

CareFirst Exchange Formulary

2025

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan
- Members with a student health plan

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](https://www.carefirst.com/rx).

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 0: \$0 Drugs	<ul style="list-style-type: none"> ■ 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 \$	<ul style="list-style-type: none"> ■ 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 \$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$\$	<ul style="list-style-type: none"> ■ 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 \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier Effective 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

COX-2 INHIBITORS

<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	

GOUT

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>febuxostat tab 40 mg</i>	Tier 1	ST; PA**
<i>febuxostat tab 80 mg</i>	Tier 1	ST; PA**
<i>probenecid tab 500 mg</i>	Tier 1	

NSAIDS, COMBINATIONS§

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	

NSAIDS§

<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 3	
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	M	M
<i>ketorolac tromethamine inj 15 mg/ml</i>	M	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	M	M
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Tier 1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	M	M
<i>butorphanol tartrate inj 2 mg/ml</i>	M	M
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	Tier 3	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>codeine sulfate tab 30 mg</i>	Tier 1	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 2.5-325</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 2 mg/ml</i>	M	M
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	ST, QL (225 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 5 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	Tier 1	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate iv soln 10 mg/ml</i>	M	M
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 15 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab er 15 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl inj 20 mg/ml</i>	M	M
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 15 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 20 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 30 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 11

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
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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 300MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	Tier 4	
SUBLOCADE INJ 300/1.5	Tier 4	
SALICYLATES		
<i>aspirin ec adult low dose</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
ANALGESICS - OPIOID		
OPIOID AGONISTS		
HYSINGLA ER TAB 20 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	Tier 2	ST, QL (30 tabs every 30 days)
HYSINGLA ER TAB 120 MG	Tier 2	ST, QL (30 tabs every 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	Tier 3	QL (336 tabs every 365 days)
EMVERM CHW 100MG	Tier 3	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	

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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
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	M	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186 MG	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	

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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
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>posaconazole susp 40 mg/ml</i>	Tier 1	PA
<i>posaconazole tab delayed release 100 mg</i>	Tier 3	PA
<i>terbinafine hcl tab 250 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 3	PA
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
KRINTAFEL TAB 150MG	Tier 3	
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	M	M
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	Tier 1	QL (30 tabs every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>efavirenz cap 50 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs every 30 days)
FUZEON INJ 90MG	Tier 4	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	M	M
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	M	M
CABENUVA SUS 600-900	M	M
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
DESCOVY TAB 200/25MG	Tier 2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 3	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 3	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 19

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
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PRETOMANID TAB 200MG	Tier 3	
PRIFTIN TAB 150MG	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	Tier 1	
SIRTURO TAB 20MG	Tier 5	
SIRTURO TAB 100MG	Tier 5	
TRECTOR TAB 250MG	Tier 2	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	Tier 3	QL (40 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 20

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
PAXLOVID TAB 300-100	Tier 3	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA, QL (120 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefepime hcl for inj 1 gm</i>	Tier 1	
<i>cefepime hcl for iv soln 2 gm</i>	Tier 1	
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
<i>tazicef</i>	Tier 1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	
<i>azithromycin tab 500 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 22

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tab 600 mg</i>	Tier 1	
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	
DIFICID SUS	Tier 2	PA
DIFICID TAB 200MG	Tier 2	PA
<i>ery-tab</i>	Tier 1	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	
FLUOROQUINOLONES		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
HEPATITIS B		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 4	
BARACLUDE SOL	Tier 4	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribavirin cap 200 mg</i>	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (28 tabs every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)

MISCELLANEOUS

ALINIA SUS 100/5ML	Tier 3	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	M	M
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	Tier 1	
<i>meropenem iv for soln 1 gm</i>	M	M
<i>meropenem iv for soln 500 mg</i>	M	M
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	M	M
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	M	M
<i>pentamidine isethionate for nebulization soln 300 mg</i>	M	M
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
<i>pyrimethamine tab 25 mg</i>	Tier 3	PA
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	M	M

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ampicillin sodium for inj 1 gm</i>	Tier 1	
<i>ampicillin sodium for inj 2 gm</i>	Tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1	
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1	
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>avidoxy</i>	Tier 1	
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxy 100</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 1	QL (120 caps every 30 days)

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	M	M
<i>carmustine for inj 100 mg</i>	M	M
<i>cyclophosphamide cap 25 mg</i>	Tier 0	
<i>cyclophosphamide cap 50 mg</i>	Tier 0	
<i>cyclophosphamide for inj 1 gm</i>	M	M
<i>cyclophosphamide for inj 2 gm</i>	M	M
<i>cyclophosphamide for inj 500 mg</i>	M	M
<i>dacarbazine for inj 100 mg</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine for inj 200 mg</i>	M	M
EMCYT CAP 140MG	Tier 0	
GLEOSTINE CAP 10MG	Tier 0	
GLEOSTINE CAP 40MG	Tier 0	
GLEOSTINE CAP 100MG	Tier 0	
GLIADEL WAF 7.7MG	M	M
<i>ifosfamide for inj 1 gm</i>	M	M
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	M	M
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	M	M
LEUKERAN TAB 2MG	Tier 0	
MATULANE CAP 50MG	Tier 0	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	M	M
TEMODAR INJ 100MG	Tier 4	PA
<i>temozolomide cap 5 mg</i>	Tier 0	PA
<i>temozolomide cap 20 mg</i>	Tier 0	PA
<i>temozolomide cap 100 mg</i>	Tier 0	PA
<i>temozolomide cap 140 mg</i>	Tier 0	PA
<i>temozolomide cap 180 mg</i>	Tier 0	PA
<i>temozolomide cap 250 mg</i>	Tier 0	PA

ANTIBIOTICS

<i>adriamycin</i>	M	M
<i>bleomycin sulfate for inj 15 unit</i>	M	M
<i>bleomycin sulfate for inj 30 unit</i>	M	M
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	M	M
<i>doxorubicin hcl for inj 10 mg</i>	M	M
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	M	M
DOXORUBICIN INJ 2MG/ML	M	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	M	M
<i>mitomycin for iv soln 5 mg</i>	M	M
<i>mitomycin for iv soln 20 mg</i>	M	M
<i>mitomycin for iv soln 40 mg</i>	M	M
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	M	M

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	Tier 4	PA
<i>capecitabine tab 150 mg</i>	Tier 0	PA
<i>capecitabine tab 500 mg</i>	Tier 0	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>clofarabine iv soln 1 mg/ml</i>	M	M
<i>cytarabine inj 20 mg/ml</i>	M	M
<i>cytarabine inj pf 20 mg/ml</i>	M	M
<i>cytarabine inj pf 100 mg/ml</i>	M	M
<i>decitabine for inj 50 mg</i>	Tier 4	PA
<i>fludarabine phosphate for inj 50 mg</i>	M	M
<i>fludarabine phosphate inj 25 mg/ml</i>	M	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	M	M
<i>mercaptopurine tab 50 mg</i>	Tier 0	
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	M	M
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	M	M
TABLOID TAB 40MG	Tier 0	

ANTIMITOTIC, TAXOIDS

<i>docetaxel for inj conc 20 mg/ml</i>	M	M
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	M	M
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	M	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	M	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	M	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	M	M
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	M	M

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	M	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	M	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	M	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	M	M

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)

BIOLIGIC RESPONSE MODIFIERS

ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	Tier 4	PA
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	Tier 4	PA
PADCEV INJ 20MG	Tier 5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	Tier 5	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	Tier 5	PA
POLIVY INJ 140MG	Tier 5	PA
POMALYST CAP 1MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 0	PA, QL (21 caps every 28 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (28 caps every 28 days)
TICE BCG INJ	M	M

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	Tier 0	
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA
LYSODREN TAB 500MG	Tier 0	
<i>megestrol acetate tab 20 mg</i>	Tier 0	
<i>megestrol acetate tab 40 mg</i>	Tier 0	
<i>nilutamide tab 150 mg</i>	Tier 0	
NUBEQA TAB 300MG	Tier 0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 0	
XTANDI CAP 40MG	Tier 0	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	Tier 0	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 0	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	Tier 0	PA, QL (120 tabs every 30 days)

KINASE INHIBITORS

ALECENSA CAP 150MG	Tier 0	PA, QL (240 caps every 30 days)
CABOMETRYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETRYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETRYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 0	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	Tier 0	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 0	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO TAB 50MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	Tier 0	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	Tier 0	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	Tier 0	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	M	M
<i>bexarotene cap 75 mg</i>	Tier 0	PA
<i>hydroxyurea cap 500 mg</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	M	M
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	Tier 4	PA
PHOTOFRIN INJ 75MG	M	M
<i>tretinoin cap 10 mg</i>	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	M	M
<i>carboplatin iv soln 150 mg/15ml</i>	M	M
<i>carboplatin iv soln 450 mg/45ml</i>	M	M
<i>carboplatin iv soln 600 mg/60ml</i>	M	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	M	M
<i>oxaliplatin for iv inj 50 mg</i>	M	M
<i>oxaliplatin for iv inj 100 mg</i>	M	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	M	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	M	M
<i>paraplatin</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	M	M
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	M	M
<i>leucovorin calcium for inj 50 mg</i>	M	M
<i>leucovorin calcium for inj 100 mg</i>	M	M
<i>leucovorin calcium for inj 200 mg</i>	M	M
<i>leucovorin calcium for inj 350 mg</i>	M	M
<i>leucovorin calcium for inj 500 mg</i>	M	M
<i>leucovorin calcium tab 5 mg</i>	Tier 0	
<i>leucovorin calcium tab 10 mg</i>	Tier 0	
<i>leucovorin calcium tab 15 mg</i>	Tier 0	
<i>leucovorin calcium tab 25 mg</i>	Tier 0	
<i>mesna inj 100 mg/ml</i>	M	M
MESNEX TAB 400MG	Tier 0	
TOPOISOMERASE INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 0	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	M	M
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 43

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
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	

ANTIARRHYTHMICS

<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	M	M
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	M	M
MULTAQ TAB 400MG	Tier 3	PA
NORPACE CAP 100MG CR	Tier 2	
NORPACE CAP 150MG CR	Tier 2	
<i>pacerone</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
<i>NEXLETOL TAB 180MG</i>	Tier 3	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>prevalite</i>	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	
<i>fenofibrate cap 150 mg</i>	Tier 1	
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	\$0 copay for members age 40 through 75

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 47

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
<i>pravastatin sodium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	

ANTILIPEMICS, MISCELLANEOUS

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>icosapent ethyl cap 0.5 gm</i>	Tier 1	
<i>icosapent ethyl cap 1 gm</i>	Tier 1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA INJ 140MG/ML	Tier 2	QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Tier 2	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	Tier 2	QL (3 pens every 28 days)

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 49

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
DIURIL SUS 250/5ML	Tier 3	
<i>ethacrynic acid tab 25 mg</i>	Tier 3	
<i>furosemide inj 10 mg/ml</i>	M	M

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	
<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
<i>mannitol iv soln 20%</i>	Tier 1	
<i>mannitol iv soln 25%</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	
<i>osmitrol viaflex</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>toremide tab 5 mg</i>	Tier 1	
<i>toremide tab 10 mg</i>	Tier 1	
<i>toremide tab 20 mg</i>	Tier 1	
<i>toremide tab 100 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	
HEART FAILURE		
<i>CORLANOR SOL 5MG/5ML</i>	Tier 2	
<i>CORLANOR TAB 5MG</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR TAB 7.5MG	Tier 2	
ENTRESTO TAB 24-26MG	Tier 2	
ENTRESTO TAB 49-51MG	Tier 2	
ENTRESTO TAB 97-103MG	Tier 2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>guanfacine hcl tab 1 mg</i>	Tier 1	
<i>guanfacine hcl tab 2 mg</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>methyldopa tab 250 mg</i>	Tier 1	
<i>methyldopa tab 500 mg</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST; PA**

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	
NITRO-BID OIN 2%	Tier 3	
NITRO-DUR DIS 0.3MG/HR	Tier 2	
NITRO-DUR DIS 0.8MG/HR	Tier 2	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	

PULMONARY ARTERIAL HYPERTENSION

<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	Tier 4	PA
ORENITRAM TAB 0.125MG	Tier 4	PA
ORENITRAM TAB 1MG	Tier 4	PA
ORENITRAM TAB 2.5MG	Tier 4	PA
ORENITRAM TAB 5MG	Tier 4	PA
ORENITRAM TAB MONTH 1	Tier 4	PA
ORENITRAM TAB MONTH 2	Tier 4	PA
ORENITRAM TAB MONTH 3	Tier 4	PA

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
TYVASO RF KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	M	M
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 58

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
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	PA
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

ANTIAXIETY§

ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (360 caps every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 60

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
EMSAM DIS 6MG/24HR	Tier 3	PA
EMSAM DIS 9MG/24HR	Tier 3	PA
EMSAM DIS 12MG/24H	Tier 3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	Tier 3	ST, QL (30 caps every 30 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	Tier 3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 3	ST; PA**
TRINTELLIX TAB 10MG	Tier 3	ST; PA**
TRINTELLIX TAB 20MG	Tier 3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
INBRIJA CAP 42MG	Tier 4	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	Tier 2	
NEUPRO DIS 8MG/24HR	Tier 2	
ONGENTYS CAP 25MG	Tier 3	PA
ONGENTYS CAP 50MG	Tier 3	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

ANTIPSYCHOTICS

<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	
<i>aripiprazole tab 30 mg</i>	Tier 1	
ARISTADA INJ 441MG/1.	Tier 2	
ARISTADA INJ 662MG/2	Tier 2	
ARISTADA INJ 882MG/3	Tier 2	
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>lurasidone hcl tab 20 mg</i>	Tier 1	
<i>lurasidone hcl tab 40 mg</i>	Tier 1	
<i>lurasidone hcl tab 60 mg</i>	Tier 1	
<i>lurasidone hcl tab 80 mg</i>	Tier 1	
<i>lurasidone hcl tab 120 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
VRAYLAR CAP 1.5MG	Tier 2	ST; PA**
VRAYLAR CAP 3MG	Tier 2	ST; PA**
VRAYLAR CAP 4.5MG	Tier 2	ST; PA**
VRAYLAR CAP 6MG	Tier 2	ST; PA**
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	

ANTISEIZURE AGENTS

<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	Tier 1	
<i>diazepam intensol</i>	Tier 1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	Tier 3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
FYCOMPA SUS 0.5MG/ML	Tier 3	
FYCOMPA TAB 2MG	Tier 3	
FYCOMPA TAB 4MG	Tier 3	
FYCOMPA TAB 6MG	Tier 3	
FYCOMPA TAB 8MG	Tier 3	
FYCOMPA TAB 10MG	Tier 3	
FYCOMPA TAB 12MG	Tier 3	
<i>gabapentin cap 100 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	M	M
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	
<i>lacosamide tab 200 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	M	M
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	M	M
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 1	
NAYZILAM SPR 5MG	Tier 2	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 100 mg</i>	Tier 1	
<i>phenytoin infatabs</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	M	M
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>pregabalin cap 25 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 50 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 75 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 100 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 150 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 200 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 225 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 300 mg</i>	Tier 1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	Tier 1	ST; PA**
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	
<i>rufinamide tab 200 mg</i>	Tier 1	
<i>rufinamide tab 400 mg</i>	Tier 1	
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	M	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	Tier 2	
XCOPRI PAK 50-100MG	Tier 2	
XCOPRI PAK 100-150	Tier 2	
XCOPRI PAK 150-200	Tier 2	
XCOPRI TAB 25MG	Tier 2	
XCOPRI TAB 50MG	Tier 2	
XCOPRI TAB 100MG	Tier 2	
XCOPRI TAB 150MG	Tier 2	
XCOPRI TAB 200MG	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

ADZENYS XR TAB 3.1MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 6.3MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 9.4MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 12.5MG	Tier 3	QL (30 tabs every 30 days)
ADZENYS XR TAB 15.7 MG	Tier 3	QL (30 tabs every 30 days)
ADZENYS XR TAB 18.8MG	Tier 3	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
AZSTARYS CAP 26.1-5.2	Tier 2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	Tier 2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 1	QL (30 chew tabs every 30 days)
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>zenzedi</i>	Tier 1	QL (120 tabs every 30 days)

FIBROMYALGIA

SAVELLA MIS TITR PAK	Tier 3	ST; PA**
SAVELLA TAB 12.5MG	Tier 3	ST; PA**
SAVELLA TAB 25MG	Tier 3	ST; PA**
SAVELLA TAB 50MG	Tier 3	ST; PA**
SAVELLA TAB 100MG	Tier 3	ST; PA**

HYPNOTICS§

BELSOMRA TAB 5MG	Tier 2	ST; PA**
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>ramelteon tab 8 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>tasimelteon capsule 20 mg</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>triazolam tab 0.125 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (15 tabs every 30 days)
MIGRAINES		
AIMOVIG INJ 70MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (12 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 83

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
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (2 injections every 30 days); PA**
ERGOMAR SUB 2MG	Tier 3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	Tier 5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
MOVEMENT DISORDERS		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	M	M
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>metaxalone tab 800 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	M	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	Tier 4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 unit every day)

OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
NARCAN SPR 4MG	Tier 1	OTC
OPIOID PARTIAL AGONISTS§		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	Tier 2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 0	\$0 limited to 2 treatment cycles/year

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 90

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
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	Tier 3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	Tier 3	OTC; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
F.A.A. LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	Tier 3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOM 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
IVA MAXAMUM POW	Tier 3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
JEVITY 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
KETONEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LANAFLEX PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
LIPISTART POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA MAXAM POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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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
NEOKE MCT70 POW	Tier 3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRAMINE PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PEPTINEX DT LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERATIVE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	Tier 3	OTC; Coverage is subject to your plan/benefits
PFD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
PHENEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYLADE60 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
PORTAGEN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	Tier 3	OTC; Coverage is subject to your plan/benefits
PRO-PHREE POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	Tier 3	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
PROMOTE 1.0 LIQ W/ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
RENASTART POW	Tier 3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
S.O.S. 25 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	Tier 3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	Tier 3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ULTRIENT 1.5 LIQ SAFE-T	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
VITAL HN POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 100

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
SOMATULINE INJ 60/0.2ML	M	M
SOMATULINE INJ 90/0.3ML	M	M
SOMATULINE INJ 120/.5ML	M	M
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>miglitol tab 25 mg</i>	Tier 1	
<i>miglitol tab 50 mg</i>	Tier 1	
<i>miglitol tab 100 mg</i>	Tier 1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Tier 3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	Tier 3	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 2	ST; PA**
JANUMET TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 50-500MG	Tier 2	ST; PA**
JANUMET XR TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 100-1000	Tier 2	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**
JANUVIA TAB 25MG	Tier 2	ST; PA**
JANUVIA TAB 50MG	Tier 2	ST; PA**
JANUVIA TAB 100MG	Tier 2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 5MG/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 7.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 10MG/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 15MG/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
VICTOZA INJ 18MG/3ML	Tier 2	ST, QL (3 pens every 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	Tier 2	ST; PA**
XULTOPHY INJ 100/3.6	Tier 2	ST; PA**

ANTIDIABETICS, INSULIN

BASAGLAR INJ 100UNIT	Tier 2	
BASAGLAR INJ TEMPO PN	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	
LEVEMIR INJ	Tier 2	
LEVEMIR INJ FLEXPEN	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	

ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY TAB 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY TAB XR 24HR 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	Tier 2	ST; PA**
JARDIANCE TAB 25MG	Tier 2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	ST; PA**
FOSAMAX + D TAB 70-5600	Tier 3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	M	M
<i>zoledronic acid iv soln 5 mg/100ml</i>	M	M
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
PROLIA INJ 60MG/ML	M	M
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	Tier 3	
<i>deferiprone tab 500 mg</i>	Tier 4	PA
<i>deferiprone tab 1000 mg</i>	Tier 4	PA
FERPRX 2-DAY TAB 1000MG	Tier 4	PA
FERRIPROX SOL 100MG/ML	Tier 4	PA
<i>penicillamine tab 250 mg</i>	Tier 4	
CONTRACEPTIVES		
<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	
<i>amethyst</i>	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
<i>aviane</i>	Tier 0	
<i>azurette</i>	Tier 0	
<i>camila</i>	Tier 0	
<i>camrese</i>	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)
<i>chateal eq</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	
DUREX MIS REALFEEL	Tier 0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	Tier 0	
ELLA TAB 30MG	Tier 0	
<i>enpresse-28</i>	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
KYLEENA IUD 19.5MG	M	M
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LILETTA IUD 52MG	M	M
LO LOESTRIN TAB 1-10-10	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>lutra</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD SYSTEM	M	M
<i>mono-lynyah</i>	Tier 0	
NATAZIA TAB	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMP 68MG	M	M
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	
<i>nora-be</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone tab 0.35 mg</i>	Tier 0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>nylia 1/35</i>	Tier 0	
<i>ocella</i>	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
OPILL TAB 0.075MG	Tier 0	OTC
PARAGARD IUD T380A	M	M
<i>portia-28</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5MG	M	M
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>syeda</i>	Tier 0	
<i>take action</i>	Tier 0	OTC
<i>tilia fe</i>	Tier 0	
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
<i>trivora-28</i>	Tier 0	
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
<i>velivet</i>	Tier 0	
<i>viorele</i>	Tier 0	
<i>vyfemla</i>	Tier 0	
<i>wera</i>	Tier 0	
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)
<i>xulane</i>	Tier 0	
<i>zovia 1/35</i>	Tier 0	

DIABETIC SUPPLIES

ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT FASTCLIX	Tier 0	OTC
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT NANO	M	OTC; M
ACCU-CHEK KIT SOFTCLIX	Tier 0	OTC
ACCU-CHEK LIQ COMPACT	Tier 0	OTC
ACCU-CHEK LIQ GUIDE	Tier 0	OTC
ACCU-CHEK LIQ SMART	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOL	Tier 0	OTC
ACCU-CHEK SOL COMPACT	Tier 0	OTC
ACCU-CHEK TES AVIVA PL	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	Tier 0	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 0	OTC
DEXCOM G5 MIS RECEIVER	Tier 0	PA
DEXCOM G5 MIS TRANSMIT	Tier 0	PA
DEXCOM G6 MIS RECEIVER	Tier 0	PA
DEXCOM G6 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 0	PA
DEXCOM G7 MIS RECEIVER	Tier 0	PA
DEXCOM G7 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DIASTIX TES REAGENT	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
FASTCLIX MIS LANCETS	Tier 0	OTC
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETO-DIASTIX TES	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 DX KIT INT G7G6	Tier 0	
OMNIPOD 5 DX MIS POD G7G6	Tier 0	
OMNIPOD 5 G7 KIT INTRO	Tier 0	
OMNIPOD 5 G7 MIS PODS	Tier 0	
OMNIPOD DASH KIT INTRO	Tier 0	
OMNIPOD DASH KIT PDM	Tier 0	
OMNIPOD DASH MIS PODS	Tier 0	
OMNIPOD MIS CLASSIC	Tier 0	
OMNIPOD PDM KIT CLASSIC	Tier 0	
ONETOUCH DEL MIS PLUS 30G	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DEL MIS PLUS 33G	Tier 0	OTC
ONETOUCH KIT ULT MINI	M	OTC; M
ONETOUCH KIT ULTRA 2	M	OTC; M
ONETOUCH KIT VERIO	M	OTC; M
ONETOUCH KIT VERIO FL	M	OTC; M
ONETOUCH KIT VERIO IQ	M	OTC; M
ONETOUCH KIT VERIO RE	M	OTC; M
ONETOUCH SOL KIT COMPLETE	M	OTC; M
ONETOUCH SOL KIT FIT	M	OTC; M
ONETOUCH SOL KIT REFILL	Tier 0	OTC
ONETOUCH SOL KIT STARTER	M	OTC; M
ONETOUCH TES ULT BLUE	Tier 0	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES ULTRA	Tier 0	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES VERIO	Tier 0	QL (150 Test Strips every 30 days), OTC
SHARPS CONT MIS 2QUART	Tier 0	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
V-GO 20 KIT	Tier 0	
V-GO 30 KIT	Tier 0	
V-GO 40 KIT	Tier 0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	Tier 4	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride powder packet 100 mg	Tier 4	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 4	PA
sapropterin dihydrochloride tab 100 mg	Tier 4	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 4	PA, QL (798g every 30 days)
sodium phenylbutyrate tab 500 mg	Tier 4	PA, QL (1200 tabs every 30 days)

ESTROGENS

BIJUVA CAP 0.5-100	Tier 3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	Tier 3	
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 0.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	
<i>jinteli</i>	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
PREMARIN TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	Tier 3	
<i>yuvafem</i>	Tier 1	

FERTILITY REGULATORS

CHOR GONADOT INJ 10000UNT	Tier 5	PA
<i>clomid</i>	Tier 1	
GANIRELIX AC INJ 250/0.5	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>deflazacort tab 6 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	M	M
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	M	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	M	M
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
EMFLAZA SUS 22.75/ML	Tier 5	PA, QL (52 mL every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 117

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
MEDROL TAB 2MG	Tier 2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	M	M
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	M	M
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	M	M
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
PREDNISON CON 5MG/ML	Tier 2	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
SOLU-CORTEF INJ 100MG	Tier 3	
SOLU-CORTEF INJ 250MG	Tier 3	
SOLU-CORTEF INJ 500MG	Tier 3	
SOLU-CORTEF INJ 1000MG	Tier 3	
SOLU-MEDROL INJ 2GM	M	M
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
GVOKE HYPO 1 INJ 0.5/.1ML	Tier 2	
GVOKE HYPO 1 INJ 1MG/.2ML	Tier 2	
GVOKE KIT SOL 1MG/0.2M	Tier 2	
GVOKE PFS INJ	Tier 2	
INSTA-GLUCOS GEL 77.4%	Tier 2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
<i>nitisinone cap 20 mg</i>	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA
HUMAN GROWTH HORMONES		
HUMATROPE INJ 6MG	Tier 4	PA
HUMATROPE INJ 12MG	Tier 4	PA
HUMATROPE INJ 24MG	Tier 4	PA
HUMATROPEN MIS FOR 6MG	Tier 0	OTC
HUMATROPEN MIS FOR 12MG	Tier 0	OTC
HUMATROPEN MIS FOR 24MG	Tier 0	OTC
NORDIPEN 5 MIS DEVICE	Tier 0	
NORDIPEN DEL MIS SYSTEM	Tier 0	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	Tier 5	PA
TRIPTODUR SUS 22.5MG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
INCRELEX INJ 40MG/4ML	Tier 4	PA
INTRAROSA SUP 6.5MG	Tier 3	
OSPHENA TAB 60MG	Tier 3	PA
<i>raloxifene hcl tab 60 mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	Tier 4	PA
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHW 500MG	Tier 3	ST; PA**
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	Tier 1	
PROGESTINS		
CRINONE GEL 4% VAG	Tier 2	
CRINONE GEL 8% VAG	Tier 2	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 0	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
SYNTHROID TAB 25MCG	Tier 2	
SYNTHROID TAB 50MCG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 75MCG	Tier 2	
SYNTHROID TAB 88MCG	Tier 2	
SYNTHROID TAB 100MCG	Tier 2	
SYNTHROID TAB 112MCG	Tier 2	
SYNTHROID TAB 125MCG	Tier 2	
SYNTHROID TAB 137MCG	Tier 2	
SYNTHROID TAB 150MCG	Tier 2	
SYNTHROID TAB 175MCG	Tier 2	
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
<i>unithroid</i>	Tier 1	

VASOPRESSINS

<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	

ENDOCRINE AND METABOLIC AGENTS - MISC.

PROGESTERONE RECEPTOR ANTAGONISTS

<i>mifepristone tab 200 mg</i>	Tier 1	\$0 copay based on your plan/benefit
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GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	M	M
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	M	M
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
MOTOFEN TAB 1-0.025	Tier 3	

ANTIEMETICS

AKYNZEO CAP 300-0.5	Tier 3	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg compro</i>	Tier 1	QL (2 packs every 28 days)
<i>dronabinol cap 2.5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	M	M
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	M	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	M	M
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	Tier 1	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>promethazine hcl inj 25 mg/ml</i>	M	M
<i>promethazine hcl inj 50 mg/ml</i>	M	M
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO DIS 3.1MG	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
VARUBI TAB 90MG	Tier 2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine preservative free inj 20 mg/2ml</i>	M	M
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>budesonide tab er 24hr 9 mg</i>	Tier 1	
CORTIFOAM AER 90MG	Tier 2	
DIPENTUM CAP 250MG	Tier 3	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAP 72MCG	Tier 2	
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Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	PA
VIBERZI TAB 75MG	Tier 2	PA
VIBERZI TAB 100MG	Tier 2	PA

LAXATIVES

CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

MISCELLANEOUS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
<i>misoprostol tab 100 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 1	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
VOWST CAP	Tier 5	PA, QL (12 caps every 30 days)

PANCREATIC ENZYMES

CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNT	Tier 2	PA
CREON CAP 24000UNT	Tier 2	PA
CREON CAP 36000UNT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNT	Tier 2	PA
ZENPEP CAP 15000UNT	Tier 2	PA
ZENPEP CAP 20000UNT	Tier 2	PA
ZENPEP CAP 25000UNT	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	Tier 2	PA
ZENPEP CAP 60000UNT	Tier 2	PA
PROTON PUMP INHIBITORS§		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
NEXIUM GRA 2.5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (90 tabs every 365 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone perianal cream 1%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	Tier 1	
HELIDAC MIS THERAPY	Tier 3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	
CARDURA XL TAB 4MG	Tier 3	ST; PA**
CARDURA XL TAB 8MG	Tier 3	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
<i>dutasteride cap 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	
<i>finasteride tab 5 mg</i>	Tier 1	
<i>silodosin cap 4 mg</i>	Tier 1	
<i>silodosin cap 8 mg</i>	Tier 1	
<i>tadalafil tab 2.5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	
CONTRACEPTIVES		
ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC
ERECTILE DYSFUNCTION		
MUSE SUP 250MCG	Tier 3	PA, QL (6 units every 30 days)
MUSE SUP 500MCG	Tier 3	PA, QL (6 units every 30 days)
MUSE SUP 1000MCG	Tier 3	PA, QL (6 units every 30 days)
STENDRA TAB 50MG	Tier 3	PA, QL (6 tabs every 30 days)
STENDRA TAB 100MG	Tier 3	PA, QL (6 tabs every 30 days)
STENDRA TAB 200MG	Tier 3	PA, QL (6 tabs every 30 days)
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 25 mg</i>	Tier 1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	Tier 1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 10 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	Tier 1	QL (6 tabs per month)
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
ELMIRON CAP 100MG	Tier 3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	
<i>urinary pain relief</i>	Tier 1	OTC
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
<i>mirabegron tab er 24 hr 25 mg</i>	Tier 1	
<i>mirabegron tab er 24 hr 50 mg</i>	Tier 1	
MYRBETRIQ SUS 8MG/ML	Tier 2	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>tropium chloride tab 20 mg</i>	Tier 1	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole 3</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	
ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2	Tier 3	
FRAGMIN INJ 2500/ML	Tier 3	
FRAGMIN INJ 5000/0.2	Tier 3	
FRAGMIN INJ 7500/0.3	Tier 3	
FRAGMIN INJ 10000/ML	Tier 3	
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	
<i>jantoven</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 75MG	Tier 3	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO SUS 1MG/ML	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
FYLNETRA INJ 6MG/0.6	Tier 4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA
MIRCERA INJ 120MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
NYVEPRIA INJ 6/0.6ML	Tier 4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA
RETACRIT INJ 40000UNT	Tier 4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA
HEMLIBRA INJ 300/2ML	Tier 5	PA
HEMLIBRA SOL 12/0.4ML	Tier 5	PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
YOSPRALA TAB 81-40MG	Tier 3	
YOSPRALA TAB 325-40MG	Tier 3	

THROMBOCYTOPENIA AGENTS

DOPTELET TAB 20MG (10 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 4	PA, QL (2 cartons every 30 days)

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA INJ 80MG/4ML	Tier 5	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	Tier 5	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	Tier 5	ST, PA, QL (4 vials every 28 days)
INFLIXIMAB INJ 100MG	M	M
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	Tier 4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
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Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HYRIMOZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSOR/UVE	Tier 4	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ LQ SOL 1MG/ML	Tier 4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	Tier 4	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	Tier 4	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 0	\$0 copay based on your plan/benefit

HEREDITARY ANGIOEDEMA

<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 4	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 vials every 28 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 140

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
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	M	M
CUTAQUIG SOL 1GM	M	M
CUTAQUIG SOL 2GM	M	M
CUTAQUIG SOL 3.3GM	M	M
CUTAQUIG SOL 4GM	M	M
CUTAQUIG SOL 8GM	M	M
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 5	PA
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	Tier 3	
ASTAGRAF XL CAP 1MG	Tier 3	
ASTAGRAF XL CAP 5MG	Tier 3	
azathioprine tab 50 mg	Tier 1	
azathioprine tab 75 mg	Tier 1	
azathioprine tab 100 mg	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	M	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
cyclosporine cap 25 mg	Tier 1	
cyclosporine cap 100 mg	Tier 1	
cyclosporine iv soln 50 mg/ml	M	M
cyclosporine modified cap 25 mg	Tier 1	
cyclosporine modified cap 50 mg	Tier 1	
cyclosporine modified cap 100 mg	Tier 1	
cyclosporine modified oral soln 100 mg/ml	Tier 1	
ENVARUSUS XR TAB 0.75MG	Tier 3	
ENVARUSUS XR TAB 1MG	Tier 3	
ENVARUSUS XR TAB 4MG	Tier 3	
everolimus tab 0.5 mg	Tier 1	
everolimus tab 0.25 mg	Tier 1	
everolimus tab 0.75 mg	Tier 1	
everolimus tab 1 mg	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 141

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i>	Tier 1	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	
MYFORTIC TAB 180MG	Tier 3	
MYFORTIC TAB 360MG	Tier 3	
NEORAL CAP 25MG	Tier 3	
NEORAL CAP 100MG	Tier 3	
NEORAL SOL 100MG/ML	Tier 3	
NULOJIX INJ 250MG	Tier 3	
PROGRAF CAP 0.5MG	Tier 3	
PROGRAF CAP 1MG	Tier 3	
PROGRAF CAP 5MG	Tier 3	
PROGRAF GRA 0.2MG	Tier 3	
PROGRAF GRA 1MG	Tier 3	
PROGRAF INJ 5MG/ML	M	M
RAPAMUNE SOL 1MG/ML	Tier 3	
RAPAMUNE TAB 0.5MG	Tier 3	
RAPAMUNE TAB 1MG	Tier 3	
RAPAMUNE TAB 2MG	Tier 3	
SANDIMMUNE CAP 25MG	Tier 3	
SANDIMMUNE CAP 100MG	Tier 3	
SANDIMMUNE INJ 50MG/ML	M	M
SANDIMMUNE SOL 100MG/ML	Tier 3	
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus cap 5 mg</i>	Tier 1	
ZORTRESS TAB 0.5MG	Tier 3	
ZORTRESS TAB 0.25MG	Tier 3	
ZORTRESS TAB 0.75MG	Tier 3	
ZORTRESS TAB 1MG	Tier 3	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	M	M
BEYFORTUS INJ 100MG/ML	M	M
VACCINES		
ABRYSVO INJ	Tier 0	
ACTHIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
CAPVAXIVE INJ 0.5ML	Tier 0	
COMIRNATY INJ 30/0.3ML	Tier 0	
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	M	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUMIST	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HEPLISAV-B INJ 20/0.5ML	Tier 0	
HIBERIX SOL 10MCG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	Tier 0	
IPOL INJ INACTIVE	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENQUADFI INJ	Tier 0	
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MODERNA INJ 6MO-11Y	Tier 0	
MRESVIA INJ 50MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX INJ 2023-24	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	Tier 0	
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	Tier 0	
PFIZER 6M-4Y INJ 2023-24	Tier 0	
PNEUMOVAX 23 INJ 25/0.5	Tier 0	
PREHEVBRIO SUS 10MCG/ML	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	Tier 0	
RECOMBIVA HB INJ 10MCG/ML	Tier 0	
RECOMBIVA-HB INJ 40MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	Tier 0	
TDVAX INJ 2-2 LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	Tier 0	
TWINRIX INJ	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	Tier 0	
VAQTA INJ 50UNT/ML	Tier 0	
VARIVAX INJ	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
VAXELIS INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	Tier 0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effer-k</i>	Tier 1	
<i>klor-con 8</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	M	M
<i>magnesium sulfate inj 50%</i>	M	M
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	M	M
<i>monoject sodium chloride</i>	M	M
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	Tier 1	

IV REPLACEMENT SOLUTIONS

potassium chloride inj 2 meq/ml	M	M
sodium chloride iv soln 0.9%	M	M
sodium chloride iv soln 0.45%	M	M
sodium chloride iv soln 3%	M	M
sodium chloride iv soln 5%	M	M
sodium chloride preservative free (pf) inj 0.9%	M	M

PRENATAL VITAMINS

elite-ob	Tier 1	
inatal gt	Tier 1	
pnv-dha	Tier 1	
pnv-select	Tier 1	
prenatal 19	Tier 1	
trinate	Tier 1	

VITAMINS

calcitriol cap 0.5 mcg	Tier 1	
calcitriol cap 0.25 mcg	Tier 1	
calcitriol oral soln 1 mcg/ml	Tier 1	
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cyanocobalamin inj 1000 mcg/ml	Tier 1	
doxercalciferol cap 0.5 mcg	Tier 1	
doxercalciferol cap 1 mcg	Tier 1	
doxercalciferol cap 2.5 mcg	Tier 1	
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>folic acid cap 0.8 mg</i>	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	Tier 1	
<i>folic acid tab 400 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	Tier 1	
<i>multi-vitamin/fluoride/ir</i>	Tier 1	
<i>multivitamin/fluoride</i>	Tier 1	
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>tri-vite/fluoride</i>	Tier 1	
VIT A/C/D/FL DRO 0.25MG	Tier 1	OTC
WESTAB MAX TAB 2.5-25-2	Tier 1	OTC

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 3	
ANTI-INFECTIVES		
AZASITE SOL 1%	Tier 2	
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
NATACYN SUS 5% OP	Tier 2	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polycin</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	
ZIRGAN GEL 0.15%	Tier 3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	Tier 2	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
ILEVRO DRO 0.3% OP	Tier 2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
NEVANAC SUS 0.1% OP	Tier 2	
PRED SOD PHO SOL 1% OP	Tier 2	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
ANTIALLERGICS		
ALOCRI SOL 2%	Tier 3	
ALOMIDE SOL 0.1% OP	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
ZERVIA DRO 0.24%	Tier 3	
ANTIGLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETIMOL SOL 0.5%	Tier 3	
BETIMOL SOL 0.25%	Tier 3	
BETOPTIC-S SUS 0.25% OP	Tier 2	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
LUMIGAN SOL 0.01% OP	Tier 2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	Tier 1	Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	Tier 2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	M	M
<i>physiosol irrigation</i>	M	M
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	M	M
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (6 auto-injectors every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (6 auto-injectors every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (6 auto-injectors every 300 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (6 auto-injectors every 300 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
BREZTRI AERO AER SPHERE	Tier 2	QL (1 package every 30 days)
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)
ANTICHOLINERGICS§		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QL (1 container every 30 days)
<i>ryclora</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older

BETA AGONISTS§

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine vc</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	

