CareFirst

Family of health care plans

CareFirst Formulary 3

2023

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. 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/rxgroup**.

Last updated 12/01/2023—For self-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 five 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**.

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. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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	Description
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 $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
AMPHETAMI ER SUS 1.25/ML	1	QL (540 mL every 30 days)
amphetamine sulfate tab 5 mg	1	QL (150 tabs every 30 days)
amphetamine sulfate tab 10 mg	1	QL (150 tabs every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (120 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (120 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (120 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (120 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (120 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (120 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every 30 days)
DESOXYN TAB 5MG	3	QL (180 tabs every 30 days)
DEXEDRINE CAP 5MG CR	3	QL (150 caps every 30 days)
DEXEDRINE CAP 10MG CR	3	QL (150 caps every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CAP 15MG CR	3	QL (60 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (150 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (150 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1440 mL every 30 days)
dextroamphetamine sulfate tab 2.5 mg	1	QL (150 tabs every 30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (150 tabs every 30 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (150 tabs every 30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (150 tabs every 30 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs every 30 days)
methamphetamine hcl tab 5 mg	1	QL (180 tabs every 30 days)
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (30 caps every 30 days)
VYVANSE CAP 50MG	3	QL (30 caps every 30 days)
VYVANSE CAP 60MG	3	QL (30 caps every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 70MG	3	QL (30 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 40MG	3	QL (30 tabs every 30 days)
VYVANSE CHW 50MG	3	QL (30 tabs every 30 days)
VYVANSE CHW 60MG	3	QL (30 tabs every 30 days)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANTI-OBESITY AGENTS		
WEGOVY INJ 0.5MG	2	PA; Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA; Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA; Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA; Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA; Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	2	PA; Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, ORAL		
ADIPEX-P CAP 37.5MG	3	PA; Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	PA; Coverage is subject to your plan/benefits
benzphetamine hcl tab 25 mg	1	PA; Coverage is subject to your plan/benefits
benzphetamine hcl tab 50 mg	1	PA; Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
diethylpropion hcl tab 25 mg	1	PA; Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	PA; Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA; Coverage is subject to your plan/benefits
PHENDIMETRAZ CAP 105MG ER	1	PA; Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA; Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	PA; Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (150 caps every 30 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (150 caps every 30 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (150 caps every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps every 30 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps every 30 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps every 30 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps every 30 days)
clonidine hcl tab er 12hr 0.1 mg	1	
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	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
STRATTERA CAP 10MG	3	QL (150 caps every 30 days)
STRATTERA CAP 18MG	3	QL (150 caps every 30 days)
STRATTERA CAP 25MG	3	QL (150 caps every 30 days)
STRATTERA CAP 40MG	3	QL (60 caps every 30 days)
STRATTERA CAP 60MG	3	QL (30 caps every 30 days)
STRATTERA CAP 80MG	3	QL (30 caps every 30 days)
STRATTERA CAP 100MG	3	QL (30 caps every 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	4	PA, QL (60 TABLETS PER 30 DAYS)
WAKIX TAB 17.8MG	4	PA, QL (60 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	1	PA, QL (30 tabs every 30 days)
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (150 tabs every 30 days)
dexmethylphenidate hcl tab 5 mg	1	QL (150 tabs every 30 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs every 30 days)
FOCALIN TAB 2.5MG	3	QL (150 tabs every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
FOCALIN TAB 5MG	3	QL (150 tabs every 30 days)
FOCALIN TAB 10MG	3	QL (60 tabs every 30 days)
METHYLIN SOL 5MG/5ML	3	QL (2160 mL every 30 days)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL every 30 days)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs every 30 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (210 tabs every 30 days)
methylphenidate hcl chew tab 5 mg	1	QL (210 tabs every 30 days)
methylphenidate hcl chew tab 10 mg	1	QL (210 tabs every 30 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (2160 mL every 30 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (1080 mL every 30 days)
methylphenidate hcl tab 5 mg	1	QL (210 tabs every 30 days)
methylphenidate hcl tab 10 mg	1	QL (210 tabs every 30 days)
methylphenidate hcl tab 20 mg	1	QL (120 tabs every 30 days)
methylphenidate hcl tab er 10 mg	1	QL (120 tabs every 30 days)
methylphenidate hcl tab er 20 mg	1	QL (120 tabs every 30 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs every 30 days); MNPA
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs every 25 days)
modafinil tab 100 mg	1	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	1	PA, QL (60 tabs every 30 days)
RITALIN LA CAP 10MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 20MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 30MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 40MG	3	QL (30 caps every 30 days)
RITALIN TAB 5MG	3	QL (210 tabs every 30 days)
RITALIN TAB 10MG	3	QL (210 tabs every 30 days)
RITALIN TAB 20MG	3	QL (120 tabs every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

Drug Name	Drug Tier	Requirements/Limits
GRASTEK SUB 2800BAU	2	
RAGWITEK SUB	2	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE SUS	5	PA
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
tobramycin nebu soln 300 mg/4ml	1	PA, QL (56 AMPULES PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
tobramycin nebu soln 300 mg/5ml	1	PA, QL (56 AMPULES PER 28 DAYS)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
AMJEVITA INJ 10/0.2ML	5	PA, QL (2 syringes per 28 days)
AMJEVITA INJ 20/0.4ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 PENS PER 28 DAYS); Loading dose: 8 per 14 days
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 SYRINGES PER 28 DAYS); Loading dose: 8 per 14 days
HUMIRA INJ 10/0.1ML	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 20/0.2ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEDIA INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 2 syringes per 28 days.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 syringes per 28 days.
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4.5 pens every 30 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (2 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 6 pens per 28 days.
HUMIRA PEN INJ PS/UV	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 4 pens per 28 days.
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 pens per 28 days.
HUMIRA PEN KIT PED UC	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HYRIMOZ	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
HYRIMOZ INJ 10/0.1ML	4	PA, QL (2 syringes per 28 days)
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes per 28 days)
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pen autoinjectors per 28 days)
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days)
HYRIMOZ INJ 80/0.8ML	4	PA, QL (2 pens PER 28 days); LOADING DOSE: 4 pens per 14 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 2 syringes per 28 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (NOT FOR DAILY USE); referred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 84 tablets per 84 days

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 10MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 12.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 15MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 17.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 20MG	4	PA, QL (4 PENS PER 28 DAYS)
RASUVO INJ 22.5MG	4	PA, QL (4 INJ PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 25MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 30MG	4	PA, QL (4 INJ PER 28 DAYS)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketoprofen cap 50 mg	1	
ketoprofen cap 75 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 tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
nabumetone tab 500 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN TAB 500MG	3	
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	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 87.5/0.7	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 SYRINGES PER 28 DAYS
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 CARTRIDGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 CARTRIDGES PER 28 DAYS
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 INJECTORS PER 28 DAYS

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ESGIC TAB	3	
SALICYLATES		
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
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
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
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 25 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 25 days)
codeine sulfate tab 30 mg	1	PA, QL (42 tabs every 25 days)
CONZIP CAP 100MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL per day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches every 25 days)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches every 25 days)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	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 td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches every 25 days)
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (60 caps every 30 days)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (120 supp every 25 days)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL per day)
hydromorphone hcl tab 2 mg	1	PA, QL (180 tabs every 25 days)
hydromorphone hcl tab 4 mg	1	PA, QL (4 tabs per day)
hydromorphone hcl tab 8 mg	1	PA, QL (60 tabs every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 32 mg	1	PA
methadone hcl conc 10 mg/ml	1	PA, QL (1.5 mL per day)
methadone hcl conc 10 mg/ml	1	PA, QL (60 mL every 25 days)
methadone hcl soln 5 mg/5ml	1	PA, QL (450 mL every 25 days)
methadone hcl soln 10 mg/5ml	1	PA, QL (7.5 mL per day)
methadone hcl tab 5 mg	1	PA, QL (90 tabs every 25 days)
methadone hcl tab 10 mg	1	PA, QL (60 tabs every 25 days)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (60 mL every 25 days)
METHADOSE SF CON 10MG/ML	3	QL (60 mL every 25 days)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (60 caps every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate cap er 24hr 30 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 40 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate cap er 24hr 60 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (900 mL every 25 days)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (675 mL every 25 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (135 mL every 25 days)
morphine sulfate suppos 5 mg	1	PA, QL (180 supp every 25 days)
morphine sulfate suppos 10 mg	1	PA, QL (180 supp every 25 days)
morphine sulfate suppos 20 mg	1	PA, QL (120 supp every 25 days)
morphine sulfate suppos 30 mg	1	PA, QL (90 supp every 25 days)
morphine sulfate tab 15 mg	1	PA, QL (180 tabs every 25 days)
morphine sulfate tab 30 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 15 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 30 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 60 mg	1	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 100 mg	1	PA, QL (30 tabs every 30 days)
morphine sulfate tab er 200 mg	1	PA, QL (30 tabs every 30 days)
MS CONTIN TAB 15MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 30MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA, QL (30 tabs every 30 days)
oxycodone hcl cap 5 mg	1	PA, QL (180 caps every 25 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (90 mL every 30 days)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (900 mL every 25 days)
oxycodone hcl tab 5 mg	1	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 10 mg	1	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 15 mg	1	PA, QL (120 tabs every 25 days)
oxycodone hcl tab 20 mg	1	PA, QL (90 tabs every 25 days)
oxycodone hcl tab 30 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 15 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 30 mg	1	PA, QL (60 tabs every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (120 tabs every 30 days)
oxycodone hcl tab er 12hr deter 60 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (60 tabs every 30 days)
oxymorphone hcl tab 5 mg	1	PA, QL (180 tabs every 25 days)
oxymorphone hcl tab 10 mg	1	PA, QL (90 tabs every 25 days)
ROXICODONE TAB 5MG	3	PA, QL (180 tabs every 25 days)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
tramadol hcl tab 50 mg	1	PA, QL (180 tabs every 25 days)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA, QL (30 tabs every 25 days)
ULTRAM TAB 50MG	3	PA, QL (180 tabs every 25 days)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (2700 mL every 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (390 tabs every 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (360 tabs every 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (180 tabs every 30 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (300 caps every 30 days)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (300 tabs every 30 days)
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	
FIORICET CAP CODEINE	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (2700 mL every 30 days)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (2700 mL every 30 days)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (240 tabs every 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (240 tabs every 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (180 tabs every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (180 tabs every 30 days)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (150 tabs every 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (150 tabs every 30 days)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (150 tabs every 30 days)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (360 tabs every 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (360 tabs every 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (240 tabs every 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (180 tabs every 30 days)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (360 tabs every 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (240 tabs every 30 days)
ULTRACET TAB 37.5-325	3	PA, QL (240 tabs every 30 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 450MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
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)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2.4 bottles every 30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
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	
ZUBSOLV SUB 11.4-2.9	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
METHITEST TAB 10MG	3	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	PA
TESTOST CYP INJ 200MG/ML	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 100 mg/ml	3	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	3	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
ALBENZA TAB 200MG	3	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	3	QL (12 ea every year)
ivermectin tab 3 mg	1	PA, QL (9 tabs every 90 days)
praziquantel tab 600 mg	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PRIMSOL SOL 50MG/5ML	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	2	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
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	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	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	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
DILATRATE SR CAP 40MG	3	
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 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	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
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	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	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	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
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	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

Drug Name	Drug Tier	Requirements/Limits
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	

ANTIARRHYTHMICS TYPE I-B

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	

ANTIARRHYTHMICS TYPE I-C

Drug Name	Drug Tier	Requirements/Limits
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 mL every 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT INJ 100/0.67	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS); LOADING DOSE:2 PFS PER 14 DAYS
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PENS PER 56 DAYS); LOADING DOSE: 3 PENS PER 84 DAYS
NUCALA INJ 40MG/0.4	4	PA, QL (1 SYRINGE PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
TEZSPIRE INJ 210MG	4	PA, QL (1 PEN PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (30 caps every 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (90 mL every 30 days)
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	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
ZYFLO TAB 600MG	3	
STEROID INHALANTS		
budesonide inhalation susp 0.5 mg/2ml	1	QL (2 mL every 25 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (3 mL every 25 days)
budesonide inhalation susp 1 mg/2ml	1	QL (1 mL every 25 days)
FLOVENT HFA AER 44MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
FLOVENT HFA AER 110MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 220MCG	2	QL (2 packages every 25 days); Covered for member 6 years of age and younger
fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	1	QL (2 packages every 25 days); Covered for member 6 years of age and younger
fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
QVAR REDIHAL AER 40MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
AIRSUPRA AER 90-80MCG	2	QL (3 packages per 30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea every 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mL every 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
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	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (120 mL every 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (60 mL every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 mL every 30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea every 30 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (120 mL every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
SYMBICORT AER 80-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea every 30 days)
XOPENEX NEB 0.31MG	3	QL (300 mL every 30 days)
XOPENEX NEB 0.63MG	3	QL (300 mL every 30 days)
XOPENEX NEB 1.25/3ML	3	QL (300 mL every 30 days)
XANTHINES		
theophylline elixir 80 mg/15ml	1	
theophylline elixir 80 mg/15ml	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
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	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
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	

ANTICONVULSANTS - BENZODIAZEPINES

Drug Name	Drug Tier	Requirements/Limits
clobazam suspension 2.5 mg/ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
clobazam tab 10 mg	1	
clobazam tab 20 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	
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	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

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 100 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	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 ML PER 30 DAYS)
gabapentin cap 100 mg	1	QL (180 capsules per 30 days)
gabapentin cap 300 mg	1	QL (180 capsules per 30 days)
gabapentin cap 400 mg	1	QL (180 capsules per 30 days)
gabapentin oral soln 250 mg/5ml	1	
gabapentin oral soln 250 mg/5ml	1	QL (72 mL per day)
gabapentin tab 600 mg	1	QL (180 capsules per 30 days)
gabapentin tab 800 mg	1	QL (120 tablets per 30 days)
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	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	QL (180 capsules per 30 days)
NEURONTIN CAP 300MG	3	QL (180 capsules per 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAP 400MG	3	QL (180 capsules per 30 days)
NEURONTIN SOL 250/5ML	3	QL (72 mL per day)
NEURONTIN TAB 600MG	3	QL (180 tablets per 30 days)
NEURONTIN TAB 800MG	3	QL (120 tablets per 30 days)
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	
pregabalin cap 25 mg	1	QL (120 caps every 30 days)
pregabalin cap 50 mg	1	QL (120 caps every 30 days)
pregabalin cap 75 mg	1	QL (120 caps every 30 days)
pregabalin cap 100 mg	1	QL (120 caps every 30 days)
pregabalin cap 150 mg	1	QL (120 caps every 30 days)
pregabalin cap 200 mg	1	QL (90 caps every 30 days)
pregabalin cap 225 mg	1	QL (60 caps every 30 days)
pregabalin cap 300 mg	1	QL (60 caps every 30 days)
pregabalin soln 20 mg/ml	1	QL (1080 mL every 30 days)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	

Drug Name	Drug Tier	Requirements/Limits
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
rufinamide susp 40 mg/ml	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 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	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
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	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	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	
vigabatrin powd pack 500 mg	1	PA, QL (180 PACKETS PER 30 DAYS)
vigabatrin tab 500 mg	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 200 mg	3	
phenytoin sodium extended cap 300 mg	1	
phenytoin sodium extended cap 300 mg	3	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
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	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
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	
FORFIVO XL TAB 450MG	3	
maprotiline hcl tab 25 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
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	
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	3	
PARNATE TAB 10MG	3	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
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	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
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	
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 60 mg (base eq)	1	
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	
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 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 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	
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	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	3	
PRECOSE TAB 50MG	3	
PRECOSE TAB 100MG	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JENTADUETO TAB 2.5-500	2	ST, PA
JENTADUETO TAB 2.5-850	2	ST, PA
JENTADUETO TAB 2.5-1000	2	ST, PA
JENTADUETO TAB XR	2	ST, PA
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon (rdna) for inj kit 1 mg	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA TAB 5MG	2	ST, PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
MOUNJARO INJ 2.5/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	ST, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	2	ST, PA, QL (1 pen every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 4MG/3ML	2	ST, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	ST, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	2	ST, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	ST, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 pens every 30 days)
INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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 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	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
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	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
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

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
deferiprone tab 500 mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferoxamine mesylate for inj 2 gm	1	PA
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	PA, QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL every 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea every 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 ea every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
flucytosine cap 250 mg	1	
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	
nystatin oral powder	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	
VFEND SUS 40MG/ML	3	PA
VFEND TAB 50MG	3	PA
VFEND TAB 200MG	3	PA
VIVJOA CAP 150MG	3	
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA
voriconazole tab 200 mg	1	PA

ANTIHISTAMINES

ANTIHISTAMINES - ETHANOLAMINES

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	

ANTIHISTAMINES - NON-SEDATING

Drug Name	Drug Tier	Requirements/Limits
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PHENOTHIAZINES		
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	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
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	
NEXLIZET TAB 180/10MG	2	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	1	PA; Tier 1 with DAW9
VASCEPA CAP 1GM	1	PA; Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
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	
FIBRIC ACID DERIVATIVES		
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 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 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	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
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	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
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
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
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

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
simvastatin tab 20 mg	0	
simvastatin tab 40 mg	0	
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
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	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 SYRINGES PER 28 DAYS)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 CARTRIDGES PER 28 DAYS)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 PENS PER 28 DAYS)

ANTIHYPERTENSIVES

ACE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 40MG	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 oral soln 1 mg/ml	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	
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	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil tab 32 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	
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	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
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	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 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	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
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	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	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	
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	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-25 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	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 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	
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	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
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	
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	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TARKA TAB 2-180 CR	3	
TARKA TAB 2-240 CR	3	
TARKA TAB 4-240 CR	3	
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	
telmisartan-amlodipine tab 40-5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 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	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
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	3	
trandolapril-verapamil hcl tab er 4-240 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	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
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	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
RUZURGI TAB 10MG	5	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
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 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
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
ANTIMETABOLITES		
azacitidine for inj 100 mg	1	PA
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	$0 copay based on your plan/benefit

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	$0 copay based on your plan/benefit
methotrexate sodium tab 2.5 mg (base equiv)	0	$0 copay based on your plan/benefit
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	5	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 tabs every 30 days)
XELODA TAB 500MG	0	PA, QL (300 tabs every 30 days)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
abiraterone acetate tab 500 mg	0	PA, QL (60 TABLETS PER 30 DAYS)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ERLEADA TAB 240MG	0	PA, QL (30 TABLETS PER 30 DAYS)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
flutamide cap 125 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LUPRON DEPOT INJ 3.75MG	5	PA
LUPRON DEPOT INJ 11.25MG	5	PA
LYSODREN TAB 500MG	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ORGOVYX TAB 120MG	0	PA, QL (30 TABLETS PER 30 DAYS); LOADING DOSE: FIRST MONTH: 30 PER 28 DAYS
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	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 tabs every 30 days)

ANTINEOPLASTIC - IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 40MG	0	PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS); Once Weekly
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 TABLETS PER 28 DAYS)
KISQALI 200 PAK FEMARA	0	PA, QL (49 TABLETS PER 28 DAYS)
KISQALI 400 PAK FEMARA	0	PA, QL (70 TABLETS PER 28 DAYS)
KISQALI 600 PAK FEMARA	0	PA, QL (91 TABLETS PER 28 DAYS)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAP 100MG	0	PA, QL (60 caps every 30 days)
CALQUENCE TAB 100MG	0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)
everolimus tab 2.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 7.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ICLUSIG TAB 15MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (120 TABLETS PER 30 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA SUS 70MG/ML	0	PA, QL (216 ML PER 36 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
KRAZATI TAB 200MG	0	PA, QL (180 TABLETS PER 30 DAYS)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA, QL (240 TABS PER 30 DAYS)
LUMAKRAS TAB 320MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
RETEVMO CAP 40MG	0	PA, QL (60 TABLETS PER 30 DAYS)
RETEVMO CAP 80MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (120 TABLETS PER 30 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VONJO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZEJULA TAB 100MG	0	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 200MG	0	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 300MG	0	PA, QL (30 TABS PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYDELIG TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYDELIG TAB 150MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI SOL 500MCG	5	PA, QL (2 PFS PER 28 DAYS)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 25MU	5	PA
INTRON A INJ 50MU	5	PA
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA

ANTIPARKINSON AND RELATED THERAPY AGENTS

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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-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	
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 15MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 20MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 25MG	4	PA, QL (150 FILMS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 30MG	4	PA, QL (150 FILMS PER 30 DAYS)
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 0.75MG	3	
MIRAPEX TAB 0.125MG	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: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
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	2	
RYTARY CAP 145MG	2	QL (60 caps every 30 days)
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	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	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
NUPLAZID TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
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	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	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	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	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	
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	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: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

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 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
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	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 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	
SAPHRIS SUB 2.5MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	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	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 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	
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	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
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	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 ML PER 30 DAYS)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
efavirenz cap 50 mg	1	QL (90 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
efavirenz cap 200 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz tab 600 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine caps 200 mg	1	QL (30 CAPSULES PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (30 TABLETS PER 30 DAYS); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (960 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
etravirine tab 100 mg	1	QL (120 TABLETS PER 30 DAYS)
etravirine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (480 ML PER 30 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
lamivudine oral soln 10 mg/ml	1	QL (960 ML PER 30 DAYS)
lamivudine tab 150 mg	1	QL (60 TABLETS PER 30 DAYS)
lamivudine tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine tab 150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (480 ML PER 30 DAYS)
lopinavir-ritonavir tab 100-25 mg	1	QL (240 TABLETS PER 30 DAYS)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 TABLETS PER 30 DAYS)
nevirapine susp 50 mg/5ml	1	QL (1200 ML PER 30 ML DAYS)
nevirapine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 100 mg	1	QL (90 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 400 mg	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (60 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYP 50MG/5ML	3	QL (1920 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
ritonavir tab 100 mg	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA, QL (60 TABLETS PER 30 DAYS)
stavudine cap 15 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 20 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 30 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 40 mg	1	QL (60 CAPSULES PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ PD TAB	2	QL (180 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
zidovudine cap 100 mg	1	QL (180 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
zidovudine syrup 10 mg/ml	1	QL (1920 ML PER 30 DAYS)
zidovudine tab 300 mg	1	QL (60 TABLETS PER 30 DAYS)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	PA, QL (120 TABLETS PER 30 DAYS)
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 ML PER 30 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (120 TABLETS FOR 30 DAYS)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	3	QL (630 ML PER 30 DAYS)
entecavir tab 0.5 mg	1	QL (30 TABS PER 30 DAYS)
entecavir tab 1 mg	1	QL (30 TABS PER 30 DAYS)
EPCLUSA PAK 150-37.5	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
PEGINTRON KIT 50MCG	5	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI PAK 150MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	5	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	5	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); 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)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (28 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL every 90 days)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
TPOXX INJ	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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 TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
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	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
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	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

Drug Name	Drug Tier	Requirements/Limits
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	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
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	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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 cap 10 mg	1	
nifedipine cap 20 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	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

CARDIOTONICS

CARDIAC GLYCOSIDES

Drug Name	Drug Tier	Requirements/Limits
digoxin oral soln 0.05 mg/ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.0625MG	3	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS CAP 2.5MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 5MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 10MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 15MG	5	PA, QL (30 CAPSULES PER 30 DAYS)

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB 0.5MG	3	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 2.5 mg	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tabs every 30 days)
vardenafil hcl tab 2.5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl tab 5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PERIPHERAL VASODILATORS		
isoxsuprine hcl tab 20 mg	3	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
ambrisentan tab 10 mg	1	PA, QL (30 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
bosentan tab 62.5 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
bosentan tab 125 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (784 ML PER 30 DAYS)
sildenafil citrate tab 20 mg	1	PA, QL (360 TABLETS PER 30 DAYS)
tadalafil tab 20 mg (pah)	1	PA, QL (60 TABLETS PER 30 DAYS)
TADLIQ SUS 20MG/5ML	5	PA, QL (300 ML PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST 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 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	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	
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	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB 0.1-20	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ESTROSTEP FE TAB	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
GENERESS FE CHW	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð 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	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	0	
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

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	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	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 & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL TAB	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
NUVARING MIS	1	QL (13 rings every 300 days); Tier 1 with DAW 9
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
ORTHO MICRON TAB 0.35MG	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
ENTOCORT EC CAP 3MG DR	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	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
prednisolone soln 15 mg/5ml	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 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	Tier 1 with DAW9
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	

COUGH/COLD/ALLERGY

Drug Name	Drug Tier	Requirements/Limits
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (210 mL every 30 days)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (42 tabs every 30 days)
TESSALON PER CAP 100MG	3	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine liquid 225-7.5 mg/5ml	1	QL (315 mL every 30 days)
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (420 mL every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (70 mL every 30 days)
MAR-COF CG LIQ 225-7.5	3	QL (315 mL every 30 days)
NEOTUSS PLUS LIQ	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (210 mL every 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (210 mL every 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUSSICAPS CAP 10-8MG	3	QL (14 caps every 30 days)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	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	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.1%	1	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
ARAZLO LOT 0.045%	2	PA
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
BENZEPRO LIQ CREAMY	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47 gm every 25 days)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
CLEOCIN-T LOT 1%	3	QL (60 mL every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (50 gm every 25 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (60 gm every 30 days)
clindamycin phosphate lotion 1%	1	QL (60 mL every 30 days)
clindamycin phosphate soln 1%	1	QL (60 mL every 30 days)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50 gm every 25 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50 gm every 25 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (60 gm every 30 days)
erythromycin gel 2%	1	QL (60 gm every 30 days)
erythromycin pads 2%	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin soln 2%	1	QL (60 mL every 30 days)
EVOCLIN AER 1%	3	
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	QL (50 gm every 25 days)
PR BENZOYL LIQ 7% WASH	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%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
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
TWYNEO CRE 0.1-3%	2	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every 25 days)
gentamicin sulfate cream 0.1%	1	QL (120 gm every 25 days)
gentamicin sulfate oint 0.1%	1	QL (120 gm every 25 days)
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 gm every 25 days)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
LOPROX SHA 1%	3	QL (120 mL every 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (100 gm every 25 days)
naftifine hcl cream 1%	1	QL (60 gm every 25 days)
naftifine hcl cream 2%	1	QL (60 gm every 25 days)
naftifine hcl gel 1%	1	QL (120 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TOLAK CRE 4%	3	
VALCHLOR GEL 0.016%	5	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (90 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (90 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:5 SYRINGES PER 35 DAYS
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis dependent
COSENTYX INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PENS PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX UNO INJ 300/2ML	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
DOVONEX CRE 0.005%	3	PA
methoxsalen rapid cap 10 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 4 SYRINGES PER 28 DAYS
SKYRIZI INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:2 SYRINGES PER 28 DAYS
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
SOTYKTU TAB 6MG	4	PA, QL (30 TABLETS PER 30 DAYS)
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGES PER 12 WEEKS (84 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	4	PA, QL (1 VIALS PER 12 WEEKS); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
TALTZ INJ 80MG/ML	4	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
TALTZ INJ 80MG/ML	4	PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
tazarotene cream 0.1%	1	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS
VTAMA CRE 1%	2	PA
ZORYVE CRE 0.3%	2	ST, PA, QL (60 gms per 25 days)
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
SODIUM SULFA LIQ 10% WASH	3	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (120 gm every 30 days)
alclometasone dipropionate oint 0.05%	1	QL (120 gm every 30 days)
amcinonide cream 0.1%	1	QL (120 gm every 30 days)
amcinonide lotion 0.1%	1	QL (120 mL every 30 days)
amcinonide oint 0.1%	3	QL (120 gm every 30 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm every 30 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL every 30 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm every 30 days)
betamethasone dipropionate cream 0.05%	1	QL (120 gm every 30 days)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL every 30 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm every 30 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm every 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL every 30 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm every 30 days)
BRYHALI LOT 0.01%	2	QL (120 gm every 30 days)
clobetasol propionate cream 0.05%	1	QL (120 gm every 30 days)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm every 30 days)
clobetasol propionate foam 0.05%	1	QL (120 gm every 30 days)
clobetasol propionate gel 0.05%	1	QL (120 gm every 30 days)
clobetasol propionate lotion 0.05%	1	QL (120 mL every 30 days)
clobetasol propionate oint 0.05%	1	QL (120 gm every 30 days)
clobetasol propionate shampoo 0.05%	1	QL (120 mL every 30 days)
clobetasol propionate soln 0.05%	1	QL (120 mL every 30 days)
CLOBEX LOT 0.05%	3	QL (120 mL every 30 days)
CLOBEX SHA 0.05%	3	QL (120 mL every 30 days)
CLODERM CRE 0.1%	3	QL (120 gm every 30 days)
CUTIVATE LOT 0.05%	3	QL (120 mL every 30 days)
DERMA-SMOOTH OIL /FS BODY	3	QL (120 mL every 30 days)
DERMA-SMOOTH OIL /FS SCLP	3	QL (120 mL every 30 days)
DESONATE GEL 0.05%	3	QL (120 gm every 30 days)
desonide cream 0.05%	1	QL (120 gm every 30 days)
desonide lotion 0.05%	1	QL (120 mL every 30 days)
desonide oint 0.05%	1	QL (120 gm every 30 days)
DESOWEN CRE 0.05%	3	QL (120 gm every 30 days)
desoximetasone cream 0.05%	1	QL (120 gm every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
desoximetasone cream 0.25%	1	QL (120 gm every 30 days)
desoximetasone gel 0.05%	1	QL (120 gm every 30 days)
desoximetasone oint 0.25%	1	QL (120 gm every 30 days)
desoximetasone spray 0.25%	1	QL (120 mL every 30 days)
DIPROLENE AF CRE 0.05%	3	QL (120 gm every 30 days)
DIPROLENE OIN 0.05%	3	QL (120 gm every 30 days)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (120 gm every 30 days)
fluocinolone acetonide cream 0.025%	1	QL (120 gm every 30 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL every 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL every 30 days)
fluocinolone acetonide oint 0.025%	1	QL (120 gm every 30 days)
fluocinolone acetonide soln 0.01%	1	QL (120 mL every 30 days)
fluocinonide cream 0.05%	1	QL (120 gm every 30 days)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm every 30 days)
fluocinonide gel 0.05%	1	QL (120 gm every 30 days)
fluocinonide oint 0.05%	1	QL (120 gm every 30 days)
fluocinonide soln 0.05%	1	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	1	QL (120 gm every 30 days)
fluticasone propionate lotion 0.05%	1	QL (120 mL every 30 days)
fluticasone propionate oint 0.005%	1	QL (120 gm every 30 days)
halobetasol propionate cream 0.05%	1	QL (120 gm every 30 days)
halobetasol propionate oint 0.05%	1	QL (120 gm every 30 days)
HC/PRAMOXINE CRE 1-2.35%	3	
hydrocortisone butyrate cream 0.1%	1	QL (120 gm every 30 days)
hydrocortisone butyrate oint 0.1%	1	QL (120 gm every 30 days)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL every 30 days)
hydrocortisone cream 2.5%	1	QL (120 gm every 30 days)
hydrocortisone lotion 2.5%	1	QL (120 mL every 30 days)
hydrocortisone oint 2.5%	1	QL (120 gm every 30 days)
hydrocortisone valerate cream 0.2%	1	QL (120 gm every 30 days)
hydrocortisone valerate oint 0.2%	1	QL (120 gm every 30 days)
LOCOID LIPO CRE 0.1%	3	QL (120 gm every 30 days)
LOCOID LOT 0.1%	3	QL (120 mL every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate cream 0.1%	1	QL (120 gm every 30 days)
mometasone furoate oint 0.1%	1	QL (120 gm every 30 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL every 30 days)
OLUX AER 0.05%	3	QL (120 gm every 30 days)
PANDEL CRE 0.1%	3	QL (120 gm every 30 days)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
prednicarbate cream 0.1%	1	QL (120 gm every 30 days)
prednicarbate oint 0.1%	1	QL (120 gm every 30 days)
SERNIVO SPR	3	QL (120 mL every 30 days)
SERNIVO SPR 0.05%	3	QL (120 mL every 30 days)
SYNALAR CRE 0.025%	3	QL (120 gm every 30 days)
SYNALAR OIN 0.025%	3	QL (120 gm every 30 days)
SYNALAR SOL 0.01%	3	QL (120 mL every 30 days)
TACLONEX OIN	2	PA
TACLONEX SUS	2	PA
TEMOVATE CRE 0.05%	3	QL (120 gm every 30 days)
TEMOVATE OIN 0.05%	3	QL (120 gm every 30 days)
TEXACORT SOL 2.5%	3	QL (120 mL every 30 days)
TOPICORT CRE 0.05%	3	QL (120 gm every 30 days)
TOPICORT CRE 0.25%	3	QL (120 gm every 30 days)
TOPICORT GEL 0.05%	3	QL (120 gm every 30 days)
TOPICORT OIN 0.05%	3	QL (120 gm every 30 days)
TOPICORT OIN 0.25%	3	QL (120 gm every 30 days)
TOPICORT SPR 0.25%	3	QL (120 mL every 30 days)
triamcinolone acetonide cream 0.1%	1	QL (120 gm every 30 days)
triamcinolone acetonide cream 0.5%	1	QL (120 gm every 30 days)
triamcinolone acetonide cream 0.025%	1	QL (120 gm every 30 days)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL every 30 days)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL every 30 days)
triamcinolone acetonide oint 0.1%	1	QL (120 gm every 30 days)
triamcinolone acetonide oint 0.5%	1	QL (120 gm every 30 days)
triamcinolone acetonide oint 0.025%	1	QL (120 gm every 30 days)
TRIDESILON CRE 0.05%	3	QL (120 gm every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); LOADING DOSE: 4 SYRINGES PER 14 DAYS
CIBINQO TAB 50MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 200MG	4	PA, QL (30 TABLETS PER 30 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PENS (400 MG) PER 28 DAYS); LOADING DOSE:2 PENS (400 MG) PER 14 DAYS
DUPIXENT INJ 300/2ML	4	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PFS PER 28 DAYS)
OPZELURA CRE 1.5%	3	PA
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
EMOLLIENTS		
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	5	PA, QL (28 caps per 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	QL (21 ea every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (90 ea every 30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
LIDODERM DIS 5%	3	QL (90 ea every 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
ZTLIDO PAD 1.8%	3	PA, QL (90 ea every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ZTLIDO PAD 1.8%	3	PA, QL (90 patches every 30 days)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	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	
ORACEA CAP 40MG	1	Tier 1 with DAW9
SOOLANTRA CRE 1%	1	PA; Tier 1 with DAW9
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ELIMITE CRE 5%	3	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE	0	QL (150 strips every 30 days)
ACCU-CHEK TES AVIVA PL	0	QL (150 strips every 30 days)
ACCU-CHEK TES COMPACT	0	QL (150 strips every 30 days)
ACCU-CHEK TES SMART	0	QL (150 strips every 30 days)
CHEMSTRIP K TES	0	
CHEMSTRIP TES UGK	0	
CVS KETONE TES CARE	0	
DIASTIX TES STRIPS	0	
FORA GTEL TES KETONE	0	
GOJJI BLOOD TES KETONE	0	
KETO-DIASTIX TES	0	
KETONE TES	0	
KETONE TEST TES	0	
KETOSTIX TES STRIP	0	
NOVA MAX PLS TES KETONE	0	
ONETOUCH TES ULTRA	0	QL (150 strips every 30 days)
ONETOUCH TES VERIO	0	QL (150 strips every 30 days)
PRECISN XTRA TES KETONE	0	
PTS PANELS TES KETONE	0	
RELION TES KETONE	0	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits

DIGESTIVE AIDS

DIGESTIVE ENZYMES

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	5	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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 25000UNT	2	
ZENPEP CAP 40000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL (120 tabs every 30 days)
KEVEYIS TAB 50MG	5	PA, QL (120 TABLETS PER 30 DAYS)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	

DIURETIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
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 tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/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	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
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	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 600/2.4	4	PA, QL (1 PENS FOR 28 DAYS)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
NATPARA INJ 25MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
TYMLOS INJ	4	PA, QL (1 PEN PER 30 DAYS)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (35ML PER 21 DAYS)
CORTROPHIN GEL 80UNIT	5	PA, QL (35ML PER 21 DAYS)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (30 VIALS PER 30 DAYS)
GROWTH 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
SOGROYA INJ 5MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl tab 60 mg	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (120 TABLETS PER 30 DAYS)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	5	PA, QL (30 VIALS PER 30 DAYS)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	5	PA, QL (672 GRAMS (8 BOTTLES) PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
REVCOVI INJ 1.6MG/ML	5	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	5	PA, QL (120 TABLETS PER 30 DAYS)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (798 GRAMS PER 30 DAYS)
sodium phenylbutyrate tab 500 mg	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	PA, QL (4 PACKETS PER DAY)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (30 VIALS PER 30 DAYS)
VOXZOGO INJ 0.56MG	5	PA, QL (30 VIALS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
VOXZOGO INJ 1.2MG	5	PA, QL (30 VIALS PER 30 DAYS)
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
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	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (90 vials every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (90 VIALS PER 30 DAYS)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 VIALS (45,000 UNITS) PER 30 DAYS)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 VIALS (45,000) PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (90 ampules every 30 days)
SANDOSTATIN INJ 100MCG	5	PA, QL (90 VIALS PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJ 500MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SAMSCA TAB 30MG	5	PA, QL (30 TABLETS PER 30 DAYS)
tolvaptan tab 30 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 1-100MG	2	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
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	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
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	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
EVAMIST SPR 1.53MG	2	
PREMARIN INJ 25MG	3	PA

FLUOROQUINOLONES

FLUOROQUINOLONES

Drug Name	Drug Tier	Requirements/Limits
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
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	
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	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
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	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 KITS PER 28 DAYS); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CIMZIA START KIT 200MG/ML	4	PA, QL (1 KIT PER 28 DAYS); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DIPENTUM CAP 250MG	3	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
SKYRIZI INJ 180/1.2	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 360/2.4	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 CAPSULES PER 30 DAYS)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
PHOSLYRA SOL	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
RENAGEL TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (90 TABLETS PER 30 DAYS)

