUS 0.5-0.3%, 177
ZYLOPRIM TAB 100MG, 1
ZYLOPRIM TAB 300MG, 1
ZYMAXID SOL 0.5%, 178
ZYPREXA TAB 10MG, 86
ZYPREXA TAB 15MG, 86
ZYPREXA TAB 2.5MG, 86
ZYPREXA TAB 20MG, 87
ZYPREXA TAB 5MG, 86
ZYPREXA TAB 7.5MG, 86
ZYPREXA ZYDI TAB 10MG, 87
ZYPREXA ZYDI TAB 15MG, 87
ZYPREXA ZYDI TAB 20MG, 87
ZYPREXA ZYDI TAB 5MG, 87
ZYTIGA TAB 250MG, 31
ZYTIGA TAB 500MG, 31
ZYVOX TAB 600MG, 29

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rx**.

CareFirst
Family of health care plans

10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rx

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

SUM4668-1S (12/19)—For Fully-Insured Plans Only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

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 **https://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
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 *and wait through the dialogue until prompted to push* 0. *When an agent answers, state the language you need and you will be connected to an interpreter.*

አማርኛ(Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Ɓǎsɔ́ɔ̀-wùɖù (Bassa) Tò Ɖùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fûà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓéɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké ɖɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwɛ̀ ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé ɖé nì ɓíɖí-wùɖù mú ɓɛ́ m̀ ké se wíɖí ɖò pɛ́ɛ̀. Kpooɔ̀ nyɔ ɓě mɛ ɖá fǔùn-nɔ̀ɓà nìà ɖé waà I.D. káàɔ̀ ɖeín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ ɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàɖàìn hwɛ̀. Ɔ jǔ ké nyɔ ɖò dyi m̀ gɔ̌ jǔǐn, po wuɖu m̀ mɔ́ poɛ dyiɛ, ké nyɔ ɖò mu ɓó nììn ɓɛ́ ɔ ké nì wuɖuɔ̀ mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ :یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه :يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة .يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة .ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم .يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم .0 عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad *(Navajo)* Ge': Díí bee ił hane'ígíí bii' dahólǫ́ bee éédahózin béeso ách'ą́ą́h naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ́ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyį́į́lígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'į́į́h. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédę́ę́' bikáá' bich'į' hodoonihjį́'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'į́ił yałtí'ígíí t'áá níléíjį́ áádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ą́go, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.