CYSTIC FIBROSIS

CAYSTON INH 75MG	Tier 4	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)

LEUKOTRIENE MODIFIERS

<i>zileuton tab er 12hr 600 mg</i>	Tier 3	
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LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
<i>roflumilast tab 250 mcg</i>	Tier 1	PA
<i>roflumilast tab 500 mcg</i>	Tier 1	PA
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
<i>sodium chloride soln nebu 10%</i>	Tier 1	
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	Tier 4	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	Tier 4	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	Tier 4	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	Tier 4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	Tier 2	
FLEXICHAMBER MIS MASK SM	Tier 2	
HOLD CHAMBER MIS MEDIUM	Tier 2	OTC
PANDA MASK MIS PEDIATRI	Tier 2	OTC
SEVERE ASTHMA AGENTS		
FASENRA INJ 10MG/0.5	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	Tier 4	PA, QL (8 vials every 28 days)
STEROID INHALANTS§		
ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	Tier 2	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 50MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	Tier 2	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	QL (1 box every 30 days)

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	Tier 2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)
<i>brey-na</i>	Tier 1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	M	M
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	QL (50g every 30 days)
<i>ery</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
IV PREP WIPE PAD	Tier 2	OTC
<i>mupirocin oint 2%</i>	Tier 1	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	Tier 1	
ssd	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 3	
XEPI CRE 1%	Tier 3	PA, QL (30g every 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	
<i>clotrimazole cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 162

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	Tier 1	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	Tier 3	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	Tier 1	QL (60g every 30 days)
<i>nyamyc</i>	Tier 1	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystop</i>	Tier 1	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	Tier 1	QL (60 mL every 30 days)

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl cream 5%</i>	Tier 3	
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	Tier 1	
<i>acitretin cap 17.5 mg</i>	Tier 1	
<i>acitretin cap 25 mg</i>	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC CRE 0.05%	Tier 2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	Tier 4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	Tier 4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.03%</i>	Tier 3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
BRYHALI LOT 0.01%	Tier 2	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	Tier 3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine pain relief pat</i>	Tier 1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir cream 5%</i>	Tier 3	
<i>bexarotene gel 1%</i>	Tier 4	PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>nitroglycerin oint 0.4%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
VOLTAREN GEL 1% ARTHR	Tier 1	QL (300g every 30 days), OTC

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 1	PA
FINACEA AER 15%	Tier 2	
<i>ivermectin cream 1%</i>	Tier 1	PA
<i>metronidazole cream 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (60 mL every 30 days)

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>crotan</i>	Tier 1	
<i>cvs ivermectin lice treat</i>	Tier 1	OTC
<i>cvs lice treatment</i>	Tier 1	OTC
<i>lice treatment</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>permethrin cream 5%</i>	Tier 1	
<i>sm lice treatment</i>	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	Tier 3	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	M	M
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
ORAVIG TAB 50MG	Tier 3	QL (14 tabs every 30 days)
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
OTIC		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 3	
CORTISPORIN SUS -TC OTIC	Tier 3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	154	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	126
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	154	<i>alose tron hcl tab 1 mg (base equiv)</i>	126
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	154	<i>ALPRAZOLAM CON 1 MG/ML</i>	59
<i>albuterol sulfate syrup 2 mg/5ml</i>	155	<i>alprazolam orally disintegrating tab 0.25 mg</i>	59
<i>albuterol sulfate tab 2 mg</i>	155	<i>alprazolam orally disintegrating tab 0.5 mg</i>	59
<i>albuterol sulfate tab 4 mg</i>	155	<i>alprazolam orally disintegrating tab 1 mg</i>	59
<i>alclometasone dipropionate cream 0.05%</i>	164	<i>alprazolam orally disintegrating tab 2 mg</i>	59
<i>alclometasone dipropionate oint 0.05%</i>	164	<i>alprazolam tab 0.25 mg</i>	59
<i>ALCOHOL PREP PAD</i>	111	<i>alprazolam tab 0.5 mg</i>	59
<i>ALECENSA CAP 150MG</i>	34	<i>alprazolam tab 1 mg</i>	59
<i>alendronate sodium oral soln 70 mg/75ml</i>	105	<i>alprazolam tab 2 mg</i>	59
<i>alendronate sodium tab 10 mg</i>	105	<i>altavera</i>	106
<i>alendronate sodium tab 35 mg</i>	105	<i>ALVESCO AER 160MCG</i>	159
<i>alendronate sodium tab 5 mg</i>	105	<i>ALVESCO AER 80MCG</i>	159
<i>alendronate sodium tab 70 mg</i>	105	<i>alyacen 1/35</i>	106
<i>alfuzosin hcl tab er 24hr 10 mg</i>	129	<i>alyacen 7/7/7</i>	106
<i>ALINIA SUS 100/5ML</i>	25	<i>amantadine hcl cap 100 mg</i>	68
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	54	<i>amantadine hcl soln 50 mg/5ml</i>	68
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	54	<i>amantadine hcl tab 100 mg</i>	68
<i>allopurinol tab 100 mg</i>	1	<i>ambrisentan tab 10 mg</i>	57
<i>allopurinol tab 300 mg</i>	1	<i>ambrisentan tab 5 mg</i>	57
<i>almotriptan malate tab 12.5 mg</i>	84	<i>amcinonide oint 0.1%</i>	164
<i>almotriptan malate tab 6.25 mg</i>	83	<i>amethyst</i>	106
<i>ALOCRI SOL 2%</i>	150	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	14
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	102	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	15
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	102	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	54
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	102	<i>amiloride hcl tab 5 mg</i>	54
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	102	<i>aminophylline inj 25 mg/ml</i>	160
		<i>amiodarone hcl tab 200 mg</i>	45
		<i>amiodarone hcl tab 400 mg</i>	45
		<i>amitriptyline hcl tab 100 mg</i>	62
		<i>amitriptyline hcl tab 10 mg</i>	61
		<i>amitriptyline hcl tab 150 mg</i>	62
		<i>amitriptyline hcl tab 25 mg</i>	61
		<i>amitriptyline hcl tab 50 mg</i>	62
		<i>amitriptyline hcl tab 75 mg</i>	62

<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	52	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	52
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	52	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	52
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	52	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	52	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	51	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	51	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	51	<i>amoxapine tab 100 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	52	<i>amoxapine tab 150 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	52	<i>amoxapine tab 25 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	52	<i>amoxapine tab 50 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	52	<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	129
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	41	<i>amoxicillin (trihydrate) cap 250 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	41	<i>amoxicillin (trihydrate) cap 500 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	40	<i>amoxicillin (trihydrate) chew tab 125 mg</i> ..	27
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	40	<i>amoxicillin (trihydrate) chew tab 250 mg</i> ..	27
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	40	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	27
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	40	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	43	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	43	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	43	<i>amoxicillin (trihydrate) tab 500 mg</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	43	<i>amoxicillin (trihydrate) tab 875 mg</i>	27
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	52	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	26
		<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	26
		<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	26
		<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	26
		<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	26
		<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	27

<i>amoxicillin & k clavulanate tab 250-125 mg</i>	27	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	150
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	27	<i>aprepitant capsule 125 mg</i>	123
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	27	<i>aprepitant capsule 40 mg</i>	123
<i>amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg</i>	27	<i>aprepitant capsule 80 mg</i>	123
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	78	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	123
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	78	APRETUDE SUS 600MG ER.....	16
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	78	<i>apri</i>	106
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	78	APTIVUS CAP 250MG	16
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	78	<i>aranelle</i>	106
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	78	ARANESP INJ 100MCG.....	133
<i>amphetamine-dextroamphetamine tab 10 mg</i>	79	ARANESP INJ 10MCG	133
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	79	ARANESP INJ 150MCG.....	133
<i>amphetamine-dextroamphetamine tab 15 mg</i>	79	ARANESP INJ 200MCG	133
<i>amphetamine-dextroamphetamine tab 20 mg</i>	79	ARANESP INJ 25MCG	133
<i>amphetamine-dextroamphetamine tab 30 mg</i>	79	ARANESP INJ 300MCG.....	133
<i>amphetamine-dextroamphetamine tab 5 mg</i>	78	ARANESP INJ 40MCG	133
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	79	ARANESP INJ 500MCG.....	133
<i>amphotericin b for iv soln 50 mg</i>	15	ARANESP INJ 60MCG	133
<i>ampicillin cap 500 mg</i>	27	ARCALYST INJ 220MG	141
<i>ampicillin sodium for inj 1 gm</i>	27	AREXVY INJ 120MCG	143
<i>ampicillin sodium for inj 2 gm</i>	27	<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	155
<i>anagrelide hcl cap 0.5 mg</i>	134	<i>aripiprazole orally disintegrating tab 10 mg</i>	70
<i>anagrelide hcl cap 1 mg</i>	134	<i>aripiprazole orally disintegrating tab 15 mg</i>	70
<i>anastrozole tab 1 mg</i>	33	<i>aripiprazole oral solution 1 mg/ml</i>	70
ANNOVERA MIS	106	<i>aripiprazole tab 10 mg</i>	70
APOKYN INJ 10MG/ML	68	<i>aripiprazole tab 15 mg</i>	70
		<i>aripiprazole tab 20 mg</i>	70
		<i>aripiprazole tab 2 mg</i>	70
		<i>aripiprazole tab 30 mg</i>	70
		<i>aripiprazole tab 5 mg</i>	70
		ARISTADA INJ 1064MG	70
		ARISTADA INJ 441MG/1.	70
		ARISTADA INJ 662MG/2	70
		ARISTADA INJ 882MG/3	70
		ARISTADA INJ INITIO	70
		<i>armodafinil tab 150 mg</i>	87
		<i>armodafinil tab 200 mg</i>	87
		<i>armodafinil tab 250 mg</i>	87
		<i>armodafinil tab 50 mg</i>	87

ARNUITY ELPT INH 100MCG.....	159	atorvastatin calcium tab 20 mg (base equivalent).....	47
ARNUITY ELPT INH 200MCG	159	atorvastatin calcium tab 40 mg (base equivalent).....	47
ARNUITY ELPT INH 50MCG	159	atorvastatin calcium tab 80 mg (base equivalent).....	47
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	38	atovaquone-proguanil hcl tab 250-100 mg	16
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	38	atovaquone-proguanil hcl tab 62.5-25 mg	16
asenapine maleate sl tab 10 mg (base equiv)	70	atovaquone susp 750 mg/5ml	25
asenapine maleate sl tab 2.5 mg (base equiv)	70	atropine sulfate ophth soln 1%	151
asenapine maleate sl tab 5 mg (base equiv)	70	atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	122
ashlyna.....	106	atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml).....	122
ASMANEX HFA AER 100 MCG	160	aviane	106
ASMANEX HFA AER 200 MCG.....	160	avidoxy	28
ASMANEX HFA AER 50MCG.....	160	azacitidine for inj 100 mg	30
aspirin-dipyridamole cap er 12hr 25-200 mg	134	AZASITE SOL 1%.....	149
aspirin ec adult low dose	13	azathioprine tab 100 mg	141
ASTAGRAF XL CAP 0.5MG.....	141	azathioprine tab 50 mg.....	141
ASTAGRAF XL CAP 1MG	141	azathioprine tab 75 mg.....	141
ASTAGRAF XL CAP 5MG	141	azelaic acid gel 15%	167
atazanavir sulfate cap 150 mg (base equiv)	16	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....	153
atazanavir sulfate cap 200 mg (base equiv)	16	azelastine hcl nasal spray 0.1% (137 mcg/spray)	153
atazanavir sulfate cap 300 mg (base equiv)	16	azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	153
atenolol & chlorthalidone tab 100-25 mg	49	azelastine hcl ophth soln 0.05%	150
atenolol & chlorthalidone tab 50-25 mg	49	azithromycin for susp 100 mg/5ml	22
atenolol tab 100 mg	50	azithromycin for susp 200 mg/5ml	22
atenolol tab 25 mg	50	azithromycin powd pack for susp 1 gm	22
atenolol tab 50 mg.....	50	azithromycin tab 250 mg	22
atomoxetine hcl cap 100 mg (base equiv)	79	azithromycin tab 500 mg	22
atomoxetine hcl cap 10 mg (base equiv) ..	79	azithromycin tab 600 mg	23
atomoxetine hcl cap 18 mg (base equiv) ..	79	AZSTARYS CAP 26.1-5.2.....	79
atomoxetine hcl cap 25 mg (base equiv) ..	79	AZSTARYS CAP 39.2-7.8	79
atomoxetine hcl cap 40 mg (base equiv) .	79	AZSTARYS CAP 52.3-10.....	79
atomoxetine hcl cap 60 mg (base equiv) .	79	aztreonam for inj 1 gm	25
atomoxetine hcl cap 80 mg (base equiv) .	79	aztreonam for inj 2 gm.....	25
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		B	
		bacitracin ophth oint 500 unit/gm	149

<i>bacitracin-polymyxin b ophth oint</i>	149	BESIVANCE SUS 0.6%.....	149
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>betaine powder for oral solution</i>	112
<i>oint 1%</i>	148	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 10 mg</i>	86	<i>cream 0.05%</i>	164
<i>baclofen tab 20 mg</i>	86	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 5 mg</i>	86	<i>gel 0.05%</i>	164
<i>balsalazide disodium cap 750 mg</i>	125	<i>betamethasone dipropionate augmented</i>	
BARACLUDGE SOL.....	24	<i>lotion 0.05%</i>	164
BASAGLAR INJ 100UNIT	103	<i>betamethasone dipropionate augmented</i>	
BASAGLAR INJ TEMPO PN	103	<i>oint 0.05%</i>	165
BAXDELA TAB 450MG	23	<i>betamethasone dipropionate cream 0.05%</i>	
BCAD 2 POW	91	.....	165
BELBUCA MIS 150MCG	12	<i>betamethasone dipropionate lotion 0.05%</i>	
BELBUCA MIS 300MCG.....	13	.....	165
BELBUCA MIS 450MCG.....	13	<i>betamethasone valerate aerosol foam</i>	
BELBUCA MIS 600MCG	13	<i>0.12%</i>	165
BELBUCA MIS 750MCG.....	13	<i>betamethasone valerate cream 0.1% (base</i>	
BELBUCA MIS 75MCG	12	<i>equivalent)</i>	165
BELBUCA MIS 900MCG	13	<i>betamethasone valerate lotion 0.1% (base</i>	
BELSOMRA TAB 10MG.....	82	<i>equivalent)</i>	165
BELSOMRA TAB 15MG.....	82	<i>betamethasone valerate oint 0.1% (base</i>	
BELSOMRA TAB 20MG	82	<i>equivalent)</i>	165
BELSOMRA TAB 5MG	82	BETASERON INJ 0.3MG	86
<i>benazepril & hydrochlorothiazide tab 10-</i>		<i>betaxolol hcl ophth soln 0.5%</i>	150
<i>12.5 mg</i>	41	<i>betaxolol hcl tab 10 mg</i>	50
<i>benazepril & hydrochlorothiazide tab 20-</i>		<i>betaxolol hcl tab 20 mg</i>	50
<i>12.5 mg</i>	41	<i>bethanechol chloride tab 10 mg</i>	130
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>bethanechol chloride tab 25 mg</i>	130
<i>mg</i>	41	<i>bethanechol chloride tab 50 mg</i>	130
<i>benazepril & hydrochlorothiazide tab 5-</i>		<i>bethanechol chloride tab 5 mg</i>	130
<i>6.25 mg</i>	41	BETIMOL SOL 0.25%	150
<i>benazepril hcl tab 10 mg</i>	41	BETIMOL SOL 0.5%	150
<i>benazepril hcl tab 20 mg</i>	41	BETOPTIC-S SUS 0.25% OP.....	150
<i>benazepril hcl tab 40 mg</i>	41	BEVESPI AER 9-4.8MCG	152
<i>benazepril hcl tab 5 mg</i>	41	<i>bexarotene cap 75 mg</i>	38
<i>benzonatate cap 100 mg</i>	155	<i>bexarotene gel 1%</i>	167
<i>benzonatate cap 200 mg</i>	155	BEXSERO INJ	143
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		BEYFORTUS INJ 100MG/ML	143
.....	161	BEYFORTUS INJ 50/0.5ML.....	143
<i>benztropine mesylate inj 1 mg/ml</i>	68	<i>bicalutamide tab 50 mg</i>	33
<i>benztropine mesylate tab 0.5 mg</i>	68	BIJUVA CAP 0.5-100	113
<i>benztropine mesylate tab 1 mg</i>	68	BIJUVA CAP 1-100MG	113
<i>benztropine mesylate tab 2 mg</i>	68	BIKTARVY TAB.....	18
<i>bepotastine besilate ophth soln 1.5%</i>	150		

<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	50	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	13
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	49	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	88
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	50	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	88
<i>bisoprolol fumarate tab 10 mg</i>	50	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	88
<i>bisoprolol fumarate tab 5 mg</i>	50	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	88
<i>bleomycin sulfate for inj 15 unit</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	88
<i>bleomycin sulfate for inj 30 unit</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	88
BOOSTRIX INJ	143	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	89
<i>bosentan tab 125 mg</i>	57	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	89
<i>bosentan tab 62.5 mg</i>	57	<i>buprenorphine td patch weekly 10 mcg/hr</i>	13
BREO ELLIPTA INH 100-25	160	<i>buprenorphine td patch weekly 15 mcg/hr</i>	13
BREO ELLIPTA INH 200-25	160	<i>buprenorphine td patch weekly 20 mcg/hr</i>	13
BREO ELLIPTA INH 50-25MCG	160	<i>buprenorphine td patch weekly 5 mcg/hr</i>	13
<i>breyna</i>	160	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	13
BREZTRI AERO AER SPHERE	152	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	90
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	167	<i>bupropion hcl tab 100 mg</i>	62
<i>brimonidine tartrate ophth soln 0.1%</i>	150	<i>bupropion hcl tab 75 mg</i>	62
<i>brimonidine tartrate ophth soln 0.15%</i>	150	<i>bupropion hcl tab er 12hr 100 mg</i>	62
<i>brimonidine tartrate ophth soln 0.2%</i>	150	<i>bupropion hcl tab er 12hr 150 mg</i>	62
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	150	<i>bupropion hcl tab er 12hr 200 mg</i>	62
<i>brinzolamide ophth susp 1%</i>	151	<i>bupropion hcl tab er 24hr 150 mg</i>	62
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	150	<i>bupropion hcl tab er 24hr 300 mg</i>	62
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	68	<i>bupirone hcl tab 10 mg</i>	59
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	68	<i>bupirone hcl tab 15 mg</i>	59
BRYHALI LOT 0.01%	165	<i>bupirone hcl tab 30 mg</i>	59
<i>budesonide delayed release particles cap 3 mg</i>	125	<i>bupirone hcl tab 5 mg</i>	59
<i>budesonide inhalation susp 0.25 mg/2ml</i>	160	<i>bupirone hcl tab 7.5 mg</i>	59
<i>budesonide inhalation susp 0.5 mg/2ml</i>	160	<i>busulfan inj 6 mg/ml</i>	28
<i>budesonide inhalation susp 1 mg/2ml</i>	160	<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>budesonide tab er 24hr 9 mg</i>	125	<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>bumetanide tab 0.5 mg</i>	54		
<i>bumetanide tab 1 mg</i>	54		
<i>bumetanide tab 2 mg</i>	54		