GENITOURINARY AGENTS - MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	3	
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	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PROSTATIC HYPERTROPHY AGENTS		
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	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	QL (120 tabs per 30 days)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	1	QL (60 caps per 30 days); Tier 1 with DAW9
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
probenecid tab 500 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	4	PA, QL (60 TABLETS PER 30 DAYS)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	5	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
ORLADEYO CAP 110MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
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	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAP 84MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
miglustat cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	5	PA, QL (90 CAPSULES PER 30 DAYS)

AGENTS FOR SICKLE CELL DISEASE

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	4	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	

COBALAMINS

Drug Name	Drug Tier	Requirements/Limits
cyanocobalamin inj 1000 mcg/ml	1	PA
NASCOBAL SPR 500MCG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	$0 copay for women younger than 55
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	$0 copay for women younger than 55
folic acid tab 800 mcg	0	$0 copay for women younger than 55
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
DOPTELET TAB 20MG	4	PA, QL (60 tabs every 30 days)
DOPTELET TAB 20MG	4	PA, QL (90 tabs every 30 days)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 SYRINGES PER 28 DAYS)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	5	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
PROMACTA PAK 25MG	4	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	4	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	4	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	4	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

Drug Name	Drug Tier	Requirements/Limits
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
LYSTEDA TAB 650MG	3	
tranexamic acid tab 650 mg	1	

HEMOSTATICS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
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	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HALCION TAB 0.25MG	3	
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	
zaleplon cap 5 mg	1	
zaleplon cap 10 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	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 ML PER DAY)
ramelteon tab 8 mg	1	
tasimelteon capsule 20 mg	1	PA, QL (30 CAPSULES PER 30 DAYS)

LAXATIVES

LAXATIVE COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 45 through 75
CLENPIQ SOL	0	$0 copay for members age 45 through 75
NULYTELY SOL LMN/LIME	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: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
lactulose solution 10 gm/15ml	1	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
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	
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 TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
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	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
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	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days); OTC
FC FEMALE MIS CONDOM	0	QL (12 boxes every 25 days); OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	
ACCU-CHEK SOL COMPACT	0	
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORT TCH MIS LANC 28G	0	
COMFORT TCH MIS LANC 31G	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	0	
DEXCOM G5 MIS TRANSMIT	0	
DEXCOM G6 MIS RECEIVER	0	
DEXCOM G6 MIS SENSOR	0	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	0	
DEXCOM G7 MIS RECEIVER	0	
DEXCOM G7 MIS SENSOR	0	QL (3 sensors per month)
DIATHRIVE LIQ CONTROL	0	
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS LANCING	0	
DIATHRIVE MIS UT 30G	0	
DIATRUE CONT SOL LEVEL 1	0	
DIATRUE CONT SOL LEVEL 2	0	
DIATRUE CONT SOL LEVEL 3	0	
DROPLET LANC MIS 30G	0	
DROPLET LANC MIS DEVICE	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DROPLET PERS MIS LANC 30G	0	
DUO-CARE LIQ LEVEL1/2	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY MINI MIS	0	
EASY MINI MIS EJECT	0	
EASY PLUS II SOL HIGH	0	
EASY PLUS II SOL LOW	0	
EASY TALK SOL HIGH	0	
EASY TALK SOL LOW	0	
EASY TALK SOL NORMAL	0	
EASY TOUCH MIS	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EASY TOUCH SOL CONTROL	0	
EASY TOUCH SOL HIGH/LOW	0	
EASY TRAK II LIQ NORMAL	0	
EASY TRAK SOL HIGH	0	
EASY TRAK SOL LOW	0	
EASY TRAK SOL NORMAL	0	
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASYSTEP HGH SOL CONTROL	0	
EASYSTEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	0	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	0	
G4 PLATINUM MIS TRANSMIT	0	
G4 SENSOR MIS	0	QL (3 sensors per month)
G5/G4 MIS SENSOR	0	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD 5 G6 KIT INTRO	0	PA, QL (1 kit per 999 days)
OMNIPOD 5 G6 MIS PODS	0	PA, QL (10 pods per month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods per month)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit per 999 days)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH KIT ULTRA 2	0	
ONETOUCH KIT VERIO FL	0	
ONETOUCH KIT VERIO RE	0	
ONETOUCH LIQ ULT CONT	0	
ONETOUCH LIQ VERIO	0	
ONETOUCH LIQ VERIO 4	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL KIT COMPLETE	0	
ONETOUCH SOL KIT FIT	0	
ONETOUCH SOL KIT REFILL	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANC 30G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST LIQ HIGH CON	0	
RIGHTEST LIQ NORM CON	0	
RIGHTEST MIS GD500	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	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	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
TWIST LANCET MIS 30G MULT	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	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	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	0	PA, QL (30 pumps per month)
V-GO 30 KIT	0	QL (30 pumps per month)
V-GO 40 KIT	0	QL (30 pumps per month)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VERIFINE MIS UNIV 30G	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 28G	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
CEQUR SIMPL KIT PATCH 2U	0	
INPEN 100EL MIS BLUE-HUM	0	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
AIRZONE PEAK MIS FLOW MTR	3	
ASSESS METER MIS FULL	3	
ASSESS METER MIS LOW	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS METER	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPCE	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
LUNG PERFM MIS METER	3	
MICROCHAMBER MIS	3	
MICROLIFE MIS PEAK FLO	3	
MINI WRIGHT MIS PFM	3	
MINI WRIGHT MIS PFM LOW	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
PEAK A-I-R MIS FLW METR	3	
PEAK AIR FLO MIS ADLT/PED	3	
PEAK FLOW MIS METER	3	
PEAK FLW MTR MIS ADULT	3	
PEAK FLW MTR MIS CHILD	3	
PEAK FLW MTR MIS UNIVERSL	3	
PIKO 1 MIS ELECTRON	3	
POCKET CHAMB MIS	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
POCKET PEAK MIS METER	3	
POCKET SPACE MIS	3	
POCKETPEAK MIS MTR LOW	3	
PROCARE MIS ADULT	3	
PROCARE MIS CHILD	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
SPACER CHAMB MIS ADULT	3	
SPACER CHAMB MIS CHILD	3	
SPACER CHAMB MIS INFANT	3	
TRUZONE PEAK MIS FLOW MTR	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 70MG/ML	2	ST, PA, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, PA, QL (1 pen every 25 days)
AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NURTEC TAB 75MG ODT	2	QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 30MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 60MG	2	ST, QL (30 tabs every 25 days)
UBRELVY TAB 50MG	2	PA, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	PA, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
TRUDHESA AER 0.725MG	3	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 ea every 30 days)
almotriptan malate tab 6.25 mg	1	QL (12 tabs every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 ea every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 30 days)
AMERGE TAB 1MG	3	QL (12 tabs every 30 days)
AMERGE TAB 2.5MG	3	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	3	QL (16 nosepieces every 25 days)
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (30 ea every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (30 ea every 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (30 inhalers every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (36 injections every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 injections every 25 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 30 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 bottles every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 30 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 30 days)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 tabs every 30 days)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 tabs every 30 days)

MINERALS & ELECTROLYTES

FLUORIDE

Drug Name	Drug Tier	Requirements/Limits
FLUORABON DRO	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	OTC; $0 copay-age and gender restrictions apply

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	OTC; $0 copay-age and gender restrictions apply
POTASSIUM		
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	3	
K-TAB TAB 20MEQ	3	
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 15 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	
POTASSIUM POW CHLORIDE	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	5	PA
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
lenalidomide cap 5 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)
lenalidomide cap 10 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)
lenalidomide cap 15 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)
lenalidomide cap 25 mg	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	3	
azathioprine tab 100 mg	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT CAP 250MG	3	PA
CELLCEPT IV INJ 500MG	3	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	4	PA, QL (1 PFS PER 28 DAYS); LOADING DOSE: 3 PFS PER 29 DAYS
ENVARSUS XR TAB 0.75MG	3	PA
ENVARSUS XR TAB 1MG	3	PA
ENVARSUS XR TAB 4MG	3	PA
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
IMURAN TAB 50MG	3	
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	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	3	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	3	PA
ZORTRESS TAB 0.25MG	3	PA
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	5	PA, QL (120 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 INJ PER 28 DAYS); LOADING DOSE: 8 SYR PER 28 DAYS
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (90 ea every 25 days)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
sodium fluoride gel 1.1% (0.5% f)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
ORAFATE PST 10%	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
PRENATAL VITAMINS		
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 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/ iron carbonyl-fa tab 29-1 mg	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SKELAXIN TAB 800MG	3	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
DANTRIUM CAP 50MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	QL (168 tabs every 25 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package (23gm) per 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL MIS SANITIZE	0	
NASAL ANTIALLERGY		
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	QL (1 package (30.5gm) per 25 days)
PATANASE SPR 0.6%	3	QL (1 package (30.5gm) per 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages (25mL each) per 25 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package (16gm) per 25 days)
mometasone furoate nasal susp 50 mcg/act	1	QL (2 packages (17gm each) per 25 days)
NASONEX SPR 50MCG/AC	3	QL (2 packages (17gm each) per 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages (16mL each) per 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	5	PA, QL (50ML (1 BOTTLE) FOR 28 DAYS)
RADICAVA ORS SUS STARTER	5	PA, QL (50ML (1 BOTTLE) FOR 28 DAYS)
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 BOTTLES (120 MG) PER 24 DAYS)
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
ALTEMIA EMU	3	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl ophth soln 0.5%	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	
timolol maleate preservative free ophth soln 0.5%	1	
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	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
ISOPTO ATROP SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
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	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	QL (4 mL every 25 days)
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
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	
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	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (16 CARTONS PER 56 DAYS - ONE TIME TREATMENT)
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE INJ 0.15%	3	
VISIONBLUE INJ 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 BOTTLES PER 28 DAYS)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ketorolac tromethamine ophth soln 0.4%	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine ophth soln 0.5%	1	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	PA, QL (120 tabs every 30 days)

PENICILLINS

Drug Name	Drug Tier	Requirements/Limits
AMINOPENICILLINS		
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	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
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	
PENICILLIN COMBINATIONS		
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
LANOLIN OIN	3	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PAK 7.5GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PAK 9GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PKG 4.5GM	5	PA, QL (30 PACKETS PER 30 DAYS)
XYREM SOL 500MG/ML	5	PA, QL (540 ML PER 30 DAYS)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)
ANTIDEMENTIA AGENTS		
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	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
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	
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	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
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	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 6MG	4	PA, QL (90 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 24MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 TABLETS PER 28 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
tetrabenazine tab 12.5 mg	1	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine tab 25 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (60 TABLETS PER 30 DAYS)
AVONEX PEN KIT 30MCG	4	PA, QL (4 PENS PER 28 DAYS)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES PER 28 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
dalfampridine tab er 12hr 10 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 CAPSULES PER 28 DAYS)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (30 CAPSULES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (30 SYRINGES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 SYRINGES PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PENS PER 28 DAYS); LOADING DOSE: 3 PENS PER 15 DAYS
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	4	PA, QL (7 TABLETS PER 4 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 1MG	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PLEGRIDY INJ	5	PA, QL (1 CARTON PER 28 DAYS)
PLEGRIDY INJ	5	PA, QL (1 KIT PER 28 DAYS)
PLEGRIDY INJ PEN	5	PA, QL (2 PENS PER 28 DAYS)
PLEGRIDY INJ STARTER	5	PA, QL (1 PACK PER 28 DAYS)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 PACK PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
teriflunomide tab 7 mg	1	PA, QL (30 tabs every 30 days)
teriflunomide tab 14 mg	1	PA, QL (30 tabs every 30 days)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (1 Starter Kit per 28 days)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	QL (150 tabs every 25 days)
GRALISE TAB 450MG	2	QL (90 tablets per 25 days)
GRALISE TAB 600MG	2	QL (90 tabs every 25 days)
GRALISE TAB 750MG	2	QL (60 tablets per 25 days)
GRALISE TAB 900MG	2	QL (60 tablets per 25 days)
pregabalin tab er 24hr 82.5 mg	1	QL (60 tabs every 30 days)
pregabalin tab er 24hr 165 mg	1	QL (60 tabs every 30 days)
pregabalin tab er 24hr 330 mg	1	QL (60 tabs every 30 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5& 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	3	OTC; $0 limited to 2 treatment cycles/year
NICODERM CQ DIS 14MG/24H	3	OTC; $0 limited to 2 treatment cycles/year
NICODERM CQ DIS 21MG/24H	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG CINN	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG MINT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG ORIG	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MGFRUIT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG CINN	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG MINT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG ORIG	3	OTC; $0 limited to 2 treatment cycles/year

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM 4MGFRUIT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE LOZ 2MG MINT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE LOZ 4MG MINT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG MINT	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG ORIG	3	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 4MG ORIG	3	OTC; $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	
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	5	PA, QL (56 packets per 28 days)
KALYDECO GRA 13.4MG	5	PA, QL (56 packets per 28 days)
KALYDECO PAK 25MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	5	PA, QL (1 CARTON (56 TABS) PER 28 DAYS)
ORKAMBI GRA 75-94MG	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 100-125	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TAB 100-125	5	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	5	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	5	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	5	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets per 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets per 28 days)
TRIKAFTA TAB	5	PA, QL (84 TABLETS PER 28 DAYS)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
pirfenidone tab 267 mg	1	QL (270 TABLETS PER 30 DAYS)
pirfenidone tab 801 mg	1	QL (90 TABLETS PER 30 DAYS)

SULFONAMIDES

Drug Name	Drug Tier	Requirements/Limits
SULFONAMIDES		
sulfadiazine tab 500 mg	3	

TETRACYCLINES

Drug Name	Drug Tier	Requirements/Limits
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
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 monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 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	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 250 mg	1	QL (120 caps every 25 days)
tetracycline hcl cap 500 mg	1	QL (120 caps every 25 days)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
VIBRAMYCIN SYP 50MG/5ML	3	

THYROID AGENTS

ANTITHYROID AGENTS

Drug Name	Drug Tier	Requirements/Limits
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	3	
TAPAZOLE TAB 10MG	3	

THYROID HORMONES

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

Drug Name	Drug Tier	Requirements/Limits
ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
SYMAX DUOTAB TAB	3	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
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 TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 ea every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	$0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

URINARY ANTISPASMODICS

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride solution 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	
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	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VANDAZOLE GEL 0.75%	1	
XACIATO GEL 2%	3	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (3 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
droxidopa cap 200 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
droxidopa cap 300 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	

VITAMINS

OIL SOLUBLE VITAMINS

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
MEPHYTON TAB 5MG	3	
phytonadione tab 5 mg	1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Index

A

abacavir sulfate-lamivudine tab 600-300 mg 105
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg 106
abacavir sulfate soln 20 mg/ml (base equiv) 105
abacavir sulfate tab 300 mg (base equiv) 105
ABILIFY MAIN INJ 300MG 104
ABILIFY MAIN INJ 400MG 104
abiraterone acetate tab 250 mg 85
abiraterone acetate tab 500 mg 85
ABSORICA CAP 10MG 132
ABSORICA CAP 20MG 132
ABSORICA CAP 25MG 132
ABSORICA CAP 30MG 132
ABSORICA CAP 35MG 132
ABSORICA CAP 40MG 132
acamprosate calcium tab delayed release 333 mg 217
acarbose tab 100 mg 59
acarbose tab 25 mg 59
acarbose tab 50 mg 59
ACCOLATE TAB 10MG 42
ACCOLATE TAB 20MG 42
ACCU-CHEK GUIDE 148
ACCU-CHEK KIT FASTCLIX 177
ACCU-CHEK KIT SOFTCLIX 178
ACCU-CHEK LIQ GUIDE 178
ACCU-CHEK LIQ SMART 178
ACCU-CHEK MIS MLTICLIX 178
ACCU-CHEK SOL 178
ACCU-CHEK SOL COMPACT 178
ACCU-CHEK TES AVIVA PL 148
ACCU-CHEK TES COMPACT 148
ACCU-CHEK TES SMART 148
ACCUPRIL TAB 10MG 71
ACCUPRIL TAB 20MG 71
ACCUPRIL TAB 40MG 72
ACCUPRIL TAB 5MG 71
ACCURETIC TAB 10-12.5 75
ACCURETIC TAB 20-12.5 75
ACCURETIC TAB 20-25MG 75
ACCUTREND SOL GLUCOSE 178
acebutolol hcl cap 200 mg 115
acebutolol hcl cap 400 mg 115
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 31
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg 31
acetaminophen w/ codeine soln 120-12 mg/5ml 31
acetaminophen w/ codeine tab 300-15 mg 31
acetaminophen w/ codeine tab 300-30 mg 31
acetaminophen w/ codeine tab 300-60 mg 31
acetazolamide cap er 12hr 500 mg 154
acetazolamide tab 125 mg 154
acetazolamide tab 250 mg 154
acetic acid otic soln 2% 215
acetylcysteine inhal soln 10% 132
acetylcysteine inhal soln 20% 132
acitretin cap 10 mg 136
acitretin cap 17.5 mg 136
acitretin cap 25 mg 136
ACTHAR INJ 80UNIT 157
ACTI-LANCE MIS 28G 178
ACTI-LANCE MIS LITE 28G 178
ACTI-LANCE MIS SPEC 17G 178
ACTI-LANCE MIS UNIV 23G 178
ACTIMMUNE INJ 2MU/0.5 94
ACTIQ LOZ 1200MCG 24
ACTIQ LOZ 1600MCG 24
ACTIQ LOZ 200MCG 24
ACTIQ LOZ 400MCG 24
ACTIQ LOZ 600MCG 24
ACTIQ LOZ 800MCG 24
ACTIVELLA TAB 1-0.5MG 162
ACTONEL TAB 150MG 156
ACTONEL TAB 35MG 156
ACTOPLUS MET TAB 15-500MG 59

ACTOPLUS MET TAB 15-850MG...............59
ACULAR LS SOL 0.4% 214
ACULAR SOL 0.5% OP 214
acyclovir cap 200 mg 114
acyclovir oint 5%.......................................141
acyclovir susp 200 mg/5ml 114
acyclovir tab 400 mg 114
acyclovir tab 800 mg 114
ADALIMU-ADAZ INJ 40/0.4ML 10
adapalene-benzoyl peroxide gel 0.1-2.5% 133
adapalene-benzoyl peroxide gel 0.3-2.5% 133
adapalene cream 0.1% 132
adapalene gel 0.1% 132
adapalene gel 0.3% 133
ADASUVE INH 10MG 101
ADBRY INJ 150MG/ML...............................145
adefovir dipivoxil tab 10 mg 112
ADEMPAS TAB 0.5MG...............................125
ADEMPAS TAB 1.5MG................................125
ADEMPAS TAB 1MG..................................125
ADEMPAS TAB 2.5MG...............................125
ADEMPAS TAB 2MG 125
ADIPEX-P CAP 37.5MG.................................3
ADIPEX-P TAB 37.5MG 3
ADJ LANCING MIS DEVICE.......................178
ADRENALIN INJ 1MG/ML.........................233
ADRENALIN INJ 30/30ML 233
ADRENALIN SOL 1:1000 210
ADVAIR DISKU AER 100/50 43
ADVAIR DISKU AER 250/50 43
ADVAIR DISKU AER 500/50.......................43
ADVANCE LIQ CONTROL.........................178
ADVANCE LIQ INTUITIO 178
ADVANCE NORM LIQ CONTROL.............178
ADVCATE SAFE MIS LANC 26G...............178
ADV LANCING MIS DEVICE 178
ADVOCATE+ SOL REDI-COD....................178
ADVOCATE LIQ HIGH 178
ADVOCATE LIQ LOW 178
ADVOCATE MIS LANC 30G 178
ADVOCATE MIS LANC DEV 178
ADVOCATE MIS LANCETS........................178
ADV TRAVEL MIS LANC 28G....................178
AEMCOLO TAB 194MG 35
AERCHMBR PLS MIS FLOW-VU...............197
AERCHMBR PLS MIS LRG MASK.............197
AERCHMBR PLS MIS MED MASK............197
AERCHMBR PLS MIS SM MASK...............197
AERCHMBR Z- MIS STAT PLS 197
AEROCHAMBER KIT ACTION 197
AEROCHAMBER MIS CHAMBER 197
AEROCHAMBER MIS FLOSIGNA..............197
AEROCHAMBER MIS MV 197
AEROCHAMBER MIS PLUS.......................197
AEROVENT MIS PLUS 197
AGAMATRIX MIS 33G 178
AGAMATRIX SOL HIGH 178
AGAMATRIX SOL LEVEL 2 178
AGAMATRIX SOL LEVEL 4 178
AGAMATRIX SOL NORM/HGH.................178
AGAMATRIX SOL NORMAL 178
AGRYLIN CAP 0.5MG 170
AIMOVIG INJ 140MG/ML 199
AIMOVIG INJ 70MG/ML............................199
AIMSCO TWIST MIS 32G..........................178
AIMSCO TWIST MIS 33G..........................178
AIRSUPRA AER 90-80MCG........................44
AIRZONE PEAK MIS FLOW MTR 197
AJOVY INJ 225/1.5....................................199
AKLIEF CRE 0.005% 133
AKTEN GEL 3.5%.......................................213
albendazole tab 200 mg 35
ALBENZA TAB 200MG 35
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 44
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)..44
albuterol sulfate soln nebu 0.5% (5 mg/ml) 44
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 44
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 44
albuterol sulfate syrup 2 mg/5ml...............44

albuterol sulfate tab 2 mg 44
albuterol sulfate tab 4 mg 44
albuterol sulfate tab er 12hr 4 mg 44
albuterol sulfate tab er 12hr 8 mg 44
ALCAINE SOL 0.5% OP 213
alclometasone dipropionate cream 0.05% 141
alclometasone dipropionate oint 0.05% ..141
ALCOH-GLOVE PAD CONTOURE 196
ALCOHOL PAD 196
ALCOHOL PAD 70% 196
ALCOHOL PAD PREP 196
ALCOHOL PAD SWABSTIC 196
ALCOHOL PREP PAD 196
ALCOHOL PREP PAD 70% 196
ALCOHOL PREP PAD MED 70% 196
ALCOHOL PREP PAD PADS 70% 196
ALCOHOL SWAB PAD 196
ALCOHOL SWAB PAD 70% 196
ALCOHOL SWAB PAD EX-THICK 196
ALCOHOL WIPE PAD 196
ALDACTAZIDE TAB 25/25 154
ALDACTAZIDE TAB 50/50 154
ALDACTONE TAB 100MG 155
ALDACTONE TAB 25MG 155
ALDACTONE TAB 50MG 155
ALECENSA CAP 150MG 88
alendronate sodium oral soln 70 mg/75ml 156
alendronate sodium tab 10 mg 156
alendronate sodium tab 35 mg 156
alendronate sodium tab 5 mg 156
alendronate sodium tab 70 mg 156
alfuzosin hcl tab er 24hr 10 mg 169
ALINIA SUS 100/5ML 36
ALINIA TAB 500MG 36
aliskiren fumarate tab 150 mg (base equivalent) 79
aliskiren fumarate tab 300 mg (base equivalent) 79
ALKERAN TAB 2MG 81
allopurinol tab 100 mg 169
allopurinol tab 300 mg 169
almotriptan malate tab 12.5 mg 200
almotriptan malate tab 6.25 mg 200
ALOCRIL SOL 2% 214
ALOMIDE SOL 0.1% OP 214
alosetron hcl tab 0.5 mg (base equiv) 167
alosetron hcl tab 1 mg (base equiv) 167
ALPHAGAN P SOL 0.1% 211
ALPHAGAN P SOL 0.15% 211
ALPRAZOLAM CON 1 MG/ML 39
alprazolam orally disintegrating tab 0.25 mg 39
alprazolam orally disintegrating tab 0.5 mg 39
alprazolam orally disintegrating tab 1 mg .39
alprazolam orally disintegrating tab 2 mg 39
alprazolam tab 0.25 mg 39
alprazolam tab 0.5 mg 39
alprazolam tab 1 mg 39
alprazolam tab 2 mg 39
alprazolam tab er 24hr 0.5 mg 39
alprazolam tab er 24hr 1 mg 39
alprazolam tab er 24hr 2 mg 39
alprazolam tab er 24hr 3 mg 39
ALTABAX OIN 1% 135
ALTACE CAP 1.25MG 72
ALTACE CAP 10MG 72
ALTACE CAP 2.5MG 72
ALTACE CAP 5MG 72
ALTEMIA EMU 210
ALUNBRIG PAK 88
ALUNBRIG TAB 180MG 88
ALUNBRIG TAB 30MG 88
ALUNBRIG TAB 90MG 88
alvimopan cap 12 mg 167
amantadine hcl cap 100 mg 95
amantadine hcl soln 50 mg/5ml 95
amantadine hcl tab 100 mg 95
AMARYL TAB 1MG 63
AMARYL TAB 2MG 63
AMARYL TAB 4MG 63
AMBIEN CR TAB 12.5MG 174
AMBIEN CR TAB 6.25MG 174
AMBIEN TAB 10MG 174

AMBIEN TAB 5MG....174
ambrisentan tab 10 mg 123
ambrisentan tab 5 mg 123
amcinonide cream 0.1%....141
amcinonide lotion 0.1% 141
amcinonide oint 0.1% 141
AMERGE TAB 1MG 200
AMERGE TAB 2.5MG 200
AMICAR TAB 1000MG 173
AMICAR TAB 500MG....173
amiloride & hydrochlorothiazide tab 5-50 mg....154
amiloride hcl tab 5 mg 155
aminocaproic acid oral soln 0.25 gm/ml.173
aminocaproic acid tab 1000 mg 173
aminocaproic acid tab 500 mg....173
amiodarone hcl tab 100 mg....41
amiodarone hcl tab 200 mg 41
amiodarone hcl tab 400 mg 41
amitriptyline hcl tab 100 mg 58
amitriptyline hcl tab 10 mg....57
amitriptyline hcl tab 150 mg 58
amitriptyline hcl tab 25 mg 57
amitriptyline hcl tab 50 mg 57
amitriptyline hcl tab 75 mg 57
AMJEVITA INJ 10/0.2ML....10
AMJEVITA INJ 20/0.4ML....10
AMJEVITA INJ 40/0.8ML....10
amlodipine besylate-atorvastatin calcium tab 10-10 mg....120
amlodipine besylate-atorvastatin calcium tab 10-20 mg 120
amlodipine besylate-atorvastatin calcium tab 10-40 mg 120
amlodipine besylate-atorvastatin calcium tab 10-80 mg 120
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 120
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg....120
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg....120
amlodipine besylate-atorvastatin calcium tab 5-10 mg....120
amlodipine besylate-atorvastatin calcium tab 5-20 mg 120
amlodipine besylate-atorvastatin calcium tab 5-40 mg....120
amlodipine besylate-atorvastatin calcium tab 5-80 mg....120
amlodipine besylate-benazepril hcl cap 10-20 mg 75
amlodipine besylate-benazepril hcl cap 10-40 mg 75
amlodipine besylate-benazepril hcl cap 2.5-10 mg....75
amlodipine besylate-benazepril hcl cap 5-10 mg....75
amlodipine besylate-benazepril hcl cap 5-20 mg 75
amlodipine besylate-benazepril hcl cap 5-40 mg 75
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 75
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 76
amlodipine besylate-olmesartan medoxomil tab 5-20 mg....75
amlodipine besylate-olmesartan medoxomil tab 5-40 mg....75
amlodipine besylate tab 10 mg (base equivalent) 117
amlodipine besylate tab 2.5 mg (base equivalent) 117
amlodipine besylate tab 5 mg (base equivalent) 117
amlodipine besylate-valsartan tab 10-160 mg 76
amlodipine besylate-valsartan tab 10-320 mg 76
amlodipine besylate-valsartan tab 5-160 mg 76
amlodipine besylate-valsartan tab 5-320 mg 76

amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 76
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 76
amoxapine tab 100 mg 58
amoxapine tab 150 mg 58
amoxapine tab 25 mg 58
amoxapine tab 50 mg 58
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 231
amoxicillin (trihydrate) cap 250 mg 216
amoxicillin (trihydrate) cap 500 mg 216
amoxicillin (trihydrate) chew tab 125 mg 216
*amoxicillin (trihydrate) chew tab 250 mg*216
amoxicillin (trihydrate) for susp 125 mg/5ml 216
amoxicillin (trihydrate) for susp 200 mg/5ml 216
amoxicillin (trihydrate) for susp 250 mg/5ml 216
amoxicillin (trihydrate) for susp 400 mg/5ml 216
amoxicillin (trihydrate) tab 500 mg 216
amoxicillin (trihydrate) tab 875 mg 216
amoxicillin & k clavulanate chew tab 200-28.5 mg 216
amoxicillin & k clavulanate chew tab 400-57 mg 216
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 216
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 216
amoxicillin & k clavulanate for susp 400-57 mg/5ml 216
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 216
amoxicillin & k clavulanate tab 250-125 mg 216
amoxicillin & k clavulanate tab 500-125 mg 217
amoxicillin & k clavulanate tab 875-125 mg 217
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 217
AMPHETAMI ER SUS 1.25/ML 1
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 1
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
amphetamine sulfate tab 10 mg 1
amphetamine sulfate tab 5 mg 1
ampicillin cap 500 mg 216
AMPYRA TAB 10MG 221
ANACAINE OIN 146
ANAFRANIL CAP 25MG 58
ANAFRANIL CAP 50MG 58
ANAFRANIL CAP 75MG 58

anagrelide hcl cap 0.5 mg..........170
anagrelide hcl cap 1 mg..........170
ANALPRAM-HC CRE 1-1%..........35
ANALPRAM-HC LOT 2.5%..........35
ANASPAZ TAB 0.125MG..........229
anastrozole tab 1 mg..........85
ANCOBON CAP 250MG..........66
ANCOBON CAP 500MG..........66
ANDRODERM DIS 2MG/24HR..........34
ANDRODERM DIS 4MG/24HR..........34
ANNOVERA MIS..........129
ANORO ELLIPT AER 62.5-25..........44
ANTARA CAP 30MG..........69
ANTARA CAP 90MG..........69
ANUSOL-HC CRE 2.5%..........35
APLENZIN TAB 174MG..........54
APLENZIN TAB 348MG..........54
APLENZIN TAB 522MG..........54
APLICARE ALC PAD SWABSTIC..........196
apraclonidine hcl ophth soln 0.5% (base equivalent)..........212
aprepitant capsule 125 mg..........66
aprepitant capsule 40 mg..........66
aprepitant capsule 80 mg..........66
aprepitant capsule therapy pack 80 & 125 mg..........66
APRISO CAP 0.375GM..........165
APTIOM TAB 200MG..........48
APTIOM TAB 400MG..........48
APTIOM TAB 600MG..........48
APTIOM TAB 800MG..........48
AQUALANCE MIS 30G..........178
ARANESP INJ 100MCG..........172
ARANESP INJ 10MCG..........172
ARANESP INJ 150MCG..........172
ARANESP INJ 200MCG..........172
ARANESP INJ 25MCG..........172
ARANESP INJ 300MCG..........172
ARANESP INJ 40MCG..........172
ARANESP INJ 500MCG..........172
ARANESP INJ 60MCG..........172
ARAVA TAB 10MG..........21
ARAVA TAB 20MG..........21
ARAZLO LOT 0.045%..........133
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)..........44
ARICEPT TAB 10MG..........218
ARICEPT TAB 23MG..........218
ARICEPT TAB 5MG..........218
ARIKAYCE SUS..........9
ARIMIDEX TAB 1MG..........85
aripiprazole orally disintegrating tab 10 mg..........104
aripiprazole orally disintegrating tab 15 mg..........104
aripiprazole oral solution 1 mg/ml..........104
aripiprazole tab 10 mg..........105
aripiprazole tab 15 mg..........105
aripiprazole tab 20 mg..........105
aripiprazole tab 2 mg..........104
aripiprazole tab 30 mg..........105
aripiprazole tab 5 mg..........104
ARISTADA INJ 1064MG..........105
ARISTADA INJ 441MG/1...........105
ARISTADA INJ 662MG/2..........105
ARISTADA INJ 882MG/3..........105
ARISTADA INJ INITIO..........105
ARIXTRA INJ 10/0.8ML..........46
ARIXTRA INJ 2.5/0.5..........46
ARIXTRA INJ 5/0.4ML..........46
ARIXTRA INJ 7.5/0.6..........46
armodafinil tab 150 mg..........6
armodafinil tab 200 mg..........6
armodafinil tab 250 mg..........6
armodafinil tab 50 mg..........6
ARMOUR THYRO TAB 120MG..........228
ARMOUR THYRO TAB 15MG..........228
ARMOUR THYRO TAB 180MG..........228
ARMOUR THYRO TAB 240MG..........228
ARMOUR THYRO TAB 300MG..........228
ARMOUR THYRO TAB 30MG..........228
ARMOUR THYRO TAB 60MG..........228
ARMOUR THYRO TAB 90MG..........228
ARNICA TIN FLOWER..........147
AROMASIN TAB 25MG..........85
ARTISS SOL 10ML..........173

ARTISS SOL 2ML 173
ARTISS SOL 4ML 173
asenapine maleate sl tab 10 mg (base equiv) 101
asenapine maleate sl tab 2.5 mg (base equiv) 101
asenapine maleate sl tab 5 mg (base equiv) 101
aspirin chew tab 81 mg 24
aspirin-dipyridamole cap er 12hr 25-200 mg 171
aspirin tab delayed release 81 mg..............24
ASSESS METER MIS FULL..........................197
ASSESS METER MIS LOW..........................197
ASSURE 3 LIQ CONTROL 178
ASSURE 4 LIQ LEVEL1/2............................178
ASSURE CMFRT MIS 28G...........................179
ASSURE DOSE SOL NORM/HGH 179
ASSURE DOSE SOL NORMAL...................179
ASSURE II LIQ LEVEL 1 179
ASSURE II LIQ LEVEL1/2 179
ASSURE LANCE MIS 21G...........................179
ASSURE LANCE MIS 28G 179
ASSURE LANCE MIS LOW FLOW.............179
ASSURE LANCE MIS MICRO.....................179
ASSURE LANCE MIS SAFE 25G................179
ASSURE LANCE MIS SAFE 30G................179
ASSURE PLUS MIS HIGH 18G....................179
ASSURE PLUS MIS LOW 25G....................179
ASSURE PLUS MIS MCRO 28G.................179
ASSURE PLUS MIS NORM 21G 179
ASSURE PLUS MIS PEDIATRI....................179
ASSURE PRISM SOL LEVEL1/2.................179
ASSURE PRO LIQ LEVEL1/2 179
ASTAGRAF XL CAP 0.5MG 204
ASTAGRAF XL CAP 1MG 204
ASTAGRAF XL CAP 5MG..........................204
atazanavir sulfate cap 150 mg (base equiv) 106
atazanavir sulfate cap 200 mg (base equiv) 106
atazanavir sulfate cap 300 mg (base equiv) 106
ATELVIA TAB...156
atenolol & chlorthalidone tab 100-25 mg..76
atenolol & chlorthalidone tab 50-25 mg ...76
atenolol tab 100 mg....................................115
atenolol tab 25 mg......................................115
atenolol tab 50 mg 115
atomoxetine hcl cap 100 mg (base equiv) ..5
atomoxetine hcl cap 10 mg (base equiv) 4
atomoxetine hcl cap 18 mg (base equiv).....4
atomoxetine hcl cap 25 mg (base equiv)....4
atomoxetine hcl cap 40 mg (base equiv)....5
atomoxetine hcl cap 60 mg (base equiv)....5
atomoxetine hcl cap 80 mg (base equiv)....5
atorvastatin calcium tab 10 mg (base equivalent) 70
atorvastatin calcium tab 20 mg (base equivalent) 70
atorvastatin calcium tab 40 mg (base equivalent) 70
atorvastatin calcium tab 80 mg (base equivalent) 70
atovaquone-proguanil hcl tab 250-100 mg 80
atovaquone-proguanil hcl tab 62.5-25 mg 80
atovaquone susp 750 mg/5ml 36
ATRIPLA TAB 106
ATROPINE SUL SOL 1% OP........................211
AUGMENTIN SUS 125/5ML.......................217
AUGMENTIN SUS 250/5ML.......................217
AUGMENTIN SUS ES-600 217
AUGMENTIN TAB 500MG.........................217
AURORA LANCE MIS 30G.........................179
AURORA LANCE MIS THIN 23G 179
AURYXIA TAB 210MG 167
AUSTEDO TAB 12MG................................220
AUSTEDO TAB 6MG.................................220
AUSTEDO TAB 9MG..................................220
AUSTEDO XR TAB 12MG...........................220
AUSTEDO XR TAB 24MG...........................220
AUSTEDO XR TAB 6MG 220
AUSTEDO XR TAB TITR KIT......................220
AUTO LANCET MIS 179