<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...	3
C	
CABENUVA SUS 400-600	18
CABENUVA SUS 600-900	18
<i>cabergoline tab 0.5 mg</i>	120
CABOMETYX TAB 20MG	34
CABOMETYX TAB 40MG	34
CABOMETYX TAB 60MG	34
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	163
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	163
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	106
<i>calcitriol cap 0.25 mcg</i>	147
<i>calcitriol cap 0.5 mcg</i>	147
<i>calcitriol oint 3 mcg/gm</i>	163
<i>calcitriol oral soln 1 mcg/ml</i>	147
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	120
<i>calcium acetate (phosphate binder) tab 667 mg</i>	120
CALQUENCE TAB 100MG	34
<i>camila</i>	106
CAMINO PRO LIQ 15PE	91
<i>camrese</i>	106
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	43
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	43
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	43
<i>candesartan cilexetil tab 16 mg</i>	44
<i>candesartan cilexetil tab 32 mg</i>	44
<i>candesartan cilexetil tab 4 mg</i>	44
<i>candesartan cilexetil tab 8 mg</i>	44
<i>capecitabine tab 150 mg</i>	30
<i>capecitabine tab 500 mg</i>	30
CAPRELSA TAB 100MG	34
CAPRELSA TAB 300MG	34
<i>captopril tab 100 mg</i>	42
<i>captopril tab 12.5 mg</i>	41
<i>captopril tab 25 mg</i>	41
<i>captopril tab 50 mg</i>	41
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<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	69
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<i>carboplatin iv soln 450 mg/45ml</i>	39
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<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	50	<i>celecoxib cap 200 mg</i>	1
<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	50	<i>celecoxib cap 50 mg</i>	1
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<i>cefepime hcl for iv soln 2 gm</i>	21	<i>chlordiazepoxide hcl cap 10 mg</i>	59
<i>cefixime cap 400 mg</i>	21	<i>chlordiazepoxide hcl cap 25 mg</i>	60
<i>cefixime for susp 100 mg/5ml</i>	21	<i>chlordiazepoxide hcl cap 5 mg</i>	59
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<i>cefpodoxime proxetil tab 100 mg</i>	21	<i>chlorpromazine hcl inj 25 mg/ml</i>	70
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<i>cefprozil for susp 125 mg/5ml</i>	21	<i>chlorpromazine hcl tab 100 mg</i>	70
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<i>cefprozil tab 500 mg</i>	21	<i>chlorpromazine hcl tab 25 mg</i>	70
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<i>clomipramine hcl cap 50 mg</i>	60	<i>colestipol hcl granules 5 gm</i>	46
<i>clomipramine hcl cap 75 mg</i>	60	<i>colestipol hcl tab 1 gm</i>	46
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<i>desmopressin acetate nasal spray soln 0.01%</i>	122	<i>dexamethasone tab 0.75 mg</i>	117
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	122	<i>dexamethasone tab 1.5 mg</i>	117
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	122	<i>dexamethasone tab 2 mg</i>	117
<i>desmopressin acetate tab 0.1 mg</i>	122	<i>dexamethasone tab 4 mg</i>	117
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<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	117	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	79
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	117	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	79
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<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	117	<i>dexmethylphenidate hcl tab 10 mg</i>	80
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	117	<i>dexmethylphenidate hcl tab 2.5 mg</i>	79
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	117	<i>dexmethylphenidate hcl tab 5 mg</i>	80
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	150	<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	40
		<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	40
		<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	80
		<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	80

<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	80	<i>diflorasone diacetate cream 0.05%</i>	165
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	80	<i>diflorasone diacetate oint 0.05%</i>	165
<i>dextroamphetamine sulfate tab 10 mg</i>	80	<i>diflunisal tab 500 mg</i>	13
<i>dextroamphetamine sulfate tab 15 mg</i>	80	<i>difluprednate ophth emulsion 0.05%</i>	150
<i>dextroamphetamine sulfate tab 20 mg</i>	80	<i>digoxin oral soln 0.05 mg/ml</i>	54
<i>dextroamphetamine sulfate tab 30 mg</i>	80	<i>digoxin tab 125 mcg (0.125 mg)</i>	54
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<i>diazepam intensol</i>	74	<i>diltiazem hcl cap er 12hr 90 mg</i>	52
<i>diazepam oral soln 1 mg/ml</i>	74	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	52
<i>diazepam tab 10 mg</i>	74	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	52
<i>diazepam tab 2 mg</i>	74	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	52
<i>diazepam tab 5 mg</i>	74	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	52
<i>diclofenac potassium tab 50 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	52
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	52
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	167	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	52
<i>diclofenac sodium ophth soln 0.1%</i>	150	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	53
<i>diclofenac sodium tab delayed release 25 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	53
<i>diclofenac sodium tab delayed release 50 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	53
<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	53
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	53
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	53
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl tab 120 mg</i>	53
<i>dicloxacillin sodium cap 250 mg</i>	27	<i>diltiazem hcl tab 30 mg</i>	53
<i>dicloxacillin sodium cap 500 mg</i>	27	<i>diltiazem hcl tab 60 mg</i>	53
<i>dicyclomine hcl cap 10 mg</i>	122	<i>diltiazem hcl tab 90 mg</i>	53
<i>dicyclomine hcl inj 10 mg/ml</i>	122	<i>diltiazem hcl tab er 24hr 120 mg</i>	53
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	122		
<i>dicyclomine hcl tab 20 mg</i>	122		
DIFICID SUS	23		
DIFICID TAB 200MG	23		

<i>dilt-xr</i>	52	<i>donepezil hydrochloride orally</i>	
<i>dimethyl fumarate capsule delayed release</i>		<i>disintegrating tab 10 mg</i>	60
120 mg	86	<i>donepezil hydrochloride orally</i>	
<i>dimethyl fumarate capsule delayed release</i>		<i>disintegrating tab 5 mg</i>	60
240 mg.....	86	<i>donepezil hydrochloride tab 10 mg</i>	61
<i>dimethyl fumarate capsule dr starter pack</i>		<i>donepezil hydrochloride tab 23 mg</i>	61
120 mg & 240 mg	86	<i>donepezil hydrochloride tab 5 mg</i>	60
DIPENTUM CAP 250MG.....	125	DOPTELET TAB 20MG (10 TABLETS)	135
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> .	153	DOPTELET TAB 20MG (15 TABLETS)	135
<i>diphenhydramine hcl inj 50 mg/ml</i>	153	DOPTELET TAB 20MG (30 TABLETS)	135
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>dorzolamide hcl ophth soln 2%</i>	151
mg/5ml.....	123	<i>dorzolamide hcl-timolol maleate ophth soln</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		2-0.5%	151
mg	123	DOVATO TAB 50-300MG.....	19
<i>dipyridamole tab 25 mg</i>	135	<i>doxazosin mesylate tab 1 mg</i>	129
<i>dipyridamole tab 50 mg</i>	135	<i>doxazosin mesylate tab 2 mg</i>	129
<i>dipyridamole tab 75 mg</i>	135	<i>doxazosin mesylate tab 4 mg</i>	129
<i>disopyramide phosphate cap 100 mg</i>	45	<i>doxazosin mesylate tab 8 mg</i>	129
<i>disopyramide phosphate cap 150 mg</i>	45	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	83
<i>disulfiram tab 250 mg</i>	59	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	83
<i>disulfiram tab 500 mg</i>	59	<i>doxepin hcl cap 100 mg</i>	64
DIURIL SUS 250/5ML	54	<i>doxepin hcl cap 10 mg</i>	63
<i>divalproex sodium cap delayed release</i>		<i>doxepin hcl cap 150 mg</i>	64
<i>sprinkle 125 mg</i>	74	<i>doxepin hcl cap 25 mg</i>	63
<i>divalproex sodium tab delayed release 125</i>		<i>doxepin hcl cap 50 mg</i>	63
mg	74	<i>doxepin hcl cap 75 mg</i>	64
<i>divalproex sodium tab delayed release 250</i>		<i>doxepin hcl conc 10 mg/ml</i>	64
mg	74	<i>doxepin hcl cream 5%</i>	163
<i>divalproex sodium tab delayed release 500</i>		<i>doxercalciferol cap 0.5 mcg</i>	147
mg	74	<i>doxercalciferol cap 1 mcg</i>	147
<i>divalproex sodium tab er 24 hr 250 mg</i>	74	<i>doxercalciferol cap 2.5 mcg</i>	147
<i>divalproex sodium tab er 24 hr 500 mg</i>	74	<i>doxorubicin hcl for inj 10 mg</i>	29
<i>docetaxel for inj conc 160 mg/8ml (20</i>		<i>doxorubicin hcl liposomal susp (for iv</i>	
mg/ml).....	31	<i>infusion) 2 mg/ml</i>	29
<i>docetaxel for inj conc 20 mg/ml</i>	31	DOXORUBICIN INJ 2MG/ML.....	29
<i>docetaxel for inj conc 80 mg/4ml (20</i>		<i>doxy 100</i>	28
mg/ml).....	31	<i>doxycycline hyclate cap 100 mg</i>	28
<i>docetaxel soln for iv infusion 160 mg/16ml</i>		<i>doxycycline hyclate cap 50 mg</i>	28
.....	31	<i>doxycycline hyclate for inj 100 mg</i>	28
<i>docetaxel soln for iv infusion 20 mg/2ml</i> ...31		<i>doxycycline hyclate tab 100 mg</i>	28
<i>docetaxel soln for iv infusion 80 mg/8ml</i> ..31		<i>doxycycline hyclate tab 20 mg</i>	28
<i>dofetilide cap 125 mcg (0.125 mg)</i>	45	<i>doxycycline monohydrate cap 100 mg</i>	28
<i>dofetilide cap 250 mcg (0.25 mg)</i>	45	<i>doxycycline monohydrate cap 50 mg</i>	28
<i>dofetilide cap 500 mcg (0.5 mg)</i>	45		

<i>doxycycline monohydrate for susp 25 mg/5ml</i>	28	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	19
<i>doxycycline monohydrate tab 150 mg</i>	28	<i>efavirenz tab 600 mg</i>	17
<i>doxycycline monohydrate tab 50 mg</i>	28	<i>effer-k</i>	146
<i>doxycycline monohydrate tab 75 mg</i>	28	ELECARE DHA/ POW ARA INFA	91
<i>dronabinol cap 10 mg</i>	123	ELECARE POW DHA/ARA	91
<i>dronabinol cap 2.5 mg</i>	123	ELESTRIN GEL 0.06%	113
<i>dronabinol cap 5 mg</i>	123	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	84
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	107	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	84
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	107	ELIGARD INJ 22.5MG	33
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	107	ELIGARD INJ 30MG	33
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	107	ELIGARD INJ 45MG	33
DROXIA CAP 200MG	134	ELIGARD INJ 7.5MG	33
DROXIA CAP 300MG	134	<i>elinest</i>	107
DROXIA CAP 400MG	134	ELIQUIS ST P TAB 5MG	131
DUAVEE TAB 0.45-20	113	ELIQUIS TAB 2.5MG	131
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	64	ELIQUIS TAB 5MG	131
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	64	<i>elite-ob</i>	147
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	64	ELLA TAB 30MG	107
DUPIXENT INJ 200/1.14	164	ELMIRON CAP 100MG	130
DUPIXENT INJ 200MG	164	EMCYT CAP 140MG	29
DUPIXENT INJ 300/2ML	164	EMFLAZA SUS 22.75/ML	117
DUREX MIS REALFEEL	107	EMGALITY INJ 100MG/ML	84
<i>dutasteride cap 0.5 mg</i>	129	EMGALITY INJ 120MG/ML	84
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	129	EMSAM DIS 12MG/24H	64
E		EMSAM DIS 6MG/24HR	64
EAA SUPPLEME POW TROPICAL	91	EMSAM DIS 9MG/24HR	64
<i>econazole nitrate cream 1%</i>	163	<i>emtricitabine caps 200 mg</i>	17
EDURANT TAB 25MG	16	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	19
<i>efavirenz cap 200 mg</i>	17	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	19
<i>efavirenz cap 50 mg</i>	17	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	19
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	19	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	19
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	19	EMTRIVA SOL 10MG/ML	17
		EMVERM CHW 100MG	14
		<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	41
		<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	41

<i>enalapril maleate tab 10 mg</i>	42	EO28 SPLASH LIQ ORANGE	91
<i>enalapril maleate tab 2.5 mg</i>	42	EPCLUSA PAK 150-37.5.....	24
<i>enalapril maleate tab 20 mg</i>	42	EPCLUSA PAK 200-50MG.....	24
<i>enalapril maleate tab 5 mg</i>	42	EPCLUSA TAB 200-50MG.....	24
ENBREL INJ 25/0.5ML	136	EPCLUSA TAB 400-100	24
ENBREL INJ 25MG	136	<i>epinastine hcl ophth soln 0.05%</i>	150
ENBREL INJ 50MG/ML.....	137	<i>epinephrine solution auto-injector 0.15</i>	
ENBREL MINI INJ 50MG/ML	137	<i>mg/0.15ml (1:1000)</i>	152
ENBREL SRCLK INJ 50MG/ML	137	<i>epinephrine solution auto-injector 0.15</i>	
ENCARE SUP 100MG	129	<i>mg/0.3ml (1:2000)</i>	152
<i>endocet tab 10-325mg</i>	4	<i>epinephrine solution auto-injector 0.3</i>	
<i>endocet tab 2.5-325</i>	3	<i>mg/0.3ml (1:1000)</i>	152
<i>endocet tab 5-325mg</i>	3	EPIPEN 2-PAK INJ 0.3MG.....	152
<i>endocet tab 7.5-325</i>	4	<i>epitol</i>	74
ENGERIX-B INJ 10/0.5ML	143	<i>eplerenone tab 25 mg</i>	42
ENGERIX-B INJ 20MCG/ML	143	<i>eplerenone tab 50 mg</i>	42
<i>enoxaparin sodium inj 300 mg/3ml</i>	132	ERBITUX INJ 100MG.....	32
<i>enoxaparin sodium inj soln pref syr 100</i>		ERBITUX INJ 200MG	32
<i>mg/ml</i>	132	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	147
<i>enoxaparin sodium inj soln pref syr 120</i>		ERGOMAR SUB 2MG	84
<i>mg/0.8ml</i>	132	<i>ergotamine w/ caffeine tab 1-100 mg</i>	84
<i>enoxaparin sodium inj soln pref syr 150</i>		ERIVEDGE CAP 150MG	32
<i>mg/ml</i>	132	ERLEADA TAB 240MG	33
<i>enoxaparin sodium inj soln pref syr 30</i>		ERLEADA TAB 60MG.....	33
<i>mg/0.3ml</i>	132	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	35
<i>enoxaparin sodium inj soln pref syr 40</i>		<i>erlotinib hcl tab 150 mg (base equivalent)</i>	35
<i>mg/0.4ml</i>	132	<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..	34
<i>enoxaparin sodium inj soln pref syr 60</i>		<i>errin</i>	107
<i>mg/0.6ml</i>	132	ERTACZO CRE 2%.....	163
<i>enoxaparin sodium inj soln pref syr 80</i>		<i>ertapenem sodium for inj 1 gm (base</i>	
<i>mg/0.8ml</i>	132	<i>equivalent)</i>	25
<i>enpresse-28</i>	107	<i>ery</i>	161
<i>enskyce</i>	107	<i>ery-tab</i>	23
ENSURE PLANT LIQ CHOCOLAT	91	<i>erythrocin stearate</i>	23
<i>entacapone tab 200 mg</i>	69	<i>erythromycin ethylsuccinate for susp 200</i>	
<i>entecavir tab 0.5 mg</i>	24	<i>mg/5ml</i>	23
<i>entecavir tab 1 mg</i>	24	<i>erythromycin ethylsuccinate for susp 400</i>	
ENTRESTO TAB 24-26MG.....	56	<i>mg/5ml</i>	23
ENTRESTO TAB 49-51MG.....	56	<i>erythromycin ethylsuccinate tab 400 mg</i> ..	23
ENTRESTO TAB 97-103MG	56	<i>erythromycin gel 2%</i>	161
<i>enulose</i>	126	<i>erythromycin ophth oint 5 mg/gm</i>	149
ENVARUSUS XR TAB 0.75MG.....	141	<i>erythromycin soln 2%</i>	161
ENVARUSUS XR TAB 1MG.....	141	<i>erythromycin tab 250 mg</i>	23
ENVARUSUS XR TAB 4MG	141	<i>erythromycin tab 500 mg</i>	23

erythromycin w/ delayed release particles cap 250 mg	23	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	115
escitalopram oxalate soln 5 mg/5ml (base equiv)	64	estradiol td patch weekly 0.05 mg/24hr..	114
escitalopram oxalate tab 10 mg (base equiv)	64	estradiol td patch weekly 0.06 mg/24hr..	115
escitalopram oxalate tab 20 mg (base equiv)	64	estradiol td patch weekly 0.075 mg/24hr	115
escitalopram oxalate tab 5 mg (base equiv)	64	estradiol td patch weekly 0.1 mg/24hr	114
esomeprazole magnesium cap delayed release 20 mg (base eq)	128	estradiol vaginal cream 0.1 mg/gm	115
esomeprazole magnesium cap delayed release 40 mg (base eq)	128	estradiol valerate im in oil 20 mg/ml	115
esomeprazole magnesium for delayed release susp packet 10 mg	128	estradiol valerate im in oil 40 mg/ml	115
estazolam tab 1 mg	83	eszopiclone tab 1 mg	83
estazolam tab 2 mg.....	83	eszopiclone tab 2 mg.....	83
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	113	eszopiclone tab 3 mg.....	83
estradiol & norethindrone acetate tab 1-0.5 mg.....	113	ethacrynic acid tab 25 mg	54
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	113	ethambutol hcl tab 100 mg	20
estradiol tab 0.5 mg	113	ethambutol hcl tab 400 mg	20
estradiol tab 1 mg	113	ethosuximide cap 250 mg	74
estradiol tab 2 mg.....	113	ethosuximide soln 250 mg/5ml	74
estradiol td gel 0.25 mg/0.25gm (0.1%) ..	114	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	107
estradiol td gel 0.5 mg/0.5gm (0.1%)	114	etodolac cap 200 mg.....	1
estradiol td gel 0.75 mg/0.75gm (0.1%) ..	114	etodolac cap 300 mg.....	1
estradiol td gel 1.25 mg/1.25gm (0.1%)....	114	etodolac tab 400 mg	1
estradiol td gel 1 mg/gm (0.1%)	114	etodolac tab 500 mg	1
estradiol td patch twice weekly 0.025 mg/24hr.....	114	etodolac tab er 24hr 400 mg.....	1
estradiol td patch twice weekly 0.0375 mg/24hr.....	114	etodolac tab er 24hr 500 mg.....	1
estradiol td patch twice weekly 0.05 mg/24hr.....	114	etodolac tab er 24hr 600 mg.....	1
estradiol td patch twice weekly 0.075 mg/24hr	114	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	107
estradiol td patch twice weekly 0.1 mg/24hr	114	etoposide cap 50 mg.....	40
estradiol td patch weekly 0.025 mg/24hr	115	etoposide inj 100 mg/5ml (20 mg/ml)	40
		etoposide inj 1 gm/50ml (20 mg/ml).....	40
		etoposide inj 500 mg/25ml (20 mg/ml) ...	40
		etravirine tab 100 mg.....	17
		etravirine tab 200 mg	17
		EUCRISA OIN 2%.....	164
		EVAMIST SPR 1.53MG	115
		everolimus tab 0.25 mg.....	141
		everolimus tab 0.5 mg	141
		everolimus tab 0.75 mg.....	141
		everolimus tab 10 mg.....	35
		everolimus tab 1 mg	141
		everolimus tab 2.5 mg	35
		everolimus tab 5 mg	35
		everolimus tab 7.5 mg	35

<i>everolimus tab for oral susp 2 mg</i>	35	<i>fenofibrate tab 145 mg</i>	46
<i>everolimus tab for oral susp 3 mg</i>	35	<i>fenofibrate tab 160 mg</i>	46
<i>everolimus tab for oral susp 5 mg</i>	35	<i>fenofibrate tab 48 mg</i>	46
<i>EVERYSI SOL</i>	85	<i>fenofibrate tab 54 mg</i>	46
<i>exemestane tab 25 mg</i>	33	<i>fenoprofen calcium tab 600 mg</i>	1
<i>ezetimibe-simvastatin tab 10-10 mg</i>	49	<i>fentanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-20 mg</i>	49	<i>fentanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-40 mg</i>	49	<i>fentanyl citrate lozenge on a handle 200</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-80 mg</i>	49	<i>fentanyl citrate lozenge on a handle 400</i> <i>mcg</i>	4
<i>ezetimibe tab 10 mg</i>	46	<i>fentanyl citrate lozenge on a handle 600</i> <i>mcg</i>	4
F		<i>fentanyl citrate lozenge on a handle 800</i> <i>mcg</i>	4
<i>F.A.A. LIQ</i>	92	<i>fentanyl td patch 72hr 100 mcg/hr</i>	5
<i>falmina</i>	107	<i>fentanyl td patch 72hr 12 mcg/hr</i>	4
<i>famciclovir tab 125 mg</i>	20	<i>fentanyl td patch 72hr 25 mcg/hr</i>	4
<i>famciclovir tab 250 mg</i>	20	<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	4
<i>famciclovir tab 500 mg</i>	20	<i>fentanyl td patch 72hr 50 mcg/hr</i>	4
<i>famotidine for susp 40 mg/5ml</i>	125	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	4
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	125	<i>fentanyl td patch 72hr 75 mcg/hr</i>	4
<i>famotidine preservative free inj 20 mg/2ml</i>	125	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	4
<i>famotidine tab 20 mg</i>	125	<i>FERPRX 2-DAY TAB 1000MG</i>	106
<i>famotidine tab 40 mg</i>	125	<i>FERRIPROX SOL 100MG/ML</i>	106
<i>FASENRA INJ 10MG/0.5</i>	159	<i>fesoterodine fumarate tab er 24hr 4 mg</i> ..	131
<i>FASENRA INJ 30MG/ML</i>	159	<i>fesoterodine fumarate tab er 24hr 8 mg</i> ..	131
<i>FASENRA PEN INJ 30MG/ML</i>	159	<i>FETZIMA CAP 120MG</i>	64
<i>FASTCLIX MIS LANCETS</i>	111	<i>FETZIMA CAP 20MG</i>	64
<i>FC2 FEMALE MIS CONDOM</i>	107	<i>FETZIMA CAP 40MG</i>	64
<i>febuxostat tab 40 mg</i>	1	<i>FETZIMA CAP 80MG</i>	64
<i>febuxostat tab 80 mg</i>	1	<i>FETZIMA CAP TITRATIO</i>	64
<i>felbamate susp 600 mg/5ml</i>	74	<i>FIASP FLEX INJ TOUCH</i>	103
<i>felbamate tab 400 mg</i>	74	<i>FIASP INJ 100/ML</i>	103
<i>felbamate tab 600 mg</i>	74	<i>FIASP PENFIL INJ U-100</i>	103
<i>felodipine tab er 24hr 10 mg</i>	53	<i>FIBERSOURCE LIQ CLS SYS</i>	92
<i>felodipine tab er 24hr 2.5 mg</i>	53	<i>FIBERSOUR HN LIQ CLS SYS</i>	92
<i>felodipine tab er 24hr 5 mg</i>	53	<i>FINACEA AER 15%</i>	167
<i>FEMCAP MIS 22MM</i>	107	<i>finasteride tab 5 mg</i>	129
<i>FEMCAP MIS 26MM</i>	107	<i>finngolimod hcl cap 0.5 mg (base equiv)</i> ...	86
<i>FEMCAP MIS 30MM</i>	107	<i>flecainide acetate tab 100 mg</i>	45
<i>fenofibrate cap 150 mg</i>	46	<i>flecainide acetate tab 150 mg</i>	45
<i>fenofibrate micronized cap 134 mg</i>	46		
<i>fenofibrate micronized cap 200 mg</i>	46		
<i>fenofibrate micronized cap 43 mg</i>	46		
<i>fenofibrate micronized cap 67 mg</i>	46		

<i>flecainide acetate tab 50 mg</i>	45	<i>fluoxetine hcl tab 20 mg</i>	65
FLEXICHAMBER MIS MASK SM.....	159	<i>fluphenazine decanoate inj 25 mg/ml</i>	71
<i>fluconazole for susp 10 mg/ml</i>	15	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	71
<i>fluconazole for susp 40 mg/ml</i>	15	<i>fluphenazine hcl inj 2.5 mg/ml</i>	71
<i>fluconazole tab 100 mg</i>	15	<i>fluphenazine hcl oral conc 5 mg/ml</i>	71
<i>fluconazole tab 150 mg</i>	15	<i>fluphenazine hcl tab 10 mg</i>	71
<i>fluconazole tab 200 mg</i>	15	<i>fluphenazine hcl tab 1 mg</i>	71
<i>fluconazole tab 50 mg</i>	15	<i>fluphenazine hcl tab 2.5 mg</i>	71
<i>fludarabine phosphate for inj 50 mg</i>	30	<i>fluphenazine hcl tab 5 mg</i>	71
<i>fludarabine phosphate inj 25 mg/ml</i>	30	<i>flurbiprofen sodium ophth soln 0.03%</i>	150
<i>fludrocortisone acetate tab 0.1 mg</i>	117	<i>flurbiprofen tab 100 mg</i>	1
FLUMIST.....	143	<i>flurbiprofen tab 50 mg</i>	1
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	158	<i>fluticasone propionate cream 0.05%</i>	166
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	168	<i>fluticasone propionate lotion 0.05%</i>	166
<i>fluocinolone acetonide cream 0.01%</i>	165	<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	158
<i>fluocinolone acetonide cream 0.025%</i> ...	165	<i>fluticasone propionate oint 0.005%</i>	166
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	165	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	160
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	165	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	160
<i>fluocinolone acetonide oint 0.025%</i>	166	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	160
<i>fluocinolone acetonide soln 0.01%</i>	166	<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>	47
<i>fluocinonide cream 0.05%</i>	166	<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>	47
<i>fluocinonide gel 0.05%</i>	166	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> <i>equivalent)</i>	47
<i>fluocinonide oint 0.05%</i>	166	<i>fluvoxamine maleate cap er 24hr 100 mg</i> 60	
<i>fluocinonide soln 0.05%</i>	166	<i>fluvoxamine maleate cap er 24hr 150 mg</i> 60	
<i>fluorouracil cream 5%</i>	162	<i>fluvoxamine maleate tab 100 mg</i>	60
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	30	<i>fluvoxamine maleate tab 25 mg</i>	60
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	30	<i>fluvoxamine maleate tab 50 mg</i>	60
<i>fluorouracil iv soln 500 mg/10ml (50</i> <i>mg/ml)</i>	30	<i>folic acid cap 0.8 mg</i>	148
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	30	<i>folic acid tab 1 mg</i>	148
<i>fluorouracil soln 2%</i>	162	<i>folic acid tab 400 mcg</i>	148
<i>fluorouracil soln 5%</i>	162	<i>folic acid tab 800 mcg</i>	148
<i>fluoxetine hcl cap 10 mg</i>	64	<i>fondaparinux sodium subcutaneous inj 10</i> <i>mg/0.8ml</i>	132
<i>fluoxetine hcl cap 20 mg</i>	65	<i>fondaparinux sodium subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	132
<i>fluoxetine hcl cap 40 mg</i>	65	<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	132
<i>fluoxetine hcl cap delayed release 90 mg</i> 65			
<i>fluoxetine hcl solution 20 mg/5ml</i>	65		
<i>fluoxetine hcl tab 10 mg</i>	65		

<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	132	FYCOMPA TAB 4MG	75
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	155	FYCOMPA TAB 6MG	75
FOSAMAX + D TAB 70-2800	105	FYCOMPA TAB 8MG	75
FOSAMAX + D TAB 70-5600	105	FYLNETRA INJ 6MG/0.6	133
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	17	G	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	15	GA-1 ANAMIX POW ERLY YRS.....	92
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	41	<i>gabapentin cap 100 mg</i>	75
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	41	<i>gabapentin cap 300 mg</i>	75
<i>fosinopril sodium tab 10 mg</i>	42	<i>gabapentin cap 400 mg</i>	75
<i>fosinopril sodium tab 20 mg</i>	42	<i>gabapentin oral soln 250 mg/5ml</i>	75
<i>fosinopril sodium tab 40 mg</i>	42	<i>gabapentin tab 600 mg</i>	75
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	75	<i>gabapentin tab 800 mg</i>	75
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	75	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	61
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FRAGMIN INJ 12500UNT	132	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	61
FRAGMIN INJ 15000UNT	132	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	61
FRAGMIN INJ 18000UNT	132	<i>galantamine hydrobromide tab 12 mg</i>	61
FRAGMIN INJ 2500/0.2	132	<i>galantamine hydrobromide tab 4 mg</i>	61
FRAGMIN INJ 2500/ML	132	<i>galantamine hydrobromide tab 8 mg</i>	61
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<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	84	<i>gatifloxacin ophth soln 0.5%</i>	149
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<i>furosemide inj 10 mg/ml</i>	54	<i>gavilyte-g</i>	126
<i>furosemide oral soln 10 mg/ml</i>	55	GAZYVA INJ 25MG/ML.....	32
<i>furosemide oral soln 8 mg/ml</i>	55	<i>gemcitabine hcl for inj 1 gm</i>	30
<i>furosemide tab 20 mg</i>	55	<i>gemcitabine hcl for inj 200 mg</i>	30
<i>furosemide tab 40 mg</i>	55	<i>gemcitabine hcl for inj 2 gm</i>	30
<i>furosemide tab 80 mg</i>	55	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	30
FUZEON INJ 90MG.....	17	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	30
FYCOMPA SUS 0.5MG/ML.....	75	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	30
FYCOMPA TAB 10MG.....	75	<i>gemfibrozil tab 600 mg</i>	46
FYCOMPA TAB 12MG.....	75	<i>gemmily</i>	107
FYCOMPA TAB 2MG	75	<i>generlac</i>	126
		<i>gengraf</i>	142
		<i>gentamicin sulfate cream 0.1%</i>	162

<i>gentamicin sulfate inj 40 mg/ml</i>	15
<i>gentamicin sulfate oint 0.1%</i>	162
<i>gentamicin sulfate ophth soln 0.3%</i>	149
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<i>glimepiride tab 2 mg</i>	105
<i>glimepiride tab 4 mg</i>	105
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<i>glipizide-metformin hcl tab 2.5-500 mg</i> .	102
<i>glipizide-metformin hcl tab 5-500 mg</i>	102
<i>glipizide tab 10 mg</i>	105
<i>glipizide tab 5 mg</i>	105
<i>glipizide tab er 24hr 10 mg</i>	105
<i>glipizide tab er 24hr 2.5 mg</i>	105
<i>glipizide tab er 24hr 5 mg</i>	105
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<i>glycopyrrolate oral soln 1 mg/5ml</i>	123
<i>glycopyrrolate tab 1 mg</i>	123
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<i>goodsense nicotine polacr</i>	90
<i>granisetron hcl inj 1 mg/ml</i>	123
<i>granisetron hcl tab 1 mg</i>	123
<i>griseofulvin microsize susp 125 mg/5ml</i> ...	15
<i>griseofulvin microsize tab 500 mg</i>	15
<i>griseofulvin ultramicrosize tab 125 mg</i>	15
<i>griseofulvin ultramicrosize tab 250 mg</i>	15
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	155
<i>guanfacine hcl tab 1 mg</i>	56
<i>guanfacine hcl tab 2 mg</i>	56
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	80
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	80
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	80
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	80
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<i>halobetasol propionate cream 0.05%</i>	166
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<i>haloperidol decanoate im soln 100 mg/ml</i>	71
<i>haloperidol decanoate im soln 50 mg/ml</i> ..	71
<i>haloperidol lactate inj 5 mg/ml</i>	71
<i>haloperidol lactate oral conc 2 mg/ml</i>	71
<i>haloperidol tab 0.5 mg</i>	71
<i>haloperidol tab 10 mg</i>	71
<i>haloperidol tab 1 mg</i>	71
<i>haloperidol tab 20 mg</i>	71
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HCU ANAMIX POW ERLY YRS	92	<i>hydralazine hcl tab 10 mg</i>	56
HCU EXP20 PAK UNFLAVOR	93	<i>hydralazine hcl tab 25 mg</i>	56
HCU EXPRESS PAK	93	<i>hydralazine hcl tab 50 mg</i>	56
HCY 2 POW	93	<i>hydrochlorothiazide cap 12.5 mg</i>	55
<i>heather</i>	107	<i>hydrochlorothiazide tab 12.5 mg</i>	55
HELIDAC MIS THERAPY	129	<i>hydrochlorothiazide tab 25 mg</i>	55
HEMLIBRA INJ 105/0.7	134	<i>hydrochlorothiazide tab 50 mg</i>	55
HEMLIBRA INJ 150/ML	134	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HEMLIBRA INJ 300/2ML	134	<i>mg/15ml</i>	5
HEMLIBRA INJ 30MG/ML	134	<i>hydrocodone-acetaminophen tab 10-325</i>	
HEMLIBRA INJ 60/0.4	134	<i>mg</i>	5
HEMLIBRA SOL 12/0.4ML	134	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>		<i>mg</i>	5
.....	132	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>		<i>mg</i>	5
.....	132	<i>hydrocodone bitart-homatropine</i>	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>		<i>methylbromide tab 5-1.5 mg</i>	156
.....	132	<i>hydrocodone bitart-homatropine</i>	
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.....	132	<i>hydrocodone bitartrate tab er 24hr deter</i>	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>		<i>100 mg</i>	5
.....	132	<i>hydrocodone bitartrate tab er 24hr deter</i>	
<i>heparin sodium (porcine) pf inj 5000</i>		<i>120 mg</i>	5
<i>unit/0.5ml</i>	132	<i>hydrocodone bitartrate tab er 24hr deter 20</i>	
HEPLISAV-B INJ 20/0.5ML	143	<i>mg</i>	5
HIBERIX SOL 10MCG	143	<i>hydrocodone bitartrate tab er 24hr deter 30</i>	
HOLD CHAMBER MIS MEDIUM	159	<i>mg</i>	5
HOM 2 POW	93	<i>hydrocodone bitartrate tab er 24hr deter 40</i>	
HOMACTIN AA LIQ PLUS	93	<i>mg</i>	5
HOMINEX-1 POW	93	<i>hydrocodone bitartrate tab er 24hr deter 60</i>	
HOMINEX-2 POW	93	<i>mg</i>	5
HUMATROPE INJ 12MG	119	<i>hydrocodone bitartrate tab er 24hr deter 80</i>	
HUMATROPE INJ 24MG	119	<i>mg</i>	5
HUMATROPE INJ 6MG	119	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	6
HUMATROPEN MIS FOR 12MG	119	<i>hydrocod polst-chlorphen polst er susp 10-</i>	
HUMATROPEN MIS FOR 24MG	119	<i>8 mg/5ml</i>	155
HUMATROPEN MIS FOR 6MG	119	<i>hydrocortisone butyrate cream 0.1%</i>	166
HUMULIN INJ 70/30	103	<i>hydrocortisone butyrate oint 0.1%</i>	166
HUMULIN INJ 70/30KWP	103	<i>hydrocortisone butyrate soln 0.1%</i>	166
HUMULIN N INJ U-100	103	<i>hydrocortisone cream 1%</i>	166
HUMULIN N INJ U-100KWP	103	<i>hydrocortisone cream 2.5%</i>	166