AUTO-LANCET MIS....179
AUTO-LANCET MIS MINI....179
AUTOLET II KIT CLINISAF....179
AUTOLET IMPR MIS LANC DEV....179
AUTOLET LANC MIS DEVICE....179
AUTOLET LITE KIT....179
AUTOLET LITE KIT CLINISAF....179
AUTOLET LITE KIT STARTER....179
AUTOLET MINI MIS....179
AUTOLET PLAT MIS 1.8MM....179
AUTOLET PLAT MIS 2.4MM....179
AUTOLET PLAT MIS 3.0MM....179
AUTOLET PLUS MIS....179
AUTOLET PLUS MIS LANC DEV....179
AUVI-Q INJ 0.15MG....234
AUVI-Q INJ 0.1MG....233
AUVI-Q INJ 0.3MG....233
AVALIDE TAB 150-12.5....76
AVALIDE TAB 300-12.5....76
AVANDIA TAB 2MG....63
AVANDIA TAB 4MG....63
AVAPRO TAB 150MG....73
AVAPRO TAB 300MG....73
AVAPRO TAB 75MG....73
AVODART CAP 0.5MG....169
AVONEX PEN KIT 30MCG....221
AVONEX PREFL KIT 30MCG....221
AYGESTIN TAB 5MG....217
azacitidine for inj 100 mg....82
azathioprine tab 100 mg....204
azathioprine tab 50 mg....204
azathioprine tab 75 mg....204
azelaic acid gel 15%....147
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act....209
azelastine hcl nasal spray 0.1% (137 mcg/spray)....209
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)....209
azelastine hcl ophth soln 0.05%....214
AZILECT TAB 0.5MG....98
AZILECT TAB 1MG....99
azithromycin for susp 100 mg/5ml....176
azithromycin for susp 200 mg/5ml....176
azithromycin powd pack for susp 1 gm....176
azithromycin tab 250 mg....176
azithromycin tab 500 mg....176
azithromycin tab 600 mg....176
AZSTARYS CAP 26.1-5.2....6
AZSTARYS CAP 39.2-7.8....6
AZSTARYS CAP 52.3-10.....6
AZULFIDINE TAB 500MG....165
AZULFIDINE TAB 500MG EN....165
B
bacitracin ophth oint 500 unit/gm....212
bacitracin-polymyxin b ophth oint....212
bacitracin-polymyxin-neomycin-hc ophth oint 1%....213
baclofen tab 10 mg....208
baclofen tab 20 mg....208
baclofen tab 5 mg....208
BACTRIM DS TAB 800-160....36
BACTRIM TAB 400-80MG....36
BALCOLTRA TAB 0.1-20....126
balsalazide disodium cap 750 mg....165
BALVERSA TAB 3MG....88
BALVERSA TAB 4MG....88
BALVERSA TAB 5MG....88
BAQSIMI ONE POW 3MG/DOSE....61
BAQSIMI TWO POW 3MG/DOSE....61
BARACLUDE SOL....112
BASAGLAR INJ 100UNIT....62
BAXDELA TAB 450MG....163
BD LANCET UF MIS 30G....180
BD LANCET UF MIS 33G....180
BD MICROTAIN MIS LANCETS....180
BD SWAB BFLY PAD SNGL USE....196
BD U-500 MIS 31GX6MM....197
BD ULTRAFINE INSULIN SYRINGES/NEEDLES....197
BD ULTRAFINE PEN NEEDLES....197
BELBUCA MIS 150MCG....32
BELBUCA MIS 300MCG....32
BELBUCA MIS 450MCG....33
BELBUCA MIS 600MCG....33
BELBUCA MIS 750MCG....33

BELBUCA MIS 75MCG....32
BELBUCA MIS 900MCG....33
BELLA/OPIUM SUP 16.2-30....229
BELLA/OPIUM SUP 16.2-60....229
benazepril & hydrochlorothiazide tab 10-12.5 mg....76
benazepril & hydrochlorothiazide tab 20-12.5 mg....76
benazepril & hydrochlorothiazide tab 20-25 mg....76
benazepril & hydrochlorothiazide tab 5-6.25 mg....76
benazepril hcl tab 10 mg....72
benazepril hcl tab 20 mg....72
benazepril hcl tab 40 mg....72
benazepril hcl tab 5 mg....72
BENLYSTA INJ 200MG/ML....207
BENZALKONIUM SOL NF....105
BENZAMYCIN GEL 5-3%....133
BENZEPRO LIQ CREAMY....133
BENZNIDAZOLE TAB 100MG....35
BENZNIDAZOLE TAB 12.5MG....35
benzonatate cap 100 mg....131
benzonatate cap 150 mg....131
benzonatate cap 200 mg....131
benzoyl peroxide-erythromycin gel 5-3%....133
benzoyl peroxide foam 9.8%....133
benzoyl peroxide-hydrocortisone lotion 5-0.5%....133
benzoyl peroxide liq 7%....133
benzphetamine hcl tab 25 mg....3
benzphetamine hcl tab 50 mg....3
benztropine mesylate tab 0.5 mg....95
benztropine mesylate tab 1 mg....95
benztropine mesylate tab 2 mg....95
BESREMI SOL 500MCG....94
BETADINE SOL 5% OP....212
betamethasone dipropionate augmented cream 0.05%....141
betamethasone dipropionate augmented gel 0.05%....141
betamethasone dipropionate augmented lotion 0.05%....142
betamethasone dipropionate augmented oint 0.05%....142
betamethasone dipropionate cream 0.05%....142
betamethasone dipropionate lotion 0.05%....142
betamethasone valerate aerosol foam 0.12%....142
betamethasone valerate cream 0.1% (base equivalent)....142
betamethasone valerate lotion 0.1% (base equivalent)....142
betamethasone valerate oint 0.1% (base equivalent)....142
BETASERON INJ 0.3MG....221
betaxolol hcl ophth soln 0.5%....210
betaxolol hcl tab 10 mg....115
betaxolol hcl tab 20 mg....115
bethanechol chloride tab 10 mg....232
bethanechol chloride tab 25 mg....232
bethanechol chloride tab 50 mg....232
bethanechol chloride tab 5 mg....232
bexarotene cap 75 mg....94
bicalutamide tab 50 mg....85
BIDIL TAB....121
BIJUVA CAP 1-100MG....162
BIKTARVY TAB....106
BILTRICIDE TAB 600MG....35
bimatoprost ophth soln 0.03%....215
BINOSTO TAB 70MG....156
BIO-STATIN CAP 1000000....66
BIO-STATIN CAP 500000....66
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit....175
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg....231
bisoprolol & hydrochlorothiazide tab 10-6.25 mg....76
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....76

bisoprolol & hydrochlorothiazide tab 5-6.25 mg 76
bisoprolol fumarate tab 10 mg 115
bisoprolol fumarate tab 5 mg 115
BLEPH-10 SOL 10% OP 212
BLEPHAMIDE OIN S.O.P. 213
BLEPHAMIDE SUS OP 213
BONIVA TAB 150MG 156
BONJESTA TAB 20-20MG 65
bosentan tab 125 mg 124
bosentan tab 62.5 mg 124
BOSULIF TAB 100MG 88
BOSULIF TAB 400MG 88
BOSULIF TAB 500MG 88
BRAFTOVI CAP 75MG 88
BREATHE EASE MIS LG MASK 197
BREATHE EASE MIS MED MASK 197
BREATHE EASE MIS METER 197
BREATHE EASE MIS SM MASK 197
BREO ELLIPTA INH 100-25 44
BREO ELLIPTA INH 200-25 44
BREO ELLIPTA INH 50-25MCG 44
BREXAFEMME TAB 150MG 66
BREZTRI AERO AER SPHERE 44
BRILINTA TAB 60MG 171
BRILINTA TAB 90MG 171
brimonidine tartrate ophth soln 0.15% 212
brimonidine tartrate ophth soln 0.2% 212
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 210
brinzolamide ophth susp 1% 214
BRISDELLE CAP 7.5MG 225
BRIVIACT SOL 10MG/ML 48
BRIVIACT TAB 100MG 49
BRIVIACT TAB 10MG 48
BRIVIACT TAB 25MG 48
BRIVIACT TAB 50MG 48
BRIVIACT TAB 75MG 49
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 214
bromocriptine mesylate cap 5 mg (base equivalent) 95
bromocriptine mesylate tab 2.5 mg (base equivalent) 96
BRUKINSA CAP 80MG 88
BRYHALI LOT 0.01% 142
budesonide delayed release particles cap 3 mg 129
budesonide inhalation susp 0.25 mg/2ml 42
budesonide inhalation susp 0.5 mg/2ml ..42
budesonide inhalation susp 1 mg/2ml 42
bumetanide tab 0.5 mg 155
bumetanide tab 1 mg 155
bumetanide tab 2 mg 155
BUMEX TAB 0.5MG 155
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 33
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 33
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 33
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 33
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 33
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 33
buprenorphine hcl sl tab 2 mg (base equiv) 33
buprenorphine hcl sl tab 8 mg (base equiv) 33
buprenorphine td patch weekly 10 mcg/hr 33
buprenorphine td patch weekly 15 mcg/hr 33
buprenorphine td patch weekly 20 mcg/hr 33
buprenorphine td patch weekly 5 mcg/hr 33
buprenorphine td patch weekly 7.5 mcg/hr 33
bupropion hcl (smoking deterrent) tab er 12hr 150 mg 224
bupropion hcl tab 100 mg 54
bupropion hcl tab 75 mg 54
bupropion hcl tab er 12hr 100 mg 54

bupropion hcl tab er 12hr 150 mg...............54
bupropion hcl tab er 12hr 200 mg..............54
bupropion hcl tab er 24hr 150 mg..............54
bupropion hcl tab er 24hr 300 mg.............54
buspirone hcl tab 10 mg..............................39
buspirone hcl tab 15 mg..............................39
buspirone hcl tab 30 mg..............................39
buspirone hcl tab 5 mg................................38
buspirone hcl tab 7.5 mg.............................38
butalbital-acetaminophen-caffeine tab 50-325-40 mg..23
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg....................................31
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg....................................31
*butalbital-acetaminophen tab 50-325 mg*23
butalbital-aspirin-caffeine cap 50-325-40 mg..23
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg..31
butorphanol tartrate nasal soln 10 mg/ml.33
C
cabergoline tab 0.5 mg..............................161
CABOMETYX TAB 20MG............................88
CABOMETYX TAB 40MG............................88
CABOMETYX TAB 60MG............................88
CADUET TAB 10-10MG...............................121
CADUET TAB 10-20MG..............................121
CADUET TAB 10-40MG..............................121
CADUET TAB 10-80MG..............................121
CADUET TAB 5-10MG.................................121
CADUET TAB 5-20MG................................121
CADUET TAB 5-40MG................................121
CADUET TAB 5-80MG................................121
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....................................3
CALAN SR TAB 120MG..............................117
CALAN SR TAB 180MG..............................117
CALAN SR TAB 240MG..............................117
calcipotriene oint 0.005%.........................137
calcipotriene soln 0.005% (50 mcg/ml).137
calcitonin (salmon) nasal soln 200 unit/act..156
calcitriol cap 0.25 mcg..............................159
calcitriol cap 0.5 mcg................................159
calcitriol oral soln 1 mcg/ml......................159
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)...............................167
CALQUENCE CAP 100MG..........................89
CALQUENCE TAB 100MG...........................89
CAMINO PRO LIQ 15PE............................148
CAMZYOS CAP 10MG................................120
CAMZYOS CAP 15MG................................120
CAMZYOS CAP 2.5MG..............................120
CAMZYOS CAP 5MG.................................120
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg...76
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg...76
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg..77
candesartan cilexetil tab 16 mg..................73
candesartan cilexetil tab 32 mg.................74
candesartan cilexetil tab 4 mg...................73
candesartan cilexetil tab 8 mg...................73
capecitabine tab 150 mg.............................82
capecitabine tab 500 mg............................82
CAPRELSA TAB 100MG..............................89
CAPRELSA TAB 300MG.............................89
captopril & hydrochlorothiazide tab 25-15 mg..77
captopril & hydrochlorothiazide tab 25-25 mg..77
captopril & hydrochlorothiazide tab 50-15 mg..77
captopril & hydrochlorothiazide tab 50-25 mg..77
captopril tab 100 mg...................................72
captopril tab 12.5 mg..................................72
captopril tab 25 mg.....................................72
captopril tab 50 mg.....................................72
carbamazepine cap er 12hr 100 mg...........49
carbamazepine cap er 12hr 200 mg..........49
carbamazepine cap er 12hr 300 mg..........49
carbamazepine chew tab 100 mg.............49
carbamazepine susp 100 mg/5ml.............49

carbamazepine tab 200 mg 49
carbamazepine tab er 12hr 100 mg 49
carbamazepine tab er 12hr 200 mg..........49
carbamazepine tab er 12hr 400 mg..........49
CARBATROL CAP 100MG..........................49
CARBATROL CAP 200MG..........................49
CARBATROL CAP 300MG..........................49
carbidopa & levodopa orally disintegrating tab 10-100 mg 96
carbidopa & levodopa orally disintegrating tab 25-100 mg..96
carbidopa & levodopa orally disintegrating tab 25-250 mg 96
carbidopa & levodopa tab 10-100 mg 96
carbidopa & levodopa tab 25-100 mg.......96
carbidopa & levodopa tab 25-250 mg 96
carbidopa & levodopa tab er 25-100 mg ..96
carbidopa & levodopa tab er 50-200 mg .96
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 96
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....................................96
carbidopa-levodopa-entacapone tabs 25-100-200 mg...96
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 96
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg...96
carbidopa-levodopa-entacapone tabs 50-200-200 mg...96
carbidopa tab 25 mg 95
carbinoxamine maleate soln 4 mg/5ml 67
carbinoxamine maleate tab 4 mg 67
CARDIOCOM MIS LANCING....................180
CARDURA TAB 1MG 74
CARDURA TAB 2MG....................................74
CARDURA TAB 4MG....................................74
CARDURA TAB 8MG....................................74
CARDURA XL TAB 4MG 169
CARDURA XL TAB 8MG............................169
CAREONE ADV MIS LANCING 180
CAREONE LANC MIS 30G........................180
CAREONE LANC MIS THIN 23G...............180
CARESENS 30G MIS LANCETS................180
CARESENS SOL CONTROL......................180
CARETOUCH MIS EJECTOR.....................180
CARETOUCH MIS LANC 26G 180
CARETOUCH MIS LANC 28G 180
CARETOUCH MIS LANC 30G 180
CARETOUCH MIS TWIST 28.....................180
CARETOUCH MIS TWIST 30.....................180
CARETOUCH MIS TWIST 33.....................180
CARETOUCH PAD ALCOHOL...................196
carisoprodol tab 350 mg 208
carisoprodol w/ aspirin & codeine tab 200-325-16 mg 209
carteolol hcl ophth soln 1% 210
carvedilol phosphate cap er 24hr 10 mg ..114
carvedilol phosphate cap er 24hr 20 mg .115
carvedilol phosphate cap er 24hr 40 mg .115
carvedilol phosphate cap er 24hr 80 mg .115
carvedilol tab 12.5 mg 115
carvedilol tab 25 mg...................................115
carvedilol tab 3.125 mg..............................115
carvedilol tab 6.25 mg 115
CASCARA EXT SAGRADA 176
CASODEX TAB 50MG 85
CATAPRES-TTS DIS 0.1/24HR...................74
CATAPRES-TTS DIS 0.2/24HR 74
CATAPRES-TTS DIS 0.3/24HR 74
CAVERJECT IM KIT 10MCG.......................121
CAVERJECT INJ 40MCG 121
CAVERJECT KIT 20MCG............................121
CAYA DPR..177
cefaclor cap 250 mg 125
cefaclor cap 500 mg 125
CEFACLOR ER TAB 500MG......................126
cefaclor for susp 125 mg/5ml 126
cefaclor for susp 250 mg/5ml 126
cefaclor for susp 375 mg/5ml...................126
cefadroxil cap 500 mg 125
cefadroxil for susp 250 mg/5ml 125
cefadroxil for susp 500 mg/5ml 125
cefadroxil tab 1 gm 125
cefdinir cap 300 mg 126
cefdinir for susp 125 mg/5ml 126

cefdinir for susp 250 mg/5ml 126
cefixime cap 400 mg 126
cefixime for susp 100 mg/5ml 126
cefixime for susp 200 mg/5ml..................126
cefpodoxime proxetil for susp 100 mg/5ml 126
cefpodoxime proxetil for susp 50 mg/5ml 126
cefpodoxime proxetil tab 100 mg.............126
cefpodoxime proxetil tab 200 mg 126
cefprozil for susp 125 mg/5ml 126
cefprozil for susp 250 mg/5ml..................126
cefprozil tab 250 mg 126
cefprozil tab 500 mg 126
cefuroxime axetil tab 250 mg 126
cefuroxime axetil tab 500 mg 126
celecoxib cap 100 mg 18
celecoxib cap 200 mg...................................18
celecoxib cap 400 mg...................................18
celecoxib cap 50 mg 18
CELEXA TAB 10MG.......................................55
CELEXA TAB 20MG 55
CELEXA TAB 40MG 55
CELLCEPT CAP 250MG............................205
CELLCEPT IV INJ 500MG.........................205
CELLCEPT SUS 200MG/ML.....................205
CELLCEPT TAB 500MG............................205
CELONTIN CAP 300MG..............................53
CENTANY OIN 2%.......................................135
cephalexin cap 250 mg.............................125
cephalexin cap 500 mg 125
cephalexin cap 750 mg.............................125
cephalexin for susp 125 mg/5ml..............125
cephalexin for susp 250 mg/5ml..............125
cephalexin tab 250 mg 125
cephalexin tab 500 mg 125
CEQUR SIMPL KIT PATCH 2U...................197
CERDELGA CAP 84MG...............................171
CERVIDIL VAG MIS 10MG INS 215
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 67
CETRAXAL SOL 0.2% 215
cevimeline hcl cap 30 mg.........................207
CHANTIX PAK 1MG...................................224
CHANTIX TAB 0.5& 1MG 224
CHANTIX TAB 0.5MG...............................224
CHANTIX TAB 1MG...................................224
CHEMET CAP 100MG.................................64
CHEMSTRIP K TES 148
CHEMSTRIP TES UGK...............................148
CHENODAL TAB 250MG...........................164
chlordiazepoxide-amitriptyline tab 10-25 mg 219
chlordiazepoxide-amitriptyline tab 5-12.5 mg 219
chlordiazepoxide hcl cap 10 mg.................39
chlordiazepoxide hcl cap 25 mg 39
chlordiazepoxide hcl cap 5 mg 39
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg...229
CHLORHEX GLU SOL 20% 105
chlorhexidine gluconate soln 0.12% 207
chloroquine phosphate tab 250 mg 80
chloroquine phosphate tab 500 mg..........80
chlorpromazine hcl inj 25 mg/ml.............103
chlorpromazine hcl inj 50 mg/2ml 103
chlorpromazine hcl tab 100 mg 103
chlorpromazine hcl tab 10 mg...................103
chlorpromazine hcl tab 200 mg 103
chlorpromazine hcl tab 25 mg 103
chlorpromazine hcl tab 50 mg..................103
chlorthalidone tab 25 mg...........................155
chlorthalidone tab 50 mg 155
chlorzoxazone tab 500 mg.......................208
CHOLBAM CAP 250MG 164
CHOLBAM CAP 50MG 164
cholestyramine light powder 4 gm/dose..68
cholestyramine light powder packets 4 gm 68
cholestyramine powder 4 gm/dose 68
cholestyramine powder packets 4 gm......68
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)..............................69
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)..69
CIBINQO TAB 100MG 145

CIBINQO TAB 200MG................................145
CIBINQO TAB 50MG..................................145
ciclopirox gel 0.77%..................................135
ciclopirox olamine cream 0.77% (base equiv)..135
ciclopirox olamine susp 0.77% (base equiv) 135
ciclopirox shampoo 1%..............................135
ciclopirox solution 8% 135
cilostazol tab 100 mg 171
cilostazol tab 50 mg 171
CIMDUO TAB 300-300.............................106
cimetidine hcl soln 300 mg/5ml..............230
cimetidine tab 300 mg.............................230
cimetidine tab 400 mg.............................230
cimetidine tab 800 mg.............................230
CIMZIA PREFL KIT 200MG/ML 165
CIMZIA START KIT 200MG/ML................166
cinacalcet hcl tab 30 mg (base equiv).....159
cinacalcet hcl tab 60 mg (base equiv).....159
cinacalcet hcl tab 90 mg (base equiv).....159
CINRYZE SOL 500 UNIT 170
CIPRO (10%) SUS 500MG/5.....................164
CIPRO (5%) SUS 250MG/5.......................163
ciprofloxacin-dexamethasone otic susp 0.3-0.1%..215
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 212
ciprofloxacin hcl otic soln 0.2% (base equivalent) 215
ciprofloxacin hcl tab 100 mg (base equiv) 164
ciprofloxacin hcl tab 250 mg (base equiv) 164
ciprofloxacin hcl tab 500 mg (base equiv) 164
ciprofloxacin hcl tab 750 mg (base equiv) 164
CIPRO TAB 250MG 164
CIPRO TAB 500MG...................................164
citalopram hydrobromide oral soln 10 mg/5ml...55
citalopram hydrobromide tab 10 mg (base equiv) 55
citalopram hydrobromide tab 20 mg (base equiv) 55
citalopram hydrobromide tab 40 mg (base equiv) 55
CLARINEX-D TAB 2.5-120..........................131
CLARINEX TAB 5MG 67
clarithromycin for susp 125 mg/5ml 176
clarithromycin for susp 250 mg/5ml 176
clarithromycin tab 250 mg 176
clarithromycin tab 500 mg........................176
clarithromycin tab er 24hr 500 mg 176
CLEANLET 28G MIS LANCETS.................180
clemastine fumarate tab 2.68 mg..............67
CLENPIQ SOL..175
CLEOCIN CAP 150MG 37
CLEOCIN CAP 300MG 37
CLEOCIN CAP 75MG...................................36
CLEOCIN CRE 2% VAG 233
CLEOCIN PED SOL 75MG/5ML 37
CLEOCIN SUP 100MG 233
CLEOCIN-T LOT 1%...................................133
CLEVER CHECK MIS.................................180
CLEVER CHECK MIS 30G..........................180
CLEVR CHOICE LIQ HIGH 180
CLEVR CHOICE LIQ LOW..........................180
CLIMARA PRO DIS WEEKLY 162
clindamycin hcl cap 150 mg 37
clindamycin hcl cap 300 mg.......................37
clindamycin hcl cap 75 mg 37
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)...............................37
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 133
clindamycin phosphate-benzoyl peroxide gel 1-5% 133
clindamycin phosphate foam 1% 133
clindamycin phosphate gel 1% 133
clindamycin phosphate lotion 1%.............133
clindamycin phosphate soln 1% 133
clindamycin phosphate swab 1% 133

clindamycin phosphate-tretinoin gel 1.2-0.025%....133
clindamycin phosphate vaginal cream 2%....233
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%....133
CLINDESSE CRE 2%....233
clobazam suspension 2.5 mg/ml....47
clobazam tab 10 mg....48
clobazam tab 20 mg....48
clobetasol propionate cream 0.05%....142
clobetasol propionate emollient base cream 0.05%....142
clobetasol propionate foam 0.05%....142
clobetasol propionate gel 0.05%....142
clobetasol propionate lotion 0.05%....142
clobetasol propionate oint 0.05%....142
clobetasol propionate shampoo 0.05%....142
clobetasol propionate soln 0.05%....142
CLOBEX LOT 0.05%....142
CLOBEX SHA 0.05%....142
CLODERM CRE 0.1%....142
clomiphene citrate tab 50 mg....157
clomipramine hcl cap 25 mg....58
clomipramine hcl cap 50 mg....58
clomipramine hcl cap 75 mg....58
clonazepam orally disintegrating tab 0.125 mg....48
clonazepam orally disintegrating tab 0.25 mg....48
clonazepam orally disintegrating tab 0.5 mg....48
clonazepam orally disintegrating tab 1 mg....48
clonazepam orally disintegrating tab 2 mg....48
clonazepam tab 0.5 mg....48
clonazepam tab 1 mg....48
clonazepam tab 2 mg....48
clonidine hcl tab 0.1 mg....74
clonidine hcl tab 0.2 mg....74
clonidine hcl tab 0.3 mg....74
clonidine hcl tab er 12hr 0.1 mg....5
clonidine td patch weekly 0.1 mg/24hr....74
clonidine td patch weekly 0.2 mg/24hr....74
clonidine td patch weekly 0.3 mg/24hr....74
clopidogrel bisulfate tab 300 mg (base equiv)....171
clopidogrel bisulfate tab 75 mg (base equiv)....171
clorazepate dipotassium tab 15 mg....39
clorazepate dipotassium tab 3.75 mg....39
clorazepate dipotassium tab 7.5 mg....39
clotrimazole troche 10 mg....207
clotrimazole w/ betamethasone cream 1-0.05%....135
clotrimazole w/ betamethasone lotion 1-0.05%....135
clozapine orally disintegrating tab 100 mg....101
clozapine orally disintegrating tab 12.5 mg....101
clozapine orally disintegrating tab 150 mg....101
clozapine orally disintegrating tab 200 mg....101
clozapine orally disintegrating tab 25 mg....101
clozapine tab 100 mg....102
clozapine tab 200 mg....102
clozapine tab 25 mg....102
clozapine tab 50 mg....102
CLOZARIL TAB 100MG....102
CLOZARIL TAB 200MG....102
CLOZARIL TAB 25MG....102
CLOZARIL TAB 50MG....102
COAGUCHEK MIS LANCETS....180
coal tar soln 20%....147
COARTEM TAB 20-120MG....80
codeine sulfate tab 30 mg....24
CODEINE SULF TAB 15MG....24
CODEINE SULF TAB 60MG....24
colchicine tab 0.6 mg....169
colchicine w/ probenecid tab 0.5-500 mg....169
colesevelam hcl packet for susp 3.75 gm....68
colesevelam hcl tab 625 mg....69

COLESTID FLA GRA 5/7.5GM....................69
COLESTID FLA GRA 5GM...........................69
COLESTID GRA 5GM..................................69
COLESTID POW 5GM.................................69
COLESTID TAB 1GM..................................69
colestipol hcl granule packets 5 gm..........69
colestipol hcl granules 5 gm.......................69
colestipol hcl tab 1 gm................................69
COMBIPATCH DIS.....................................162
COMBIVENT AER 20-100...........................44
COMBIVIR TAB 150-300...........................106
COMETRIQ KIT 100MG..............................89
COMETRIQ KIT 140MG..............................89
COMETRIQ KIT 60MG................................89
COMFORT ASSU MIS LANC 28G............180
COMFORT ASSU MIS LANC 33G............180
COMFORT EZ MIS 21G..............................180
COMFORT EZ MIS 23G.............................180
COMFORT EZ MIS 28G.............................180
COMFORT MIS LANCETS........................180
COMFORTOUCH MIS LANCET................180
COMFORT TCH MIS LANC 28G..............180
COMFORT TCH MIS LANC 31G...............180
COMPACT SPAC MIS CHAMBER............197
COMPACT SPAC MIS LG MASK..............198
COMPACT SPAC MIS MD MASK.............198
COMPACT SPAC MIS SM MASK..............198
COMPLEAT LIQ CLS SYS..........................149
COMPLEAT PED LIQ ORG BLND.............149
COMTAN TAB 200MG................................95
CONDYLOX GEL 0.5%.............................146
CONTOUR HIGH LIQ CONTROL..............180
CONTOUR LOW LIQ CONTROL..............180
CONTOUR NEXT SOL LEVEL 1................180
CONTOUR NEXT SOL LEVEL 2................180
CONTOUR NORM LIQ CONTROL............181
CONTROL HIGH SOL UNISTRIP................181
CONTROL LOW SOL UNISTRIP................181
CONTROL NORM SOL EASY STP............181
CONTROL SOL LIQ HI/MID/L...................181
CONTROL SOL LIQ HIGH/LOW................181
CONTROL SOL LIQ LEVEL 2......................181
CONTROL SOL LIQ MID............................181
CONTROL SOL NORMAL..........................181
CONZIP CAP 100MG..................................24
CONZIP CAP 200MG..................................24
CONZIP CAP 300MG..................................24
COOL CONTROL SOL A............................181
COOL CONTROL SOL B............................181
COPAXONE INJ 20MG/ML.......................221
COPAXONE INJ 40MG/ML.......................221
COPIKTRA CAP 15MG................................89
COPIKTRA CAP 25MG................................89
COREG TAB 12.5MG.................................115
COREG TAB 25MG....................................115
COREG TAB 3.125MG...............................115
COREG TAB 6.25MG.................................115
CORGARD TAB 20MG...............................116
CORGARD TAB 40MG...............................116
CORGARD TAB 80MG...............................116
CORLANOR SOL 5MG/5ML......................125
CORLANOR TAB 5MG...............................125
CORLANOR TAB 7.5MG............................125
CORTEF TAB 10MG...................................129
CORTEF TAB 20MG...................................129
CORTEF TAB 5MG.....................................129
CORTENEMA ENE 100MG..........................34
CORTIFOAM AER 90MG............................34
CORTISPORIN SUS -TC OTIC...................215
CORTROPHIN GEL 80UNIT.......................157
COSENTYX INJ 150MG/ML......................137
COSENTYX INJ 300DOSE.........................137
COSENTYX INJ 75MG/0.5........................137
COSENTYX PEN INJ 150MG/ML.............138
COSENTYX PEN INJ 300DOSE................138
COSENTYX UNO INJ 300/2ML................138
COSOPT SOL 2-0.5%OP..........................210
COTELLIC TAB 20MG................................89
CREON CAP 12000UNT............................153
CREON CAP 24000UNT............................153
CREON CAP 3000UNIT.............................153
CREON CAP 36000UNT............................153
CREON CAP 6000UNIT.............................153
CRIXIVAN CAP 400MG............................106
cromolyn sodium ophth soln 4%.............214
cromolyn sodium oral conc 100 mg/5ml 164

cromolyn sodium soln nebu 20 mg/2ml....41
crotamiton lotion 10%...............................147
CRUCIAL LIQ UNFLAVOR.........................149
CURITY PREP PAD ALCOHOL..................196
CURITY SWABS PAD ALCOHOL..............196
CUTIVATE LOT 0.05%..............................142
CUVPOSA SOL 1MG/5ML........................229
CVS KETONE TES CARE...........................148
CVS LANCETS MIS 21G.............................181
CVS LANCETS MIS 30G.............................181
CVS LANCETS MIS 33G.............................181
CVS LANCETS MIS ORIGINAL...................181
CVS LANCETS MIS THIN 26G...................181
CVS LANCETS MIS THIN 30G...................181
CVS LANCETS MIS THIN 33G...................181
CVS LANCING MIS DEVICE.......................181
cyanocobalamin inj 1000 mcg/ml.............171
cyclobenzaprine hcl tab 10 mg................208
cyclobenzaprine hcl tab 5 mg..................208
CYCLOGYL SOL 0.5% OP.........................211
CYCLOGYL SOL 1% OP.............................211
CYCLOGYL SOL 2% OP.............................211
CYCLOMYDRIL SOL OP............................211
cyclopentolate hcl ophth soln 0.5%.........211
cyclopentolate hcl ophth soln 1%.............211
cyclopentolate hcl ophth soln 2%.............211
cyclophosphamide cap 25 mg...................82
cyclophosphamide cap 50 mg...................82
CYCLOPHOSPH TAB 25MG........................81
CYCLOPHOSPH TAB 50MG........................82
cycloserine cap 250 mg..............................81
cyclosporine cap 100 mg..........................205
cyclosporine cap 25 mg............................205
cyclosporine modified cap 100 mg.........205
cyclosporine modified cap 25 mg...........205
cyclosporine modified cap 50 mg...........205
cyclosporine modified oral soln 100 mg/ml
....205
cyproheptadine hcl syrup 2 mg/5ml.........68
cyproheptadine hcl tab 4 mg.....................68
CYSTAGON CAP 150MG..........................168
CYSTAGON CAP 50MG............................168
CYSTARAN SOL 0.44%............................214
CYTOTEC TAB 100MCG...........................231
CYTOTEC TAB 200MCG...........................231
D
dalfampridine tab er 12hr 10 mg...............221
danazol cap 100 mg....................................34
danazol cap 200 mg....................................34
danazol cap 50 mg......................................34
DANTRIUM CAP 25MG.............................209
DANTRIUM CAP 50MG.............................209
dantrolene sodium cap 100 mg...............209
dantrolene sodium cap 25 mg.................209
dantrolene sodium cap 50 mg.................209
dapsone gel 5%..133
dapsone gel 7.5%.......................................133
dapsone tab 100 mg....................................36
dapsone tab 25 mg......................................36
darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....................................231
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....................................231
DAYPRO TAB 600MG..................................18
DDAVP SOL 0.01%.....................................161
DDAVP TAB 0.1MG.....................................161
DDAVP TAB 0.2MG.....................................161
deferasirox granules packet 180 mg.........64
deferasirox granules packet 360 mg........64
deferasirox granules packet 90 mg..........64
deferasirox tab 180 mg...............................64
deferasirox tab 360 mg...............................64
deferasirox tab 90 mg.................................64
deferasirox tab for oral susp 125 mg.........64
deferasirox tab for oral susp 250 mg........64
deferasirox tab for oral susp 500 mg........64
deferiprone tab 500 mg..............................65
deferoxamine mesylate for inj 2 gm..........65
DELESTROGEN INJ 10MG/ML.................162
DELESTROGEN INJ 20MG/ML.................162
DELESTROGEN INJ 40MG/ML.................162
demeclocycline hcl tab 150 mg................227
demeclocycline hcl tab 300 mg...............227
DEMSER CAP 250MG.................................73
DEPEN TITRA TAB 250MG.......................203
DEPO-ESTRADI INJ 5MG/ML...................162

DEPO-PROVERA INJ 150MG/ML.............129
DERMA-SMOOTH OIL /FS BODY.............142
DERMA-SMOOTH OIL /FS SCLP..............142
DERMOTIC OIL 0.01%...............................215
DESCOVY TAB 120-15MG 106
DESCOVY TAB 200/25MG 106
desipramine hcl tab 100 mg 58
desipramine hcl tab 10 mg..........................58
desipramine hcl tab 150 mg........................58
desipramine hcl tab 25 mg 58
desipramine hcl tab 50 mg 58
desipramine hcl tab 75 mg 58
desloratadine tab 5 mg 67
desloratadine tab orally disintegrating 2.5 mg 67
desloratadine tab orally disintegrating 5 mg 67
desmopressin acetate nasal spray soln 0.01% 161
desmopressin acetate nasal spray soln 0.01% (refrigerated)...............................161
desmopressin acetate tab 0.1 mg 161
desmopressin acetate tab 0.2 mg 161
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)................................126
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.......................126
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 127
DESONATE GEL 0.05% 142
desonide cream 0.05% 142
desonide lotion 0.05%..............................142
desonide oint 0.05%.................................142
DESOWEN CRE 0.05% 142
desoximetasone cream 0.05% 142
desoximetasone cream 0.25%.................143
desoximetasone gel 0.05% 143
desoximetasone oint 0.25% 143
desoximetasone spray 0.25% 143
DESOXYN TAB 5MG 1
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).......................................57
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)...57
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)...57
DETROL TAB 1MG 232
DETROL TAB 2MG 232
DEXAMETHASON CON 1MG/ML 129
dexamethasone elixir 0.5 mg/5ml 129
dexamethasone sodium phosphate ophth soln 0.1% 213
dexamethasone soln 0.5 mg/5ml 129
dexamethasone tab 0.5 mg 129
dexamethasone tab 0.75 mg 129
dexamethasone tab 1.5 mg 129
dexamethasone tab 1 mg 129
dexamethasone tab 2 mg..........................129
dexamethasone tab 4 mg 130
dexamethasone tab 6 mg 130
dexamethasone tab therapy pack 1.5 mg (21) 130
dexamethasone tab therapy pack 1.5 mg (35) 130
dexamethasone tab therapy pack 1.5 mg (51) 130
DEXCOM G5 MIS RECEIVER......................181
DEXCOM G5 MIS TRANSMIT 181
DEXCOM G6 MIS RECEIVER......................181
DEXCOM G6 MIS SENSOR.........................181
DEXCOM G6 MIS TRANSMIT 181
DEXCOM G7 MIS RECEIVER......................181
DEXCOM G7 MIS SENSOR.........................181
DEXEDRINE CAP 10MG CR............................1
DEXEDRINE CAP 15MG CR 2
DEXEDRINE CAP 5MG CR 1
dexmethylphenidate hcl cap er 24 hr 10 mg 6
dexmethylphenidate hcl cap er 24 hr 15 mg 6
dexmethylphenidate hcl cap er 24 hr 20 mg 6
dexmethylphenidate hcl cap er 24 hr 25 mg 6

dexmethylphenidate hcl cap er 24 hr 30 mg 6
dexmethylphenidate hcl cap er 24 hr 35 mg 6
dexmethylphenidate hcl cap er 24 hr 40 mg 6
dexmethylphenidate hcl cap er 24 hr 5 mg 6
dexmethylphenidate hcl tab 10 mg 6
dexmethylphenidate hcl tab 2.5 mg 6
dexmethylphenidate hcl tab 5 mg 6
dextroamphetamine sulfate cap er 24hr 10 mg 2
dextroamphetamine sulfate cap er 24hr 15 mg 2
dextroamphetamine sulfate cap er 24hr 5 mg 2
dextroamphetamine sulfate oral solution 5 mg/5ml 2
dextroamphetamine sulfate tab 10 mg 2
dextroamphetamine sulfate tab 15 mg 2
dextroamphetamine sulfate tab 2.5 mg 2
dextroamphetamine sulfate tab 20 mg 2
dextroamphetamine sulfate tab 30 mg 2
dextroamphetamine sulfate tab 5 mg 2
dextroamphetamine sulfate tab 7.5 mg 2
DIABETIC TF LIQ 149
DIABETISOURC LIQ 149
DIASTIX TES STRIPS 148
DIATHRIVE LIQ CONTROL 181
DIATHRIVE MIS LANCETS 181
DIATHRIVE MIS LANCING 181
DIATHRIVE MIS UT 30G 181
DIATRUE CONT SOL LEVEL 1 181
DIATRUE CONT SOL LEVEL 2 181
DIATRUE CONT SOL LEVEL 3 181
diazepam conc 5 mg/ml 39
diazepam oral soln 1 mg/ml 40
diazepam rectal gel delivery system 10 mg 48
diazepam rectal gel delivery system 2.5 mg 48
diazepam rectal gel delivery system 20 mg 48
diazepam tab 10 mg 40
diazepam tab 2 mg 40
diazepam tab 5 mg 40
diazoxide susp 50 mg/ml 61
DIBENZYLINE CAP 10MG 73
dichlorphenamide tab 50 mg 154
DICLEGIS TAB 10-10MG 65
diclofenac epolamine patch 1.3% 135
diclofenac potassium tab 50 mg 18
diclofenac sodium (actinic keratoses) gel 3% 136
diclofenac sodium ophth soln 0.1% 214
diclofenac sodium soln 1.5% 135
diclofenac sodium tab delayed release 25 mg 18
diclofenac sodium tab delayed release 50 mg 18
diclofenac sodium tab delayed release 75 mg 18
diclofenac sodium tab er 24hr 100 mg 18
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 19
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 19
dicloxacillin sodium cap 250 mg 217
dicloxacillin sodium cap 500 mg 217
dicyclomine hcl cap 10 mg 229
dicyclomine hcl oral soln 10 mg/5ml 229
dicyclomine hcl tab 20 mg 229
diethylpropion hcl tab 25 mg 4
diethylpropion hcl tab er 24hr 75 mg 4
DIFFERIN CRE 0.1% 133
DIFFERIN GEL 0.1% 133
DIFFERIN GEL 0.3% 133
DIFICID SUS 177
DIFICID TAB 200MG 177
DIFLUCAN SUS 10MG/ML 66
DIFLUCAN SUS 40MG/ML 66
DIFLUCAN TAB 100MG 66
DIFLUCAN TAB 150MG 67
DIFLUCAN TAB 200MG 67
DIFLUCAN TAB 50MG 66
diflunisal tab 500 mg 24