<i>hydrocortisone enema 100 mg/60ml</i>	125	HYSINGLA ER TAB 30 MG.....	14
<i>hydrocortisone lotion 2.5%</i>	166	HYSINGLA ER TAB 40 MG.....	14
<i>hydrocortisone oint 2.5%</i>	166	HYSINGLA ER TAB 60 MG.....	14
<i>hydrocortisone perianal cream 1%</i>	129	HYSINGLA ER TAB 80 MG.....	14
<i>hydrocortisone perianal cream 2.5%</i>	129	I	
<i>hydrocortisone tab 10 mg</i>	118	<i>ibandronate sodium iv soln 3 mg/3ml (base</i>	
<i>hydrocortisone tab 20 mg</i>	118	<i>equivalent)</i>	105
<i>hydrocortisone tab 5 mg</i>	117	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrocortisone valerate cream 0.2%</i>	166	<i>equivalent)</i>	105
<i>hydrocortisone valerate oint 0.2%</i>	166	<i>ibuprofen susp 100 mg/5ml</i>	2
<i>hydrocortisone w/ acetic acid otic soln 1-</i>		<i>ibuprofen tab 400 mg</i>	2
<i>2%</i>	168	<i>ibuprofen tab 600 mg</i>	2
<i>hydromet</i>	156	<i>ibuprofen tab 800 mg</i>	2
<i>hydromorphone hcl inj 2 mg/ml</i>	6	<i>icatibant acetate subcutaneous soln pref</i>	
<i>hydromorphone hcl tab 2 mg</i>	6	<i>syr 30 mg/3ml</i>	140
<i>hydromorphone hcl tab 4 mg</i>	6	<i>icosapent ethyl cap 0.5 gm</i>	49
<i>hydromorphone hcl tab 8 mg</i>	6	<i>icosapent ethyl cap 1 gm</i>	49
<i>hydromorphone hcl tab er 24hr 12 mg</i>	6	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	29
<i>hydromorphone hcl tab er 24hr 16 mg</i>	6	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	29
<i>hydromorphone hcl tab er 24hr 32 mg</i>	6	.....	29
<i>hydromorphone hcl tab er 24hr 8 mg</i>	6	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	29
<i>hydroxychloroquine sulfate tab 200 mg</i> .	140	IDHIFA TAB 100MG.....	39
<i>hydroxyurea cap 500 mg</i>	38	IDHIFA TAB 50MG	39
<i>hydroxyzine hcl im soln 25 mg/ml</i>	153	<i>ifosfamide for inj 1 gm</i>	29
<i>hydroxyzine hcl im soln 50 mg/ml</i>	153	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	29
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	153	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> ...	29
<i>hydroxyzine hcl tab 10 mg</i>	154	ILEVRO DRO 0.3% OP	150
<i>hydroxyzine hcl tab 25 mg</i>	154	<i>imatinib mesylate tab 100 mg (base</i>	
<i>hydroxyzine hcl tab 50 mg</i>	154	<i>equivalent)</i>	35
<i>hydroxyzine pamoate cap 100 mg</i>	154	<i>imatinib mesylate tab 400 mg (base</i>	
<i>hydroxyzine pamoate cap 25 mg</i>	154	<i>equivalent)</i>	35
<i>hydroxyzine pamoate cap 50 mg</i>	154	<i>imipramine hcl tab 10 mg</i>	65
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HYRIMOZ INJ 10/0.1ML	137	<i>imipramine hcl tab 50 mg</i>	65
HYRIMOZ INJ 20/0.2ML.....	137	<i>imipramine pamoate cap 100 mg</i>	65
HYRIMOZ INJ 40/0.4ML	137	<i>imipramine pamoate cap 125 mg</i>	65
HYRIMOZ INJ 40/0.8ML	137	<i>imipramine pamoate cap 150 mg</i>	65
HYRIMOZ INJ 80/0.8ML	137	<i>imipramine pamoate cap 75 mg</i>	65
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INBRIJA CAP 42MG.....	69	<i>isoniazid tab 300 mg</i>	20
INCRELEX INJ 40MG/4ML	120	<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>	
<i>indapamide tab 1.25 mg</i>	55	<i>37.5 mg</i>	56
<i>indapamide tab 2.5 mg</i>	55	<i>isosorbide dinitrate tab 10 mg</i>	56
INFANRIX INJ.....	144	<i>isosorbide dinitrate tab 20 mg</i>	56
INFLIXIMAB INJ 100MG	135	<i>isosorbide dinitrate tab 30 mg</i>	56
INFLUENZA VACCINE.....	144	<i>isosorbide dinitrate tab 5 mg</i>	56
INLYTA TAB 1MG	35	<i>isosorbide mononitrate tab 10 mg</i>	56
INLYTA TAB 5MG.....	35	<i>isosorbide mononitrate tab 20 mg</i>	57
INSTA-GLUCOS GEL 77.4%	119	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
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INTELENCE TAB 25MG	17	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
INTRAROSA SUP 6.5MG	120	57
<i>introvale</i>	107	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
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<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		ISOSOURCE LIQ	93
<i>mg/3ml</i>	152	<i>isotretinoin cap 10 mg</i>	161
<i>ipratropium bromide inhal soln 0.02%</i> ...	152	<i>isotretinoin cap 20 mg</i>	161
<i>ipratropium bromide nasal soln 0.03% (21</i>		<i>isotretinoin cap 30 mg</i>	161
<i>mcg/spray)</i>	152	<i>isotretinoin cap 40 mg</i>	161
<i>ipratropium bromide nasal soln 0.06% (42</i>		ISOVACTIN AA LIQ PLUS.....	93
<i>mcg/spray)</i>	153	<i>isradipine cap 2.5 mg</i>	53
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>		<i>isradipine cap 5 mg</i>	53
<i>mg</i>	43	<i>itraconazole cap 100 mg</i>	16
<i>irbesartan-hydrochlorothiazide tab 300-</i>		<i>itraconazole oral soln 10 mg/ml</i>	16
<i>12.5 mg</i>	43	IVA ANAMIX POW ERLY YRS	93
<i>irbesartan tab 150 mg</i>	44	I-VALEX-1 POW	93
<i>irbesartan tab 300 mg</i>	44	I-VALEX-2 POW	93
<i>irbesartan tab 75 mg</i>	44	IVA MAXAMUM POW	93
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	40	<i>ivermectin cream 1%</i>	167
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	40	<i>ivermectin tab 3 mg</i>	14
.....	40	IV PREP WIPE PAD	162
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> ..	40	J	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	40	JAKAFI TAB 10MG	35
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JANUVIA TAB 50MG	102	KINRIX INJ	144
JARDIANCE TAB 10MG	105	KISQALI TAB 200DOSE	36
JARDIANCE TAB 25MG	105	KISQALI TAB 400DOSE	36
JEVITY 1.2 LIQ CAL	93	KISQALI TAB 600DOSE	36
JEVITY 1.5 LIQ CAL	94	<i>klor-con 10</i>	146
JEVITY 1 CAL LIQ	93	<i>klor-con 8</i>	146
<i>jinteli</i>	115	<i>klor-con m15</i>	146
<i>jolessa</i>	107	KRINTAFEL TAB 150MG	16
JUBLIA SOL 10%	163	<i>kurvelo</i>	108
<i>junel 1/20</i>	107	KYLEENA IUD 19.5MG	108
<i>junel 1.5/30</i>	107	L	
<i>junel fe 1/20</i>	108	<i>labetalol hcl tab 100 mg</i>	50
<i>junel fe 1.5/30</i>	108	<i>labetalol hcl tab 200 mg</i>	50
<i>junel fe 24</i>	108	<i>labetalol hcl tab 300 mg</i>	50
K		<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	75
KADCYLA INJ 100MG	32	<i>lacosamide oral solution 10 mg/ml</i>	75
KADCYLA INJ 160MG	32	<i>lacosamide tab 100 mg</i>	75
KALYDECO GRA 13.4MG	156	<i>lacosamide tab 150 mg</i>	75
KALYDECO GRA 5.8MG	156	<i>lacosamide tab 200 mg</i>	75
KALYDECO PAK 25MG	156	<i>lacosamide tab 50 mg</i>	75
KALYDECO PAK 50MG	156	<i>lactic acid (ammonium lactate) cream 12%</i>	167
KALYDECO PAK 75MG	156	<i>lactic acid (ammonium lactate) lotion 12%</i>	167
KALYDECO TAB 150MG	157	<i>lactulose solution 10 gm/15ml</i>	126
<i>kariva</i>	108	<i>lamivudine oral soln 10 mg/ml</i>	17
<i>kelnor 1/35</i>	108	<i>lamivudine tab 100 mg (hbv)</i>	24
KERENDIA TAB 10MG	120	<i>lamivudine tab 150 mg</i>	17
KERENDIA TAB 20MG	120	<i>lamivudine tab 300 mg</i>	17
<i>ketoconazole cream 2%</i>	163	<i>lamivudine-zidovudine tab 150-300 mg</i>	19
<i>ketoconazole shampoo 2%</i>	164	<i>lamotrigine orally disintegrating tab 100 mg</i>	75
KETO-DIASTIX TES	111	<i>lamotrigine orally disintegrating tab 200 mg</i>	75
KETONEX-1 POW	94	<i>lamotrigine orally disintegrating tab 25 mg</i>	75
KETONEX-2 POW	94	<i>lamotrigine orally disintegrating tab 50 mg</i>	75
<i>ketorolac tromethamine im inj 60 mg/2ml</i> <i>(30 mg/ml)</i>	2	<i>lamotrigine tab 100 mg</i>	75
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	<i>lamotrigine tab 150 mg</i>	75
<i>ketorolac tromethamine inj 30 mg/ml</i>	2		
<i>ketorolac tromethamine ophth soln 0.4%</i>	150		
<i>ketorolac tromethamine ophth soln 0.5%</i>	150		
<i>ketorolac tromethamine tab 10 mg</i>	2		

<i>lamotrigine tab 200 mg</i>	75	<i>leucovorin calcium for inj 200 mg</i>	40
<i>lamotrigine tab 25 mg</i>	75	<i>leucovorin calcium for inj 350 mg</i>	40
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>leucovorin calcium for inj 500 mg</i>	40
<i>starter kit</i>	75	<i>leucovorin calcium for inj 50 mg</i>	40
<i>lamotrigine tab 35 x 25 mg starter kit</i>	75	<i>leucovorin calcium tab 10 mg</i>	40
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>leucovorin calcium tab 15 mg</i>	40
<i>starter kit</i>	75	<i>leucovorin calcium tab 25 mg</i>	40
<i>lamotrigine tab chewable dispersible 25 mg</i>		<i>leucovorin calcium tab 5 mg</i>	40
.....	76	LEUKERAN TAB 2MG	29
<i>lamotrigine tab chewable dispersible 5 mg</i>		<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
.....	76	<i>mg/ml)</i>	33
<i>lamotrigine tab er 24hr 100 mg</i>	76	<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>	
<i>lamotrigine tab er 24hr 200 mg</i>	76	<i>(base equiv)</i>	155
<i>lamotrigine tab er 24hr 250 mg</i>	76	<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>	
<i>lamotrigine tab er 24hr 25 mg</i>	76	<i>(base equiv)</i>	155
<i>lamotrigine tab er 24hr 300 mg</i>	76	<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>lamotrigine tab er 24hr 50 mg</i>	76	<i>(base equiv)</i>	155
LANAFLEX PAK.....	94	<i>levabuterol hcl soln nebu conc 1.25</i>	
<i>lansoprazole cap delayed release 15 mg</i> .128		<i>mg/0.5ml (base equiv)</i>	155
<i>lansoprazole cap delayed release 30 mg</i> 128		<i>levabuterol tartrate inhal aerosol 45</i>	
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>mcg/act (base equiv)</i>	155
<i>(elemental)</i>	120	LEVEMIR INJ	103
<i>lanthanum carbonate chew tab 500 mg</i>		LEVEMIR INJ FLEXPEN.....	103
<i>(elemental)</i>	120	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>lanthanum carbonate chew tab 750 mg</i>		.....	76
<i>(elemental)</i>	120	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>		<i>1000 mg/100ml</i>	76
.....	36	<i>levetiracetam in sodium chloride iv soln</i>	
<i>larin 1.5/30</i>	108	<i>1500 mg/100ml</i>	76
<i>latanoprost ophth soln 0.005%</i>	151	<i>levetiracetam in sodium chloride iv soln</i>	
<i>leena</i>	108	<i>500 mg/100ml</i>	76
<i>leflunomide tab 10 mg</i>	140	<i>levetiracetam oral soln 100 mg/ml</i>	76
<i>leflunomide tab 20 mg</i>	140	<i>levetiracetam tab 1000 mg</i>	76
LENVIMA CAP 10 MG	36	<i>levetiracetam tab 250 mg</i>	76
LENVIMA CAP 12MG	36	<i>levetiracetam tab 500 mg</i>	76
LENVIMA CAP 14 MG	36	<i>levetiracetam tab 750 mg</i>	76
LENVIMA CAP 18 MG	36	<i>levetiracetam tab er 24hr 500 mg</i>	76
LENVIMA CAP 20 MG.....	36	<i>levetiracetam tab er 24hr 750 mg</i>	76
LENVIMA CAP 24 MG.....	36	<i>levobunolol hcl ophth soln 0.5%</i>	151
LENVIMA CAP 4MG.....	36	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 8 MG.....	36	<i>mg/5ml (0.5 mg/ml)</i>	154
<i>lessina</i>	108	<i>levocetirizine dihydrochloride tab 5 mg</i> ..	154
<i>letrozole tab 2.5 mg</i>	33	<i>levofloxacin iv soln 25 mg/ml</i>	23
<i>leucovorin calcium for inj 100 mg</i>	40	<i>levofloxacin oral soln 25 mg/ml</i>	23

<i>levofloxacin tab 250 mg</i>	23	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	166
<i>levofloxacin tab 500 mg</i>	23	<i>lidocaine hcl viscous soln 2%</i>	168
<i>levofloxacin tab 750 mg</i>	23	<i>lidocaine oint 5%</i>	166
<i>levonest</i>	108	<i>lidocaine pain relief pat</i>	167
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	108	<i>lidocaine patch 5%</i>	167
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	108	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	167
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	108	LILETTA IUD 52MG	108
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	108	<i>linezolid for susp 100 mg/5ml</i>	25
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	108	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	25
<i>levora 0.15/30-28</i>	108	<i>linezolid tab 600 mg</i>	25
<i>levothyroxine sodium tab 100 mcg</i>	121	LINZESS CAP 145MCG	126
<i>levothyroxine sodium tab 112 mcg</i>	121	LINZESS CAP 290MCG	126
<i>levothyroxine sodium tab 125 mcg</i>	121	LINZESS CAP 72MCG	125
<i>levothyroxine sodium tab 137 mcg</i>	121	<i>liothyronine sodium tab 25 mcg</i>	121
<i>levothyroxine sodium tab 150 mcg</i>	121	<i>liothyronine sodium tab 50 mcg</i>	121
<i>levothyroxine sodium tab 175 mcg</i>	121	<i>liothyronine sodium tab 5 mcg</i>	121
<i>levothyroxine sodium tab 200 mcg</i>	121	LIPISTART POW	94
<i>levothyroxine sodium tab 25 mcg</i>	121	LIQUID HOPE LIQ	94
<i>levothyroxine sodium tab 300 mcg</i>	121	<i>lisdexamfetamine dimesylate cap 10 mg</i> .80	
<i>levothyroxine sodium tab 50 mcg</i>	121	<i>lisdexamfetamine dimesylate cap 20 mg</i> .80	
<i>levothyroxine sodium tab 75 mcg</i>	121	<i>lisdexamfetamine dimesylate cap 30 mg</i> 80	
<i>levothyroxine sodium tab 88 mcg</i>	121	<i>lisdexamfetamine dimesylate cap 40 mg</i> 80	
<i>levoxyl</i>	121	<i>lisdexamfetamine dimesylate cap 50 mg</i> 80	
<i>lice treatment</i>	167	<i>lisdexamfetamine dimesylate cap 60 mg</i> 80	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	45	<i>lisdexamfetamine dimesylate cap 70 mg</i> .80	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	45	<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	81
<i>lidocaine hcl laryngotracheal soln 4%</i>	168	<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	81
<i>lidocaine hcl local inj 0.5%</i>	14	<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	81
<i>lidocaine hcl local inj 1%</i>	14	<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	81
<i>lidocaine hcl local inj 2%</i>	14	<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	81
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	14	<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	81
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	14	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	41
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	14	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>lidocaine hcl soln 4%</i>	166		

<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	41	<i>loxapine succinate cap 10 mg</i>	71
<i>lisinopril tab 10 mg</i>	42	<i>loxapine succinate cap 25 mg</i>	71
<i>lisinopril tab 2.5 mg</i>	42	<i>loxapine succinate cap 50 mg</i>	71
<i>lisinopril tab 20 mg</i>	42	<i>loxapine succinate cap 5 mg</i>	71
<i>lisinopril tab 30 mg</i>	42	<i>lubiprostone cap 24 mcg</i>	126
<i>lisinopril tab 40 mg</i>	42	<i>lubiprostone cap 8 mcg</i>	126
<i>lisinopril tab 5 mg</i>	42	<i>luliconazole cream 1%</i>	163
<i>lithium carbonate cap 150 mg</i>	85	LUMIGAN SOL 0.01% OP	151
<i>lithium carbonate cap 300 mg</i>	85	<i>lurasidone hcl tab 120 mg</i>	71
<i>lithium carbonate cap 600 mg</i>	85	<i>lurasidone hcl tab 20 mg</i>	71
<i>lithium carbonate tab 300 mg</i>	85	<i>lurasidone hcl tab 40 mg</i>	71
<i>lithium carbonate tab er 300 mg</i>	85	<i>lurasidone hcl tab 60 mg</i>	71
<i>lithium carbonate tab er 450 mg</i>	85	<i>lurasidone hcl tab 80 mg</i>	71
<i>lithium oral solution 8 meq/5ml</i>	85	<i>lutura</i>	108
LMD POW	94	LYNPARZA TAB 100MG	39
LO LOESTRIN TAB 1-10-10	108	LYNPARZA TAB 150MG	39
<i>loperamide hcl cap 2 mg</i>	123	LYSODREN TAB 500MG	33
LOPHLEX POW	94	M	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	19	<i>magnesium sulfat in dextrose 5% iv soln 1 gm/100ml</i>	146
<i>lopinavir-ritonavir tab 100-25 mg</i>	19	<i>magnesium sulfat inj 50%</i>	146
<i>lopinavir-ritonavir tab 200-50 mg</i>	19	<i>magnesium sulfat iv soln 2 gm/50ml (40 mg/ml)</i>	146
<i>lorazepam conc 2 mg/ml</i>	60	<i>malathion lotion 0.5%</i>	167
<i>lorazepam tab 0.5 mg</i>	60	<i>mannitol iv soln 20%</i>	55
<i>lorazepam tab 1 mg</i>	60	<i>mannitol iv soln 25%</i>	55
<i>lorazepam tab 2 mg</i>	60	<i>maraviroc tab 150 mg</i>	17
LORBRENA TAB 100MG	36	<i>maraviroc tab 300 mg</i>	17
LORBRENA TAB 25MG	36	<i>marlissa</i>	108
<i>loryna</i>	108	MARPLAN TAB 10MG	65
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	43	MATULANE CAP 50MG	29
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	43	<i>matzim la</i>	53
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	43	MCT PRO-CAL PAK	94
<i>losartan potassium tab 100 mg</i>	44	<i>meclizine hcl tab 12.5 mg</i>	123
<i>losartan potassium tab 25 mg</i>	44	<i>meclizine hcl tab 25 mg</i>	123
<i>losartan potassium tab 50 mg</i>	44	<i>meclofenamate sodium cap 100 mg</i>	2
<i>loteprednol etabonate ophth susp 0.5%</i>	150	<i>meclofenamate sodium cap 50 mg</i>	2
<i>lovastatin tab 10 mg</i>	47	MEDROL TAB 2MG	118
<i>lovastatin tab 20 mg</i>	47	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	108
<i>lovastatin tab 40 mg</i>	47	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	108
<i>low-ogestrel</i>	108	<i>medroxyprogesterone acetate tab 10 mg</i>	121

<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>mesalamine tab delayed release 800 mg</i>	
.....	121	.....	125
<i>medroxyprogesterone acetate tab 5 mg</i>	121	<i>mesna inj 100 mg/ml</i>	40
<i>mefenamic acid cap 250 mg</i>	2	MESNEX TAB 400MG	40
<i>mefloquine hcl tab 250 mg</i>	16	<i>metaxalone tab 800 mg</i>	87
<i>megestrol acetate susp 40 mg/ml</i>	121	<i>metformin hcl tab 1000 mg</i>	101
<i>megestrol acetate susp 625 mg/5ml</i>	121	<i>metformin hcl tab 500 mg</i>	101
<i>megestrol acetate tab 20 mg</i>	33	<i>metformin hcl tab 850 mg</i>	101
<i>megestrol acetate tab 40 mg</i>	33	<i>metformin hcl tab er 24hr 500 mg</i>	101
MEKINIST SOL 0.05/ML	36	<i>metformin hcl tab er 24hr 750 mg</i>	102
MEKINIST TAB 0.5MG	36	<i>methadone hcl conc 10 mg/ml</i>	6
MEKINIST TAB 2MG	36	<i>methadone hcl soln 10 mg/5ml</i>	6
<i>meloxicam tab 15 mg</i>	2	<i>methadone hcl soln 5 mg/5ml</i>	6
<i>meloxicam tab 7.5 mg</i>	2	<i>methadone hcl tab 10 mg</i>	7
<i>melphalan hcl for inj 50 mg (base equiv)</i>	29	<i>methadone hcl tab 5 mg</i>	7
<i>memantine hcl cap er 24hr 14 mg</i>	61	<i>methadone hcl tab for oral susp 40 mg</i>	7
<i>memantine hcl cap er 24hr 21 mg</i>	61	<i>methadone hydrochloride i</i>	7
<i>memantine hcl cap er 24hr 28 mg</i>	61	<i>methadose</i>	7
<i>memantine hcl cap er 24hr 7 mg</i>	61	<i>methamphetamine hcl tab 5 mg</i>	81
<i>memantine hcl oral solution 2 mg/ml</i>	61	<i>methazolamide tab 25 mg</i>	55
<i>memantine hcl tab 10 mg</i>	61	<i>methazolamide tab 50 mg</i>	55
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>		<i>methenamine hippurate tab 1 gm</i>	25
<i>titration pack</i>	61	<i>methimazole tab 10 mg</i>	121
<i>memantine hcl tab 5 mg</i>	61	<i>methimazole tab 5 mg</i>	121
MENEST TAB 0.3MG	115	METHIONAID POW	94
MENEST TAB 0.625MG	115	<i>methocarbamol tab 500 mg</i>	87
MENEST TAB 1.25MG	115	<i>methocarbamol tab 750 mg</i>	87
MENEST TAB 2.5MG	115	<i>methotrexate sodium for inj 1 gm</i>	30
MENQUADFI INJ	144	<i>methotrexate sodium inj 250 mg/10ml (25</i>	30
MENVEO INJ	144	<i>mg/ml)</i>	30
MENVEO SOL	144	<i>methotrexate sodium inj 50 mg/2ml (25</i>	30
<i>meprobamate tab 200 mg</i>	60	<i>mg/ml)</i>	30
<i>meprobamate tab 400 mg</i>	60	<i>methotrexate sodium inj pf 1000 mg/40ml</i>	
<i>mercaptopurine tab 50 mg</i>	30	<i>(25 mg/ml)</i>	31
<i>meropenem iv for soln 1 gm</i>	25	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>meropenem iv for soln 500 mg</i>	25	<i>(25 mg/ml)</i>	31
<i>mesalamine cap dr 400 mg</i>	125	<i>methotrexate sodium inj pf 50 mg/2ml (25</i>	31
<i>mesalamine cap er 24hr 0.375 gm</i>	125	<i>mg/ml)</i>	31
<i>mesalamine enema 4 gm</i>	125	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>mesalamine rectal enema 4 gm & cleanser</i>		<i>equiv)</i>	140
<i>wipe kit</i>	125	<i>methoxsalen rapid cap 10 mg</i>	163
<i>mesalamine suppos 1000 mg</i>	125	<i>methscopolamine bromide tab 2.5 mg</i>	123
<i>mesalamine tab delayed release 1.2 gm</i>	125	<i>methscopolamine bromide tab 5 mg</i>	123
		<i>methsuximide cap 300 mg</i>	76