difluprednate ophth emulsion 0.05% 213
digoxin oral soln 0.05 mg/ml 119
digoxin tab 125 mcg (0.125 mg) 120
digoxin tab 250 mcg (0.25 mg) 120
DILATRATE SR CAP 40MG 38
DILAUDID LIQ 1MG/ML 24
DILAUDID TAB 2MG 24
DILAUDID TAB 4MG 24
DILAUDID TAB 8MG 24
diltiazem hcl cap er 12hr 120 mg 117
diltiazem hcl cap er 12hr 60 mg 117
diltiazem hcl cap er 12hr 90 mg 117
diltiazem hcl cap er 24hr 120 mg 117
diltiazem hcl cap er 24hr 180 mg 117
diltiazem hcl cap er 24hr 240 mg 117
diltiazem hcl coated beads cap er 24hr 120 mg 117
diltiazem hcl coated beads cap er 24hr 180 mg 117
diltiazem hcl coated beads cap er 24hr 240 mg 117
diltiazem hcl coated beads cap er 24hr 300 mg 117
diltiazem hcl coated beads cap er 24hr 360 mg 117
diltiazem hcl extended release beads cap er 24hr 120 mg 117
diltiazem hcl extended release beads cap er 24hr 180 mg 117
diltiazem hcl extended release beads cap er 24hr 240 mg 117
diltiazem hcl extended release beads cap er 24hr 300 mg 118
diltiazem hcl extended release beads cap er 24hr 360 mg 118
diltiazem hcl extended release beads cap er 24hr 420 mg 118
diltiazem hcl tab 120 mg 118
diltiazem hcl tab 30 mg 118
diltiazem hcl tab 60 mg 118
diltiazem hcl tab 90 mg 118
dimethyl fumarate capsule delayed release 120 mg 221
dimethyl fumarate capsule delayed release 240 mg 221
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 221
DIPENTUM CAP 250MG 166
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 64
diphenoxylate w/ atropine tab 2.5-0.025 mg 64
DIPROLENE AF CRE 0.05% 143
DIPROLENE OIN 0.05% 143
dipyridamole tab 25 mg 171
dipyridamole tab 50 mg 171
dipyridamole tab 75 mg 171
disopyramide phosphate cap 100 mg 40
disopyramide phosphate cap 150 mg 40
disulfiram tab 250 mg 217
disulfiram tab 500 mg 217
DITROPAN XL TAB 10MG 232
DITROPAN XL TAB 5MG 232
DIURIL SUS 250/5ML 155
divalproex sodium cap delayed release sprinkle 125 mg 53
divalproex sodium tab delayed release 125 mg 54
divalproex sodium tab delayed release 250 mg 54
divalproex sodium tab delayed release 500 mg 54
divalproex sodium tab er 24 hr 250 mg 54
divalproex sodium tab er 24 hr 500 mg 54
DIVIGEL GEL 0.25MG 163
DIVIGEL GEL 0.5MG 162
DIVIGEL GEL 0.75MG 163
DIVIGEL GEL 1.25MG 163
DIVIGEL GEL 1MG/GM 163
dofetilide cap 125 mcg (0.125 mg) 41
dofetilide cap 250 mcg (0.25 mg) 41
dofetilide cap 500 mcg (0.5 mg) 41
donepezil hydrochloride orally disintegrating tab 10 mg 218
donepezil hydrochloride orally disintegrating tab 5 mg 218

donepezil hydrochloride tab 10 mg..........218
donepezil hydrochloride tab 23 mg 218
donepezil hydrochloride tab 5 mg 218
DOPTELET TAB 20MG...............................172
DORAL TAB 15MG.....................................174
dorzolamide hcl ophth soln 2% 214
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 210
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 210
DOVATO TAB 50-300MG 106
DOVONEX CRE 0.005% 138
doxazosin mesylate tab 1 mg......................74
doxazosin mesylate tab 2 mg......................74
doxazosin mesylate tab 4 mg......................74
doxazosin mesylate tab 8 mg......................74
doxepin hcl (sleep) tab 3 mg (base equiv) 174
doxepin hcl (sleep) tab 6 mg (base equiv) 174
doxepin hcl cap 100 mg 58
doxepin hcl cap 10 mg................................58
doxepin hcl cap 150 mg 58
doxepin hcl cap 25 mg 58
doxepin hcl cap 50 mg 58
doxepin hcl cap 75 mg 58
doxepin hcl conc 10 mg/ml 58
doxercalciferol cap 0.5 mcg 159
doxercalciferol cap 1 mcg 159
doxercalciferol cap 2.5 mcg......................159
doxycycline hyclate cap 100 mg.............227
doxycycline hyclate cap 50 mg 227
doxycycline hyclate tab 100 mg..............227
doxycycline hyclate tab 20 mg 227
doxycycline monohydrate cap 100 mg...227
doxycycline monohydrate cap 50 mg.....227
doxycycline monohydrate for susp 25 mg/5ml..227
doxycycline monohydrate tab 100 mg....227
doxycycline monohydrate tab 150 mg....227
doxycycline monohydrate tab 50 mg 227
doxycycline monohydrate tab 75 mg......227
doxylamine-pyridoxine tab delayed release 10-10 mg 66
DRISDOL CAP 50000UNT........................234
dronabinol cap 10 mg 66
dronabinol cap 2.5 mg................................66
dronabinol cap 5 mg...................................66
DROPLET LANC MIS 30G 181
DROPLET LANC MIS DEVICE 181
DROPLET PERS MIS LANC 30G 182
drospirenone-ethinyl estradiol tab 3-0.02 mg 127
drospirenone-ethinyl estradiol tab 3-0.03 mg 127
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg..............................127
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg..............................127
DROXIA CAP 200MG.................................171
DROXIA CAP 300MG.................................171
DROXIA CAP 400MG.................................171
droxidopa cap 100 mg.............................234
droxidopa cap 200 mg 234
droxidopa cap 300 mg 234
DRYSOL SOL 20%.....................................147
DUETACT TAB 30-2MG 59
DUETACT TAB 30-4MG 59
DUEXIS TAB 800-26.6 19
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 57
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 57
duloxetine hcl enteric coated pellets cap 40 mg (base eq) 57
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 57
DUO-CARE LIQ LEVEL1/2..........................182
DUPIXENT INJ 100/0.67..............................41
DUPIXENT INJ 200/1.14..............................41
DUPIXENT INJ 200MG 145
DUPIXENT INJ 300/2ML 145
DURAGESIC DIS 100MCG/H 25
DURAGESIC DIS 12MCG/HR 25
DURAGESIC DIS 25MCG/HR......................25

DURAGESIC DIS 50MCG/HR 25
DURAGESIC DIS 75MCG/HR.....................25
DUREZOL EMU 0.05% 213
dutasteride cap 0.5 mg.............................169
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 169

E

EAA SUPPLEME POW TROPICAL 149
EASIVENT MIS 198
EASIVENT MIS MASK LG..........................198
EASIVENT MIS MASK MED 198
EASIVENT MIS MASK SM..........................198
EASY COMFORT MIS 30G.........................182
EASY COMFORT MIS LANC/30G.............182
EASY COMFORT MIS TWIST 182
EASY COMFORT PAD ALCOHOL.............196
EASYGLUCO SOL PLUS............................182
EASYMAX 15 LIQ LEVEL2-3 182
EASYMAX 15 SOL LEVEL 2........................183
EASYMAX LIQ NORM/HIG.......................183
EASYMAX SOL NORMAL 183
EASY MINI MIS..182
EASY MINI MIS EJECT 182
EASY PLUS II SOL HIGH............................182
EASY PLUS II SOL LOW 182
EASYSTEP HGH SOL CONTROL 183
EASYSTEP LOW SOL CONTROL..............183
EASY TALK SOL HIGH 182
EASY TALK SOL LOW 182
EASY TALK SOL NORMAL 182
EASY TOUCH MIS.....................................182
EASY TOUCH MIS LANC/21G 182
EASY TOUCH MIS LANC/23G 182
EASY TOUCH MIS LANC/26G 182
EASY TOUCH MIS LANC/28G 182
EASY TOUCH MIS LANC/30G 182
EASY TOUCH MIS LANC/32G 182
EASY TOUCH MIS LANC/33G 182
EASY TOUCH SOL CONTROL...................182
EASY TOUCH SOL HIGH/LOW 182
EASY TRAK II LIQ NORMAL 182
EASY TRAK SOL HIGH 182
EASY TRAK SOL LOW...............................182
EASY TRAK SOL NORMAL 182
EC-NAPROSYN TAB 375MG.......................19
EC-NAPROSYN TAB 500MG 19
econazole nitrate cream 1%......................135
EDECRIN TAB 25MG.................................155
EDEX KIT 10MCG.......................................121
EDEX KIT 20MCG 121
EDEX KIT 40MCG 121
EDURANT TAB 25MG 106
efavirenz cap 200 mg 107
efavirenz cap 50 mg..................................106
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg..................................107
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 107
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 107
efavirenz tab 600 mg 107
EFFIENT TAB 10MG....................................171
EFFIENT TAB 5MG 171
EFUDEX CRE 5%..136
EGRIFTA SV INJ 2MG................................158
ELEMENT CONT LIQ NORMAL.................183
ELEMENT LIQ HIGH 183
ELEMENT LIQ LOW 183
ELEMNT COMPA SOL LEVEL 2 183
ELEMNT COMPA SOL LEVEL 3 183
eletriptan hydrobromide tab 20 mg (base equivalent) 200
eletriptan hydrobromide tab 40 mg (base equivalent) 200
ELIMITE CRE 5%..147
ELIQUIS ST P TAB 5MG..............................46
ELIQUIS TAB 2.5MG 46
ELIQUIS TAB 5MG.......................................46
ELLA TAB 30MG 129
EMBRACE CNTR LIQ HIGH 183
EMBRACE EVO LIQ LEVEL 1......................183
EMBRACE LANC MIS /EJECTOR 183
EMBRACE LANC MIS THIN 30G...............183
EMBRACE PRO LIQ GLUCOSE 183
EMBRACE SOL LOW 183
EMBRACE TALK SOL HIGH/L2.................183

EMBRACE TALK SOL LOW/L1 183
EMCYT CAP 140MG 85
EMGALITY INJ 100MG/ML 199
EMGALITY INJ 120MG/ML 199
EMSAM DIS 12MG/24H..................55
EMSAM DIS 6MG/24HR..................55
EMSAM DIS 9MG/24HR..................55
emtricitabine caps 200 mg 107
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 107
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg..................107
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 107
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg..................107
EMTRIVA CAP 200MG..................107
EMTRIVA SOL 10MG/ML..................107
EMVERM CHW 100MG..................35
enalapril maleate & hydrochlorothiazide tab 10-25 mg..................77
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 77
enalapril maleate oral soln 1 mg/ml..................72
enalapril maleate tab 10 mg..................72
enalapril maleate tab 2.5 mg 72
enalapril maleate tab 20 mg 72
enalapril maleate tab 5 mg 72
ENBREL INJ 25/0.5ML 22
ENBREL INJ 50MG/ML 23
ENBREL MINI INJ 50MG/ML..................23
ENBREL SRCLK INJ 50MG/ML..................23
ENCARE SUP 100MG..................232
ENDARI POW 5GM..................171
ENDOMETRIN SUP 100MG..................233
enoxaparin sodium inj 300 mg/3ml 46
enoxaparin sodium inj soln pref syr 100 mg/ml 46
enoxaparin sodium inj soln pref syr 120 mg/0.8ml..................47
enoxaparin sodium inj soln pref syr 150 mg/ml 47
enoxaparin sodium inj soln pref syr 30 mg/0.3ml..................46
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 46
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 46
enoxaparin sodium inj soln pref syr 80 mg/0.8ml..................46
ENSPRYNG INJ 205
ENSTILAR AER 143
ENSURE PLANT LIQ CHOCOLAT..................149
entacapone tab 200 mg..................95
entecavir tab 0.5 mg 112
entecavir tab 1 mg 112
ENTEREG CAP 12MG..................167
ENTOCORT EC CAP 3MG DR 130
ENTRESTO TAB 24-26MG 121
ENTRESTO TAB 49-51MG..................121
ENTRESTO TAB 97-103MG..................121
ENVARSUS XR TAB 0.75MG..................205
ENVARSUS XR TAB 1MG 205
ENVARSUS XR TAB 4MG..................205
EO28 SPLASH LIQ ORANGE 149
EPCLUSA PAK 150-37.5 112
EPCLUSA PAK 200-50MG..................112
EPCLUSA TAB 200-50MG 112
EPCLUSA TAB 400-100..................112
EPIDIOLEX SOL 100MG/ML..................49
EPIDUO FORTE GEL 0.3-2.5% 133
EPIDUO GEL 0.1-2.5%..................133
EPIFOAM AER 1% 143
epinastine hcl ophth soln 0.05% 214
EPINEPHRINE INJ 0.2MG..................234
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000) 234
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 234
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 234
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)..................234
EPIPEN 2-PAK INJ 0.3MG 234
EPIPEN-JR INJ 0.15MG..................234

EPIVIR SOL 10MG/ML....107
EPIVIR TAB 150MG....107
EPIVIR TAB 300MG....107
eplerenone tab 25 mg....80
eplerenone tab 50 mg....80
EPZICOM TAB 600-300....107
EQL LANCETS MIS 21G COLR....183
EQL LANCETS MIS 33G COLR....183
EQL LANCETS MIS THIN 26G....183
EQL LANCETS MIS THIN 30G....183
EQUETRO CAP 100MG....99
EQUETRO CAP 200MG....99
EQUETRO CAP 300MG....99
ergocalciferol cap 1.25 mg (50000 unit).234
ergoloid mesylates tab 1 mg....224
ERGOMAR SUB 2MG....200
ERIVEDGE CAP 150MG....85
ERLEADA TAB 240MG....85
ERLEADA TAB 60MG....85
*erlotinib hcl tab 100 mg (base equivalent)*84
*erlotinib hcl tab 150 mg (base equivalent)*84
erlotinib hcl tab 25 mg (base equivalent) .84
ERYGEL GEL 2%....133
erythromycin ethylsuccinate for susp 200 mg/5ml....176
erythromycin ethylsuccinate for susp 400 mg/5ml....177
erythromycin ethylsuccinate tab 400 mg....177
erythromycin gel 2%....133
erythromycin ophth oint 5 mg/gm....212
erythromycin pads 2%....133
erythromycin soln 2%....134
erythromycin stearate tab 250 mg....177
erythromycin tab 250 mg....177
erythromycin tab 500 mg....177
erythromycin tab delayed release 250 mg....177
erythromycin tab delayed release 333 mg....177
erythromycin tab delayed release 500 mg....177
erythromycin w/ delayed release particles cap 250 mg....177
escitalopram oxalate soln 5 mg/5ml (base equiv)....55
escitalopram oxalate tab 10 mg (base equiv)....55
escitalopram oxalate tab 20 mg (base equiv)....55
escitalopram oxalate tab 5 mg (base equiv)....55
ESGIC TAB....24
esomeprazole magnesium cap delayed release 20 mg (base eq)....230
esomeprazole magnesium cap delayed release 40 mg (base eq)....230
esomeprazole magnesium for delayed release susp packet 10 mg....230
esomeprazole magnesium for delayed release susp packet 20 mg....230
esomeprazole magnesium for delayed release susp packet 40 mg....230
estazolam tab 1 mg....174
estazolam tab 2 mg....174
ESTRACE TAB 0.5MG....163
ESTRACE TAB 1MG....163
ESTRACE TAB 2MG....163
ESTRACE VAG CRE 0.01%....233
estradiol & norethindrone acetate tab 0.5-0.1 mg....162
estradiol & norethindrone acetate tab 1-0.5 mg....162
estradiol tab 0.5 mg....163
estradiol tab 1 mg....163
estradiol tab 2 mg....163
estradiol td gel 0.25 mg/0.25gm (0.1%) .163
estradiol td gel 0.5 mg/0.5gm (0.1%)....163
estradiol td gel 0.75 mg/0.75gm (0.1%) .163
estradiol td gel 1.25 mg/1.25gm (0.1%) ...163
estradiol td gel 1 mg/gm (0.1%)....163
estradiol td patch twice weekly 0.025 mg/24hr....163
estradiol td patch twice weekly 0.0375 mg/24hr....163

estradiol td patch twice weekly 0.05 mg/24hr 163
estradiol td patch twice weekly 0.075 mg/24hr 163
estradiol td patch twice weekly 0.1 mg/24hr 163
estradiol td patch weekly 0.025 mg/24hr 163
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 163
estradiol td patch weekly 0.05 mg/24hr .163
estradiol td patch weekly 0.06 mg/24hr .163
estradiol td patch weekly 0.075 mg/24hr 163
estradiol td patch weekly 0.1 mg/24hr 163
estradiol vaginal cream 0.1 mg/gm 233
estradiol valerate im in oil 20 mg/ml 163
estradiol valerate im in oil 40 mg/ml 163
ESTROSTEP FE TAB 127
eszopiclone tab 1 mg 174
eszopiclone tab 2 mg 174
eszopiclone tab 3 mg 174
ethacrynic acid tab 25 mg 155
ethambutol hcl tab 100 mg 81
ethambutol hcl tab 400 mg 81
ethosuximide cap 250 mg 53
ethosuximide soln 250 mg/5ml 53
ETHYL CHLOR AER FINE PIN 146
ETHYL CHLOR AER FN STRM 146
ETHYL CHLOR AER MED JET 146
ETHYL CHLOR AER MED STRM 146
ETHYL CHLOR AER MIST 146
ethyl chloride aerosol spray 146
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 127
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 127
etodolac cap 200 mg 19
etodolac cap 300 mg 19
etodolac tab 400 mg 19
etodolac tab 500 mg 19
etodolac tab er 24hr 400 mg 19
etodolac tab er 24hr 500 mg 19
etodolac tab er 24hr 600 mg 19
etoposide cap 50 mg 95
etravirine tab 100 mg 107
etravirine tab 200 mg 107
EUCRISA OIN 2% 147
EVAMIST SPR 1.53MG 163
EVENCARE G2 SOL LOW/HIGH 183
EVENCARE G3 SOL LOW/HIGH 183
EVENCARE SOL LIQ LOW/HIGH 183
EVENCAR MINI SOL NORMAL 183
everolimus tab 0.25 mg 205
everolimus tab 0.5 mg 205
everolimus tab 0.75 mg 205
everolimus tab 2.5 mg 89
everolimus tab 5 mg 89
everolimus tab 7.5 mg 89
EVISTA TAB 60MG 158
EVOCLIN AER 1% 134
EVOLUTION SOL NORMAL 183
EVOTAZ TAB 300-150 108
EVOXAC CAP 30MG 207
EVRYSDI SOL 210
EXELDERM CRE 1% 135
EXELDERM SOL 1% 135
EXELON DIS 13.3/24 218
EXELON DIS 4.6MG/24 218
EXELON DIS 9.5MG/24 218
exemestane tab 25 mg 85
EXODERM LOT 25-1% 135
EXTINA AER 2% 135
EYSUVIS DRO 0.25% 213
ezetimibe-simvastatin tab 10-10 mg 68
ezetimibe-simvastatin tab 10-20 mg 68
ezetimibe-simvastatin tab 10-40 mg 68
ezetimibe-simvastatin tab 10-80 mg 68
ezetimibe tab 10 mg 71
E-ZJECT LANC MIS 33G 182
E-Z JECT MIS 21G 182
E-Z JECT MIS 21G COLR 182
E-Z JECT MIS 30G 182
E-Z JECT MIS 32G COLR 182
E-Z JECT MIS LANC 21G 182
E-Z JECT MIS THIN 26G 182

EZ-LETS 21G MIS LANCETS......183
EZ-LETS 26G MIS LANCETS......183
EZ-LETS 28G MIS LANCETS......183
EZ-LETS 30G MIS LANCETS......183
F
F.A.A. LIQ......149
famciclovir tab 125 mg......114
famciclovir tab 250 mg......114
famciclovir tab 500 mg......114
famotidine for susp 40 mg/5ml......230
famotidine tab 40 mg......230
FARESTON TAB 60MG......85
FARXIGA TAB 10MG......63
FARXIGA TAB 5MG......63
FASENRA PEN INJ 30MG/ML......41
FASTCLIX MIS LANCETS......183
FAVIPIRAVIR TAB 200MG......114
FC2 FEMALE MIS CONDOM......177
FC FEMALE MIS CONDOM......177
febuxostat tab 40 mg......169
febuxostat tab 80 mg......169
felbamate susp 600 mg/5ml......52
felbamate tab 400 mg......52
felbamate tab 600 mg......52
FELBATOL SUS 600/5ML......52
FELBATOL TAB 400MG......52
FELBATOL TAB 600MG......52
FELDENE CAP 10MG......19
FELDENE CAP 20MG......19
felodipine tab er 24hr 10 mg......118
felodipine tab er 24hr 2.5 mg......118
felodipine tab er 24hr 5 mg......118
FEMARA TAB 2.5MG......85
FEMCAP MIS 22MM......177
FEMCAP MIS 26MM......177
FEMCAP MIS 30MM......177
fenofibrate cap 150 mg......69
fenofibrate micronized cap 134 mg......69
fenofibrate micronized cap 200 mg......69
fenofibrate micronized cap 43 mg......69
fenofibrate micronized cap 67 mg......69
fenofibrate tab 145 mg......69
fenofibrate tab 160 mg......69
fenofibrate tab 48 mg......69
fenofibrate tab 54 mg......69
fenofibric acid tab 105 mg......69
fenofibric acid tab 35 mg......69
FENOGLIDE TAB 40MG......69
fentanyl citrate buccal tab 100 mcg (base equiv)......25
fentanyl citrate buccal tab 200 mcg (base equiv)......25
fentanyl citrate buccal tab 400 mcg (base equiv)......25
fentanyl citrate buccal tab 600 mcg (base equiv)......25
fentanyl citrate buccal tab 800 mcg (base equiv)......25
fentanyl citrate lozenge on a handle 1200 mcg......25
fentanyl citrate lozenge on a handle 1600 mcg......25
fentanyl citrate lozenge on a handle 200 mcg......25
fentanyl citrate lozenge on a handle 400 mcg......25
fentanyl citrate lozenge on a handle 600 mcg......25
fentanyl citrate lozenge on a handle 800 mcg......25
fentanyl td patch 72hr 100 mcg/hr......26
fentanyl td patch 72hr 12 mcg/hr......25
fentanyl td patch 72hr 25 mcg/hr......25
fentanyl td patch 72hr 37.5 mcg/hr......25
fentanyl td patch 72hr 50 mcg/hr......25
fentanyl td patch 72hr 62.5 mcg/hr......25
fentanyl td patch 72hr 75 mcg/hr......25
fentanyl td patch 72hr 87.5 mcg/hr......25
fesoterodine fumarate tab er 24hr 4 mg.232
fesoterodine fumarate tab er 24hr 8 mg.232
FIASP FLEX INJ TOUCH......62
FIASP INJ 100/ML......62
FIASP PENFIL INJ U-100......62
FIBERSOURCE LIQ CLS SYS......149
FIBERSOUR HN LIQ CLS SYS......149
FIBRICOR TAB 105MG......69

FIBRICOR TAB 35MG 69
FIFTY50 PREP PAD PADS 196
FIFTY50 SAFE MIS LANCETS 183
FINACEA AER 15% 147
finasteride tab 5 mg 169
FINE 30 MIS 183
FINGERSTIX MIS LANCETS 183
fingolimod hcl cap 0.5 mg (base equiv) ..221
FIORICET CAP CODEINE 31
FIRDAPSE TAB 10MG 81
FLAGYL CAP 375MG 35
FLAGYL TAB 500MG 35
flavoxate hcl tab 100 mg 232
flecainide acetate tab 100 mg 40
flecainide acetate tab 150 mg 40
flecainide acetate tab 50 mg 40
FLEXICHAMBER MIS 198
FLEXICHAMBER MIS MASK LRG 198
FLEXICHAMBER MIS MASK SM 198
FLOMAX CAP 0.4MG 169
FLOVENT HFA AER 110MCG 42
FLOVENT HFA AER 220MCG 43
FLOVENT HFA AER 44MCG 42
fluconazole for susp 10 mg/ml 67
fluconazole for susp 40 mg/ml 67
fluconazole tab 100 mg 67
fluconazole tab 150 mg 67
fluconazole tab 200 mg 67
fluconazole tab 50 mg 67
flucytosine cap 250 mg 66
fludrocortisone acetate tab 0.1 mg 131
flunisolide nasal soln 25 mcg/act (0.025%) 209
fluocinolone acetonide (otic) oil 0.01% ...215
fluocinolone acetonide cream 0.01% 143
fluocinolone acetonide cream 0.025% ...143
fluocinolone acetonide oil 0.01% (body oil) 143
fluocinolone acetonide oil 0.01% (scalp oil) 143
fluocinolone acetonide oint 0.025% 143
fluocinolone acetonide soln 0.01% 143
fluocinonide cream 0.05% 143
fluocinonide emulsified base cream 0.05% 143
fluocinonide gel 0.05% 143
fluocinonide oint 0.05% 143
fluocinonide soln 0.05% 143
FLUORABON DRO 202
fluorometholone ophth susp 0.1% 213
fluorouracil cream 5% 136
fluorouracil soln 2% 136
fluorouracil soln 5% 136
fluoxetine hcl cap 10 mg 56
fluoxetine hcl cap 20 mg 56
fluoxetine hcl cap 40 mg 56
fluoxetine hcl cap delayed release 90 mg 56
fluoxetine hcl solution 20 mg/5ml 56
fluoxetine hcl tab 10 mg 56
fluoxetine hcl tab 20 mg 56
fluphenazine decanoate inj 25 mg/ml 104
fluphenazine hcl elixir 2.5 mg/5ml 104
fluphenazine hcl inj 2.5 mg/ml 104
fluphenazine hcl oral conc 5 mg/ml 104
fluphenazine hcl tab 10 mg 104
fluphenazine hcl tab 1 mg 104
fluphenazine hcl tab 2.5 mg 104
fluphenazine hcl tab 5 mg 104
flurazepam hcl cap 15 mg 174
flurazepam hcl cap 30 mg 174
flurbiprofen sodium ophth soln 0.03% 214
flurbiprofen tab 100 mg 19
flurbiprofen tab 50 mg 19
flutamide cap 125 mg 85
fluticasone propionate cream 0.05% 143
fluticasone propionate hfa inhal aer 110 mcg/act (125/valve) 43
fluticasone propionate hfa inhal aer 220 mcg/act (250/valve) 43
fluticasone propionate hfa inhal aero 44 mcg/act (50/valve) 43
fluticasone propionate lotion 0.05% 143
fluticasone propionate nasal susp 50 mcg/act 210
fluticasone propionate oint 0.005% 143

fluvastatin sodium cap 20 mg (base equivalent) 70
fluvastatin sodium cap 40 mg (base equivalent) 70
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 70
fluvoxamine maleate cap er 24hr 100 mg 56
fluvoxamine maleate cap er 24hr 150 mg.56
fluvoxamine maleate tab 100 mg....56
fluvoxamine maleate tab 25 mg....56
fluvoxamine maleate tab 50 mg 56
FOCALIN TAB 10MG 7
FOCALIN TAB 2.5MG....6
FOCALIN TAB 5MG....7
folic acid cap 0.8 mg 172
folic acid tab 1 mg 172
folic acid tab 400 mcg 172
folic acid tab 800 mcg 172
fondaparinux sodium subcutaneous inj 10 mg/0.8ml....47
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml....47
fondaparinux sodium subcutaneous inj 5 mg/0.4ml....47
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml....47
FORACARE GDH SOL HIGH....184
FORACARE GDH SOL LOW....184
FORACARE GDH SOL NORMAL....184
FORA CONTROL SOL HIGH....184
FORA CONTROL SOL LOW....184
FORA CONTROL SOL NORMAL....184
FORA GTEL TES KETONE....148
FORA LANCETS MIS 30G....184
FORA MIS LANCETS....184
FORA MIS LANCING....184
FORFIVO XL TAB 450MG 54
formaldehyde solution 10% 105
formoterol fumarate soln nebu 20 mcg/2ml 44
FORTEO INJ 600/2.4....156
FORTISCARE SOL CNTL HI....184
FORTISCARE SOL CNTL LOW....184
FORTISCARE SOL CNTL NML....184
FOSAMAX + D TAB 70-2800....156
FOSAMAX + D TAB 70-5600....156
FOSAMAX TAB 70MG....156
fosamprenavir calcium tab 700 mg (base equiv)....108
fosfomycin tromethamine powd pack 3 gm (base equivalent)....37
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 77
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....77
fosinopril sodium tab 10 mg....72
fosinopril sodium tab 20 mg 72
fosinopril sodium tab 40 mg 72
FREESTYLE LIQ CONTROL 184
FREESTYLE MIS LANCETS....184
FREESTYLE MIS UNISTICK 184
FROVA TAB 2.5MG....200
frovatriptan succinate tab 2.5 mg (base equivalent) 200
furosemide oral soln 10 mg/ml....155
furosemide oral soln 8 mg/ml....155
furosemide tab 20 mg....155
furosemide tab 40 mg 155
furosemide tab 80 mg 155
FUZEON INJ 90MG 108
FYCOMPA SUS 0.5MG/ML....47
FYCOMPA TAB 10MG....47
FYCOMPA TAB 12MG....47
FYCOMPA TAB 2MG 47
FYCOMPA TAB 4MG 47
FYCOMPA TAB 6MG 47
FYCOMPA TAB 8MG 47
FYLNETRA INJ 6MG/0.6 172

G

G4 PLATINUM MIS PEDIATRC 184
G4 PLATINUM MIS RCV/SHAR....184
G4 PLATINUM MIS RECEIVER....184
G4 PLATINUM MIS TRANSMIT 184
G4 PLAT PED MIS RVC/SHAR....184
G4 SENSOR MIS 184
G5/G4 MIS SENSOR 184

gabapentin cap 100 mg..............................49
gabapentin cap 300 mg..............................49
gabapentin cap 400 mg..............................49
gabapentin oral soln 250 mg/5ml 49
gabapentin tab 600 mg..............................49
gabapentin tab 800 mg..............................49
GABITRIL TAB 12MG...................................53
GABITRIL TAB 16MG...................................53
GABITRIL TAB 2MG 53
GABITRIL TAB 4MG 53
GALAFOLD CAP 123MG 159
galantamine hydrobromide cap er 24hr 16 mg..218
galantamine hydrobromide cap er 24hr 24 mg..218
galantamine hydrobromide cap er 24hr 8 mg..218
galantamine hydrobromide oral soln 4 mg/ml..218
galantamine hydrobromide tab 12 mg.....218
galantamine hydrobromide tab 4 mg 218
galantamine hydrobromide tab 8 mg 218
GASTROCROM CON 100/5ML.................165
gatifloxacin ophth soln 0.5%....................212
GATTEX KIT 5MG 168
GAVRETO CAP 100MG...............................89
GE100 CONTRL SOL NORMAL.................184
GELFILM MIS OP 214
gemfibrozil tab 600 mg..............................69
GEMTESA TAB 75MG...............................232
GENERESS FE CHW 127
GENOTROPIN INJ 0.2MG.........................158
GENOTROPIN INJ 0.4MG 158
GENOTROPIN INJ 0.6MG 158
GENOTROPIN INJ 0.8MG 158
GENOTROPIN INJ 1.2MG..........................158
GENOTROPIN INJ 1.4MG 158
GENOTROPIN INJ 1.6MG 158
GENOTROPIN INJ 1.8MG 158
GENOTROPIN INJ 12MG...........................158
GENOTROPIN INJ 1MG.............................158
GENOTROPIN INJ 2MG 158
GENOTROPIN INJ 5MG 158
gentamicin sulfate cream 0.1% 135
gentamicin sulfate oint 0.1%.....................135
gentamicin sulfate ophth oint 0.3% 212
gentamicin sulfate ophth soln 0.3% 212
GENTEEL LANC KIT BLUE.........................184
GENTEEL MIS LANCETS 184
GENTEEL MIS NOZZLES............................184
GENTEEL PLUS MIS BLACK......................184
GENTEEL PLUS MIS BLUE.........................184
GENTEEL PLUS MIS PINK 184
GENTEEL PLUS MIS PURPLE....................184
GENTEEL PLUS MIS WHITE 184
GENTEEL TIPS MIS BLUE 184
GENTEEL TIPS MIS CLEAR 184
GENTEEL TIPS MIS GREEN 184
GENTEEL TIPS MIS ORANGE....................184
GENTEEL TIPS MIS RAINBOW 185
GENTEEL TIPS MIS VIOLET.......................185
GENTEEL TIPS MIS YELLOW 185
GENTLE-LET MIS 26G...............................185
GENTLE-LET MIS 28G...............................185
GENTLE-LET MIS LANCETS 185
GENTLE-LET MIS PLATFORM 185
GENVOYA TAB 108
GILOTRIF TAB 20MG..................................84
GILOTRIF TAB 30MG..................................84
GILOTRIF TAB 40MG..................................84
glatiramer acetate soln prefilled syringe 20 mg/ml...221
glatiramer acetate soln prefilled syringe 40 mg/ml...221
GLEOSTINE CAP 100MG.............................82
GLEOSTINE CAP 10MG 82
GLEOSTINE CAP 40MG 82
glimepiride tab 1 mg 63
glimepiride tab 2 mg...................................63
glimepiride tab 4 mg...................................63
glipizide-metformin hcl tab 2.5-250 mg ...59
glipizide-metformin hcl tab 2.5-500 mg ...59
glipizide-metformin hcl tab 5-500 mg 59
glipizide tab 10 mg 64
glipizide tab 5 mg...63
glipizide tab er 24hr 10 mg.........................64

glipizide tab er 24hr 2.5 mg 64
glipizide tab er 24hr 5 mg 64
GLOBAL 28G MIS LANCETS 185
GLOBAL 30G MIS LANCETS 185
GLOBAL LANC MIS DEVICE......................185
GLOBAL PREP PAD PADS.........................196
glucagon (rdna) for inj kit 1 mg....................61
GLUC CONTROL LIQ NORMAL 185
GLUC CONTROL SOL 185
GLUC CONTROL SOL MID 185
GLUC CONTROL SOL NORMAL...............185
GLUCERNA 1.0 LIQ CARB VAN.................149
GLUCERNA LIQ 1.2 CAL............................149
GLUCERNA SEL LIQ VANILLA 149
GLUCOCARD 01 LIQ NORM/HGH............185
GLUCOCARD 01 SOL NORMAL................185
GLUCOCARD LIQ LEVEL 1.........................185
GLUCOCARD SOL NORMAL.....................185
GLUCOCARD SOL SHINE..........................185
GLUCOCOM MIS 28G...............................185
GLUCOCOM MIS 30G...............................185
GLUCOCOM MIS 33G...............................185
GLUCOCOM TES HIGH CON 185
GLUCOCOM TES NORM CON 185
GLUCOSE CONT LIQ HIGH/LOW.............185
GLUCOSE CONT SOL HIGH 185
GLUCOSE CONT SOL NORMAL 185
GLUCOSE CONT SOL PRECISIO 185
GLUCOTROL TAB 10MG 64
GLUCOTROL XL TAB 10MG........................64
GLUCOTROL XL TAB 2.5MG 64
GLUCOTROL XL TAB 5MG 64
GLUTARALDEHY SOL 25%.......................105
glyburide-metformin tab 1.25-250 mg......60
glyburide-metformin tab 2.5-500 mg.......60
glyburide-metformin tab 5-500 mg..........60
glyburide micronized tab 1.5 mg................64
glyburide micronized tab 3 mg..................64
glyburide micronized tab 6 mg..................64
glyburide tab 1.25 mg 64
glyburide tab 2.5 mg...................................64
glyburide tab 5 mg......................................64
glycopyrrolate oral soln 1 mg/5ml...........229
glycopyrrolate tab 1 mg............................229
glycopyrrolate tab 2 mg............................229
GLYNASE TAB 1.5MG 64
GLYNASE TAB 3MG....................................64
GLYNASE TAB 6MG 64
GLYTACTIN PAK BTMK/DLT....................149
GLYTACTIN POW BETMLK15...................149
GLYTACTIN POW RST LT10 149
GLYTROL LIQ PREBIO1.............................149
GLYXAMBI TAB 10-5 MG............................60
GLYXAMBI TAB 25-5 MG 60
GNP ALCOHOL PAD SWABS....................196
GNP LANCETS MIS 21G.............................185
GNP LANCETS MIS THIN 185
GNP LANCETS MIS THIN 26G..................185
GOJJI BLOOD TES KETONE 148
GOJJI CNTRL SOL NORMAL....................185
GOJJI LANCET MIS 30G 185
GOJJI MIS LANC DEV...............................185
GONAL-F INJ 1050UNIT 157
GONAL-F INJ 450UNIT.............................157
GONAL-F RFF INJ 300/0.5 157
GONAL-F RFF INJ 450/0.75 157
GONAL-F RFF INJ 75UNIT........................157
GONAL-F RFF INJ 900/1.5........................158
GOODSENSE MIS LANC 26G....................185
GOODSENSE MIS LANC 30G 186
GOODSENSE MIS LANC 33G....................186
GOODSENSE MIS LANC DVC...................186
GORDOFILM SOL 146
GRALISE TAB 300MG...............................223
GRALISE TAB 450MG...............................223
GRALISE TAB 600MG 223
GRALISE TAB 750MG...............................223
GRALISE TAB 900MG 223
granisetron hcl tab 1 mg..............................65
GRASTEK SUB 2800BAU 9
griseofulvin microsize susp 125 mg/5ml...66
griseofulvin microsize tab 500 mg 66
griseofulvin ultramicrosize tab 125 mg 66
griseofulvin ultramicrosize tab 250 mg.....66
guaifenesin-codeine liquid 225-7.5 mg/5ml 131

*guaifenesin-codeine soln 100-10 mg/5ml*131
guanfacine hcl tab 1 mg...75
guanfacine hcl tab 2 mg...75
guanfacine hcl tab er 24hr 1 mg (base equiv)...5
guanfacine hcl tab er 24hr 2 mg (base equiv)...5
guanfacine hcl tab er 24hr 3 mg (base equiv)...5
guanfacine hcl tab er 24hr 4 mg (base equiv)...5
GUANIDINE TAB 125MG...81
GVOKE HYPO 1 INJ .5/.1ML...61
GVOKE HYPO 1 INJ 1MG/.2ML...61
GVOKE HYPO 2 INJ .5/.1ML...61
GVOKE HYPO 2 INJ 1MG/.2ML...61
GVOKE KIT SOL 1MG/0.2M...61
GVOKE PFS INJ...61
GYNAZOLE-1 CRE 2%...233
GYNOL II GEL 3%...232
H
HAEGARDA INJ 2000UNIT...170
HAEGARDA INJ 3000UNIT...170
HAEMOLANCE MIS HIGH FLO...186
HAEMOLANCE MIS LOW FLOW...186
HAEMOLANCE MIS PLUS...186
HAEMOLANCE MIS PLUS LOW...186
HAEMOLANCE MIS PLUS MAX...186
HAEMOLANCE MIS PLUS PED...186
HAEMOLANCE MIS RETRACT...186
HALCION TAB 0.25MG...175
HALDOL DECAN INJ 100MG/ML...101
HALDOL DECAN INJ 50MG/ML...101
HALDOL INJ 5MG/ML...101
halobetasol propionate cream 0.05%...143
halobetasol propionate oint 0.05%...143
haloperidol decanoate im soln 100 mg/ml...101
*haloperidol decanoate im soln 50 mg/ml*101
haloperidol lactate inj 5 mg/ml...101
haloperidol lactate oral conc 2 mg/ml...101
haloperidol tab 0.5 mg...101
haloperidol tab 10 mg...101
haloperidol tab 1 mg...101
haloperidol tab 20 mg...101
haloperidol tab 2 mg...101
haloperidol tab 5 mg...101
HARVONI PAK...113
HARVONI PAK 45-200MG...113
HARVONI TAB 45-200MG...113
HARVONI TAB 90-400MG...113
HC/PRAMOXINE CRE 1-2.35%...143
HC LANCING MIS DEVICE...186
HCU EXP20 PAK UNFLAVOR...150
HCU EXPRESS PAK...150
HEMANGEOL SOL 4.28/ML...116
heparin sodium (porcine) inj 10000 unit/ml...47
*heparin sodium (porcine) inj 1000 unit/ml*47
heparin sodium (porcine) inj 20000 unit/ml...47
heparin sodium (porcine) inj 5000 unit/ml...47
heparin sodium (porcine) pf inj 5000 unit/0.5ml...47
HETLIOZ CAP 20MG...175
HETLIOZ LQ SUS 4MG/ML...175
HIPREX TAB 1GM...37
HLTHY ACCNTS MIS LANC 30G...186
HM STERILE PAD ALCHOL...196
HOLD CHAMBER MIS ADLT LG...198
HOLD CHAMBER MIS MEDIUM...198
HOLD CHAMBER MIS SMALL...198
HOMACTIN AA LIQ PLUS...150
HUMIRA INJ 10/0.1ML...10
HUMIRA INJ 20/0.2ML...11
HUMIRA INJ 40/0.4ML...11
HUMIRA KIT 40MG/0.8...11
HUMIRA PEDIA INJ CROHNS...11, 12
HUMIRA PEN INJ 40/0.4ML...12
HUMIRA PEN INJ 40MG/0.8...12
HUMIRA PEN INJ 80/0.8ML...12
HUMIRA PEN INJ CD/UC/HS...13
HUMIRA PEN INJ PS/UV...13
HUMIRA PEN KIT CD/UC/HS...13
HUMIRA PEN KIT PED UC...13

HUMIRA PEN KIT PS/UV....14
HUMULIN R INJ U-500....62
HYCAMTIN CAP 0.25MG....95
HYCAMTIN CAP 1MG....95
hydralazine hcl tab 100 mg....80
hydralazine hcl tab 10 mg....80
hydralazine hcl tab 25 mg....80
hydralazine hcl tab 50 mg....80
HYDREA CAP 500MG....94
hydrochlorothiazide cap 12.5 mg....155
hydrochlorothiazide tab 12.5 mg....155
hydrochlorothiazide tab 25 mg....156
hydrochlorothiazide tab 50 mg....156
hydrocodone-acetaminophen soln 10-325 mg/15ml....31
hydrocodone-acetaminophen soln 7.5-325 mg/15ml....31
hydrocodone-acetaminophen tab 10-300 mg....32
hydrocodone-acetaminophen tab 10-325 mg....32
hydrocodone-acetaminophen tab 5-300 mg....31
hydrocodone-acetaminophen tab 5-325 mg....31
hydrocodone-acetaminophen tab 7.5-300 mg....31
hydrocodone-acetaminophen tab 7.5-325 mg....32
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg....131
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml....131
*hydrocodone bitartrate cap er 12hr 10 mg*26
*hydrocodone bitartrate cap er 12hr 15 mg*26
hydrocodone bitartrate cap er 12hr 20 mg....26
hydrocodone bitartrate cap er 12hr 30 mg....26
hydrocodone bitartrate cap er 12hr 40 mg....26
hydrocodone bitartrate cap er 12hr 50 mg....26
hydrocodone bitartrate tab er 24hr deter 100 mg....26
hydrocodone bitartrate tab er 24hr deter 120 mg....26
hydrocodone bitartrate tab er 24hr deter 20 mg....26
hydrocodone bitartrate tab er 24hr deter 30 mg....26
hydrocodone bitartrate tab er 24hr deter 40 mg....26
hydrocodone bitartrate tab er 24hr deter 60 mg....26
hydrocodone bitartrate tab er 24hr deter 80 mg....26
hydrocodone-ibuprofen tab 10-200 mg....32
hydrocodone-ibuprofen tab 5-200 mg....32
hydrocodone-ibuprofen tab 7.5-200 mg..32
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml....132
hydrocortisone acetate suppos 25 mg....35
hydrocortisone acetate w/ pramoxine perianal cream 1-1%....35
hydrocortisone butyrate cream 0.1%....143
hydrocortisone butyrate oint 0.1%....143
hydrocortisone butyrate soln 0.1%....143
hydrocortisone cream 2.5%....143
hydrocortisone enema 100 mg/60ml....34
hydrocortisone lotion 2.5%....143
hydrocortisone oint 2.5%....143
hydrocortisone perianal cream 1%....35
hydrocortisone perianal cream 2.5%....35
hydrocortisone tab 10 mg....130
hydrocortisone tab 20 mg....130
hydrocortisone tab 5 mg....130
hydrocortisone valerate cream 0.2%....143
hydrocortisone valerate oint 0.2%....143
hydrocortisone w/ acetic acid otic soln 1-2%....215
hydrogen peroxide soln 30%....105
hydromorphone hcl liqd 1 mg/ml....26
hydromorphone hcl tab 2 mg....26
hydromorphone hcl tab 4 mg....26
hydromorphone hcl tab 8 mg....26

hydromorphone hcl tab er 24hr 12 mg 27
hydromorphone hcl tab er 24hr 16 mg 27
hydromorphone hcl tab er 24hr 32 mg 27
hydromorphone hcl tab er 24hr 8 mg........27
HYDROMORPHON SUP 3MG.....................26
hydroxychloroquine sulfate tab 200 mg...80
hydroxyurea cap 500 mg...........................94
hydroxyzine hcl syrup 10 mg/5ml.............39
hydroxyzine hcl tab 10 mg 39
hydroxyzine hcl tab 25 mg..........................39
hydroxyzine hcl tab 50 mg..........................39
hydroxyzine pamoate cap 100 mg............39
hydroxyzine pamoate cap 25 mg...............39
hydroxyzine pamoate cap 50 mg 39
hyoscyamine sulfate elixir 0.125 mg/5ml 229
hyoscyamine sulfate sl tab 0.125 mg 230
hyoscyamine sulfate soln 0.125 mg/ml ..230
hyoscyamine sulfate tab 0.125 mg 230
*hyoscyamine sulfate tab disint 0.125 mg*230
HYPERSAL NEB 3.5% 132
HYPERSAL NEB 7%...................................132
HYPOLANCE KIT LANCING 186
HYRIMOZ 14
HYRIMOZ INJ 10/0.1ML 14
HYRIMOZ INJ 20/0.2ML.............................14
HYRIMOZ INJ 40/0.4ML 14
HYRIMOZ INJ 40/0.8ML 14
HYRIMOZ INJ 80/0.8ML 14
HYRIMOZ-PED INJ CROHNS......................14
HYRIMOZ-PLAQ INJ PSORIASI 15

I

ibandronate sodium tab 150 mg (base equivalent) 156
IBRANCE CAP 100MG................................89
IBRANCE CAP 125MG 89
IBRANCE CAP 75MG..................................89
IBRANCE TAB 100MG 90
IBRANCE TAB 125MG.................................90
IBRANCE TAB 75MG 89
ibuprofen tab 400 mg 19
ibuprofen tab 600 mg 19
ibuprofen tab 800 mg 19
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.......................................170
ICLUSIG TAB 10MG 90
ICLUSIG TAB 15MG.....................................90
ICLUSIG TAB 30MG....................................90
ICLUSIG TAB 45MG....................................90
IDHIFA TAB 100MG 90
IDHIFA TAB 50MG 90
imatinib mesylate tab 100 mg (base equivalent) 90
imatinib mesylate tab 400 mg (base equivalent) 90
IMBRUVICA CAP 140MG 90
IMBRUVICA CAP 70MG 90
IMBRUVICA SUS 70MG/ML 90
IMBRUVICA TAB 140MG.............................90
IMBRUVICA TAB 280MG 90
IMBRUVICA TAB 420MG 90
IMBRUVICA TAB 560MG 90
imipramine hcl tab 10 mg............................58
imipramine hcl tab 25 mg 58
imipramine hcl tab 50 mg 58
imipramine pamoate cap 100 mg 58
imipramine pamoate cap 125 mg...............58
imipramine pamoate cap 150 mg 58
imipramine pamoate cap 75 mg 58
imiquimod cream 3.75% 145
imiquimod cream 5% 145
IMITREX INJ 4MG/0.5 200
IMITREX INJ 6MG/0.5 200
IMITREX SPR 20MG/ACT..........................201
IMITREX SPR 5MG/ACT 201
IMITREX TAB 100MG 201
IMITREX TAB 25MG 201
IMITREX TAB 50MG..................................201
IMPAVIDO CAP 50MG 35
IMURAN TAB 50MG 205
IMVEXXY MAIN SUP 10MCG....................233
IMVEXXY MAIN SUP 4MCG......................233
IMVEXXY STRT SUP 10MCG 233
IMVEXXY STRT SUP 4MCG 233
INBRIJA CAP 42MG.....................................96
INCONTROL MIS LANC 28G.....................186

INCONTROL MIS LANC 30G....................186
INCONTROL MIS LANC 33G....................186
INCONTROL MIS LANC DEV 186
INCONTROL PAD ALCOHOL....................196
indapamide tab 1.25 mg 156
indapamide tab 2.5 mg..............................156
indomethacin cap 25 mg 19
indomethacin cap 50 mg...............................19
indomethacin cap er 75 mg...........................19
INFINITY SOL NORM CON 186
INFNTY VOICE LIQ LEVEL 2......................186
INGREZZA CAP 40-80MG........................220
INGREZZA CAP 40MG 220
INGREZZA CAP 60MG 221
INGREZZA CAP 80MG 221
INLYTA TAB 1MG 83
INLYTA TAB 5MG...83
INPEN 100EL MIS BLUE-HUM...................197
INQOVI TAB 35-100MG................................87
INSPIRACHAMB MIS LARGE 198
INSPIRACHAMB MIS MEDIUM.................198
INSPIRACHAMB MIS MOUTHPCE...........198
INSPIRACHAMB MIS SMALL....................198
INSPIREASE MIS DD SYST 198
INSPIREASE MIS RES BAG........................198
INSPRA TAB 25MG.......................................80
INSPRA TAB 50MG.......................................80
INTELENCE TAB 100MG............................108
INTELENCE TAB 200MG............................108
INTELENCE TAB 25MG 108
IN TOUCH LAN MIS 30G 186
IN TOUCH LAN MIS DEVICE 186
IN TOUCH SOL GLUCOSE 186
INTRON A INJ 10MU.....................................94
INTRON A INJ 18MU.....................................94
INTRON A INJ 25MU 94
INTRON A INJ 50MU 94
INVEGA SUST INJ 117/0.75.......................100
INVEGA SUST INJ 156MG/ML..................100
INVEGA SUST INJ 234/1.5 100
INVEGA SUST INJ 39/0.25 100
INVEGA SUST INJ 78/0.5ML....................100
INVEGA TAB 1.5MG...................................100
INVEGA TAB 3MG 100
INVEGA TAB 6MG 100
INVEGA TAB 9MG 100
iodoquinol-hc cream 1-1%.........................135
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%...135
IOPIDINE SOL 1% OP.................................212
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml..44
ipratropium bromide inhal soln 0.02% 42
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 209
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 209
irbesartan-hydrochlorothiazide tab 150-12.5 mg...77
irbesartan-hydrochlorothiazide tab 300-12.5 mg..77
irbesartan tab 150 mg..................................74
irbesartan tab 300 mg 74
irbesartan tab 75 mg....................................74
IRESSA TAB 250MG 84
ISENTRESS CHW 100MG..........................108
ISENTRESS CHW 25MG............................108
ISENTRESS HD TAB 600MG.....................108
ISENTRESS POW 100MG 108
ISENTRESS TAB 400MG 108
isoniazid syrup 50 mg/5ml...........................81
isoniazid tab 100 mg.....................................81
isoniazid tab 300 mg 81
ISOPTO ATROP SOL 1% OP.......................211
ISOPTO CARP SOL 1% OP 211
ISOPTO CARP SOL 2% OP.........................211
ISOPTO CARP SOL 4% OP.........................211
isosorbide dinitrate tab 10 mg 38
isosorbide dinitrate tab 20 mg 38
isosorbide dinitrate tab 30 mg 38
isosorbide dinitrate tab 5 mg.......................38
isosorbide mononitrate tab 10 mg 38
isosorbide mononitrate tab 20 mg 38
isosorbide mononitrate tab er 24hr 120 mg 38

isosorbide mononitrate tab er 24hr 30 mg 38
isosorbide mononitrate tab er 24hr 60 mg 38
ISOSOURCE HN LIQ 150
ISOSOURCE LIQ....150
isotretinoin cap 10 mg 134
isotretinoin cap 20 mg 134
isotretinoin cap 30 mg 134
isotretinoin cap 40 mg 134
ISOVACTIN AA LIQ PLUS 150
isoxsuprine hcl tab 20 mg....123
isradipine cap 2.5 mg....118
isradipine cap 5 mg....118
itraconazole cap 100 mg 67
itraconazole oral soln 10 mg/ml 67
ivermectin lotion 0.5%....147
ivermectin tab 3 mg 35

J

JAKAFI TAB 10MG 91
JAKAFI TAB 15MG 91
JAKAFI TAB 20MG 91
JAKAFI TAB 25MG....91
JAKAFI TAB 5MG....90
JARDIANCE TAB 10MG....63
JARDIANCE TAB 25MG 63
JENTADUETO TAB 2.5-1000....60
JENTADUETO TAB 2.5-500 60
JENTADUETO TAB 2.5-850 60
JENTADUETO TAB XR 60
JEVITY 1.2 LIQ CAL....150
JEVITY 1.5 LIQ CAL 150
JEVITY 1 CAL LIQ....150
JUBLIA SOL 10%....135
JULUCA TAB 50-25MG....108

K

KALBITOR INJ 10MG/ML 170
KALETRA SOL....108
KALETRA TAB 100-25MG 108
KALETRA TAB 200-50MG 108
KALYDECO GRA 13.4MG 226
KALYDECO GRA 5.8MG....226
KALYDECO PAK 25MG 226
KALYDECO PAK 50MG....226
KALYDECO PAK 75MG 226
KALYDECO TAB 150MG....226
KARBINAL ER SUS 4MG/5ML....67
KEFLEX CAP 750MG....125
KERENDIA TAB 10MG....160
KERENDIA TAB 20MG 160
KESIMPTA INJ 20/.4ML....222
ketoconazole cream 2%....135
ketoconazole shampoo 2%....135
ketoconazole tab 200 mg 67
KETO-DIASTIX TES 148
KETONE TES 148
KETONE TEST TES 148
ketoprofen cap 50 mg....19
ketoprofen cap 75 mg 19
ketorolac tromethamine ophth soln 0.4% 214
ketorolac tromethamine ophth soln 0.5% 215
ketorolac tromethamine tab 10 mg 19
KETOSTIX TES STRIP....148
KEVEYIS TAB 50MG....154
KEVZARA INJ 150/1.14 18
KEVZARA INJ 200/1.14 18
KINNEY MIS LANCETS 186
KINNEY THIN MIS LANCETS 186
KISQALI 200 PAK FEMARA 87
KISQALI 400 PAK FEMARA....87
KISQALI 600 PAK FEMARA 87
KISQALI TAB 200DOSE 91
KISQALI TAB 400DOSE 91
KISQALI TAB 600DOSE 91
KLARON LOT 10% 134
KLONOPIN TAB 0.5MG....48
KLONOPIN TAB 1MG....48
KLONOPIN TAB 2MG 48
KLOXXADO SPR 8MG 65
KOSELUGO CAP 10MG 91
KOSELUGO CAP 25MG....91
K-PHOS TAB NO 2....168
KRAZATI TAB 200MG 91
KRISTALOSE PAK 10GM....176

KRISTALOSE PAK 20GM 176
KROGER LANCE MIS 186
KROGER LANCE MIS 26G 186
KROGER LANCE MIS THIN 186
KROGER LANCE MIS THIN 30G 186
K-TAB TAB 10MEQ CR 203
K-TAB TAB 20MEQ 203
K-TAB TAB 8MEQ CR 203
KYNMOBI MIS 10MG 96
KYNMOBI MIS 15MG 96
KYNMOBI MIS 20MG 96
KYNMOBI MIS 25MG 96
KYNMOBI MIS 30MG 97

L

labetalol hcl tab 100 mg 115
labetalol hcl tab 200 mg 115
labetalol hcl tab 300 mg 115
lacosamide oral solution 10 mg/ml 49
lacosamide tab 100 mg 49
lacosamide tab 150 mg 49
lacosamide tab 200 mg 49
lacosamide tab 50 mg 49
LACTIC ACID LOT 10% 145
lactulose (encephalopathy) solution 10 gm/15ml 167
lactulose solution 10 gm/15ml 176
LAGEVRIO CAP 200MG 114
lamivudine oral soln 10 mg/ml 108
lamivudine tab 100 mg (hbv) 113
lamivudine tab 150 mg 108
lamivudine tab 300 mg 108
lamivudine-zidovudine tab 150-300 mg 109
lamotrigine orally disintegrating tab 100 mg 50
lamotrigine orally disintegrating tab 200 mg 50
lamotrigine orally disintegrating tab 25 mg 49
lamotrigine orally disintegrating tab 50 mg 49
lamotrigine tab 100 mg 50
lamotrigine tab 150 mg 50
lamotrigine tab 200 mg 50
lamotrigine tab 25 mg 50
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 50
lamotrigine tab 35 x 25 mg starter kit 50
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 50
lamotrigine tab chewable dispersible 25 mg 50
lamotrigine tab chewable dispersible 5 mg 50
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 50
lamotrigine tab er 24hr 100 mg 50
lamotrigine tab er 24hr 200 mg 50
lamotrigine tab er 24hr 250 mg 50
lamotrigine tab er 24hr 25 mg 50
lamotrigine tab er 24hr 300 mg 50
lamotrigine tab er 24hr 50 mg 50
LAMPIT TAB 120MG 36
LAMPIT TAB 30MG 36
LANAFLEX PAK 150
LANCET AUTO MIS INJECTOR 186
LANCET CARRY MIS CASE 186
LANCET DEVIC MIS 30G 186
LANCET DEVIC MIS ADJUST 186
LANCET MICRO MIS THIN 33G 186
LANCETS MICR MIS THIN 33G 187
LANCETS MIS 187
LANCETS MIS 21G 187
LANCETS MIS 21G COLR 187
LANCETS MIS 28G 187
LANCETS MIS 30G 187
LANCETS MIS 33G 187
LANCETS MIS ORANGE 187
LANCETS MIS ORIGINAL 187
LANCETS MIS THIN 187
LANCETS MIS THIN 26G 187
LANCETS MIS THIN 30G 187
LANCETS SUPR MIS THIN 28G 187
LANCET STAND MIS 21G 186
LANCETS THIN MIS 187
LANCETS THIN MIS 26G 187
LANCETS ULTR MIS THIN 187

LANCET SUPER MIS THIN 30G 186
LANCET ULTRA MIS 28G 187
LANCET ULTRA MIS THIN 30G 187
LANCET WITH MIS EJECTOR...................187
LANCING DEVI MIS 187
LANCING DEVI MIS 25G............................187
LANCING DEVI MIS 30G............................187
LANCING MIS DEVICE 187
LANOLIN OIN 217
LANOXIN TAB 0.0625MG 120
*lansoprazole cap delayed release 15 mg*230
*lansoprazole cap delayed release 30 mg*231
LANZO MIS LANCING...............................187
lapatinib ditosylate tab 250 mg (base equiv) 91
LASIX TAB 20MG.......................................155
LASIX TAB 40MG 155
LASIX TAB 80MG 155
latanoprost ophth soln 0.005% 215
LB LANCET MIS 28G 187
LB LANCING MIS DEVICE..........................187
leflunomide tab 10 mg 21
leflunomide tab 20 mg 21
lenalidomide cap 10 mg 204
lenalidomide cap 15 mg 204
lenalidomide cap 25 mg 204
lenalidomide cap 5 mg..............................204
LENVIMA CAP 10 MG 83
LENVIMA CAP 12MG 83
LENVIMA CAP 14 MG 83
LENVIMA CAP 18 MG 83
LENVIMA CAP 20 MG..................................83
LENVIMA CAP 24 MG..................................84
LENVIMA CAP 4MG.....................................83
LENVIMA CAP 8 MG....................................83
letrozole tab 2.5 mg 85
leucovorin calcium tab 10 mg.....................95
leucovorin calcium tab 15 mg.....................95
leucovorin calcium tab 25 mg 95
leucovorin calcium tab 5 mg 95
LEUKERAN TAB 2MG 82
LEUKINE INJ 250MCG 172
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 85
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 44
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 45
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 45
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 45
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 45
LEVBID TAB 0.375 ER 230
LEVEMIR INJ 62
LEVEMIR INJ FLEXTOUC 62
levetiracetam oral soln 100 mg/ml............50
levetiracetam tab 1000 mg.........................50
levetiracetam tab 250 mg...........................50
levetiracetam tab 500 mg 50
levetiracetam tab 750 mg...........................50
levetiracetam tab er 24hr 500 mg.............50
levetiracetam tab er 24hr 750 mg 50
levobunolol hcl ophth soln 0.5% 211
levocarnitine oral soln 1 gm/10ml (10%)..159
levocarnitine tab 330 mg...........................159
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 67
levocetirizine dihydrochloride tab 5 mg....67
levofloxacin ophth soln 0.5%....................212
levofloxacin oral soln 25 mg/ml 164
levofloxacin tab 250 mg 164
levofloxacin tab 500 mg 164
levofloxacin tab 750 mg 164
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg..............................127
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....................................127
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 127
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 127
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg............127

levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 127
levonorgestrel tab 1.5 mg 129
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 127
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 127
levothyroxine sodium tab 100 mcg 228
levothyroxine sodium tab 112 mcg.....228
levothyroxine sodium tab 125 mcg.....228
levothyroxine sodium tab 137 mcg.....228
levothyroxine sodium tab 150 mcg.....228
levothyroxine sodium tab 175 mcg.....228
levothyroxine sodium tab 200 mcg.....228
levothyroxine sodium tab 25 mcg 228
levothyroxine sodium tab 300 mcg.....228
levothyroxine sodium tab 50 mcg 228
levothyroxine sodium tab 75 mcg 228
levothyroxine sodium tab 88 mcg 228
LEVSIN/SL SUB 0.125MG 230
LEVSIN TAB 0.125MG.....230
LEVULAN KERA SOL 20%.....136
lidocaine hcl laryngotracheal soln 4%.....207
lidocaine hcl soln 4% 146
lidocaine hcl urethral/mucosal gel 2%.....146
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....146
lidocaine hcl viscous soln 2% 207
lidocaine oint 5%.....146
lidocaine patch 5% 146
lidocaine-prilocaine cream 2.5-2.5% 146
LIDODERM DIS 5%.....146
LIFESCAN MIS UNISTIK2.....187
lindane shampoo 1% 147
linezolid for susp 100 mg/5ml 37
linezolid tab 600 mg 37
LINZESS CAP 145MCG 167
LINZESS CAP 290MCG.....167
LINZESS CAP 72MCG 167
liothyronine sodium tab 25 mcg 229
liothyronine sodium tab 50 mcg 229
liothyronine sodium tab 5 mcg.....229
LIPOFEN CAP 150MG.....70
LIPOFEN CAP 50MG 70
LIQUID HOPE LIQ 150
lisinopril & hydrochlorothiazide tab 10-12.5 mg.....77
lisinopril & hydrochlorothiazide tab 20-12.5 mg.....77
lisinopril & hydrochlorothiazide tab 20-25 mg.....77
lisinopril tab 10 mg 72
lisinopril tab 2.5 mg.....72
lisinopril tab 20 mg.....72
lisinopril tab 30 mg.....72
lisinopril tab 40 mg.....72
lisinopril tab 5 mg 72
LITETOUCH MIS LANCETS 187
LITE TOUCH MIS LANCETS 187
LITE TOUCH MIS LANC PEN.....187
LITFULO CAP 50MG 145
lithium carbonate cap 150 mg.....99
lithium carbonate cap 300 mg.....99
lithium carbonate cap 600 mg.....99
lithium carbonate tab 300 mg.....99
lithium carbonate tab er 300 mg 99
lithium carbonate tab er 450 mg 99
LITHIUM SOL 8MEQ/5ML 99
LITHOBID TAB 300MG CR 99
LIVTENCITY TAB 200MG.....112
LOCOID LIPO CRE 0.1%.....143
LOCOID LOT 0.1% 143
LODOCO TAB 0.5MG.....121
LODOSYN TAB 25MG 95
LO LOESTRIN TAB 1-10-10 127
LOMOTIL TAB 2.5MG.....64
LONGS LANCET MIS STANDARD.....187
LONGS LANCET MIS THIN.....187
LONGS LANCET MIS ULTRA TH.....187
LONSURF TAB 15-6.14.....87
LONSURF TAB 20-8.19.....88
LOPHLEX POW.....150
LOPID TAB 600MG.....70
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 109
lopinavir-ritonavir tab 100-25 mg.....109

lopinavir-ritonavir tab 200-50 mg............109
LOPRESSOR TAB 100MG..........................115
LOPRESSOR TAB 50MG 115
LOPROX SHA 1% 135
lorazepam conc 2 mg/ml...........................40
lorazepam tab 0.5 mg 40
lorazepam tab 1 mg 40
lorazepam tab 2 mg....................................40
LORBRENA TAB 100MG 91
LORBRENA TAB 25MG 91
LORTAB ELX 10-300MG 32
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 77
losartan potassium & hydrochlorothiazide tab 100-25 mg..77
losartan potassium & hydrochlorothiazide tab 50-12.5 mg..77
losartan potassium tab 100 mg 74
losartan potassium tab 25 mg....................74
losartan potassium tab 50 mg....................74
LOSEASONIQUE TAB 127
LOTENSIN HCT TAB 10-12.5.......................77
LOTENSIN HCT TAB 20-12.5 77
LOTENSIN HCT TAB 20-25MG 77
LOTENSIN TAB 10MG.................................72
LOTENSIN TAB 20MG 72
LOTENSIN TAB 40MG.................................72
loteprednol etabonate ophth gel 0.5%....213
loteprednol etabonate ophth susp 0.5%.213
LOTREL CAP 10-20MG...............................77
LOTREL CAP 10-40MG...............................77
LOTREL CAP 5-10MG.................................77
LOTREL CAP 5-20MG 77
LOTRONEX TAB 0.5MG............................167
LOTRONEX TAB 1MG................................167
lovastatin tab 10 mg....................................70
lovastatin tab 20 mg 70
lovastatin tab 40 mg 70
LOVENOX INJ 100MG/ML.........................47
LOVENOX INJ 120/0.8 47
LOVENOX INJ 150MG/ML.........................47
LOVENOX INJ 30/0.3ML 47
LOVENOX INJ 300/3ML 47
LOVENOX INJ 40/0.4ML............................47
LOVENOX INJ 60/0.6ML............................47
LOVENOX INJ 80/0.8ML............................47
loxapine succinate cap 10 mg..................102
loxapine succinate cap 25 mg 102
loxapine succinate cap 50 mg.................102
loxapine succinate cap 5 mg 102
lubiprostone cap 24 mcg..........................165
lubiprostone cap 8 mcg............................165
LUMAKRAS TAB 120MG..............................91
LUMAKRAS TAB 320MG 91
LUMRYZ PAK 6GM 218
LUMRYZ PAK 7.5GM................................218
LUMRYZ PAK 9GM 218
LUMRYZ PKG 4.5GM 218
LUNG PERFM MIS METER.........................198
LUPRON DEPOT INJ 11.25MG....................85
LUPRON DEPOT INJ 3.75MG.....................85
lurasidone hcl tab 120 mg 99
lurasidone hcl tab 20 mg.............................99
lurasidone hcl tab 40 mg 99
lurasidone hcl tab 60 mg 99
lurasidone hcl tab 80 mg 99
LYNPARZA TAB 100MG..............................91
LYNPARZA TAB 150MG..............................91
LYSODREN TAB 500MG.............................85
LYSTEDA TAB 650MG 173
LYVISPAH GRA 10MG 208
LYVISPAH GRA 20MG 208
LYVISPAH GRA 5MG.................................208
M
MACROBID CAP 100MG 37
mafenide acetate packet for topical soln 5% (50 gm) 141
MALARONE TAB 250-100 80
MALARONE TAB 62.5-25 80
malathion lotion 0.5% 147
maprotiline hcl tab 25 mg 54
maprotiline hcl tab 50 mg 55
maprotiline hcl tab 75 mg 55
MAR-COF CG LIQ 225-7.5.........................132
MARINOL CAP 10MG 66
MARINOL CAP 2.5MG.................................66

MARINOL CAP 5MG....66
MARPLAN TAB 10MG....55
MATULANE CAP 50MG....94
MAVENCLAD PAK 10MG(10)....222
MAVENCLAD PAK 10MG(4)....222
MAVENCLAD PAK 10MG(5)....222
MAVENCLAD PAK 10MG(6)....222
MAVENCLAD PAK 10MG(7)....222
MAVENCLAD PAK 10MG(8)....222
MAVENCLAD PAK 10MG(9)....222
MAXITROL OIN 0.1% OP....213
MAXITROL SUS 0.1% OP....213
MAXZIDE-25 TAB....154
MAXZIDE TAB 75-50....154
MAYZENT PAK STARTER....222
MAYZENT TAB 0.25MG....222
MAYZENT TAB 1MG....222
MAYZENT TAB 2MG....222
MCT PRO-CAL PAK....150
meclofenamate sodium cap 100 mg....19
meclofenamate sodium cap 50 mg....19
MEDICHOICE MIS LANCET....187
MEDISENSE LIQ GLUC/KET....188
MEDISENSE LIQ GLUC-KET....187
MEDLANCE MIS 30G PLUS....188
MEDLANCE MIS EXTR 21G....188
MEDLANCE MIS LITE 25G....188
MEDLANCE MIS PLUS....188
MEDLANCE MIS PLUS 30G....188
MEDLANCE MIS UNV 21G....188
MEDLANCE PLS MIS 0.8MM....188
MEDLANCE PLS MIS EXTR 21G....188
MEDLANCE PLS MIS LITE 25G....188
MEDLANCE PLS MIS UNIV 21G....188
MEDROL TAB 16MG....130
MEDROL TAB 2MG....130
MEDROL TAB 32MG....130
MEDROL TAB 4MG....130
MEDROL TAB 8MG....130
medroxyprogesterone acetate im susp 150 mg/ml....129
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....129
medroxyprogesterone acetate tab 10 mg....217
medroxyprogesterone acetate tab 2.5 mg....217
medroxyprogesterone acetate tab 5 mg.217
mefenamic acid cap 250 mg....19
mefloquine hcl tab 250 mg....80
megestrol acetate susp 40 mg/ml....86
megestrol acetate susp 625 mg/5ml....217
megestrol acetate tab 20 mg....86
megestrol acetate tab 40 mg....86
MEIJER LANCE MIS COLOR....188
MEIJER LANCE MIS UNIV 21G....188
MEIJER LANCE MIS UNIV 30G....188
MEIJER LANCE MIS UNIVERSA....188
MEIJER MIS LANCETS....188
MEKTOVI TAB 15MG....91
meloxicam tab 15 mg....19
meloxicam tab 7.5 mg....19
melphalan tab 2 mg....82
memantine hcl cap er 24hr 14 mg....219
memantine hcl cap er 24hr 21 mg....219
memantine hcl cap er 24hr 28 mg....219
memantine hcl cap er 24hr 7 mg....218
memantine hcl oral solution 2 mg/ml....219
memantine hcl tab 10 mg....219
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack....219
memantine hcl tab 5 mg....219
MEMBRANEBLUE INJ 0.15%....214
MENOPUR INJ 75UNIT....158
MEPHYTON TAB 5MG....234
meprobamate tab 200 mg....39
meprobamate tab 400 mg....39
MEPRON SUS....36
mercaptopurine tab 50 mg....82
mesalamine cap dr 400 mg....166
mesalamine cap er 24hr 0.375 gm....166
mesalamine cap er 500 mg....166
mesalamine enema 4 gm....166
mesalamine rectal enema 4 gm & cleanser wipe kit....166
mesalamine suppos 1000 mg....166

mesalamine tab delayed release 1.2 gm .166
mesalamine tab delayed release 800 mg 166
MESNEX TAB 400MG 95
MESTINON TAB TIMESPAN 81
metaxalone tab 800 mg 208
metformin hcl oral soln 500 mg/5ml 60
metformin hcl tab 1000 mg 61
metformin hcl tab 500 mg 60
metformin hcl tab 850 mg 60
metformin hcl tab er 24hr 500 mg 61
metformin hcl tab er 24hr 750 mg 61
methadone hcl conc 10 mg/ml 27
methadone hcl soln 10 mg/5ml 27
methadone hcl soln 5 mg/5ml 27
methadone hcl tab 10 mg 27
methadone hcl tab 5 mg 27
methadone hcl tab for oral susp 40 mg 27
METHADOSE CON 10MG/ML 27
METHADOSE SF CON 10MG/ML 27
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 154
methazolamide tab 50 mg 154
methenamine hippurate tab 1 gm 37
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg 36
methenamine mandelate tab 0.5 gm 37
methenamine mandelate tab 1 gm 37
methimazole tab 10 mg 228
methimazole tab 5 mg 228
METHITEST TAB 10MG 34
methocarbamol tab 500 mg 208
methocarbamol tab 750 mg 208
methotrexate sodium for inj 1 gm 82
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 82
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 82
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 83
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 82
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 82
methotrexate sodium tab 2.5 mg (base equiv) 83
methoxsalen rapid cap 10 mg 138
methscopolamine bromide tab 2.5 mg 230
methscopolamine bromide tab 5 mg 230
methyldopa & hydrochlorothiazide tab 250-15 mg 77
methyldopa & hydrochlorothiazide tab 250-25 mg 77
methyldopa tab 250 mg 75
methyldopa tab 500 mg 75
methylergonovine maleate tab 0.2 mg 216
METHYLIN SOL 10MG/5ML 7
METHYLIN SOL 5MG/5ML 7
methylphenidate hcl cap er 10 mg (cd) 7
methylphenidate hcl cap er 20 mg (cd) 7
methylphenidate hcl cap er 24hr 10 mg (la) 7
methylphenidate hcl cap er 24hr 10 mg (xr) 7
methylphenidate hcl cap er 24hr 15 mg (xr) 7
methylphenidate hcl cap er 24hr 20 mg (la) 7
methylphenidate hcl cap er 24hr 20 mg (xr) 7
methylphenidate hcl cap er 24hr 30 mg (la) 7
methylphenidate hcl cap er 24hr 30 mg (xr) 7
methylphenidate hcl cap er 24hr 40 mg (la) 7
methylphenidate hcl cap er 24hr 40 mg (xr) 7
methylphenidate hcl cap er 24hr 50 mg (xr) 7
methylphenidate hcl cap er 24hr 60 mg (la) 7
methylphenidate hcl cap er 24hr 60 mg (xr) 7
methylphenidate hcl cap er 30 mg (cd) 8

methylphenidate hcl cap er 40 mg (cd)......8
methylphenidate hcl cap er 50 mg (cd)......8
methylphenidate hcl cap er 60 mg (cd)......8
methylphenidate hcl chew tab 10 mg.........8
methylphenidate hcl chew tab 2.5 mg........8
methylphenidate hcl chew tab 5 mg...........8
methylphenidate hcl soln 10 mg/5ml..........8
methylphenidate hcl soln 5 mg/5ml...........8
methylphenidate hcl tab 10 mg....................8
methylphenidate hcl tab 20 mg...................8
methylphenidate hcl tab 5 mg......................8
methylphenidate hcl tab er 10 mg................8
methylphenidate hcl tab er 20 mg...............8
methylphenidate hcl tab er 24hr 18 mg.......8
methylphenidate hcl tab er 24hr 27 mg......8
methylphenidate hcl tab er 24hr 36 mg......8
methylphenidate hcl tab er 24hr 54 mg......8
methylphenidate hcl tab er osmotic release (osm) 18 mg...8
methylphenidate hcl tab er osmotic release (osm) 27 mg...9
methylphenidate hcl tab er osmotic release (osm) 36 mg...9
methylphenidate hcl tab er osmotic release (osm) 54 mg...9
METHYLPHENID TAB 72MG ER...................7
methylprednisolone tab 16 mg.................130
methylprednisolone tab 32 mg.................130
methylprednisolone tab 4 mg...................130
methylprednisolone tab 8 mg...................130
methylprednisolone tab therapy pack 4 mg (21)...130
methyltestosterone cap 10 mg..................34
metoclopramide hcl orally disintegrating tab 5 mg (base eq).................................165
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)..........................165
metoclopramide hcl tab 10 mg (base equivalent)...165
metoclopramide hcl tab 5 mg (base equivalent)...165
METOCLOPRAMI TAB 10MG ODT...........165
metolazone tab 10 mg...............................156
metolazone tab 2.5 mg.............................156
metolazone tab 5 mg................................156
metoprolol & hydrochlorothiazide tab 100-25 mg...78
metoprolol & hydrochlorothiazide tab 100-50 mg...78
metoprolol & hydrochlorothiazide tab 50-25 mg..78
metoprolol succinate tab er 24hr 100 mg (tartrate equiv).......................................115
metoprolol succinate tab er 24hr 200 mg (tartrate equiv).......................................115
metoprolol succinate tab er 24hr 25 mg (tartrate equiv).......................................115
metoprolol succinate tab er 24hr 50 mg (tartrate equiv).......................................115
metoprolol tartrate tab 100 mg.................116
metoprolol tartrate tab 25 mg...................115
metoprolol tartrate tab 37.5 mg................116
metoprolol tartrate tab 50 mg...................116
metoprolol tartrate tab 75 mg...................116
METROCREAM CRE 0.75%......................147
METROLOTION LOT 0.75%......................147
metronidazole cap 375 mg.........................35
metronidazole cream 0.75%....................147
metronidazole gel 0.75%..........................147
metronidazole gel 1%................................147
metronidazole lotion 0.75%......................147
metronidazole tab 250 mg..........................35
metronidazole tab 500 mg..........................35
metronidazole vaginal gel 0.75%............233
metyrosine cap 250 mg..............................73
mexiletine hcl cap 150 mg..........................40
mexiletine hcl cap 200 mg..........................40
mexiletine hcl cap 250 mg..........................40
miconazole nitrate vaginal suppos 200 mg...233
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%..............................136
MICROCHAMBER MIS..............................198
MICRODOT CON SOL HIGH/LOW...........188
MICROLET MIS LANCETS.........................188
MICROLET MIS NEXT 188