<i>methylphenidate hcl cap er 10 mg (cd)</i>	81	<i>methylprednisolone tab 4 mg</i>	118
<i>methylphenidate hcl cap er 20 mg (cd)</i>	81	<i>methylprednisolone tab 8 mg</i>	118
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	81	<i>methylprednisolone tab therapy pack 4 mg</i> <i>(21)</i>	118
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	81	<i>metoclopramide hcl inj 5 mg/ml (base</i> <i>equivalent)</i>	123
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	81	<i>metoclopramide hcl orally disintegrating</i> <i>tab 5 mg (base eq)</i>	123
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	81	<i>metoclopramide hcl soln 5 mg/5ml (10</i> <i>mg/10ml) (base equiv)</i>	124
<i>methylphenidate hcl cap er 30 mg (cd)</i>	81	<i>metoclopramide hcl tab 10 mg (base</i> <i>equivalent)</i>	124
<i>methylphenidate hcl cap er 40 mg (cd)</i> ...	81	<i>metoclopramide hcl tab 5 mg (base</i> <i>equivalent)</i>	124
<i>methylphenidate hcl cap er 50 mg (cd)</i>	81	<i>metolazone tab 10 mg</i>	55
<i>methylphenidate hcl cap er 60 mg (cd)</i> ...	81	<i>metolazone tab 2.5 mg</i>	55
<i>methylphenidate hcl chew tab 10 mg</i>	82	<i>metolazone tab 5 mg</i>	55
<i>methylphenidate hcl chew tab 2.5 mg</i>	81	<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>25 mg</i>	50
<i>methylphenidate hcl chew tab 5 mg</i>	82	<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>50 mg</i>	50
<i>methylphenidate hcl soln 10 mg/5ml</i>	82	<i>metoprolol & hydrochlorothiazide tab 50-25</i> <i>mg</i>	50
<i>methylphenidate hcl soln 5 mg/5ml</i>	82	<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i>	50
<i>methylphenidate hcl tab 10 mg</i>	82	<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i>	51
<i>methylphenidate hcl tab 20 mg</i>	82	<i>metoprolol succinate tab er 24hr 25 mg</i> <i>(tartrate equiv)</i>	50
<i>methylphenidate hcl tab 5 mg</i>	82	<i>metoprolol succinate tab er 24hr 50 mg</i> <i>(tartrate equiv)</i>	50
<i>methylphenidate hcl tab er 10 mg</i>	82	<i>metoprolol tartrate tab 100 mg</i>	51
<i>methylphenidate hcl tab er 20 mg</i>	82	<i>metoprolol tartrate tab 25 mg</i>	51
<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 18 mg</i>	82	<i>metoprolol tartrate tab 50 mg</i>	51
<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 27 mg</i>	82	<i>metronidazole cap 375 mg</i>	25
<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 36 mg</i>	82	<i>metronidazole cream 0.75%</i>	167
<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 54 mg</i>	82	<i>metronidazole gel 0.75%</i>	167
<i>methylprednisolone acetate inj susp 40</i> <i>mg/ml</i>	118	<i>metronidazole gel 1%</i>	167
<i>methylprednisolone acetate inj susp 80</i> <i>mg/ml</i>	118	<i>metronidazole iv soln 500 mg/100ml</i>	25
<i>methylprednisolone sod succ for inj 1000</i> <i>mg (base equiv)</i>	118	<i>metronidazole lotion 0.75%</i>	167
<i>methylprednisolone sod succ for inj 125 mg</i> <i>(base equiv)</i>	118	<i>metronidazole tab 250 mg</i>	25
<i>methylprednisolone tab 16 mg</i>	118	<i>metronidazole tab 500 mg</i>	25
<i>methylprednisolone tab 32 mg</i>	118	<i>metronidazole vaginal gel 0.75%</i>	131
		<i>miconazole 3</i>	131

<i>microgestin 1.5/30</i>	108	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30
<i>midodrine hcl tab 10 mg</i>	56	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	30
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<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	149	<i>nicotine td patch 24hr 7 mg/24hr</i>	90
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<i>neomycin-polymyxin-hc otic soln 1%</i>	168	<i>nifedipine tab er 24hr 60 mg</i>	53
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	168	<i>nifedipine tab er 24hr 90 mg</i>	53
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<i>nicotine polacrilex gum 2 mg</i>	90	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	26
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oxycodone hcl tab 20 mg	10
oxycodone hcl tab 30 mg	10
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oxycodone w/ acetaminophen tab 7.5-325 mg	11
oxymorphone hcl tab 10 mg	11
oxymorphone hcl tab 5 mg	11
oxymorphone hcl tab er 12hr 10 mg	11
oxymorphone hcl tab er 12hr 15 mg	11
oxymorphone hcl tab er 12hr 20 mg	12
oxymorphone hcl tab er 12hr 30 mg	12
oxymorphone hcl tab er 12hr 40 mg	12
oxymorphone hcl tab er 12hr 5 mg	11
oxymorphone hcl tab er 12hr 7.5 mg	11
OZEMPIC INJ 2MG/3ML	102
OZEMPIC INJ 4MG/3ML	103

OZEMPIC INJ 8MG/3ML	103
P	
<i>pacerone</i>	45
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	31
PADCEV INJ 20MG	32
PADCEV INJ 30MG	32
<i>paliperidone tab er 24hr 1.5 mg</i>	72
<i>paliperidone tab er 24hr 3 mg</i>	72
<i>paliperidone tab er 24hr 6 mg</i>	72
<i>paliperidone tab er 24hr 9 mg</i>	72
<i>pamidronate disodium iv soln 3 mg/ml</i>	105
PANDA MASK MIS PEDIATRI	159
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	128
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	128
PARAGARD IUD T380A	109
<i>paraplatin</i>	39
<i>paricalcitol cap 1 mcg</i>	148
<i>paricalcitol cap 2 mcg</i>	148
<i>paricalcitol cap 4 mcg</i>	148
<i>paroxetine hcl tab 10 mg</i>	66
<i>paroxetine hcl tab 20 mg</i>	66
<i>paroxetine hcl tab 30 mg</i>	66
<i>paroxetine hcl tab 40 mg</i>	66
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	66
<i>paroxetine hcl tab er 24hr 25 mg</i>	66
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	66
PAXLOVID TAB 150-100	20
PAXLOVID TAB 300-100	21
<i>pazopanib hcl tab 200 mg (base equiv)</i>	36
PEDIARIX INJ 0.5ML	144
PEDIASURE EN LIQ /FIBER	96
PEDIASURE LIQ PEPTIDE	96
PEDVAX HIB INJ	144
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	126
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	126

<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	126	<i>perphenazine-amitriptyline tab 4-50 mg</i> ..	89
PEGASYS INJ.....	24	<i>perphenazine tab 16 mg</i>	72
PEGASYS INJ 180MCG/M.....	24	<i>perphenazine tab 2 mg</i>	72
PEG-PREP KIT.....	126	<i>perphenazine tab 4 mg</i>	72
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	31	<i>perphenazine tab 8 mg</i>	72
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	31	PFD 2 POW.....	97
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<i>peniclovir cream 1%</i>	167	PFIZER 6M-4Y INJ 2023-24.....	144
<i>penicillamine tab 250 mg</i>	106	<i>pfizerpen</i>	27
<i>penicillin g potassium for inj 20000000 unit</i>	27	PHENACTIN AA LIQ PLUS.....	97
<i>penicillin g potassium for inj 5000000 unit</i>	27	<i>phenelzine sulfate tab 15 mg</i>	66
<i>penicillin g sodium for inj 5000000 unit</i> ...	27	PHENEX-1 POW.....	97
<i>penicillin v potassium for soln 125 mg/5ml</i>	27	PHENEX-2 POW.....	97
<i>penicillin v potassium for soln 250 mg/5ml</i>	27	<i>phenobarbital elixir 20 mg/5ml</i>	76
<i>penicillin v potassium tab 250 mg</i>	27	<i>phenobarbital tab 100 mg</i>	77
<i>penicillin v potassium tab 500 mg</i>	27	<i>phenobarbital tab 15 mg</i>	76
PENTACEL INJ.....	144	<i>phenobarbital tab 16.2 mg</i>	76
<i>pentamidine isethionate for inj soln 300 mg</i>	26	<i>phenobarbital tab 30 mg</i>	76
<i>pentamidine isethionate for nebulization soln 300 mg</i>	26	<i>phenobarbital tab 32.4 mg</i>	76
<i>pentoxifylline tab er 400 mg</i>	134	<i>phenobarbital tab 60 mg</i>	76
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PEPTAMEN LIQ UNFLAVOR.....	96	<i>phenobarbital tab 97.2 mg</i>	76
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PERATIVE LIQ.....	97	<i>phenylephrine hcl ophth soln 10%</i>	151
PERIFLEX POW ADVANCE.....	97	<i>phenylephrine hcl ophth soln 2.5%</i>	151
<i>perindopril erbumine tab 2 mg</i>	42	PHENYL-FREE POW 2.....	97
<i>perindopril erbumine tab 4 mg</i>	42	<i>phenytoin infatabs</i>	77
<i>perindopril erbumine tab 8 mg</i>	42	<i>phenytoin sodium extended cap 100 mg</i> ..	77
<i>perio gard</i>	168	<i>phenytoin sodium extended cap 200 mg</i> ..	77
<i>permethrin cream 5%</i>	168	<i>phenytoin sodium extended cap 300 mg</i> ..	77
<i>perphenazine-amitriptyline tab 2-10 mg</i> ..	89	<i>phenytoin sodium inj 50 mg/ml</i>	77
<i>perphenazine-amitriptyline tab 2-25 mg</i> ..	89	<i>phenytoin susp 125 mg/5ml</i>	77
<i>perphenazine-amitriptyline tab 4-10 mg</i> ..	89	PHEXXI GEL.....	129
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		<i>physiolyte</i>	152
		<i>physiosol irrigation</i>	152
		<i>phytonadione tab 5 mg</i>	148
		<i>pilocarpine hcl ophth soln 1%</i>	151
		<i>pilocarpine hcl tab 5 mg</i>	168
		<i>pilocarpine hcl tab 7.5 mg</i>	168
		<i>pimecrolimus cream 1%</i>	164
		<i>pimozide tab 1 mg</i>	89

<i>pimozide tab 2 mg</i>	89	<i>POMALYST CAP 1MG</i>	32
<i>pindolol tab 10 mg</i>	51	<i>POMALYST CAP 2MG</i>	32
<i>pindolol tab 5 mg</i>	51	<i>POMALYST CAP 3MG</i>	32
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	104	<i>POMALYST CAP 4MG</i>	32
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	104	<i>PORTAGEN POW</i>	97
<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	104	<i>portia-28</i>	109
<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	104	<i>posaconazole susp 40 mg/ml</i>	16
<i>pioglitazone hcl tab 15 mg (base equiv)</i> ..	104	<i>posaconazole tab delayed release 100 mg</i>	16
<i>pioglitazone hcl tab 30 mg (base equiv)</i> .	104	<i>potassium chloride cap er 10 meq</i>	146
<i>pioglitazone hcl tab 45 mg (base equiv)</i> .	104	<i>potassium chloride cap er 8 meq</i>	146
<i>piperacillin sod-tazobactam na for inj 3.375</i> <i>gm (3-0.375 gm)</i>	27	<i>potassium chloride inj 2 meq/ml</i>	147
<i>piperacillin sod-tazobactam sod for inj 2.25</i> <i>gm (2-0.25 gm)</i>	27	<i>potassium chloride microencapsulated crys</i> <i>er tab 10 meq</i>	146
<i>piperacillin sod-tazobactam sod for inj 40.5</i> <i>gm (36-4.5 gm)</i>	27	<i>potassium chloride microencapsulated crys</i> <i>er tab 20 meq</i>	146
<i>pirfenidone cap 267 mg</i>	158	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	146
<i>pirfenidone tab 267 mg</i>	158	<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	146
<i>pirfenidone tab 801 mg</i>	158	<i>potassium chloride tab er 10 meq</i>	146
<i>piroxicam cap 10 mg</i>	2	<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	146
<i>piroxicam cap 20 mg</i>	2	<i>potassium chloride tab er 8 meq (600 mg)</i>	146
<i>pitavastatin calcium tab 1 mg</i>	47	<i>potassium citrate tab er 10 meq (1080 mg)</i>	130
<i>pitavastatin calcium tab 2 mg</i>	47	<i>potassium citrate tab er 15 meq (1620 mg)</i>	130
<i>pitavastatin calcium tab 4 mg</i>	47	<i>potassium citrate tab er 5 meq (540 mg)</i>	130
<i>PIVOT LIQ 1.5 CAL</i>	97	<i>PPA/MMA POW EXPRESS</i>	97
<i>PKU EXPLORE5 POW UNFLAVOR</i>	97	<i>PRADAXA CAP 75MG</i>	133
<i>PLENVU SOL</i>	126	<i>pramipexole dihydrochloride tab 0.125 mg</i>	69
<i>PNEUMOVAX 23 INJ 25/0.5</i>	144	<i>pramipexole dihydrochloride tab 0.25 mg</i>	69
<i>pnv-dha</i>	147	<i>pramipexole dihydrochloride tab 0.5 mg</i> .	69
<i>pnv-select</i>	147	<i>pramipexole dihydrochloride tab 0.75 mg</i>	69
<i>podofilox gel 0.5%</i>	167	<i>pramipexole dihydrochloride tab 1.5 mg</i> ..	69
<i>podofilox soln 0.5%</i>	167	<i>pramipexole dihydrochloride tab 1 mg</i>	69
<i>POLIVY INJ 140MG</i>	32	<i>pramipexole dihydrochloride tab er 24hr</i> <i>0.375 mg</i>	69
<i>POLIVY INJ 30MG</i>	32		
<i>polycin</i>	149		
<i>polyethylene glycol 3350 oral powder 17</i> <i>gm/scoop</i>	126		
<i>polymyxin b sulfite for inj 500000 unit</i>	26		
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	149		

<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab therapy pack 10 mg (21)</i> ..119
0.75 mg.....	69	<i>prednisone tab therapy pack 10 mg (48)</i> .119
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2.25 mg	69	<i>pregabalin cap 100 mg</i>77
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 150 mg</i>77
3.75 mg	69	<i>pregabalin cap 200 mg</i> .....77
<i>pramipexole dihydrochloride tab er 24hr 3</i>		<i>pregabalin cap 225 mg</i> .....77
mg	69	<i>pregabalin cap 25 mg</i> .....77
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 300 mg</i> .....77
4.5 mg	69	<i>pregabalin cap 50 mg</i>.....77
<i>prasugrel hcl tab 10 mg (base equiv)</i>	135	<i>pregabalin cap 75 mg</i>.....77
<i>prasugrel hcl tab 5 mg (base equiv)</i>	135	<i>pregabalin soln 20 mg/ml</i>.....77
<i>pravastatin sodium tab 10 mg</i>	48	<i>PREHEVBRIO SUS 10MCG/ML</i>.....144
<i>pravastatin sodium tab 20 mg</i>	48	<i>PREMARIN TAB 0.3MG</i> .....116
<i>pravastatin sodium tab 40 mg</i>	48	<i>PREMARIN TAB 0.45MG</i>.....116
<i>pravastatin sodium tab 80 mg</i>	48	<i>PREMARIN TAB 0.625MG</i>.....116
<i>praziquantel tab 600 mg</i>	14	<i>PREMARIN TAB 0.9MG</i> .....116
<i>prazosin hcl cap 1 mg</i>	43	<i>PREMARIN TAB 1.25MG</i>.....116
<i>prazosin hcl cap 2 mg</i>	43	<i>PREMARIN VAG CRE 0.625MG</i>.....116
<i>prazosin hcl cap 5 mg</i>	43	<i>prenatal 19</i>
<i>prednisolone acetate ophth susp 1%</i>	150	<i>PRETOMANID TAB 200MG</i>20
<i>prednisolone sodium phosphate oral soln</i>		<i>prevalite</i>46
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10 mg (base eq)	118	<i>PREZISTA SUS 100MG/ML</i>18
<i>prednisolone sod phos orally disintegr tab</i>		<i>PREZISTA TAB 150MG</i>
15 mg (base eq).....	118	<i>PREZISTA TAB 75MG</i>.....18
<i>prednisolone sod phos orally disintegr tab</i>		<i>PRIFTIN TAB 150MG</i>.....20
30 mg (base eq).....	118	<i>primaquine phosphate tab 26.3 mg (15 mg</i>
<i>prednisolone sod phosphate oral soln 15</i>		<i>base)</i>
mg/5ml (base equiv).....	118	<i>primidone tab 250 mg</i>
<i>prednisolone sod phosph oral soln 6.7</i>		<i>primidone tab 50 mg</i>
mg/5ml (5 mg/5ml base)	118	<i>PRIORIX INJ</i>
<i>prednisolone soln 15 mg/5ml</i>	118	<i>probenecid tab 500 mg</i>.....1
<i>PREDNISON CON 5MG/ML</i>	118	<i>procainamide hcl inj 100 mg/ml</i>.....45
<i>prednisone oral soln 5 mg/5ml</i>	118	<i>prochlorperazine maleate tab 10 mg (base</i>
<i>prednisone tab 10 mg</i>	118	<i>equivalent)</i>
<i>prednisone tab 1 mg</i>	118	<i>prochlorperazine maleate tab 5 mg (base</i>
<i>prednisone tab 2.5 mg</i>	118	<i>equivalent)</i>
<i>prednisone tab 20 mg</i>	118	<i>prochlorperazine suppos 25 mg</i>.....124
<i>prednisone tab 50 mg</i>	118	<i>proctozone-hc</i>129
<i>prednisone tab 5 mg</i>	118	<i>progesterone cap 100 mg</i>
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<i>progesterone cap 200 mg</i>	121	<i>propranolol hcl oral soln 40 mg/5ml</i>	51
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PROGRAF CAP 1MG.....	142	<i>propranolol hcl tab 20 mg</i>	51
PROGRAF CAP 5MG	142	<i>propranolol hcl tab 40 mg</i>	51
PROGRAF GRA 0.2MG.....	142	<i>propranolol hcl tab 60 mg</i>	51
PROGRAF GRA 1MG.....	142	<i>propranolol hcl tab 80 mg</i>	51
PROGRAF INJ 5MG/ML.....	142	<i>propylthiouracil tab 50 mg</i>	121
PROLASTIN-C INJ 1000MG	152	PROQUAD INJ.....	145
PROLIA INJ 60MG/ML	106	PROSOURCE LIQ TF	98
PROMACTIN AA SUS PLUS	97	<i>protriptyline hcl tab 10 mg</i>	66
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>		<i>protriptyline hcl tab 5 mg</i>	66
.....	156	PROVIMIN POW	98
<i>promethazine hcl inj 25 mg/ml</i>	124	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>promethazine hcl inj 50 mg/ml</i>	124	<i>mg/5ml</i>	156
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	124	<i>pyrazinamide tab 500 mg</i>	20
<i>promethazine hcl suppos 12.5 mg</i>	124	<i>pyridostigmine bromide oral soln 60</i>	
<i>promethazine hcl suppos 25 mg</i>	124	<i>mg/5ml</i>	85
<i>promethazine hcl tab 12.5 mg</i>	124	<i>pyridostigmine bromide tab 60 mg</i>	85
<i>promethazine hcl tab 25 mg</i>	124	<i>pyridostigmine bromide tab er 180 mg</i>	85
<i>promethazine hcl tab 50 mg</i>	124	<i>pyridoxine hcl tab 25 mg</i>	148
<i>promethazine vc</i>	156	<i>pyridoxine hcl tab 50 mg</i>	148
<i>promethazine w/ codeine syrup 6.25-10</i>		<i>pyrimethamine tab 25 mg</i>	26
<i>mg/5ml</i>	156	Q	
<i>promethegan</i>	124	QUADRACEL INJ	145
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PROMOTE LIQ VANILLA	98	<i>quetiapine fumarate tab 200 mg</i>	72
PROMOTE W/FB LIQ VANILLA.....	98	<i>quetiapine fumarate tab 25 mg</i>	72
PROMOTE W/ LIQ FIBER	98	<i>quetiapine fumarate tab 300 mg</i>	72
<i>propafenone hcl cap er 12hr 225 mg</i>	45	<i>quetiapine fumarate tab 400 mg</i>	72
<i>propafenone hcl cap er 12hr 325 mg</i>	45	<i>quetiapine fumarate tab 50 mg</i>	72
<i>propafenone hcl cap er 12hr 425 mg</i>	45	<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	72
<i>propafenone hcl tab 150 mg</i>	45	<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	72
<i>propafenone hcl tab 225 mg</i>	45	<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	72
<i>propafenone hcl tab 300 mg</i>	45	<i>quetiapine fumarate tab er 24hr 400 mg</i> ..	72
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PROPIMEX-1 POW	98	<i>quinapril hcl tab 20 mg</i>	42
PROPIMEX-2 POW	98	<i>quinapril hcl tab 40 mg</i>	42
<i>propranolol hcl cap er 24hr 120 mg</i>	51	<i>quinapril hcl tab 5 mg</i>	42
<i>propranolol hcl cap er 24hr 160 mg</i>	51	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	51	<i>mg</i>	41
<i>propranolol hcl cap er 24hr 80 mg</i>	51	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	51	<i>mg</i>	41