MICROLIFE MIS PEAK FLO 198
MICRO THIN MIS LANC 33G 188
midodrine hcl tab 10 mg...........................234
midodrine hcl tab 2.5 mg..........................234
midodrine hcl tab 5 mg............................234
MIFEPREX TAB 200MG.............................161
mifepristone tab 200 mg...........................161
miglitol tab 100 mg.....................................59
miglitol tab 25 mg.......................................59
miglitol tab 50 mg.......................................59
miglustat cap 100 mg.................................171
MINI LANCING MIS DEVICE......................188
MINIPRESS CAP 1MG.................................75
MINIPRESS CAP 2MG.................................75
MINIPRESS CAP 5MG.................................75
MINI WRIGHT MIS PFM............................198
MINI WRIGHT MIS PFM LOW...................198
minocycline hcl cap 100 mg.....................227
minocycline hcl cap 50 mg.......................227
minocycline hcl cap 75 mg.......................227
minocycline hcl tab 100 mg......................227
minocycline hcl tab 50 mg........................227
minocycline hcl tab 75 mg........................227
minoxidil tab 10 mg.....................................80
minoxidil tab 2.5 mg....................................80
MIRAPEX ER TAB 0.375MG........................97
MIRAPEX ER TAB 0.75MG..........................97
MIRAPEX ER TAB 1.5MG.............................97
MIRAPEX ER TAB 2.25MG..........................97
MIRAPEX ER TAB 3.75MG..........................97
MIRAPEX ER TAB 3MG...............................97
MIRAPEX ER TAB 4.5MG............................97
MIRAPEX TAB 0.125MG.............................97
MIRAPEX TAB 0.5MG.................................97
MIRAPEX TAB 0.75MG...............................97
MIRAPEX TAB 1MG.....................................97
MIRCETTE TAB 28 DAY............................127
mirtazapine orally disintegrating tab 15 mg 54
mirtazapine orally disintegrating tab 30 mg 54
mirtazapine orally disintegrating tab 45 mg 54
mirtazapine tab 15 mg................................54
mirtazapine tab 30 mg................................54
mirtazapine tab 45 mg................................54
mirtazapine tab 7.5 mg...............................54
misoprostol tab 100 mcg..........................231
misoprostol tab 200 mcg..........................231
MITIGARE CAP 0.6MG..............................169
MITOSOL KIT 0.2MG.................................212
MM LANCING MIS DEVICE.......................188
MM TWIST MIS LANCETS.........................188
MOBIC TAB 15MG..19
MOBIC TAB 7.5MG......................................19
MOBILE LANCE MIS 30G..........................188
modafinil tab 100 mg....................................9
modafinil tab 200 mg....................................9
moexipril hcl tab 15 mg...............................72
moexipril hcl tab 7.5 mg..............................72
molindone hcl tab 10 mg..........................103
molindone hcl tab 25 mg..........................103
molindone hcl tab 5 mg............................103
mometasone furoate cream 0.1%...........144
mometasone furoate nasal susp 50 mcg/act...210
mometasone furoate oint 0.1%...............144
mometasone furoate solution 0.1% (lotion) 144
MONOLET MIS LANCETS.........................188
MONOLET OPD MIS LANCETS................188
MONOLETTOR MIS LANCETS.................188
montelukast sodium chew tab 4 mg (base equiv)..42
montelukast sodium chew tab 5 mg (base equiv)..42
montelukast sodium oral granules packet 4 mg (base equiv).......................................42
montelukast sodium tab 10 mg (base equiv) 42
MONUROL PAK GRANULES.......................37
morphine sulfate beads cap er 24hr 120 mg 27
morphine sulfate beads cap er 24hr 30 mg 27

morphine sulfate beads cap er 24hr 45 mg 27
morphine sulfate beads cap er 24hr 60 mg 27
morphine sulfate beads cap er 24hr 75 mg 27
morphine sulfate beads cap er 24hr 90 mg 27
morphine sulfate cap er 24hr 100 mg....28
morphine sulfate cap er 24hr 10 mg....27
morphine sulfate cap er 24hr 20 mg....27
morphine sulfate cap er 24hr 30 mg....28
morphine sulfate cap er 24hr 40 mg....28
morphine sulfate cap er 24hr 50 mg....28
morphine sulfate cap er 24hr 60 mg....28
morphine sulfate cap er 24hr 80 mg....28
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)....28
morphine sulfate oral soln 10 mg/5ml....28
morphine sulfate oral soln 20 mg/5ml....28
morphine sulfate suppos 10 mg....28
morphine sulfate suppos 20 mg....28
morphine sulfate suppos 30 mg....28
morphine sulfate suppos 5 mg....28
morphine sulfate tab 15 mg....28
morphine sulfate tab 30 mg....28
morphine sulfate tab er 100 mg....29
morphine sulfate tab er 15 mg....28
morphine sulfate tab er 200 mg....29
morphine sulfate tab er 30 mg....28
morphine sulfate tab er 60 mg....28
MOUNJARO INJ 10MG/0.5....61
MOUNJARO INJ 12.5/0.5....61
MOUNJARO INJ 15MG/0.5....61
MOUNJARO INJ 2.5/0.5....61
MOUNJARO INJ 5MG/0.5....61
MOUNJARO INJ 7.5/0.5....61
MOXEZA SOL 0.5%....212
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)....212
moxifloxacin hcl ophth soln 0.5% (base equiv)....212
moxifloxacin hcl tab 400 mg (base equiv) 164
MPD SFTY LAN MIS 21G....188
MPD SFTY LAN MIS 23G....188
MPD SFTY LAN MIS 28G....188
MPD SFTY LAN MIS 30G....188
MS CONTIN TAB 100MG ER....29
MS CONTIN TAB 15MG ER....29
MS CONTIN TAB 200MG ER....29
MS CONTIN TAB 30MG ER....29
MS CONTIN TAB 60MG ER....29
MULPLETA TAB 3MG....172
MULTI-LANCET KIT DEVICE....188
MULTI-LANCET MIS DEVICE....188
mupirocin oint 2%....135
MUSE SUP 1000MCG....122
MUSE SUP 125MCG....121
MUSE SUP 250MCG....122
MUSE SUP 500MCG....122
MYALEPT INJ 11.3MG....159
MYAMBUTOL TAB 400MG....81
MYCOBUTIN CAP 150MG....81
mycophenolate mofetil cap 250 mg....205
mycophenolate mofetil for oral susp 200 mg/ml....205
mycophenolate mofetil tab 500 mg....205
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)....205
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)....205
MYFORTIC TAB 180MG....205
MYFORTIC TAB 360MG....205
MYGLUCOHEALT MIS LANC 30G....188
MYGLUCOHEALT SOL LO/NL/HI....188
MYLERAN TAB 2MG....82
MYSOLINE TAB 250MG....50
MYSOLINE TAB 50MG....50

N

nabumetone tab 500 mg....19
nabumetone tab 750 mg....20
nadolol tab 20 mg....116
nadolol tab 40 mg....116
nadolol tab 80 mg....116

NAFRINSE DLY SOL /NEUTRAL 207
NAFRINSE SOL DAILY 207
NAFRINSE WK SOL 0.2% 207
naftifine hcl cream 1% 136
naftifine hcl cream 2% 136
naftifine hcl gel 1% 136
NALFON CAP 400MG 20
NALFON TAB 600MG 20
naloxone hcl inj 0.4 mg/ml 65
naloxone hcl inj 4 mg/10ml 65
naloxone hcl nasal spray 4 mg/0.1ml 65
naloxone hcl soln cartridge 0.4 mg/ml 65
naloxone hcl soln prefilled syringe 2 mg/2ml 65
naltrexone hcl tab 50 mg 65
NAMENDA TAB 10MG 219
NAMENDA TAB 5-10MG 219
NAMENDA TAB 5MG 219
NAMZARIC CAP 219
NAMZARIC CAP 14-10MG 219
NAMZARIC CAP 21-10MG 219
NAMZARIC CAP 28-10MG 219
NAMZARIC CAP 7-10MG 219
NAPROSYN TAB 500MG 20
naproxen sodium tab 275 mg 20
naproxen sodium tab 550 mg 20
naproxen tab 250 mg 20
naproxen tab 375 mg 20
naproxen tab 500 mg 20
naproxen tab ec 375 mg 20
naproxen tab ec 500 mg 20
naratriptan hcl tab 1 mg (base equiv) 201
naratriptan hcl tab 2.5 mg (base equiv) 201
NARCAN SPR 4MG 65
NARDIL TAB 15MG 55
NASCOBAL SPR 500MCG 171
NASONEX SPR 50MCG/AC 210
NATACYN SUS 5% OP 212
NATAZIA TAB 127
nateglinide tab 120 mg 63
nateglinide tab 60 mg 63
NATESTO GEL 5.5MG 34
NATPARA INJ 100MCG 156
NATPARA INJ 25MCG 156
NATPARA INJ 50MCG 156
NATPARA INJ 75MCG 156
NATROBA SUS 0.9% 147
NAYZILAM SPR 5MG 48
nebivolol hcl tab 10 mg (base equivalent) 116
nebivolol hcl tab 2.5 mg (base equivalent) 116
nebivolol hcl tab 20 mg (base equivalent) 116
nebivolol hcl tab 5 mg (base equivalent) .116
nefazodone hcl tab 100 mg 56
nefazodone hcl tab 150 mg 56
nefazodone hcl tab 200 mg 56
nefazodone hcl tab 250 mg 56
nefazodone hcl tab 50 mg 56
NEOCATE LIQ SPLASH 150
NEOKE MCT70 POW 150
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 212
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 212
neomycin-polymyxin-dexamethasone ophth oint 0.1% 214
neomycin-polymyxin-dexamethasone ophth susp 0.1% 214
neomycin-polymyxin-hc ophth susp 214
neomycin-polymyxin-hc otic soln 1% 215
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 215
neomycin sulfate tab 500 mg 9
NEORAL CAP 100MG 205
NEORAL CAP 25MG 205
NEORAL SOL 100MG/ML 205
NEOTUSS PLUS LIQ 132
NEPRO LIQ VANILLA 150
NERLYNX TAB 40MG 92
NEUPRO DIS 1MG/24HR 97
NEUPRO DIS 2MG/24HR 97
NEUPRO DIS 3MG/24HR 97
NEUPRO DIS 4MG/24HR 97
NEUPRO DIS 6MG/24HR 97
NEUPRO DIS 8MG/24HR 97

NEURONTIN CAP 100MG 50
NEURONTIN CAP 300MG 50
NEURONTIN CAP 400MG 51
NEURONTIN SOL 250/5ML....................51
NEURONTIN TAB 600MG....................51
NEURONTIN TAB 800MG....................51
NEUTEK 2TEK SOL CONTROL....................189
nevirapine susp 50 mg/5ml 109
nevirapine tab 200 mg 109
nevirapine tab er 24hr 100 mg 109
nevirapine tab er 24hr 400 mg 109
NEXAVAR TAB 200MG 92
NEXLETOL TAB 180MG....................68
NEXLIZET TAB 180/10MG....................68
niacin tab er 1000 mg (antihyperlipidemic) 71
niacin tab er 500 mg (antihyperlipidemic) 71
niacin tab er 750 mg (antihyperlipidemic).71
NIASPAN TAB 1000 ER 71
NIASPAN TAB 500MG ER....................71
NIASPAN TAB 750MG ER....................71
nicardipine hcl cap 20 mg 118
nicardipine hcl cap 30 mg 118
NICODERM CQ DIS 14MG/24H 224
NICODERM CQ DIS 21MG/24H....................224
NICODERM CQ DIS 7MG/24HR 224
NICORETTE GUM 2MG 224
NICORETTE GUM 2MG CINN....................224
NICORETTE GUM 2MGFRUIT....................224
NICORETTE GUM 2MG MINT....................224
NICORETTE GUM 2MG ORIG 224
NICORETTE GUM 4MG 224
NICORETTE GUM 4MG CINN....................224
NICORETTE GUM 4MGFRUIT....................225
NICORETTE GUM 4MG MINT....................224
NICORETTE GUM 4MG ORIG 224
NICORETTE LOZ 2MG MINT 225
NICORETTE LOZ 4MG MINT 225
NICORETTE ST GUM 2MG MINT 225
NICORETTE ST GUM 2MG ORIG....................225
NICORETTE ST GUM 4MG ORIG 225
nicotine polacrilex gum 2 mg 225
nicotine polacrilex gum 4 mg 225
nicotine polacrilex lozenge 2 mg 225
nicotine polacrilex lozenge 4 mg 225
nicotine td patch 24hr 14 mg/24hr 225
nicotine td patch 24hr 21 mg/24hr 225
nicotine td patch 24hr 7 mg/24hr 225
NICOTROL INH....................225
NICOTROL NS SPR 10MG/ML 225
nifedipine cap 10 mg 118
nifedipine cap 20 mg 118
nifedipine tab er 24hr 30 mg....................118
nifedipine tab er 24hr 60 mg 118
nifedipine tab er 24hr 90 mg 118
nifedipine tab er 24hr osmotic release 30 mg 118
nifedipine tab er 24hr osmotic release 60 mg 118
nifedipine tab er 24hr osmotic release 90 mg 118
nilutamide tab 150 mg 86
nimodipine cap 30 mg 118
NINLARO CAP 2.3MG....................92
NINLARO CAP 3MG....................92
NINLARO CAP 4MG....................92
nisoldipine tab er 24hr 17 mg 118
nisoldipine tab er 24hr 20 mg 118
nisoldipine tab er 24hr 25.5 mg 118
nisoldipine tab er 24hr 30 mg 118
nisoldipine tab er 24hr 34 mg 118
nisoldipine tab er 24hr 40 mg 118
nisoldipine tab er 24hr 8.5 mg 118
nitazoxanide tab 500 mg 36
nitisinone cap 10 mg....................159
nitisinone cap 2 mg 159
nitisinone cap 5 mg 159
NITRO-BID OIN 2% 38
NITRO-DUR DIS 0.1MG/HR 38
NITRO-DUR DIS 0.2MG/HR....................38
NITRO-DUR DIS 0.3MG/HR....................38
NITRO-DUR DIS 0.4MG/HR....................38
NITRO-DUR DIS 0.6MG/HR....................38
NITRO-DUR DIS 0.8MG/HR....................38
nitrofurantoin macrocrystalline cap 100 mg 37

nitrofurantoin macrocrystalline cap 25 mg 37
nitrofurantoin macrocrystalline cap 50 mg 37
nitrofurantoin monohydrate macrocrystalline cap 100 mg 37
nitrofurantoin susp 25 mg/5ml 37
nitroglycerin sl tab 0.3 mg 38
nitroglycerin sl tab 0.4 mg 38
nitroglycerin sl tab 0.6 mg 38
nitroglycerin td patch 24hr 0.1 mg/hr 38
nitroglycerin td patch 24hr 0.2 mg/hr 38
nitroglycerin td patch 24hr 0.4 mg/hr 38
nitroglycerin td patch 24hr 0.6 mg/hr 38
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 38
NITROLINGUAL SPR PUMPSPRA 38
NITROSTAT SUB 0.3MG 38
NITROSTAT SUB 0.4MG 38
NITROSTAT SUB 0.6MG 38
NIVESTYM INJ 300/0.5 172
NIVESTYM INJ 300MCG 172
NIVESTYM INJ 480/0.8 172
NIVESTYM INJ 480MCG 172
nizatidine cap 150 mg 230
nizatidine cap 300 mg 230
nizatidine oral soln 15 mg/ml 230
NOCDURNA SUB 27.7MCG 161
NOCDURNA SUB 55.3MCG 161
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 129
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 128
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 128
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 127
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 128
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 128
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 128
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 128
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 128
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 128
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 128
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 128
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 128
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 162
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 162
norethindrone acetate tab 5 mg 217
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 128
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 128
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 128
norethindrone tab 0.35 mg 129
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 128
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 128
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 128
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 128
NORPRAMIN TAB 10MG 58
NORPRAMIN TAB 25MG 58
nortriptyline hcl cap 10 mg 58
nortriptyline hcl cap 25 mg 59
nortriptyline hcl cap 50 mg 59
nortriptyline hcl cap 75 mg 59
nortriptyline hcl soln 10 mg/5ml 59
NORVIR POW 100MG 109
NORVIR SOL 80MG/ML 109
NORVIR TAB 100MG 109
NOVA MAX GLU LIQ /KET CON 189

NOVA MAX PLS TES KETONE 148
NOVA SAFETY MIS LANC 23G 189
NOVA SAFETY MIS LANC 28G 189
NOVASOURCE LIQ RENAL.........................150
NOVA SUREFLX MIS LANC DEV 189
NOVA SURE MIS LANCETS........................189
NOVOLIN INJ 70/30....................................62
NOVOLIN INJ 70/30 FP 62
NOVOLIN N INJ 100 UNIT...........................62
NOVOLIN N INJ U-100 62
NOVOLIN R INJ 100 UNIT 62
NOVOLIN R INJ U-100.................................62
NOVOLOG INJ 100/ML 62
NOVOLOG INJ FLEXPEN 63
NOVOLOG INJ PENFILL..............................63
NOVOLOG MIX INJ 70/30 63
NOVOLOG MIX INJ FLEXPEN 63
NOZIN NASAL MIS SANITIZE...................209
NP THYROID TAB 120MG.........................229
NP THYROID TAB 15MG 229
NP THYROID TAB 30MG 229
NP THYROID TAB 60MG 229
NP THYROID TAB 90MG 229
NUBEQA TAB 300MG 86
NUCALA INJ 100MG/ML 41
NUCALA INJ 40MG/0.4 41
NULYTELY SOL LMN/LIME.......................175
NUPLAZID CAP 34MG.................................99
NUPLAZID TAB 10MG..................................99
NURTEC TAB 75MG ODT 200
NUTRAMINE PAK 150
NUTREN 1.0 LIQ UNFLAVOR......................151
NUTREN 1.5 LIQ FIBER...............................151
NUTREN 2.0 LIQ VANILLA 151
NUTREN JR LIQ 151
NUTREN LIQ JUNIOR.................................151
NUTREN RENAL LIQ 151
NUTRIRENAL LIQ 151
NUVARING MIS..129
NUZYRA TAB 150MG.................................227
NYMALIZE SOL..118
nystatin cream 100000 unit/gm 136
nystatin oint 100000 unit/gm....................136
nystatin oral powder 66
nystatin susp 100000 unit/ml 207
nystatin tab 500000 unit.............................66
nystatin topical powder 100000 unit/gm 136
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 136
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 136
NYVEPRIA INJ 6/0.6ML 172

O

OCALIVA TAB 10MG 164
OCALIVA TAB 5MG....................................164
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 161
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 161
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 161
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 161
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 161
OCUFLOX DRO 0.3% OP 212
ODEFSEY TAB..109
ODOMZO CAP 200MG................................85
OFEV CAP 100MG.....................................227
OFEV CAP 150MG 227
ofloxacin ophth soln 0.3% 212
ofloxacin otic soln 0.3%.............................215
ofloxacin tab 300 mg 164
ofloxacin tab 400 mg 164
olanzapine-fluoxetine hcl cap 12-25 mg ..219
olanzapine-fluoxetine hcl cap 12-50 mg .220
olanzapine-fluoxetine hcl cap 3-25 mg ...219
olanzapine-fluoxetine hcl cap 6-25 mg ...219
olanzapine-fluoxetine hcl cap 6-50 mg ...219
olanzapine for im inj 10 mg 102
olanzapine orally disintegrating tab 10 mg 102
olanzapine orally disintegrating tab 15 mg 102
olanzapine orally disintegrating tab 20 mg 102

olanzapine orally disintegrating tab 5 mg 102
olanzapine tab 10 mg 102
olanzapine tab 15 mg 102
olanzapine tab 2.5 mg 102
olanzapine tab 20 mg 102
olanzapine tab 5 mg 102
olanzapine tab 7.5 mg 102
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..78
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 78
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg ...78
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg ..78
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 78
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 78
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 78
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 78
olmesartan medoxomil tab 20 mg 74
olmesartan medoxomil tab 40 mg 74
olmesartan medoxomil tab 5 mg 74
olopatadine hcl nasal soln 0.6% 209
OLUX AER 0.05% 144
OMECLAMOX- MIS PAK 231
omega-3-acid ethyl esters cap 1 gm 68
omeprazole cap delayed release 10 mg ..231
omeprazole cap delayed release 20 mg .231
omeprazole cap delayed release 40 mg .231
OMNIFLEX DPR 177
OMNIPOD 5 G6 KIT INTRO 189
OMNIPOD 5 G6 MIS PODS 189
OMNIPOD MIS CLASSIC 189
OMNIPOD PDM KIT CLASSIC 189
ondansetron hcl oral soln 4 mg/5ml 65
ondansetron hcl tab 24 mg 65
ondansetron hcl tab 4 mg 65
ondansetron hcl tab 8 mg 65
ondansetron orally disintegrating tab 4 mg 65
ondansetron orally disintegrating tab 8 mg 65
ONETOUCH DEL MIS LANC DEV 189
ONETOUCH DEL MIS PLUS 30G 189
ONETOUCH DEL MIS PLUS 33G 189
ONETOUCH FP MIS LANCETS 189
ONETOUCH KIT ULTRA 2 189
ONETOUCH KIT VERIO FL 189
ONETOUCH KIT VERIO RE 189
ONETOUCH LIQ ULT CONT 189
ONETOUCH LIQ VERIO 189
ONETOUCH LIQ VERIO 4 189
ONETOUCH MIS 30G 189
ONETOUCH MIS LANC DEV 189
ONETOUCH MIS LANCETS 189
ONETOUCH SOL KIT COMPLETE 189
ONETOUCH SOL KIT FIT 189
ONETOUCH SOL KIT REFILL 189
ONETOUCH TES ULTRA 148
ONETOUCH TES VERIO 148
ONETOUCH US MIS LANCETS 189
ONEXTON GEL 1.2-3.75 134
ON-THE-GO MIS LANC 30G 189
ONZETRA XSAI MIS 11MG 201
OPSUMIT TAB 10MG 124
OPTICHAMBER MIS DIA MD 198
OPTICHAMBER MIS DIAMOND 198
OPTICHAMBER MIS DIA SM 198
OPTIMENTAL LIQ 151
OPZELURA CRE 1.5% 145
ORACEA CAP 40MG 147
ORACIT SOL 168
ORAFATE PST 10% 207
ORAPRED ODT TAB 10MG 130
ORAPRED ODT TAB 15MG 130
ORAPRED ODT TAB 30MG 130
ORAVIG TAB 50MG 207
ORENCIA CLCK INJ 125MG/ML 21
ORENCIA INJ 125MG/ML 22
ORENCIA INJ 50/0.4ML 21
ORENCIA INJ 87.5/0.7 22

ORENITRAM TAB 0.125MG........................123
ORENITRAM TAB 0.25MG........................123
ORENITRAM TAB 1MG..............................123
ORENITRAM TAB 2.5MG..........................123
ORENITRAM TAB 5MG.............................123
ORENITRAM TAB MONTH 1......................123
ORENITRAM TAB MONTH 2.....................123
ORENITRAM TAB MONTH 3.....................123
ORFADIN CAP 10MG................................159
ORFADIN CAP 20MG...............................159
ORFADIN CAP 2MG.................................159
ORFADIN CAP 5MG.................................159
ORFADIN SUS 4MG/ML...........................159
ORGOVYX TAB 120MG..............................86
ORIAHNN CAP...162
ORILISSA TAB 150MG..............................158
ORILISSA TAB 200MG..............................158
ORKAMBI GRA 100-125...........................226
ORKAMBI GRA 150-188...........................226
ORKAMBI GRA 75-94MG.........................226
ORKAMBI TAB 100-125............................226
ORKAMBI TAB 200-125...........................226
ORLADEYO CAP 110MG...........................170
ORLADEYO CAP 150MG...........................170
orlistat cap 120 mg...4
orphenadrine citrate tab er 12hr 100 mg 208
ORTHO MICRON TAB 0.35MG.................129
oseltamivir phosphate cap 30 mg (base equiv)...114
oseltamivir phosphate cap 45 mg (base equiv)...114
oseltamivir phosphate cap 75 mg (base equiv)...114
oseltamivir phosphate for susp 6 mg/ml (base equiv)...114
OSMOLITE 1.2 LIQ CAL.............................151
OSMOLITE 1.5 LIQ CAL.............................151
OSMOLITE 1 LIQ CAL.................................151
OSMOLITE HN LIQ....................................151
OSMOLITE LIQ...151
OTEZLA TAB 10/20/30..............................20
OTEZLA TAB 30MG.....................................21
OVIDE LOT 0.5%......................................147
OVIDREL INJ..158
oxandrolone tab 10 mg...............................34
oxandrolone tab 2.5 mg..............................34
oxaprozin tab 600 mg.................................20
oxazepam cap 10 mg..................................40
oxazepam cap 15 mg..................................40
oxazepam cap 30 mg..................................40
oxcarbazepine susp 300 mg/5ml (60 mg/ml)...51
oxcarbazepine tab 150 mg..........................51
oxcarbazepine tab 300 mg..........................51
oxcarbazepine tab 600 mg..........................51
OXEPA 1.5 LIQ...151
OXEPA LIQ..151
OXERVATE SOL 20MCG/ML...................213
oxiconazole nitrate cream 1%..................136
OXTELLAR XR TAB 150MG..........................51
OXTELLAR XR TAB 300MG..........................51
OXTELLAR XR TAB 600MG..........................51
oxybutynin chloride solution 5 mg/5ml ..232
oxybutynin chloride tab 5 mg..................232
oxybutynin chloride tab er 24hr 10 mg....232
oxybutynin chloride tab er 24hr 15 mg....232
oxybutynin chloride tab er 24hr 5 mg.....232
oxycodone-aspirin tab 4.8355-325 mg.....32
oxycodone hcl cap 5 mg.............................29
oxycodone hcl conc 100 mg/5ml (20 mg/ml)...29
oxycodone hcl soln 5 mg/5ml.....................29
oxycodone hcl tab 10 mg............................29
oxycodone hcl tab 15 mg............................29
oxycodone hcl tab 20 mg............................29
oxycodone hcl tab 30 mg............................29
oxycodone hcl tab 5 mg..............................29
oxycodone hcl tab er 12hr deter 10 mg.....29
oxycodone hcl tab er 12hr deter 15 mg.....29
oxycodone hcl tab er 12hr deter 20 mg.....29
oxycodone hcl tab er 12hr deter 30 mg....29
oxycodone hcl tab er 12hr deter 40 mg....30
oxycodone hcl tab er 12hr deter 60 mg....30
oxycodone hcl tab er 12hr deter 80 mg....30
oxycodone w/ acetaminophen tab 10-325 mg...32

oxycodone w/ acetaminophen tab 2.5-325 mg.....32
oxycodone w/ acetaminophen tab 5-325 mg.....32
oxycodone w/ acetaminophen tab 7.5-325 mg.....32
oxymorphone hcl tab 10 mg.....30
oxymorphone hcl tab 5 mg.....30
OZEMPIC INJ 2/1.5ML.....61
OZEMPIC INJ 2MG/3ML.....61
OZEMPIC INJ 4MG/3ML.....62
OZEMPIC INJ 8MG/3ML.....62

P

paliperidone tab er 24hr 1.5 mg.....100
paliperidone tab er 24hr 3 mg.....100
paliperidone tab er 24hr 6 mg.....100
paliperidone tab er 24hr 9 mg.....100
PAMELOR CAP 10MG.....59
PAMELOR CAP 25MG.....59
PAMELOR CAP 50MG.....59
PAMELOR CAP 75MG.....59
PANDEL CRE 0.1%.....144
PANRETIN GEL 0.1%.....136
pantoprazole sodium ec tab 20 mg (base equiv).....231
pantoprazole sodium ec tab 40 mg (base equiv).....231
pantoprazole sodium for iv soln 40 mg (base equiv).....231
paricalcitol cap 1 mcg.....159
paricalcitol cap 2 mcg.....159
paricalcitol cap 4 mcg.....159
PARLODEL CAP 5MG.....97
PARLODEL TAB 2.5MG.....97
PARNATE TAB 10MG.....55
paromomycin sulfate cap 250 mg.....9
paroxetine hcl tab 10 mg.....56
paroxetine hcl tab 20 mg.....56
paroxetine hcl tab 30 mg.....56
paroxetine hcl tab 40 mg.....56
paroxetine hcl tab er 24hr 12.5 mg.....56
paroxetine hcl tab er 24hr 25 mg.....56
paroxetine hcl tab er 24hr 37.5 mg.....56
PASER GRA 4GM.....81
PATANASE SPR 0.6%.....209
PAXLOVID TAB 150-100.....112
PAXLOVID TAB 300-100.....112
PC LANCETS MIS 30G.....189
PEAK AIR FLO MIS ADLT/PED.....198
PEAK A-I-R MIS FLW METR.....198
PEAK FLOW MIS METER.....198
PEAK FLW MTR MIS ADULT.....198
PEAK FLW MTR MIS CHILD.....198
PEAK FLW MTR MIS UNIVERSL.....198
PEDIAPRED SOL 5MG/5ML.....130
PEDIASURE EN LIQ /FIBER.....151
PEDIASURE LIQ PEPTIDE.....151
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....175
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....175
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....176
PEGINTRON KIT 50MCG.....113
PEG-PREP KIT.....176
penciclovir cream 1%.....141
penicillamine cap 250 mg.....203
penicillamine tab 250 mg.....203
penicillin v potassium for soln 125 mg/5ml.....216
penicillin v potassium for soln 250 mg/5ml.....216
penicillin v potassium tab 250 mg.....216
penicillin v potassium tab 500 mg.....216
PENLET II KIT BLOOD.....189
PENLET II MIS REPL CAP.....189
pentazocine w/ naloxone hcl tab 50-0.5 mg.....33
pentoxifylline tab er 400 mg.....170
PEPCID TAB 40MG.....230
PEPTAMEN LIQ PREBIO1.....151
PEPTAMEN LIQ UNFLAVOR.....152
PEPTINEX DT LIQ.....152
PEPTINEX DT LIQ VANILLA.....152
PERATIVE LIQ.....152
PERFECT 28G MIS LANCETS.....189

PERFECT 30G MIS LANCETS 189
PERFOROMIST NEB 20MCG......................45
PERIDEX SOL 0.12% 207
perindopril erbumine tab 2 mg...................72
perindopril erbumine tab 4 mg...................72
perindopril erbumine tab 8 mg...................72
permethrin cream 5%................................147
perphenazine-amitriptyline tab 2-10 mg 220
perphenazine-amitriptyline tab 2-25 mg 220
perphenazine-amitriptyline tab 4-10 mg 220
perphenazine-amitriptyline tab 4-25 mg 220
perphenazine-amitriptyline tab 4-50 mg 220
perphenazine tab 16 mg 104
perphenazine tab 2 mg..............................104
perphenazine tab 4 mg..............................104
perphenazine tab 8 mg..............................104
PERSERIS INJ 120MG 100
PERSERIS INJ 90MG 100
PHARMACY COU MIS LANCETS 190
PHEBURANE MIS 483/GM........................159
PHENACTIN AA LIQ PLUS.........................152
phenazopyridine hcl tab 200 mg..............169
PHENDIMETRAZ CAP 105MG ER.................4
phendimetrazine tartrate tab 35 mg...........4
phenelzine sulfate tab 15 mg 55
phenobarbital elixir 20 mg/5ml 174
phenobarbital tab 100 mg 174
phenobarbital tab 15 mg 174
phenobarbital tab 16.2 mg.........................174
phenobarbital tab 30 mg 174
phenobarbital tab 32.4 mg 174
phenobarbital tab 60 mg 174
phenobarbital tab 64.8 mg........................174
phenobarbital tab 97.2 mg 174
phenoxybenzamine hcl cap 10 mg 73
phentermine hcl cap 15 mg...........................4
phentermine hcl cap 30 mg..........................4
phentermine hcl cap 37.5 mg.......................4
phentermine hcl tab 37.5 mg........................4
phenylephrine hcl ophth soln 10%............211
phenylephrine hcl ophth soln 2.5% 211
phenytoin chew tab 50 mg 53
phenytoin sodium extended cap 100 mg .53
phenytoin sodium extended cap 200 mg .53
phenytoin sodium extended cap 300 mg .53
phenytoin susp 125 mg/5ml 53
PHLEXY-10 POW 152
PHOSLYRA SOL...167
PHOSPHOLINE SOL 0.125%OP.................211
phytonadione tab 5 mg 234
PIKO 1 MIS ELECTRON 198
pilocarpine hcl ophth soln 1% 211
pilocarpine hcl ophth soln 2% 211
pilocarpine hcl ophth soln 4% 211
pilocarpine hcl tab 5 mg...........................207
pilocarpine hcl tab 7.5 mg 207
pimecrolimus cream 1% 145
pimozide tab 1 mg 224
pimozide tab 2 mg 224
pindolol tab 10 mg 116
pindolol tab 5 mg..116
pioglitazone hcl-glimepiride tab 30-2 mg 60
pioglitazone hcl-glimepiride tab 30-4 mg 60
pioglitazone hcl-metformin hcl tab 15-500 mg 60
pioglitazone hcl-metformin hcl tab 15-850 mg 60
pioglitazone hcl tab 15 mg (base equiv)....63
pioglitazone hcl tab 30 mg (base equiv) ...63
pioglitazone hcl tab 45 mg (base equiv) ...63
PIP LANCETS MIS 28G 190
PIP LANCETS MIS 30G.............................190
PIQRAY 200MG TAB DOSE 92
PIQRAY 250MG TAB DOSE 92
PIQRAY 300MG TAB DOSE 92
pirfenidone tab 267 mg 227
pirfenidone tab 801 mg 227
piroxicam cap 10 mg...................................20
piroxicam cap 20 mg 20
PIVOT LIQ 1.5 CAL 152
PKU EXPLORE5 POW UNFLAVOR 152
PLAQUENIL TAB 200MG 80
PLEGRIDY INJ..222
PLEGRIDY INJ PEN 222
PLEGRIDY INJ STARTER...........................222
PLEGRIDY PEN INJ STARTER 222

POCKET CHAMB MIS 198
POCKETCHEM SOL EZ 190
POCKET PEAK MIS METER 199
POCKETPEAK MIS MTR LOW 199
POCKET SPACE MIS 199
podofilox soln 0.5% 146
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 212
POLYTRIM SOL OP 212
POMALYST CAP 1MG 86
POMALYST CAP 2MG 86
POMALYST CAP 3MG 86
POMALYST CAP 4MG 87
posaconazole susp 40 mg/ml 67
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml 168
potassium chloride cap er 10 meq 203
potassium chloride cap er 8 meq 203
potassium chloride microencapsulated crys er tab 10 meq 203
potassium chloride microencapsulated crys er tab 15 meq 203
potassium chloride microencapsulated crys er tab 20 meq 203
potassium chloride oral soln 10% (20 meq/15ml) 203
potassium chloride oral soln 20% (40 meq/15ml) 203
potassium chloride powder packet 20 meq 203
potassium chloride tab er 10 meq 203
potassium chloride tab er 20 meq (1500 mg) 203
potassium chloride tab er 8 meq (600 mg) 203
potassium citrate & citric acid powder pack 3300-1002 mg 168
potassium citrate & citric acid soln 1100-334 mg/5ml 168
potassium citrate tab er 10 meq (1080 mg) 168
potassium citrate tab er 15 meq (1620 mg) 168
potassium citrate tab er 5 meq (540 mg) 168
POTASSIUM POW CHLORIDE 203
POVIDONE IOD SOL 5% 212
PPA/MMA POW EXPRESS 152
pramipexole dihydrochloride tab 0.125 mg 97
pramipexole dihydrochloride tab 0.25 mg 97
pramipexole dihydrochloride tab 0.5 mg .97
pramipexole dihydrochloride tab 0.75 mg 97
pramipexole dihydrochloride tab 1.5 mg ..97
pramipexole dihydrochloride tab 1 mg 97
pramipexole dihydrochloride tab er 24hr 0.375 mg 97
pramipexole dihydrochloride tab er 24hr 0.75 mg 97
pramipexole dihydrochloride tab er 24hr 1.5 mg 97
pramipexole dihydrochloride tab er 24hr 2.25 mg 97
pramipexole dihydrochloride tab er 24hr 3.75 mg 98
pramipexole dihydrochloride tab er 24hr 3 mg 97
pramipexole dihydrochloride tab er 24hr 4.5 mg 98
PRAMOSONE CRE 1-1% 144
PRAMOSONE LOT 1% 144
PRAMOSONE LOT 2.5% 144
prasugrel hcl tab 10 mg (base equiv) 171
prasugrel hcl tab 5 mg (base equiv) 171
pravastatin sodium tab 10 mg 70
pravastatin sodium tab 20 mg 70
pravastatin sodium tab 40 mg 70
pravastatin sodium tab 80 mg 70
praziquantel tab 600 mg 35
prazosin hcl cap 1 mg 75
prazosin hcl cap 2 mg 75
prazosin hcl cap 5 mg 75
PR BENZOYL LIQ 7% WASH 134
PRECISION LIQ CONTROL 190
PRECISION LIQ GLUC/KET 190

PRECISION LIQ NRML/MID......................190
PRECISN XTRA TES KETONE 148
PRECOSE TAB 100MG 59
PRECOSE TAB 25MG 59
PRECOSE TAB 50MG 59
PRED-G S.O.P OIN OP 214
PRED-G SUS OP..214
prednicarbate cream 0.1%........................144
prednicarbate oint 0.1% 144
prednisolone acetate ophth susp 1%.......214
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).............................130
prednisolone sod phos orally disintegr tab 10 mg (base eq).....................................130
prednisolone sod phos orally disintegr tab 15 mg (base eq).....................................130
prednisolone sod phos orally disintegr tab 30 mg (base eq).....................................130
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).............................130
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 130
prednisolone soln 15 mg/5ml 131
PREDNISOLONE SUS 1%..........................214
PREDNISONE CON 5MG/ML.....................131
prednisone oral soln 5 mg/5ml..................131
prednisone tab 10 mg 131
prednisone tab 1 mg...................................131
prednisone tab 2.5 mg...............................131
prednisone tab 20 mg................................131
prednisone tab 50 mg................................131
prednisone tab 5 mg 131
prednisone tab therapy pack 10 mg (21) ..131
prednisone tab therapy pack 10 mg (48) .131
prednisone tab therapy pack 5 mg (21)....131
prednisone tab therapy pack 5 mg (48)...131
PRED SOD PHO SOL 1% OP.....................214
pregabalin cap 100 mg................................51
pregabalin cap 150 mg................................51
pregabalin cap 200 mg...............................51
pregabalin cap 225 mg 51
pregabalin cap 25 mg..................................51
pregabalin cap 300 mg...............................51
pregabalin cap 50 mg 51
pregabalin cap 75 mg..................................51
pregabalin soln 20 mg/ml...........................51
pregabalin tab er 24hr 165 mg 223
pregabalin tab er 24hr 330 mg................223
pregabalin tab er 24hr 82.5 mg...............223
PREMARIN INJ 25MG 163
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg 208
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg 208
prenatal vit w/ fe fumarate-fa tab 28-1 mg 208
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg 208
prenatal vit w/ iron carbonyl-fa tab 29-1 mg 208
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg...............................208
PREPIDIL GEL 0.5MG/3G..........................215
PREP PADS PAD.......................................196
PRESSURE ACT MIS LANCET...................190
PRESSURE ACT MIS LANCETS 190
PRETOMANID TAB 200MG.........................81
PREVYMIS TAB 240MG.............................112
PREVYMIS TAB 480MG.............................112
PREZCOBIX TAB 800-150.........................109
PREZISTA SUS 100MG/ML 109
PREZISTA TAB 150MG..............................109
PREZISTA TAB 600MG..............................109
PREZISTA TAB 75MG 109
PREZISTA TAB 800MG..............................109
PRIFTIN TAB 150MG..................................81
primaquine phosphate tab 26.3 mg (15 mg base) 80
PRIMAQUINE TAB 26.3MG........................80
primidone tab 250 mg.................................51
primidone tab 50 mg 51
PRIMSOL SOL 50MG/5ML 36
PRINIVIL TAB 20MG 73
probenecid tab 500 mg 169
PROCARDIA CAP 10MG 118
PROCARDIA XL TAB 30MG CR.................119

PROCARDIA XL TAB 60MG CR................119
PROCARDIA XL TAB 90MG CR................119
PROCARE MIS ADULT 199
PROCARE MIS CHILD 199
prochlorperazine edisylate inj 10 mg/2ml 104
prochlorperazine edisylate inj 50 mg/10ml 104
prochlorperazine maleate tab 10 mg (base equivalent)...104
prochlorperazine maleate tab 5 mg (base equivalent)...104
prochlorperazine suppos 25 mg 104
PRO COMFORT MIS 31G 190
PRO COMFORT MIS LANC 30G...............190
PRO COMFORT MIS LANCETS 190
PRO COMFORT PAD ALCOHOL 196
PROCRIT INJ 10000/ML 173
PROCRIT INJ 2000/ML 172
PROCRIT INJ 20000/ML...........................173
PROCRIT INJ 3000/ML 172
PROCRIT INJ 4000/ML 173
PROCRIT INJ 40000/ML...........................173
PROCTOFOAM AER HC 1% 35
PRODIGY MIS 26G 190
PRODIGY MIS 28G 190
PRODIGY MIS LANC DEV..........................190
PRODIGY SOL HIGH 190
PRODIGY SOL LOW 190
progesterone cap 100 mg..........................217
progesterone cap 200 mg..........................217
progesterone im in oil 50 mg/ml 217
PROGLYCEM SUS 50MG/ML 61
PROGRAF CAP 0.5MG.............................205
PROGRAF CAP 1MG 205
PROGRAF CAP 5MG 205
PROGRAF GRA 0.2MG.............................206
PROGRAF GRA 1MG.................................206
PROMACTA PAK 25MG............................173
PROMACTA POW 12.5MG.........................173
PROMACTA TAB 12.5MG 173
PROMACTA TAB 25MG.............................173
PROMACTA TAB 50MG.............................173
PROMACTA TAB 75MG.............................173
PROMACTIN AA SUS PLUS.......................152
promethazine & phenylephrine syrup 6.25-5 mg/5ml..132
promethazine-dm syrup 6.25-15 mg/5ml 132
promethazine hcl suppos 12.5 mg 68
promethazine hcl suppos 25 mg................68
promethazine hcl suppos 50 mg 68
promethazine hcl syrup 6.25 mg/5ml.......68
promethazine hcl tab 12.5 mg 68
promethazine hcl tab 25 mg........................68
promethazine hcl tab 50 mg........................68
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml 132
promethazine w/ codeine syrup 6.25-10 mg/5ml..132
PROMOTE/ LIQ FIBER 152
PROMOTE 1.0 LIQ W/ FIBER.....................152
PROMOTE LIQ VANILLA...........................152
PROMOTE W/FB LIQ VANILLA.................152
PROMOTE W/ LIQ FIBER..........................152
propafenone hcl cap er 12hr 225 mg.........40
propafenone hcl cap er 12hr 325 mg.........40
propafenone hcl cap er 12hr 425 mg.........40
propafenone hcl tab 150 mg.......................40
propafenone hcl tab 225 mg 40
propafenone hcl tab 300 mg.......................41
proparacaine hcl ophth soln 0.5% 213
PRO-PHREE POW......................................152
propranolol & hydrochlorothiazide tab 40-25 mg 78
propranolol & hydrochlorothiazide tab 80-25 mg 78
propranolol hcl cap er 24hr 120 mg 116
propranolol hcl cap er 24hr 160 mg 116
propranolol hcl cap er 24hr 60 mg 116
propranolol hcl cap er 24hr 80 mg............116
propranolol hcl oral soln 20 mg/5ml 116
propranolol hcl oral soln 40 mg/5ml 116
propranolol hcl tab 10 mg..........................116
propranolol hcl tab 20 mg 116
propranolol hcl tab 40 mg 116

propranolol hcl tab 60 mg..........116
propranolol hcl tab 80 mg..........116
propylthiouracil tab 50 mg..........228
PROSCAR TAB 5MG..........169
PROSOURCE LIQ TF..........152
PROSTIN E2 SUP 20MG..........216
PROTHELIAL PST 10%..........207
PROTONIX INJ 40MG..........231
PROTOPIC OIN 0.03%..........145
PROTOPIC OIN 0.1%..........145
protriptyline hcl tab 10 mg..........59
protriptyline hcl tab 5 mg..........59
PROVERA TAB 10MG..........217
PROVERA TAB 2.5MG..........217
PROVERA TAB 5MG..........217
PRUDOXIN CRE 5%..........136
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml..........132
PSS SAFE LAN MIS..........190
PSS SEL LANC MIS..........190
PSS SEL PLAT MIS..........190
PTS PANELS TES KETONE..........148
PULMICORT INH 180MCG..........43
PULMICORT INH 90MCG..........43
PULMOZYME SOL 1MG/ML..........226
PURE COMFORT PAD..........196
PURIXAN SUS 20MG/ML..........83
PX LANCETS MIS 28G..........190
PX LANCETS MIS ULT THIN..........190
PYLERA CAP..........231
pyrazinamide tab 500 mg..........81
pyridostigmine bromide oral soln 60 mg/5ml..........81
pyridostigmine bromide tab 60 mg..........81
pyridostigmine bromide tab er 180 mg..........81
pyrimethamine tab 25 mg..........80
PYROGALL ACD OIN..........146

Q

QBRELIS SOL 1MG/ML..........73
QBREXZA PAD 2.4%..........147
QC ALCOHOL PAD SWABS..........197
QC LANCETS MIS 28G..........190
QC LANCETS MIS 30G..........190
QC LANCING MIS DEVICE..........190
QSYMIA CAP 11.25-69..........4
QSYMIA CAP 15-92MG..........4
QSYMIA CAP 3.75-23..........4
QSYMIA CAP 7.5-46MG..........4
QUALAQUIN CAP 324MG..........80
QUDEXY XR CAP 100/24HR..........52
QUDEXY XR CAP 150/24HR..........52
QUDEXY XR CAP 200/24HR..........52
QUDEXY XR CAP 25/24HR..........51
QUDEXY XR CAP 50/24HR..........51
QUESTRAN POW 4GM..........69
QUESTRAN POW 4GM LITE..........69
quetiapine fumarate tab 100 mg..........102
quetiapine fumarate tab 200 mg..........102
quetiapine fumarate tab 25 mg..........102
quetiapine fumarate tab 300 mg..........102
quetiapine fumarate tab 400 mg..........102
quetiapine fumarate tab 50 mg..........102
quetiapine fumarate tab er 24hr 150 mg..........102
quetiapine fumarate tab er 24hr 200 mg..........102
quetiapine fumarate tab er 24hr 300 mg..........102
quetiapine fumarate tab er 24hr 400 mg..........102
quetiapine fumarate tab er 24hr 50 mg..........102
QUICKTEK LIQ SOLUTION..........190
quinapril hcl tab 10 mg..........73
quinapril hcl tab 20 mg..........73
quinapril hcl tab 40 mg..........73
quinapril hcl tab 5 mg..........73
quinapril-hydrochlorothiazide tab 10-12.5 mg..........78
quinapril-hydrochlorothiazide tab 20-12.5 mg..........78
quinapril-hydrochlorothiazide tab 20-25 mg..........78
quinidine gluconate tab er 324 mg..........40
quinidine sulfate tab 200 mg..........40
quinidine sulfate tab 300 mg..........40
quinine sulfate cap 324 mg..........80
QUINTET CONT SOL HGH/NORM..........190
QULIPTA TAB 10MG..........200
QULIPTA TAB 30MG..........200
QULIPTA TAB 60MG..........200

QVAR REDIHA AER 80MCG 43
QVAR REDIHAL AER 40MCG 43
R
RABEPRAZOLE CAP 10MG DR 231
rabeprazole sodium ec tab 20 mg....................231
RADICAVA ORS SUS 105/5ML 210
RADICAVA ORS SUS STARTER 210
RADIOGARDASE CAP 0.5GM 65
RA E-ZJECT MIS 28G....................190
RA E-ZJECT MIS THIN 26G....................190
RA E-ZJECT MIS THIN 28G....................190
RA E-ZJECT MIS ULT THIN 190
RAGWITEK SUB....................9
raloxifene hcl tab 60 mg....................159
ramelteon tab 8 mg....................175
ramipril cap 1.25 mg....................73
ramipril cap 10 mg....................73
ramipril cap 2.5 mg....................73
ramipril cap 5 mg....................73
RANEXA TAB 1000MG 37
RANEXA TAB 500MG....................37
ranolazine tab er 12hr 1000 mg....................37
ranolazine tab er 12hr 500 mg....................37
RAPAMUNE SOL 1MG/ML....................206
RAPAMUNE TAB 0.5MG....................206
RAPAMUNE TAB 1MG....................206
RAPAMUNE TAB 2MG 206
RAPID-SAFE MIS LANCING....................190
rasagiline mesylate tab 0.5 mg (base equiv) 99
*rasagiline mesylate tab 1 mg (base equiv)*99
RASUVO INJ 10MG 17
RASUVO INJ 12.5MG 17
RASUVO INJ 15MG 17
RASUVO INJ 17.5MG 17
RASUVO INJ 20MG 17
RASUVO INJ 22.5MG 17
RASUVO INJ 25MG....................18
RASUVO INJ 30MG 18
RASUVO INJ 7.5MG....................17
RAZADYNE ER CAP 16MG....................219
RAZADYNE ER CAP 24MG....................219
RAZADYNE ER CAP 8MG 219
READYLANCE MIS 21G....................190
READYLANCE MIS 23G....................190
READYLANCE MIS 26G....................190
READYLANCE MIS 28G....................191
READYLANCE MIS 30G....................191
REALITY MIS LANCETS....................191
REALITY SWAB PAD 197
REALITY TRIG MIS LANCETS 191
REBIF INJ 22/0.5....................223
REBIF INJ 44/0.5 223
REBIF REBIDO INJ 22/0.5....................223
REBIF REBIDO INJ 44/0.5 223
REBIF REBIDO INJ TITRATN....................223
REBIF TITRTN INJ PACK....................223
RECTIV OIN 0.4%....................35
REFUAH PLUS SOL CONTROL 191
REGIMEX TAB 25MG 4
REGLAN TAB 10MG....................165
REGLAN TAB 5MG 165
REGRANEX GEL 0.01% 148
RELENZA MIS DISKHALE....................114
RELION KIT LANCING 191
RELION LANCE MIS THIN 26G....................191
RELION LANCE MIS THIN 30G....................191
RELION LANCI MIS DEVICE....................191
RELION MICRO MIS THIN 33G....................191
RELION TES KETONE....................148
RELION ULTRA MIS THIN 30G 191
RELION ULTRA MIS THIN PLS....................191
RELPAX TAB 20MG....................201
RELPAX TAB 40MG 201
REMERON SLTB TAB 15MG 54
REMERON SLTB TAB 30MG....................54
REMERON SLTB TAB 45MG....................54
REMERON TAB 15MG....................54
REMERON TAB 30MG....................54
RENAGEL TAB 800MG 168
repaglinide tab 0.5 mg 63
repaglinide tab 1 mg....................63
repaglinide tab 2 mg....................63
REPATHA INJ 140MG/ML 71
REPATHA PUSH INJ 420/3.5....................71
REPATHA SURE INJ 140MG/ML....................71

REPLETE FIBE LIQ 1 CAL....152
REPLETE LIQ ULTRAPAK....153
RESOURCE DIA LIQ TF....153
RESTASIS EMU 0.05% OP....213
RESTASIS MUL EMU 0.05% OP....213
RESTORIL CAP 15MG....175
RESTORIL CAP 22.5MG....175
RESTORIL CAP 30MG....175
RESTORIL CAP 7.5MG....175
RETACRIT INJ 10000UNT....173
RETACRIT INJ 20000UNI....173
RETACRIT INJ 2000UNIT....173
RETACRIT INJ 3000UNIT....173
RETACRIT INJ 40000UNT....173
RETACRIT INJ 4000UNIT....173
RETEVMO CAP 40MG....92
RETEVMO CAP 80MG....92
RETIN-A CRE 0.025%....134
RETIN-A CRE 0.05%....134
RETIN-A CRE 0.1%....134
RETIN-A GEL 0.01%....134
RETIN-A GEL 0.025%....134
RETIN-A MICR GEL 0.04%....134
RETIN-A MICR GEL 0.04%PMP....134
RETIN-A MICR GEL 0.06%....134
RETIN-A MICR GEL 0.08%....134
RETIN-A MICR GEL 0.1%....134
RETIN-A MICR GEL 0.1%PUMP....134
RETROVIR CAP 100MG....109
RETROVIR SYP 50MG/5ML....110
REVCOVI INJ 1.6MG/ML....160
REVLIMID CAP 10MG....204
REVLIMID CAP 15MG....204
REVLIMID CAP 2.5MG....204
REVLIMID CAP 20MG....204
REVLIMID CAP 25MG....204
REVLIMID CAP 5MG....204
REXULTI TAB 0.25MG....105
REXULTI TAB 0.5MG....105
REXULTI TAB 1MG....105
REXULTI TAB 2MG....105
REXULTI TAB 3MG....105
REXULTI TAB 4MG....105
REYATAZ CAP 150MG....110
REYATAZ CAP 200MG....110
REYATAZ CAP 300MG....110
REYATAZ POW 50MG....110
REYVOW TAB 100MG....201
REYVOW TAB 50MG....201
RIAX AER 5.5%....134
RIAX AER 9.5%....134
ribavirin cap 200 mg....113
ribavirin tab 200 mg....113
RIDAURA CAP 3MG....18
rifabutin cap 150 mg....81
rifampin cap 150 mg....81
rifampin cap 300 mg....81
RIGHTEST ALT MIS ADAPTOR....191
RIGHTEST LIQ HIGH CON....191
RIGHTEST LIQ NORM CON....191
RIGHTEST MIS GD500....191
RIGHTEST MIS GL300....191
RILUTEK TAB 50MG....210
riluzole tab 50 mg....210
rimantadine hydrochloride tab 100 mg....114
RINVOQ TAB 15MG ER....15
RINVOQ TAB 30MG ER....15
RINVOQ TAB 45MG ER....15
risedronate sodium tab 150 mg....157
risedronate sodium tab 30 mg....157
risedronate sodium tab 35 mg....157
risedronate sodium tab 5 mg....157
risedronate sodium tab delayed release 35 mg....157
RISPERDAL INJ 12.5MG....100
RISPERDAL INJ 25MG....100
RISPERDAL INJ 37.5MG....100
RISPERDAL INJ 50MG....100
RISPERDAL SOL 1MG/ML....100
RISPERDAL TAB 0.5MG....100
RISPERDAL TAB 1MG....100
RISPERDAL TAB 2MG....100
RISPERDAL TAB 3MG....100
RISPERDAL TAB 4MG....100
risperidone orally disintegrating tab 0.25 mg....100

risperidone orally disintegrating tab 0.5 mg 100
risperidone orally disintegrating tab 1 mg 100
risperidone orally disintegrating tab 2 mg 100
risperidone orally disintegrating tab 3 mg 100
risperidone orally disintegrating tab 4 mg 101
risperidone soln 1 mg/ml 101
risperidone tab 0.25 mg 101
risperidone tab 0.5 mg 101
risperidone tab 1 mg 101
risperidone tab 2 mg 101
risperidone tab 3 mg 101
risperidone tab 4 mg 101
RITALIN LA CAP 10MG 9
RITALIN LA CAP 20MG 9
RITALIN LA CAP 30MG 9
RITALIN LA CAP 40MG 9
RITALIN TAB 10MG 9
RITALIN TAB 20MG 9
RITALIN TAB 5MG 9
RITEFLO MIS 199
ritonavir tab 100 mg 110
rivastigmine tartrate cap 1.5 mg (base equivalent) 219
rivastigmine tartrate cap 3 mg (base equivalent) 219
rivastigmine tartrate cap 4.5 mg (base equivalent) 219
rivastigmine tartrate cap 6 mg (base equivalent) 219
rivastigmine td patch 24hr 13.3 mg/24hr 219
rivastigmine td patch 24hr 4.6 mg/24hr .219
rivastigmine td patch 24hr 9.5 mg/24hr..219
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 201
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 201
rizatriptan benzoate tab 10 mg (base equivalent) 201
rizatriptan benzoate tab 5 mg (base equivalent) 201
ROCALTROL CAP 0.25MCG 160
ROCALTROL CAP 0.5MCG 160
ROCALTROL SOL 1MCG/ML 160
ropinirole hydrochloride tab 0.25 mg 98
ropinirole hydrochloride tab 0.5 mg 98
ropinirole hydrochloride tab 1 mg 98
ropinirole hydrochloride tab 2 mg 98
ropinirole hydrochloride tab 3 mg 98
ropinirole hydrochloride tab 4 mg 98
ropinirole hydrochloride tab 5 mg 98
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 98
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 98
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 98
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 98
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 98
rosuvastatin calcium tab 10 mg 71
rosuvastatin calcium tab 20 mg 71
rosuvastatin calcium tab 40 mg 71
rosuvastatin calcium tab 5 mg 70
ROXICODONE TAB 15MG 30
ROXICODONE TAB 30MG 30
ROXICODONE TAB 5MG 30
ROZLYTREK CAP 100MG 92
ROZLYTREK CAP 200MG 92
RUCONEST INJ 2100UNIT 170
rufinamide susp 40 mg/ml 52
RUKOBIA TAB 600MG ER 110
RUZURGI TAB 10MG 81
RYBELSUS TAB 14MG 62
RYBELSUS TAB 3MG 62
RYBELSUS TAB 7MG 62
RYDAPT CAP 25MG 92
RYKINDO INJ 25MG 101
RYKINDO INJ 37.5MG 101
RYKINDO INJ 50MG 101
RYTARY CAP 145MG 98

RYTARY CAP 195MG....98
RYTARY CAP 245MG....98
RYTARY CAP 95MG....98
RYTHMOL SR CAP 225MG....41
RYTHMOL SR CAP 325MG....41
RYTHMOL SR CAP 425MG....41
S
S.O.S. 20 POW....153
S.O.S. 25 POW....153
SAFE-T-LANCE MIS 21G....191
SAFE-T-LANCE MIS 25G....191
SAFE-T-LANCE MIS HI FLOW....191
SAFE-T-LANCE MIS LOW FLOW....191
SAFE-T-LANCE MIS NOR FLOW....191
SAFE-T-PRO MIS LANCETS....191
SAFE-T-PRO MIS PLUS....191
SAFETY 21G MIS LANCETS....191
SAFETY 23G MIS LANCETS....191
SAFETY 28G MIS LANCETS....191
SAFETY 30G MIS LANCETS....191
SAFETY MIS LANCETS....191
SAFYRAL TAB....129
SALAGEN TAB 5MG....207
SALAGEN TAB 7.5MG....207
SALIMEZ FORT CRE 10%....146
salsalate tab 500 mg....24
salsalate tab 750 mg....24
SAMSCA TAB 15MG....162
SAMSCA TAB 30MG....162
SANCUSO DIS 3.1MG....65
SANDIMMUNE CAP 100MG....206
SANDIMMUNE CAP 25MG....206
SANDIMMUNE SOL 100MG/ML....206
SANDOSTATIN INJ 100MCG....161
SANDOSTATIN INJ 500MCG....162
SANDOSTATIN INJ 50MCG/ML....161
SANTYL OIN 250/GM....145
SAPHRIS SUB 10MG....103
SAPHRIS SUB 2.5MG....102
SAPHRIS SUB 5MG....103
sapropterin dihydrochloride powder packet 100 mg....160
sapropterin dihydrochloride powder packet 500 mg....160
sapropterin dihydrochloride tab 100 mg....160
SAPSCARE MIS TWIST....191
SAPS CARE PAD ALCOHOL....197
SAPS HEALTH MIS TWIST....191
SAPS HEALTH PAD ALCOHOL....197
SAPS TWIST MIS 30G....191
SAVELLA MIS TITR PAK....220
SAVELLA TAB 100MG....220
SAVELLA TAB 12.5MG....220
SAVELLA TAB 25MG....220
SAVELLA TAB 50MG....220
SAXENDA INJ 18MG/3ML....3
SB ALCOHOL PAD PREP....197
SB LANCETS MIS THIN....191
SB LANCETS MIS ULTR THN....191
scopolamine td patch 72hr 1 mg/3days....65
SELECT-LITE KIT DEV/LANC....191
SELECT-LITE MIS LANC DEV....192
selegiline hcl cap 5 mg....99
selegiline hcl tab 5 mg....99
selenium sulfide lotion 2.5%....141
SENSIPAR TAB 30MG....160
SENSIPAR TAB 60MG....160
SENSIPAR TAB 90MG....160
SERNIVO SPR....144
SERNIVO SPR 0.05%....144
SEROQUEL TAB 100MG....103
SEROQUEL TAB 200MG....103
SEROQUEL TAB 25MG....103
SEROQUEL TAB 300MG....103
SEROQUEL TAB 400MG....103
SEROQUEL TAB 50MG....103
sertraline hcl oral concentrate for solution 20 mg/ml....56
sertraline hcl tab 100 mg....56
sertraline hcl tab 25 mg....56
sertraline hcl tab 50 mg....56
sevelamer carbonate packet 0.8 gm....168
sevelamer carbonate packet 2.4 gm....168
sevelamer carbonate tab 800 mg....168
sevelamer hcl tab 400 mg....168

sevelamer hcl tab 800 mg......168
SHOPKO LANC MIS DEVICE......192
SHUR-SEAL GEL 2%......232
SIDE BUTTON MIS SAFETY......192
SIGNIFOR INJ 0.3MG/ML......162
SIGNIFOR INJ 0.6MG/ML......162
SIGNIFOR INJ 0.9MG/ML......162
SIKLOS TAB 1000MG......171
SIKLOS TAB 100MG......171
sildenafil citrate for suspension 10 mg/ml......124
sildenafil citrate tab 100 mg......122
sildenafil citrate tab 20 mg......124
sildenafil citrate tab 25 mg......122
sildenafil citrate tab 50 mg......122
silodosin cap 4 mg......169
silodosin cap 8 mg......169
SILVADENE CRE 1%......141
silver sulfadiazine cream 1%......141
SIMBRINZA SUS 1-0.2%......212
SIMPLE DIAG MIS LANCING......192
simvastatin tab 10 mg......71
simvastatin tab 20 mg......71
simvastatin tab 40 mg......71
simvastatin tab 5 mg......71
simvastatin tab 80 mg......71
SINEMET TAB 10-100MG......98
SINEMET TAB 25-100MG......98
SINGLE-LET MIS 23G......192
sirolimus oral soln 1 mg/ml......206
sirolimus tab 0.5 mg......206
sirolimus tab 1 mg......206
sirolimus tab 2 mg......206
SIRTURO TAB 100MG......81
SIRTURO TAB 20MG......81
SITAVIG TAB 50MG......114
SIVEXTRO TAB 200MG......37
SKELAXIN TAB 800MG......208
SKYRIZI INJ 150DOSE......139
SKYRIZI INJ 150MG/ML......139
SKYRIZI INJ 180/1.2......166
SKYRIZI INJ 360/2.4......167
SKYRIZI PEN INJ 150MG/ML......139
SM ALCOHOL PAD PREP......197
SMARTEST MIS LANCETS......192
SMARTEST SOL CONTROL......192
SMART SENSE MIS LANC 21G......192
SMART SENSE MIS LANC 26G......192
SMART SENSE MIS LANC 30G......192
SMART SENSE MIS LANC 33G......192
SM LANCETS MIS 33G......192
SM TRUEDRAW MIS LANC DEV......192
sodium chloride soln nebu 0.9%......132
sodium chloride soln nebu 10%......132
sodium chloride soln nebu 3%......132
sodium chloride soln nebu 7%......132
sodium citrate & citric acid soln 500-334 mg/5ml......168
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)......202
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)......202
sodium fluoride gel 1.1% (0.5% f)......207
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)......203
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)......203
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)......202
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)......203
sodium phenylbutyrate oral powder 3 gm/teaspoonful......160
sodium phenylbutyrate tab 500 mg......160
sodium polystyrene sulfonate oral susp 15 gm/60ml......206
sodium polystyrene sulfonate powder......206
SODIUM SULFA LIQ 10% WASH......141
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml......176
SOFTCLIX MIS LANCETS......192
SOGROYA INJ 10MG/1.5......158
SOGROYA INJ 15MG/1.5......158
SOGROYA INJ 5MG/1.5......158
solifenacin succinate tab 10 mg......232
solifenacin succinate tab 5 mg......232

SOLIQUA INJ 100/33....60
SOLTAMOX SOL 10MG/5ML....86
SOLU-CORTEF INJ 1000MG....131
SOLU-CORTEF INJ 100MG....131
SOLU-CORTEF INJ 250MG....131
SOLU-CORTEF INJ 500MG....131
SOLUS V2 MIS LANC 28G....192
SOLUS V2 MIS LANC 30G....192
SOLUS V2 MIS LANC DEV....192
SOLUS V2 SOL HIGH....192
SOLUS V2 SOL LOW....192
SOMA TAB 250MG....208
SOMA TAB 350MG....208
SOOLANTRA CRE 1%....147
sorafenib tosylate tab 200 mg (base equivalent)....92
SORIATANE CAP 10MG....139
SORIATANE CAP 25MG....139
sotalol hcl (afib/afl) tab 120 mg....116
sotalol hcl (afib/afl) tab 160 mg....116
sotalol hcl (afib/afl) tab 80 mg....116
sotalol hcl tab 120 mg....117
sotalol hcl tab 160 mg....117
sotalol hcl tab 240 mg....117
sotalol hcl tab 80 mg....117
SOTYKTU TAB 6MG....139
SOTYLIZE SOL 5MG/ML....117
SOVALDI PAK 150MG....113
SOVALDI PAK 200MG....113
SOVALDI TAB 200MG....113
SOVALDI TAB 400MG....113
SPACE CHAMBR MIS ANTI-STA....199
SPACE CHAMBR MIS LARGE....199
SPACE CHAMBR MIS MEDIUM....199
SPACE CHAMBR MIS SMALL....199
SPACER CHAMB MIS ADULT....199
SPACER CHAMB MIS CHILD....199
SPACER CHAMB MIS INFANT....199
spinosad susp 0.9%....147
SPIRIVA AER 1.25MCG....42
SPIRIVA CAP HANDIHLR....42
SPIRIVA SPR 2.5MCG....42
spironolactone & hydrochlorothiazide tab 25-25 mg....154
spironolactone tab 100 mg....155
spironolactone tab 25 mg....155
spironolactone tab 50 mg....155
SPRAVATO SOL 56MG DOS....55
SPRAVATO SOL 84MG DOS....55
SPRYCEL TAB 100MG....93
SPRYCEL TAB 140MG....93
SPRYCEL TAB 20MG....92
SPRYCEL TAB 50MG....92
SPRYCEL TAB 70MG....92
SPRYCEL TAB 80MG....92
STALEVO 100 TAB....98
STALEVO 125 TAB....98
STALEVO 150 TAB....98
STALEVO 200 TAB....98
STALEVO 50 TAB....98
STALEVO 75 TAB....98
STARLIX TAB 120MG....63
stavudine cap 15 mg....110
stavudine cap 20 mg....110
stavudine cap 30 mg....110
stavudine cap 40 mg....110
STELARA INJ 45MG/0.5....139, 140
STELARA INJ 90MG/ML....140
STERILANCE MIS 1.8MM....192
STERILANCE MIS TL 28G....192
STERILANCE MIS TL 30G....192
STERILANCE MIS TL 32G....192
STIOLTO AER 2.5-2.5....45
STIVARGA TAB 40MG....93
STRATTERA CAP 100MG....5
STRATTERA CAP 10MG....5
STRATTERA CAP 18MG....5
STRATTERA CAP 25MG....5
STRATTERA CAP 40MG....5
STRATTERA CAP 60MG....5
STRATTERA CAP 80MG....5
STRENSIQ INJ 18/0.45....160
STRENSIQ INJ 28/0.7ML....160
STRENSIQ INJ 40MG/ML....160
STRENSIQ INJ 80/0.8ML....160

STRIVERDI AER 2.5MCG............................45
STROMECTOL TAB 3MG 35
SUCRAID SOL 8500/ML............................153
sucralfate tab 1 gm 230
SULAR TAB 17MG......................................119
SULAR TAB 34MG......................................119
SULAR TAB 8.5MG.....................................119
sulconazole nitrate cream 1%...................136
sulconazole nitrate solution 1% 136
sulfacetamide sodium lotion 10% (acne) 134
sulfacetamide sodium ophth oint 10% 212
sulfacetamide sodium ophth soln 10%....213
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 214
sulfacetamide sodium w/ sulfur cleansing pad 10-4% 134
sulfacetamide sodium w/ sulfur emulsion 10-1% 134
sulfadiazine tab 500 mg...........................227
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 36
sulfamethoxazole-trimethoprim tab 400-80 mg 36
sulfamethoxazole-trimethoprim tab 800-160 mg 36
SULFAMYLON CRE 85MG/GM 141
SULFAMYLON PAK 5% 141
sulfasalazine tab 500 mg..........................167
sulfasalazine tab delayed release 500 mg 167
SULF LIME SOL 147
sulindac tab 150 mg....................................20
sulindac tab 200 mg 20
sumatriptan nasal spray 20 mg/act.........201
sumatriptan nasal spray 5 mg/act 201
sumatriptan succinate inj 6 mg/0.5ml.....201
sumatriptan succinate solution auto-injector 4 mg/0.5ml...............................201
sumatriptan succinate solution auto-injector 6 mg/0.5ml...............................201
sumatriptan succinate solution cartridge 4 mg/0.5ml 201
sumatriptan succinate solution cartridge 6 mg/0.5ml 202
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml 202
sumatriptan succinate tab 100 mg 202
sumatriptan succinate tab 25 mg 202
sumatriptan succinate tab 50 mg............202
sunitinib malate cap 12.5 mg (base equivalent)...93
sunitinib malate cap 25 mg (base equivalent)...93
sunitinib malate cap 37.5 mg (base equivalent)...93
sunitinib malate cap 50 mg (base equivalent)...93
SUNOSI TAB 150MG 5
SUNOSI TAB 75MG 5
SUPER THIN MIS LANC 28G.....................192
SUPER THIN MIS LANCETS 192
SUPLENA LIQ VANILLA 153
SUPRAX CAP 400MG 126
SUPRAX CHW 100MG...............................126
SUPRAX CHW 200MG...............................126
SUPRAX SUS 100/5ML 126
SUPRAX SUS 200/5ML..............................126
SUPRAX SUS 500/5ML 126
SUPREME II LIQ HIGH/LOW 192
SURE COMFORT MIS LANC 18G 192
SURE COMFORT MIS LANC 21G 192
SURE COMFORT MIS LANC 23G..............192
SURE COMFORT MIS LANC 30G 192
SURE COMFORT MIS LANCETS...............192
SURE COMFORT MIS LANC PEN 192
SUREFLEX MIS LANCETS..........................193
SURE-LANCE MIS 26G..............................192
SURE-LANCE MIS LANCETS.....................192
SURELITE MIS LANCETS 193
SURE-PEN MIS...192
SURESTEP GLU SOL.................................193
SURESTEP GLU SOL HIGH/LOW 193
SURESTEP PRO TES HIGH CON...............193
SURESTEP PRO TES LOW CON 193
SURESTEP PRO TES NORM CON.............193

SURESTEP SOL CONTROL........................193
SURE-TOUCH MIS UNV LANC..................193
SUSTIVA CAP 200MG 110
SUSTIVA CAP 50MG..................................110
SUSTIVA TAB 600MG 110
SYMAX DUOTAB TAB 230
SYMBICORT AER 160-4.5...........................45
SYMBICORT AER 80-4.5 45
SYMBYAX CAP 12-50MG 220
SYMBYAX CAP 3-25MG 220
SYMBYAX CAP 6-25MG 220
SYMBYAX CAP 6-50MG...........................220
SYMDEKO TAB 100-150...........................226
SYMDEKO TAB 50-75MG........................226
SYMFI LO TAB 110
SYMFI TAB 110
SYMLINPEN 60 INJ 1000MCG...................59
SYMLNPEN 120 INJ 1000MCG 59
SYMPROIC TAB 0.2MG 167
SYMTUZA TAB...110
SYNALAR CRE 0.025% 144
SYNALAR OIN 0.025% 144
SYNALAR SOL 0.01% 144
SYNAREL SOL 2MG/ML 159
SYNERA DIS 70-70MG 146
SYNJARDY TAB 60
SYNJARDY TAB 12.5-500...........................60
SYNJARDY TAB 5-1000MG 60
SYNJARDY TAB 5-500MG.........................60
SYNJARDY XR TAB 60
SYNJARDY XR TAB 10-1000 60
SYNJARDY XR TAB 25-1000 60
SYNJARDY XR TAB 5-1000MG 60
SYNTHROID TAB 100MCG.......................229
SYNTHROID TAB 112MCG 229
SYNTHROID TAB 125MCG 229
SYNTHROID TAB 137MCG.......................229
SYNTHROID TAB 150MCG 229
SYNTHROID TAB 175MCG 229
SYNTHROID TAB 200MCG 229
SYNTHROID TAB 25MCG........................229
SYNTHROID TAB 300MCG 229
SYNTHROID TAB 50MCG........................229
SYNTHROID TAB 75MCG 229
SYNTHROID TAB 88MCG.........................229

T

TABLOID TAB 40MG 83
TACHOSIL PAD 4.8X4.8 174
TACHOSIL PAD 9.5X4.8 174
TACLONEX OIN 144
TACLONEX SUS...144
tacrolimus cap 0.5 mg 206
tacrolimus cap 1 mg.................................206
tacrolimus cap 5 mg.................................206
tacrolimus oint 0.03% 146
tacrolimus oint 0.1%.................................146
tadalafil tab 10 mg.....................................122
tadalafil tab 2.5 mg 122
tadalafil tab 20 mg 122
tadalafil tab 20 mg (pah)...........................124
tadalafil tab 5 mg 122
TADLIQ SUS 20MG/5ML 124
tafluprost preservative free (pf) ophth soln 0.0015% 215
TAGRISSO TAB 40MG.................................84
TAGRISSO TAB 80MG.................................84
TAI DOC SOL NORM CON........................193
TAKHZYRO INJ 150MG/ML 170
TAKHZYRO INJ 300/2ML 170
TALICIA CAP 231
TALTZ INJ 80MG/ML 140
TAMIFLU CAP 30MG 114
TAMIFLU CAP 45MG 114
TAMIFLU CAP 75MG 114
TAMIFLU SUS 6MG/ML.............................114
tamoxifen citrate tab 10 mg (base equivalent) 86
tamoxifen citrate tab 20 mg (base equivalent) 86
tamsulosin hcl cap 0.4 mg 169
TAPAZOLE TAB 10MG.............................228
TAPAZOLE TAB 5MG 228
TARCEVA TAB 100MG 85
TARCEVA TAB 150MG.................................85
TARCEVA TAB 25MG 85
TARKA TAB 2-180 CR..................................78

TARKA TAB 2-240 CR 78
TARKA TAB 4-240 CR 78
tasimelteon capsule 20 mg 175
TASMAR TAB 100MG 95
TAVALISSE TAB 100MG 170
TAVALISSE TAB 150MG 170
tazarotene cream 0.1% 140
TECHLITE AST MIS LANCETS 193
TECHLITE MIS LANC 30G 193
TECHLITE MIS LANCETS....193
TEGSEDI INJ 284/1.5 225
TEKTURNA HCT TAB 150-12.5 78
TEKTURNA HCT TAB 150-25MG 78
TEKTURNA HCT TAB 300-12.5 78
TEKTURNA HCT TAB 300-25MG 78
TEKTURNA TAB 150MG 80
TEKTURNA TAB 300MG 80
telmisartan-amlodipine tab 40-10 mg 79
telmisartan-amlodipine tab 40-5 mg 78
telmisartan-amlodipine tab 80-10 mg 79
telmisartan-amlodipine tab 80-5 mg 79
telmisartan-hydrochlorothiazide tab 40-12.5 mg 79
telmisartan-hydrochlorothiazide tab 80-12.5 mg 79
telmisartan-hydrochlorothiazide tab 80-25 mg 79
telmisartan tab 20 mg 74
telmisartan tab 40 mg 74
telmisartan tab 80 mg 74
temazepam cap 15 mg 175
temazepam cap 22.5 mg 175
temazepam cap 30 mg 175
temazepam cap 7.5 mg 175
TEMBEXA SUS 10MG/ML 114
TEMBEXA TAB 100MG 114
TEMIXYS TAB 300-300....110
TEMODAR CAP 100MG....82
TEMODAR CAP 140MG....82
TEMODAR CAP 180MG....82
TEMODAR CAP 250MG 82
TEMOVATE CRE 0.05%....144
TEMOVATE OIN 0.05% 144
temozolomide cap 100 mg 82
temozolomide cap 140 mg....82
temozolomide cap 180 mg....82
temozolomide cap 20 mg 82
temozolomide cap 250 mg 82
temozolomide cap 5 mg 82
tenofovir disoproxil fumarate tab 300 mg 111
TENORETIC TAB 100 79
TENORETIC TAB 50....79
TENORMIN TAB 100MG....116
TENORMIN TAB 25MG....116
TENORMIN TAB 50MG....116
*terazosin hcl cap 10 mg (base equivalent)*75
terazosin hcl cap 1 mg (base equivalent) ..75
terazosin hcl cap 2 mg (base equivalent) .75
terazosin hcl cap 5 mg (base equivalent) .75
terbinafine hcl tab 250 mg....66
terbutaline sulfate tab 2.5 mg 45
terbutaline sulfate tab 5 mg....45
terconazole vaginal cream 0.4% 233
terconazole vaginal cream 0.8% 233
terconazole vaginal suppos 80 mg....233
teriflunomide tab 14 mg 223
teriflunomide tab 7 mg 223
TESSALON PER CAP 100MG....131
TESTOST CYP INJ 200MG/ML....34
testosterone cypionate im inj in oil 100 mg/ml 34
testosterone cypionate im inj in oil 200 mg/ml 34
testosterone enanthate im inj in oil 200 mg/ml 34
testosterone td gel 10mg/act (2%) 34
testosterone td gel 12.5 mg/act (1%) 34
testosterone td gel 20.25 mg/1.25gm (1.62%)....34
*testosterone td gel 20.25 mg/act (1.62%)*34
testosterone td gel 25 mg/2.5gm (1%) 34
testosterone td gel 40.5 mg/2.5gm (1.62%) 34
testosterone td gel 50 mg/5gm (1%) 34
testosterone td soln 30 mg/act....34
tetrabenazine tab 12.5 mg 221

tetrabenazine tab 25 mg 221
tetracaine hcl ophth soln 0.5% 213
tetracycline hcl cap 250 mg 228
tetracycline hcl cap 500 mg 228
TEXACORT SOL 2.5% 144
TEZSPIRE INJ 210MG 41
TGT LANCET MIS 26G 193
TGT LANCET MIS 30G 193
TGT LANCET MIS 33G 193
TGT LANCING MIS DEVICE 193
THALOMID CAP 100MG 204
THALOMID CAP 150MG 204
THALOMID CAP 200MG 204
THALOMID CAP 50MG 204
theophylline elixir 80 mg/15ml 45
theophylline tab er 12hr 300 mg 45
theophylline tab er 12hr 450 mg 45
theophylline tab er 24hr 400 mg 45
theophylline tab er 24hr 600 mg 45
THIN LANCETS MIS 193
THIN LANCETS MIS 26G 193
THIN LANCETS MIS 30G 193
THINLETS GP MIS 26G 193
thioridazine hcl tab 100 mg 104
thioridazine hcl tab 10 mg 104
thioridazine hcl tab 25 mg 104
thioridazine hcl tab 50 mg 104
thiothixene cap 10 mg 105
thiothixene cap 1 mg 105
thiothixene cap 2 mg 105
thiothixene cap 5 mg 105
tiagabine hcl tab 12 mg 53
tiagabine hcl tab 16 mg 53
tiagabine hcl tab 2 mg 53
tiagabine hcl tab 4 mg 53
TIAZAC CAP 120MG/24 119
TIAZAC CAP 180MG/24 119
TIAZAC CAP 240MG/24 119
TIAZAC CAP 300MG/24 119
TIAZAC CAP 360MG/24 119
TIAZAC CAP 420MG/24 119
TIBSOVO TAB 250MG 93
TIGAN CAP 300MG 65
TIKOSYN CAP 125MCG 41
TIKOSYN CAP 250MCG 41
TIKOSYN CAP 500MCG 41
timolol maleate ophth gel forming soln 0.25% 211
timolol maleate ophth gel forming soln 0.5% 211
timolol maleate ophth soln 0.25% 211
timolol maleate ophth soln 0.5% 211
timolol maleate ophth soln 0.5% (once-daily) 211
timolol maleate preservative free ophth soln 0.5% 211
timolol maleate tab 10 mg 117
timolol maleate tab 20 mg 117
timolol maleate tab 5 mg 117
TIMOPTIC SOL 0.25% OP 211
TIMOPTIC SOL 0.5% OP 211
TIMOPTIC-XE SOL 0.25% OP 211
TIMOPTIC-XE SOL 0.5% OP 211
tinidazole tab 250 mg 36
tinidazole tab 500 mg 36
tiopronin tab 100 mg 169
TISSEEL KIT 10ML 174
TISSEEL KIT 2ML 174
TISSEEL KIT 4ML 174
TISSEEL SOL 10ML 174
TISSEEL SOL 2ML 174
TISSEEL SOL 4ML 174
TIVICAY PD TAB 5MG 111
TIVICAY TAB 10MG 111
TIVICAY TAB 25MG 111
TIVICAY TAB 50MG 111
tizanidine hcl cap 2 mg (base equivalent) 208
tizanidine hcl cap 4 mg (base equivalent) 208
tizanidine hcl cap 6 mg (base equivalent) 208
tizanidine hcl tab 2 mg (base equivalent) 208
tizanidine hcl tab 4 mg (base equivalent) 208

tobramycin-dexamethasone ophth susp 0.3-0.1% 214
tobramycin nebu soln 300 mg/4ml 9
tobramycin nebu soln 300 mg/5ml 10
tobramycin ophth soln 0.3% 213
TOBREX OIN 0.3% OP 213
TOBREX SOL 0.3% OP 213
TODAY SPONGE MIS 232
TOLAK CRE 4% 136
tolbutamide tab 500 mg 64
tolcapone tab 100 mg 95
TOLEREX POW 153
tolmetin sodium cap 400 mg 20
tolmetin sodium tab 600 mg 20
tolterodine tartrate cap er 24hr 2 mg 232
tolterodine tartrate cap er 24hr 4 mg 232
tolterodine tartrate tab 1 mg 232
tolterodine tartrate tab 2 mg 232
tolvaptan tab 30 mg 162
TOPAMAX SPR CAP 15MG 52
TOPAMAX SPR CAP 25MG 52
TOPAMAX TAB 100MG 52
TOPAMAX TAB 200MG 52
TOPAMAX TAB 25MG 52
TOPAMAX TAB 50MG 52
TOPCARE MIS LANC 33G 193
TOPICORT CRE 0.05% 144
TOPICORT CRE 0.25% 144
TOPICORT GEL 0.05% 144
TOPICORT OIN 0.05% 144
TOPICORT OIN 0.25% 144
TOPICORT SPR 0.25% 144
topiramate cap er 24hr 200 mg 52
topiramate sprinkle cap 15 mg 52
topiramate sprinkle cap 25 mg 52
topiramate tab 100 mg 52
topiramate tab 200 mg 52
topiramate tab 25 mg 52
topiramate tab 50 mg 52
toremifene citrate tab 60 mg (base equivalent) 86
torsemide tab 100 mg 155
torsemide tab 10 mg 155
torsemide tab 20 mg 155
torsemide tab 5 mg 155
TOUJEO MAX INJ 300IU/ML 63
TOUJEO SOLO INJ 300IU/ML 63
TPOXX CAP 200MG 114
TPOXX INJ 114
TRADJENTA TAB 5MG 61
tramadol-acetaminophen tab 37.5-325 mg 32
tramadol hcl tab 50 mg 30
tramadol hcl tab er 24hr 100 mg 30
tramadol hcl tab er 24hr 200 mg 30
tramadol hcl tab er 24hr 300 mg 30
tramadol hcl tab er 24hr biphasic release 100 mg 30
tramadol hcl tab er 24hr biphasic release 200 mg 30
tramadol hcl tab er 24hr biphasic release 300 mg 30
trandolapril tab 1 mg 73
trandolapril tab 2 mg 73
trandolapril tab 4 mg 73
trandolapril-verapamil hcl tab er 1-240 mg 79
trandolapril-verapamil hcl tab er 2-180 mg 79
trandolapril-verapamil hcl tab er 2-240 mg 79
trandolapril-verapamil hcl tab er 4-240 mg 79
tranexamic acid tab 650 mg 173
TRANXENE T TAB 7.5MG 40
tranylcypromine sulfate tab 10 mg 55
TRAVEL LANCE MIS 30G 193
TRAVEL LANCE MIS ADV 28G 193
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 215
trazodone hcl tab 100 mg 56
trazodone hcl tab 150 mg 56
trazodone hcl tab 300 mg 56
trazodone hcl tab 50 mg 56
TRECATOR TAB 250MG 81
TRELEGY AER 100MCG 45

TRELEGY AER 200MCG....45
TREMFYA INJ 100MG/ML....141
TRESIBA FLEX INJ 100UNIT....63
TRESIBA FLEX INJ 200UNIT....63
TRESIBA INJ 100UNIT....63
tretinoin cap 10 mg....94
tretinoin cream 0.025%....134
tretinoin cream 0.05%....134
tretinoin cream 0.1%....134
tretinoin gel 0.01%....134
tretinoin gel 0.025%....134
tretinoin gel 0.05%....134
tretinoin microsphere gel 0.04%....134
tretinoin microsphere gel 0.1%....134
TREXALL TAB 10MG....83
TREXALL TAB 15MG....83
TREXALL TAB 5MG....83
TREXALL TAB 7.5MG....83
triamcinolone acetonide cream 0.025% 144
triamcinolone acetonide cream 0.1%....144
triamcinolone acetonide cream 0.5%....144
triamcinolone acetonide dental paste 0.1%....207
triamcinolone acetonide lotion 0.025%..144
triamcinolone acetonide lotion 0.1%....144
triamcinolone acetonide oint 0.025%....144
triamcinolone acetonide oint 0.1%....144
triamcinolone acetonide oint 0.5%....144
triamterene & hydrochlorothiazide cap 37.5-25 mg....154
triamterene & hydrochlorothiazide tab 37.5-25 mg....154
triamterene & hydrochlorothiazide tab 75-50 mg....154
triamterene cap 100 mg....155
triamterene cap 50 mg....155
triazolam tab 0.125 mg....175
triazolam tab 0.25 mg....175
TRIBENZOR20- TAB 5-12.5MG....79
TRIBENZOR40- TAB 10-12.5....79
TRIBENZOR40- TAB 10-25MG....79
TRIBENZOR40- TAB 5-12.5MG....79
TRIBENZOR40- TAB 5-25MG....79
TRIDESILON CRE 0.05%....144
trientine hcl cap 250 mg....203
trifluoperazine hcl tab 10 mg (base equivalent)....104
trifluoperazine hcl tab 1 mg (base equivalent)....104
trifluoperazine hcl tab 2 mg (base equivalent)....104
trifluoperazine hcl tab 5 mg (base equivalent)....104
trifluridine ophth soln 1%....213
trihexyphenidyl hcl oral soln 0.4 mg/ml...95
trihexyphenidyl hcl tab 2 mg....95
trihexyphenidyl hcl tab 5 mg....95
TRIJARDY XR TAB....60
TRIKAFTA PAK 59.5MG....226
TRIKAFTA PAK 75MG....226
TRIKAFTA TAB....226
TRILIPIX CAP 135MG....70
TRILIPIX CAP 45MG....70
trimethobenzamide hcl cap 300 mg....65
trimethoprim tab 100 mg....36
trimipramine maleate cap 100 mg....59
trimipramine maleate cap 25 mg....59
trimipramine maleate cap 50 mg....59
TRINTELLIX TAB 10MG....57
TRINTELLIX TAB 20MG....57
TRINTELLIX TAB 5MG....56
TRIUMEQ PD TAB....111
TRIUMEQ TAB....111
TRIZIVIR TAB....111
TROKENDI XR CAP 100MG....52
TROKENDI XR CAP 200MG....52
TROKENDI XR CAP 25MG....52
TROKENDI XR CAP 50MG....52
trospium chloride cap er 24hr 60 mg....232
trospium chloride tab 20 mg....232
TRUDHESA AER 0.725MG....200
TRUECONTROL LIQ LEVEL 0....193
TRUECONTROL LIQ LEVEL 1....193
TRUEDRAW MIS LANC DEV....193
TRUE METRIX SOL LEVEL 1....193
TRUE METRIX SOL LEVEL 2....193

TRUE METRIX SOL LEVEL 3......193
TRULANCE TAB 3MG......164
TRULICITY INJ 0.75/0.5......62
TRULICITY INJ 1.5/0.5......62
TRULICITY INJ 3/0.5......62
TRULICITY INJ 4.5/0.5......62
TRUPLUS LANC MIS 26G......193
TRUPLUS LANC MIS 28G......193
TRUPLUS LANC MIS 30G......193
TRUPLUS LANC MIS 33G......193
TRUSOPT SOL 2% OP......215
TRUZONE PEAK MIS FLOW MTR......199
TUKYSA TAB 150MG......84
TUKYSA TAB 50MG......84
TURPENTINE SOL SPIRITS......146
TUSSICAPS CAP 10-8MG......132
TWIST LANCET MIS 30G MULT......193
TWOCAL HN LIQ......153
TWYNEO CRE 0.1-3%......134
TWYNSTA TAB 40-10MG......79
TWYNSTA TAB 40-5MG......79
TWYNSTA TAB 80-10MG......79
TWYNSTA TAB 80-5MG......79
TYBOST TAB 150MG......111
TYKERB TAB 250MG......93
TYLACTIN POW BLD 20PE......153
TYMLOS INJ......157
TYVASO REFIL SOL 0.6MG/ML......123
TYVASO SOL 0.6MG/ML......123
TYVASO START SOL 0.6MG/ML......123
U
UBRELVY TAB 100MG......200
UBRELVY TAB 50MG......200
UCERIS TAB 9MG......131
ULTICARE PAD ALCOHOL......197
ULTI-LANCE MIS CLR TIP......194
ULTILET MIS 26G......194
ULTILET MIS 28G......194
ULTILET MIS 30G......194
ULTILET MIS 33G......194
ULTILET MIS LANCETS......194
ULTILET MIS SAFETY......194
ULTILET PAD ALCOHOL......197
ULTILET SAFE MIS 21G......194
ULTRACAL HN LIQ PLUS......153
ULTRACAL LIQ......153
ULTRACET TAB 37.5-325......32
ULTRAM TAB 50MG......30
ULTRA THIN MIS 28G......194
ULTRA THIN MIS 30G......194
ULTRA THIN MIS 31G......194
ULTRA THIN MIS 33G......194
ULTRA THIN MIS LAN 31G......194
ULTRA THIN MIS LANC 28G......194
ULTRA THIN MIS LANC 30G......194
ULTRA THIN MIS LANCETS......194
ULTRIENT 1.5 LIQ SAFE-T......153
UNILET CMFR MIS TCH 28G......194
UNILET CMFR MIS TCH 30G......194
UNILET EXCEL MIS 23G......194
UNILET EX II MIS 28G......194
UNILET G.P. MIS 21G......194
UNILET G.P MIS SUPR 23G......194
UNILET GP 28 MIS ULT THIN......194
UNILET LANCE MIS 21G......194
UNILET LANCE MIS 28G......194
UNILET LANCE MIS 33G......194
UNILET LANC MIS 33G......194
UNILET LANCT MIS 28G......194
UNILET LANCT MIS 30G......194
UNILET LANCT MIS 33G......194
UNILET MICRO MIS 33G......194
UNILET MIS 21G......194
UNILET SUPER MIS 23G......194
UNILET SUPER MIS G.P. 23G......194
UNISTIK 1 MIS 2.4MM......194
UNISTIK 1 MIS 3.0MM......195
UNISTIK 2 MIS......195
UNISTIK 2 MIS 1.8MM......195
UNISTIK 2 MIS 2.4MM......195
UNISTIK 2 MIS COMFORT......195
UNISTIK 2 MIS EXTRA......195
UNISTIK 2 MIS NEONATAL......195
UNISTIK 2 MIS NORMAL......195
UNISTIK 2 MIS SUPER......195
UNISTIK 3 MIS 1.8MM......195

UNISTIK 3 MIS COMFORT........................195
UNISTIK 3 MIS EXTRA........................195
UNISTIK 3 MIS GENT 30G........................195
UNISTIK 3 MIS NEONATAL........................195
UNISTIK 3 MIS NORMAL........................195
UNISTIK 3 MIS XTR 21G........................195
UNISTIK CZT MIS COMFORT........................195
UNISTIK CZT MIS NORMAL........................195
UNISTIK II MIS LANCETS........................195
UNISTIK PRO MIS LANC 21G........................195
UNISTIK PRO MIS LANC 28G........................195
UNISTIK SAFE MIS LANC 28G........................195
UNISTIK SAFE MIS LANC 30G........................195
UNISTIK TOUC MIS LANC 21G........................195
UNISTIK TOUC MIS LANC 23G........................195
UNISTIK TOUC MIS LANC 28G........................195
UNISTIK TOUC MIS LANC 30G........................195
UNITSTIK PRO MIS LANC 25G........................195
UNIVERSAL 1 MIS 33G........................195
UNIVERSAL 1 MIS LANC 26G........................195
UNIVERSAL 1 MIS LANC 30G........................195
UPTRAVI PACK TAB 200/800........................124
UPTRAVI TAB 1000MCG........................124
UPTRAVI TAB 1200MCG........................124
UPTRAVI TAB 1400MCG........................124
UPTRAVI TAB 1600MCG........................124
UPTRAVI TAB 200MCG........................124
UPTRAVI TAB 400MCG........................124
UPTRAVI TAB 600MCG........................124
UPTRAVI TAB 800MCG........................124
urea cream 39%........................145
UROCIT-K 10 TAB........................168
UROCIT-K 15 TAB........................168
UROCIT-K 5 TAB........................168
URSO 250 TAB 250MG........................164
ursodiol cap 300 mg........................164
ursodiol tab 250 mg........................164
ursodiol tab 500 mg........................164
URSO FORTE TAB 500MG........................164

V

VAGIFEM TAB 10MCG........................233
valacyclovir hcl tab 1 gm........................114
valacyclovir hcl tab 500 mg........................114
VALCHLOR GEL 0.016%........................136
valganciclovir hcl for soln 50 mg/ml (base equiv)........................112
valganciclovir hcl tab 450 mg (base equivalent)........................112
VALIUM TAB 10MG........................40
VALIUM TAB 2MG........................40
VALIUM TAB 5MG........................40
valproate sodium oral soln 250 mg/5ml (base equiv)........................54
valproic acid cap 250 mg........................54
valsartan-hydrochlorothiazide tab 160-12.5 mg........................79
valsartan-hydrochlorothiazide tab 160-25 mg........................79
valsartan-hydrochlorothiazide tab 320-12.5 mg........................79
valsartan-hydrochlorothiazide tab 320-25 mg........................79
valsartan-hydrochlorothiazide tab 80-12.5 mg........................79
valsartan tab 160 mg........................74
valsartan tab 320 mg........................74
valsartan tab 40 mg........................74
valsartan tab 80 mg........................74
VALTOCO SPR 10MG........................48
VALTOCO SPR 15MG........................48
VALTOCO SPR 20MG........................48
VALTOCO SPR 5MG........................48
VANCOCIN CAP 125MG........................36
VANCOCIN CAP 250MG........................36
vancomycin hcl cap 125 mg (base equivalent)........................36
vancomycin hcl cap 250 mg (base equivalent)........................36
vancomycin hcl for oral soln 50 mg/ml (base equivalent)........................36
VANDAZOLE GEL 0.75%........................233
VANTAGE LANC MIS DEVICE........................196
vardenafil hcl orally disintegrating tab 10 mg........................122
vardenafil hcl tab 10 mg........................123
vardenafil hcl tab 2.5 mg........................122

vardenafil hcl tab 20 mg 123
vardenafil hcl tab 5 mg 123
VASCEPA CAP 0.5GM 68
VASCEPA CAP 1GM 68
VASERETIC TAB 10-25MG 79
VASOTEC TAB 10MG 73
VASOTEC TAB 2.5MG 73
VASOTEC TAB 20MG 73
VASOTEC TAB 5MG 73
VCF VAGINAL AER CONTRACP 233
VCF VAGINAL GEL CONTRACE 233
VCF VAGINAL MIS CONTRACP 233
VECAMYL TAB 2.5MG 79
VELPHORO CHW 500MG 168
VELTASSA POW 16.8GM 206
VELTASSA POW 25.2GM 206
VELTASSA POW 8.4GM 206
VEMLIDY TAB 25MG 113
VENCLEXTA TAB 100MG 84
VENCLEXTA TAB 10MG 84
VENCLEXTA TAB 50MG 84
VENCLEXTA TAB START PK 84
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 57
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 57
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 57
venlafaxine hcl tab 100 mg (base equivalent) 57
venlafaxine hcl tab 25 mg (base equivalent) 57
venlafaxine hcl tab 37.5 mg (base equivalent) 57
venlafaxine hcl tab 50 mg (base equivalent) 57
venlafaxine hcl tab 75 mg (base equivalent) 57
venlafaxine hcl tab er 24hr 225 mg (base equivalent) 57
VENTAVIS SOL 10MCG/ML 123
VENTAVIS SOL 20MCG/ML 123
verapamil hcl cap er 24hr 100 mg 119
verapamil hcl cap er 24hr 120 mg 119
verapamil hcl cap er 24hr 180 mg 119
verapamil hcl cap er 24hr 200 mg 119
verapamil hcl cap er 24hr 240 mg 119
verapamil hcl cap er 24hr 300 mg 119
verapamil hcl cap er 24hr 360 mg 119
verapamil hcl tab 120 mg 119
verapamil hcl tab 40 mg 119
verapamil hcl tab 80 mg 119
verapamil hcl tab er 120 mg 119
verapamil hcl tab er 180 mg 119
verapamil hcl tab er 240 mg 119
VERASENS LIQ LEVEL 1 196
VERELAN CAP 120MG SR 119
VERELAN CAP 180MG SR 119
VERELAN CAP 240MG SR 119
VERELAN CAP 360MG SR 119
VERELAN PM CAP 100MG ER 119
VERELAN PM CAP 200MG ER 119
VERELAN PM CAP 300MG ER 119
VERIFINE MIS UNIV 30G 196
VERSACLOZ SUS 50MG/ML 103
VERZENIO TAB 100MG 93
VERZENIO TAB 150MG 93
VERZENIO TAB 200MG 93
VERZENIO TAB 50MG 93
VESICARE LS SUS 5MG/5ML 232
VFEND SUS 40MG/ML 67
VFEND TAB 200MG 67
VFEND TAB 50MG 67
V-GO 20 KIT 195
V-GO 30 KIT 195
V-GO 40 KIT 195
VIBERZI TAB 100MG 167
VIBERZI TAB 75MG 167
VIBRAMYCIN CAP 100MG 228
VIBRAMYCIN SUS 25MG/5ML 228
VIBRAMYCIN SYP 50MG/5ML 228
VICTOZA INJ 18MG/3ML 62
VIDAZA INJ 100MG 83
vigabatrin powd pack 500 mg 53
vigabatrin tab 500 mg 53
VIGAMOX DRO 0.5% 213

VILACTIN AA LIQ PLUS 153
VIMOVO TAB 375-20MG 20
VIMOVO TAB 500-20MG 20
VIOKACE TAB 10440 154
VIOKACE TAB 20880 154
VIRAMUNE SUS 50MG/5ML 111
VIRAMUNE XR TAB 400MG 111
VIREAD POW 40MG/GM 111
VIREAD TAB 150MG 111
VIREAD TAB 200MG 111
VIREAD TAB 250MG 111
VIREAD TAB 300MG 111
VISIONBLUE INJ 0.06% 214
VISTARIL CAP 25MG 39
VISTARIL CAP 50MG 39
VISTOGARD PAK 10GM 65
VITAL HN POW 153
VITRAKVI CAP 100MG 93
VITRAKVI CAP 25MG 93
VITRAKVI SOL 20MG/ML 93
VIVAGUARD LIQ CONTROL 196
VIVAGUARD MIS 28G 196
VIVAGUARD MIS 30G 196
VIVAGUARD MIS LANCING 196
VIVJOA CAP 150MG 67
VIVONEX RTF LIQ 153
VONJO CAP 100MG 93
VOQUEZNA PAK DUAL PAK 231
VOQUEZNA PAK TRIP PK 231
voriconazole for susp 40 mg/ml 67
voriconazole tab 200 mg 67
voriconazole tab 50 mg 67
VOSEVI TAB 113
VOWST CAP 167
VOXZOGO INJ 0.4MG 160
VOXZOGO INJ 0.56MG 160
VOXZOGO INJ 1.2MG 161
VRAYLAR CAP 1.5-3MG 99
VRAYLAR CAP 1.5MG 99
VRAYLAR CAP 3MG 99
VRAYLAR CAP 4.5MG 99
VRAYLAR CAP 6MG 99
VTAMA CRE 1% 141
VUMERITY CAP 231MG 223
VYNDAMAX CAP 61MG 125
VYTORIN TAB 10-10MG 68
VYTORIN TAB 10-20MG 68
VYTORIN TAB 10-40MG 68
VYTORIN TAB 10-80MG 68
VYVANSE CAP 10MG 2
VYVANSE CAP 20MG 2
VYVANSE CAP 30MG 2
VYVANSE CAP 40MG 2
VYVANSE CAP 50MG 2
VYVANSE CAP 60MG 2
VYVANSE CAP 70MG 3
VYVANSE CHW 10MG 3
VYVANSE CHW 20MG 3
VYVANSE CHW 30MG 3
VYVANSE CHW 40MG 3
VYVANSE CHW 50MG 3
VYVANSE CHW 60MG 3

W

WAKIX TAB 17.8MG 5
WAKIX TAB 4.45MG 5
warfarin sodium tab 10 mg 46
warfarin sodium tab 1 mg 46
warfarin sodium tab 2.5 mg 46
warfarin sodium tab 2 mg 46
warfarin sodium tab 3 mg 46
warfarin sodium tab 4 mg 46
warfarin sodium tab 5 mg 46
warfarin sodium tab 6 mg 46
warfarin sodium tab 7.5 mg 46
WEGOVY INJ 0.25MG 3
WEGOVY INJ 0.5MG 3
WEGOVY INJ 1.7MG 3
WEGOVY INJ 1MG 3
WEGOVY INJ 2.4MG 3
WELCHOL PAK 3.75GM 69
WELCHOL TAB 625MG 69
WELLBUTRIN TAB 100MG SR 55
WELLBUTRIN TAB 150MG SR 55
WELLBUTRIN TAB 200MG SR 55
WELLBUTRIN TAB XL 150MG 55
WELLBUTRIN TAB XL 300MG 55

WIDE-SEAL DPR KIT 60....177
WIDE-SEAL DPR KIT 65....177
WIDE-SEAL DPR KIT 70....177
WIDE-SEAL DPR KIT 75....177
WIDE-SEAL DPR KIT 80....177
WIDE-SEAL DPR KIT 85....177
WIDE-SEAL DPR KIT 90....177
WIDE-SEAL DPR KIT 95....177
WINLEVI CRE 1% 135
X
XACIATO GEL 2% 233
XALATAN SOL 0.005% 215
XALKORI CAP 200MG....93
XALKORI CAP 250MG....94
XARELTO STAR TAB 15/20MG 46
XARELTO TAB 10MG 46
XARELTO TAB 15MG 46
XARELTO TAB 2.5MG....46
XARELTO TAB 20MG 46
XATMEP SOL 2.5MG/ML 83
XCOPRI PAK 100-150 52
XCOPRI PAK 12.5-25 52
XCOPRI PAK 150-200 53
XCOPRI PAK 50-100MG 52
XCOPRI PAK 50-200MG....52
XCOPRI TAB 100MG....53
XCOPRI TAB 150MG 53
XCOPRI TAB 200MG 53
XCOPRI TAB 50MG....53
XELJANZ SOL 1MG/ML 16
XELJANZ TAB 10MG 16
XELJANZ TAB 5MG 16
XELJANZ XR TAB 11MG....17
XELJANZ XR TAB 22MG 17
XELODA TAB 150MG 83
XELODA TAB 500MG 83
XENLETA TAB 600MG 37
XEPI CRE 1%....135
XERAC-AC SOL 6.25% 147
XERMELO TAB 250MG....168
XHANCE MIS 93MCG 210
XIFAXAN TAB 550MG 36
XIGDUO XR TAB 10-1000....60
XIGDUO XR TAB 10-500MG....60
XIGDUO XR TAB 2.5-1000 60
XIGDUO XR TAB 5-1000MG....60
XIGDUO XR TAB 5-500MG....60
XIIDRA DRO 5% 213
XOPENEX CONC NEB 1.25/0.5 45
XOPENEX NEB 0.31MG 45
XOPENEX NEB 0.63MG 45
XOPENEX NEB 1.25/3ML 45
XOSPATA TAB 40MG....94
XPOVIO PAK 100MG 87
XPOVIO PAK 40MG 87
XPOVIO PAK 50MG 87
XPOVIO PAK 60MG 87
XPOVIO PAK 80MG 87
XTAMPZA ER CAP 13.5MG....30
XTAMPZA ER CAP 18MG 31
XTAMPZA ER CAP 27MG....31
XTAMPZA ER CAP 36MG 31
XTAMPZA ER CAP 9MG....30
XTANDI CAP 40MG 86
XTANDI TAB 40MG 86
XTANDI TAB 80MG 86
XULTOPHY INJ 100/3.6 60
XURIDEN POW 2GM 160
XYOSTED INJ 100/0.5....34
XYOSTED INJ 50/0.5 34
XYOSTED INJ 75/0.5....34
XYREM SOL 500MG/ML 218
XYWAV SOL 0.5GM/ML....218
Y
YONSA TAB 125MG 86
YUPELRI SOL 42
Z
ZACLIR LOT 8% 135
zafirlukast tab 10 mg 42
zafirlukast tab 20 mg 42
zaleplon cap 10 mg 175
zaleplon cap 5 mg....175
ZANAFLEX CAP 2MG 208
ZANAFLEX CAP 4MG....209
ZANAFLEX CAP 6MG....209
ZANAFLEX TAB 4MG 209

ZARONTIN CAP 250MG....53
ZARONTIN SOL 250/5ML....53
ZAVESCA CAP 100MG....171
ZEGALOGUE INJ 0.6/0.6....61
ZEJULA CAP 100MG....94
ZEJULA TAB 100MG....94
ZEJULA TAB 200MG....94
ZEJULA TAB 300MG....94
ZELBORAF TAB 240MG....94
ZEMBRACE SYM INJ 3/0.5ML....202
ZEMPLAR CAP 1MCG....160
ZEMPLAR CAP 2MCG....160
ZENPEP CAP 10000UNT....154
ZENPEP CAP 15000UNT....154
ZENPEP CAP 20000UNT....154
ZENPEP CAP 25000UNT....154
ZENPEP CAP 3000UNIT....154
ZENPEP CAP 40000UNT....154
ZENPEP CAP 5000UNIT....154
ZEPOSIA 7DAY CAP STR PACK....223
ZEPOSIA CAP .92MG....223
ZEPOSIA CAP STR KIT....223
ZESTRIL TAB 10MG....73
ZESTRIL TAB 2.5MG....73
ZESTRIL TAB 20MG....73
ZESTRIL TAB 30MG....73
ZESTRIL TAB 40MG....73
ZESTRIL TAB 5MG....73
ZIAC TAB 10/6.25....79
ZIAC TAB 2.5/6.25....79
ZIAC TAB 5-6.25MG....79
ZIAGEN SOL 20MG/ML....111
ZIAGEN TAB 300MG....111
zidovudine cap 100 mg....111
zidovudine syrup 10 mg/ml....112
zidovudine tab 300 mg....112
ZIOPTAN DRO 0.0015%....215
ziprasidone hcl cap 20 mg....99
ziprasidone hcl cap 40 mg....99
ziprasidone hcl cap 60 mg....100
ziprasidone hcl cap 80 mg....100
ziprasidone mesylate for inj 20 mg (base equivalent)....100
ZITHROMAX POW 1GM PAK....176
ZITHROMAX SUS 100/5ML....176
ZITHROMAX SUS 200/5ML....176
ZITHROMAX TAB 250MG....176
ZITHROMAX TAB 500MG....176
ZITHROMAX TAB TRI-PAK....176
ZITHROMAX TAB Z-PAK....176
ZOCOR TAB 10MG....71
ZOCOR TAB 20MG....71
ZOCOR TAB 40MG....71
ZOCOR TAB 80MG....71
ZOFRAN TAB 4MG....65
ZOKINVY CAP 50MG....206
ZOKINVY CAP 75MG....206
ZOLINZA CAP 100MG....94
zolmitriptan nasal spray 2.5 mg/spray unit....202
zolmitriptan nasal spray 5 mg/spray unit....202
zolmitriptan orally disintegrating tab 2.5 mg....202
zolmitriptan orally disintegrating tab 5 mg....202
zolmitriptan tab 2.5 mg....202
zolmitriptan tab 5 mg....202
zolpidem tartrate tab 10 mg....175
zolpidem tartrate tab 5 mg....175
zolpidem tartrate tab er 12.5 mg....175
zolpidem tartrate tab er 6.25 mg....175
ZOMIG SPR 2.5MG....202
ZOMIG SPR 5MG....202
ZOMIG TAB 2.5MG....202
ZOMIG TAB 5MG....202
ZOMIG ZMT TAB 2.5 MG....202
ZOMIG ZMT TAB 5MG ODT....202
ZONALON CRE 5%....136
zonisamide cap 100 mg....52
zonisamide cap 25 mg....52
zonisamide cap 50 mg....52
ZORTRESS TAB 0.25MG....206
ZORTRESS TAB 0.5MG....206
ZORTRESS TAB 0.75MG....206
ZORTRESS TAB 1MG....206

ZORYVE CRE 0.3%....................................141
ZTLIDO PAD 1.8%..............................146, 147
ZUBSOLV SUB 0.7-0.18..............................33
ZUBSOLV SUB 1.4-0.36..............................33
ZUBSOLV SUB 11.4-2.9...............................33
ZUBSOLV SUB 2.9-0.71..............................33
ZUBSOLV SUB 5.7-1.4.................................33
ZUBSOLV SUB 8.6-2.1.................................33
ZYDELIG TAB 100MG.................................94
ZYDELIG TAB 150MG.................................94
ZYFLO TAB 600MG.....................................42
ZYKADIA TAB 150MG.................................94
ZYLOPRIM TAB 100MG.............................169
ZYLOPRIM TAB 300MG.............................169
ZYPREXA INJ 10MG.................................103
ZYPREXA RELP INJ 210MG.......................103
ZYPREXA RELP INJ 300MG.......................103
ZYPREXA RELP INJ 405MG.......................103
ZYPREXA TAB 10MG.................................103
ZYPREXA TAB 15MG.................................103
ZYPREXA TAB 2.5MG................................103
ZYPREXA TAB 20MG.................................103
ZYPREXA TAB 5MG...................................103
ZYPREXA TAB 7.5MG................................103
ZYPREXA ZYDI TAB 10MG.........................103
ZYPREXA ZYDI TAB 15MG.........................103
ZYPREXA ZYDI TAB 20MG.........................103
ZYPREXA ZYDI TAB 5MG...........................103

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

10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rxgroup

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.

SUM5472-1S (12/23) ■ For self-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-fûá-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 fûùn-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 mɔ̀à 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’į́į́ł 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.