<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	RETACRIT INJ 3000UNIT	134
.....	RETACRIT INJ 40000UNT	134
<i>quinine sulfate cap 324 mg</i>	RETACRIT INJ 4000UNIT	134
QULIPTA TAB 10MG	RETROVIR INJ 10MG/ML.....	18
QULIPTA TAB 30MG.....	REVLIMID CAP 10MG	32
QULIPTA TAB 60MG	REVLIMID CAP 15MG.....	32
R	REVLIMID CAP 2.5MG.....	32
<i>rabeprazole sodium ec tab 20 mg</i>	REVLIMID CAP 20MG.....	32
<i>raloxifene hcl tab 60 mg</i>	REVLIMID CAP 25MG.....	32
<i>ramelteon tab 8 mg</i>	REVLIMID CAP 5MG	32
<i>ramipril cap 1.25 mg</i>	REYATAZ POW 50MG.....	18
<i>ramipril cap 10 mg</i>	<i>ribavirin cap 200 mg</i>	24
<i>ramipril cap 2.5 mg</i>	<i>ribavirin tab 200 mg</i>	24
<i>ramipril cap 5 mg</i>	<i>rifabutin cap 150 mg</i>	20
<i>ranolazine tab er 12hr 1000 mg</i>	<i>rifampin cap 150 mg</i>	20
<i>ranolazine tab er 12hr 500 mg</i>	<i>rifampin cap 300 mg</i>	20
RAPAMUNE SOL 1MG/ML.....	<i>rifampin for inj 600 mg</i>	20
RAPAMUNE TAB 0.5MG.....	<i>riluzole tab 50 mg</i>	85
RAPAMUNE TAB 1MG.....	<i>rimantadine hydrochloride tab 100 mg</i>	21
RAPAMUNE TAB 2MG	RINVOQ LQ SOL 1MG/ML	138
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	RINVOQ TAB 15MG ER.....	138
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<i>rasagiline mesylate tab 1 mg (base equiv)</i>	RINVOQ TAB 45MG ER.....	139
<i>reclipsen</i>	<i>risedronate sodium tab 150 mg</i>	106
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RECOMBIVA HB INJ 5MCG/0.5.....	<i>risedronate sodium tab 5 mg</i>	106
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<i>repaglinide tab 0.5 mg</i>	<i>mg</i>	72
<i>repaglinide tab 1 mg</i>	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>repaglinide tab 2 mg</i>	72
REPATHA INJ 140MG/ML	<i>risperidone orally disintegrating tab 1 mg</i> .72	
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REPATHA SURE INJ 140MG/ML.....	<i>risperidone orally disintegrating tab 3 mg</i> 72	
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RESTASIS EMU 0.05% OP	<i>risperidone tab 0.5 mg</i>	73
RESTASIS MUL EMU 0.05% OP	<i>risperidone tab 1 mg</i>	73
RETACRIT INJ 10000UNT	<i>risperidone tab 2 mg</i>	73
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<i>ritonavir tab 100 mg</i>	18	<i>SANCUSO DIS 3.1MG</i>	125
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	61	<i>SANDIMMUNE CAP 100MG</i>	142
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	61	<i>SANDIMMUNE CAP 25MG</i>	142
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	61	<i>SANDIMMUNE INJ 50MG/ML</i>	142
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	61	<i>SANDIMMUNE SOL 100MG/ML</i>	142
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> ..	61	<i>sapropterin dihydrochloride powder packet 100 mg</i>	113
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	61	<i>sapropterin dihydrochloride powder packet 500 mg</i>	113
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	61	<i>sapropterin dihydrochloride tab 100 mg</i> ..	113
<i>rivelsa</i>	109	<i>SAVELLA MIS TITR PAK</i>	82
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	84	<i>SAVELLA TAB 100MG</i>	82
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	84	<i>SAVELLA TAB 12.5MG</i>	82
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	84	<i>SAVELLA TAB 25MG</i>	82
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	84	<i>SAVELLA TAB 50MG</i>	82
<i>roflumilast tab 250 mcg</i>	158	<i>scopolamine td patch 72hr 1 mg/3days</i> ..	125
<i>roflumilast tab 500 mcg</i>	158	<i>selegiline hcl cap 5 mg</i>	70
<i>ropinirole hydrochloride tab 0.25 mg</i>	69	<i>selegiline hcl tab 5 mg</i>	70
<i>ropinirole hydrochloride tab 0.5 mg</i>	69	<i>selenium sulfide lotion 2.5%</i>	164
<i>ropinirole hydrochloride tab 1 mg</i>	70	<i>SELZENTRY SOL 20MG/ML</i>	18
<i>ropinirole hydrochloride tab 2 mg</i>	70	<i>SEREVENT DIS AER 50MCG</i>	155
<i>ropinirole hydrochloride tab 3 mg</i>	70	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	66
<i>ropinirole hydrochloride tab 4 mg</i>	70	<i>sertraline hcl tab 100 mg</i>	67
<i>ropinirole hydrochloride tab 5 mg</i>	70	<i>sertraline hcl tab 25 mg</i>	66
<i>rosuvastatin calcium tab 10 mg</i>	48	<i>sertraline hcl tab 50 mg</i>	67
<i>rosuvastatin calcium tab 20 mg</i>	48	<i>sevelamer carbonate packet 0.8 gm</i>	120
<i>rosuvastatin calcium tab 40 mg</i>	48	<i>sevelamer carbonate packet 2.4 gm</i>	120
<i>rosuvastatin calcium tab 5 mg</i>	48	<i>sevelamer carbonate tab 800 mg</i>	120
ROTARIX SUS	145	SHARPS CONT MIS 2QUART	112
ROTATEQ SOL	145	SHINGRIX INJ 50/0.5ML	145
<i>rufinamide susp 40 mg/ml</i>	77	SIGNIFOR INJ 0.3MG/ML	120
<i>rufinamide tab 200 mg</i>	77	SIGNIFOR INJ 0.6MG/ML	120
<i>rufinamide tab 400 mg</i>	77	SIGNIFOR INJ 0.9MG/ML	120
<i>ryclora</i>	154	<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	58
RYDAPT CAP 25MG	37	<i>sildenafil citrate tab 100 mg</i>	130
S		<i>sildenafil citrate tab 20 mg</i>	58
S.O.S. 20 POW	98	<i>sildenafil citrate tab 25 mg</i>	130
S.O.S. 25 POW	99	<i>sildenafil citrate tab 50 mg</i>	130
		<i>silodosin cap 4 mg</i>	129
		<i>silodosin cap 8 mg</i>	129
		<i>silver sulfadiazine cream 1%</i>	162
		SIMBRINZA SUS 1-0.2%	151

SIMPONI ARIA SOL 50MG/4ML.....	135	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	147
SIMPONI INJ 100MG/ML	139	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	147
SIMPONI INJ 50/0.5ML.....	139	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	113
<i>simvastatin tab 10 mg</i>	48	<i>sodium phenylbutyrate tab 500 mg</i>	113
<i>simvastatin tab 20 mg</i>	48	SOD OXYBATE SOL 500MG/ML	88
<i>simvastatin tab 40 mg</i>	48	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	126
<i>simvastatin tab 5 mg</i>	48	SOFTCLIX MIS LANCETS	112
<i>simvastatin tab 80 mg</i>	49	SOL CARB POW	99
<i>sirolimus oral soln 1 mg/ml</i>	142	<i>solifenacin succinate tab 10 mg</i>	131
<i>sirolimus tab 0.5 mg</i>	142	<i>solifenacin succinate tab 5 mg</i>	131
<i>sirolimus tab 1 mg</i>	142	SOLIQUA INJ 100/33	103
<i>sirolimus tab 2 mg</i>	142	SOLU-CORTEF INJ 1000MG.....	119
SIRTURO TAB 100MG.....	20	SOLU-CORTEF INJ 100MG	119
SIRTURO TAB 20MG	20	SOLU-CORTEF INJ 250MG.....	119
SKYLA IUD 13.5MG.....	109	SOLU-CORTEF INJ 500MG	119
SKYRIZI INJ 150MG/ML	139	SOLU-MEDROL INJ 2GM	119
SKYRIZI INJ 180/1.2.....	139	SOMATULINE INJ 120/.5ML.....	101
SKYRIZI INJ 360/2.4	139	SOMATULINE INJ 60/0.2ML.....	101
SKYRIZI PEN INJ 150MG/ML.....	139	SOMATULINE INJ 90/0.3ML.....	101
SKYRIZI SOL 60MG/ML.....	135	SOMAVERT INJ 10MG.....	101
SLYND TAB 4MG.....	109	SOMAVERT INJ 15MG	101
<i>sm lice treatment</i>	168	SOMAVERT INJ 20MG	101
<i>sm nicotine transdermal s</i>	90	SOMAVERT INJ 25MG	101
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .	146	SOMAVERT INJ 30MG	101
<i>sodium chloride irrigation soln 0.9%</i>	168	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	37
<i>sodium chloride iv soln 0.45%</i>	147	<i>sotalol hcl (afib/afl) tab 120 mg</i>	45
<i>sodium chloride iv soln 0.9%</i>	147	<i>sotalol hcl (afib/afl) tab 160 mg</i>	45
<i>sodium chloride iv soln 3%</i>	147	<i>sotalol hcl (afib/afl) tab 80 mg</i>	45
<i>sodium chloride iv soln 5%</i>	147	<i>sotalol hcl tab 120 mg</i>	46
<i>sodium chloride preservative free (pf) inj 0.9%</i>	147	<i>sotalol hcl tab 160 mg</i>	46
<i>sodium chloride soln nebu 0.9%</i>	158	<i>sotalol hcl tab 240 mg</i>	46
<i>sodium chloride soln nebu 10%</i>	158	<i>sotalol hcl tab 80 mg</i>	46
<i>sodium chloride soln nebu 3%</i>	158	SOVALDI PAK 150MG.....	24
<i>sodium chloride soln nebu 7%</i>	158	SOVALDI PAK 200MG.....	24
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	146	SOVALDI TAB 200MG	24
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	146	SOVALDI TAB 400MG.....	25
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	147	SPIKEVAX INJ 50/0.5ML	145
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	147	<i>spinosad susp 0.9%</i>	168
		SPIRIVA AER 1.25MCG.....	153

SPIRIVA SPR 2.5MCG	153	<i>sulfasalazine tab 500 mg</i>	125
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfasalazine tab delayed release 500 mg</i>	
25-25 mg	55	.....	125
<i>spironolactone tab 100 mg</i>	42	<i>sulindac tab 150 mg</i>	2
<i>spironolactone tab 25 mg</i>	42	<i>sulindac tab 200 mg</i>	2
<i>spironolactone tab 50 mg</i>	42	<i>sumatriptan-naproxen sodium tab 85-500</i>	
<i>sprintec 28</i>	109	mg	85
SPRYCEL TAB 100MG	37	<i>sumatriptan nasal spray 20 mg/act</i>	84
SPRYCEL TAB 140MG	37	<i>sumatriptan nasal spray 5 mg/act</i>	84
SPRYCEL TAB 20MG	37	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	84
SPRYCEL TAB 50MG.....	37	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 70MG	37	<i>injector 4 mg/0.5ml</i>	84
SPRYCEL TAB 80MG.....	37	<i>sumatriptan succinate solution auto-</i>	
<i>sps</i>	121	<i>injector 6 mg/0.5ml</i>	85
<i>sronyx</i>	109	<i>sumatriptan succinate solution cartridge 4</i>	
<i>ssd</i>	162	mg/0.5ml.....	85
STELARA INJ 45MG/0.5	139	<i>sumatriptan succinate solution cartridge 6</i>	
STELARA INJ 90MG/ML	139	mg/0.5ml.....	85
STENDRA TAB 100MG.....	130	<i>sumatriptan succinate tab 100 mg</i>	85
STENDRA TAB 200MG.....	130	<i>sumatriptan succinate tab 25 mg</i>	85
STENDRA TAB 50MG	130	<i>sumatriptan succinate tab 50 mg</i>	85
STIOLTO AER 2.5-2.5.....	152	<i>sunitinib malate cap 12.5 mg (base</i>	
STIVARGA TAB 40MG.....	37	<i>equivalent)</i>	37
STRIVERDI AER 2.5MCG	155	<i>sunitinib malate cap 25 mg (base</i>	
SUBLOCADE INJ 100/0.5	13	<i>equivalent)</i>	37
SUBLOCADE INJ 300/1.5	13	<i>sunitinib malate cap 37.5 mg (base</i>	
SUCRAID SOL 8500/ML.....	127	<i>equivalent)</i>	37
<i>sucrafate tab 1 gm</i>	127	<i>sunitinib malate cap 50 mg (base</i>	
SUFLAVE SOL.....	127	<i>equivalent)</i>	37
<i>sulconazole nitrate cream 1%</i>	163	SUNOSI TAB 150MG.....	88
<i>sulconazole nitrate solution 1%</i>	163	SUNOSI TAB 75MG.....	88
<i>sulfacetamide sodium lotion 10% (acne)</i> .161		SUPLENA LIQ VANILLA.....	99
<i>sulfacetamide sodium ophth oint 10%</i> ....149		SUPPRELIN LA KIT 50MG	120
<i>sulfacetamide sodium ophth soln 10%</i> ...149		SUTAB TAB.....	127
<i>sulfacetamide sodium-prednisolone ophth</i>		<i>syeda</i>	110
<i>soln 10-0.23(0.25)%</i>	149	SYMDEKO TAB 100-150	157
<i>sulfadiazine tab 500 mg</i>	15	SYMDEKO TAB 50-75MG	157
<i>sulfamethoxazole-trimethoprim susp 200-</i>		SYMLINPEN 60 INJ 1000MCG.....	101
<i>40 mg/5ml</i>	15	SYMLNPEN 120 INJ 1000MCG	101
<i>sulfamethoxazole-trimethoprim tab 400-80</i>		SYMTUZA TAB	19
<i>mg</i>	15	SYNAREL SOL 2MG/ML.....	119
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNJARDY TAB 12.5-1000 MG	104
<i>160 mg</i>	15	SYNJARDY TAB 12.5-500	104
SULFAMYLLON CRE 85MG/GM	162	SYNJARDY TAB 5-1000MG.....	104

SYNJARDY TAB 5-500MG	104	<i>tazarotene cream 0.1%</i>	163
SYNJARDY TAB XR 24HR 12.5-1000 MG	104	<i>tazarotene gel 0.05%</i>	163
SYNJARDY XR TAB 10-1000	104	<i>tazarotene gel 0.1%</i>	163
SYNJARDY XR TAB 25-1000	104	<i>tazicef</i>	22
SYNJARDY XR TAB 5-1000MG	104	TAZORAC CRE 0.05%	164
SYNTHROID TAB 100MCG	122	TDVAX INJ 2-2 LF	145
SYNTHROID TAB 112MCG	122	<i>telmisartan-amlodipine tab 40-10 mg</i>	44
SYNTHROID TAB 125MCG	122	<i>telmisartan-amlodipine tab 40-5 mg</i>	44
SYNTHROID TAB 137MCG	122	<i>telmisartan-amlodipine tab 80-10 mg</i>	44
SYNTHROID TAB 150MCG	122	<i>telmisartan-amlodipine tab 80-5 mg</i>	44
SYNTHROID TAB 175MCG	122	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
SYNTHROID TAB 200MCG	122	<i>12.5 mg</i>	44
SYNTHROID TAB 25MCG	121	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
SYNTHROID TAB 300MCG	122	<i>mg</i>	44
SYNTHROID TAB 50MCG	121	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
SYNTHROID TAB 75MCG	122	<i>mg</i>	44
SYNTHROID TAB 88MCG	122	<i>telmisartan tab 20 mg</i>	45
T		<i>telmisartan tab 40 mg</i>	45
TABLOID TAB 40MG	31	<i>telmisartan tab 80 mg</i>	45
<i>tacrolimus cap 0.5 mg</i>	142	<i>temazepam cap 15 mg</i>	83
<i>tacrolimus cap 1 mg</i>	142	<i>temazepam cap 22.5 mg</i>	83
<i>tacrolimus cap 5 mg</i>	143	<i>temazepam cap 30 mg</i>	83
<i>tacrolimus oint 0.03%</i>	164	<i>temazepam cap 7.5 mg</i>	83
<i>tacrolimus oint 0.1%</i>	164	TEMODAR INJ 100MG	29
<i>tadalafil tab 10 mg</i>	130	<i>temozolomide cap 100 mg</i>	29
<i>tadalafil tab 2.5 mg</i>	129	<i>temozolomide cap 140 mg</i>	29
<i>tadalafil tab 20 mg</i>	130	<i>temozolomide cap 180 mg</i>	29
<i>tadalafil tab 20 mg (pah)</i>	58	<i>temozolomide cap 20 mg</i>	29
<i>tadalafil tab 5 mg</i>	129	<i>temozolomide cap 250 mg</i>	29
TAFINLAR CAP 50MG	37	<i>temozolomide cap 5 mg</i>	29
TAFINLAR CAP 75MG	37	TENIVAC INJ 5-2LF	145
TAFINLAR TAB 10MG	37	<i>tenofovir disoproxil fumarate tab 300 mg</i>	18
<i>tafluprost preservative free (pf) ophth soln</i>		<i>terazosin hcl cap 10 mg (base equivalent)</i>	
<i>0.0015%</i>	151	.....	129
<i>take action</i>	110	<i>terazosin hcl cap 1 mg (base equivalent)</i>	129
TAKHZYRO INJ 150MG/ML	140	<i>terazosin hcl cap 2 mg (base equivalent)</i>	129
TAKHZYRO INJ 300/2ML	140	<i>terazosin hcl cap 5 mg (base equivalent)</i>	129
TALTZ INJ 80MG/ML	140	<i>terbinafine hcl tab 250 mg</i>	16
<i>tamoxifen citrate tab 10 mg (base</i>		<i>terbutaline sulfate tab 2.5 mg</i>	155
<i>equivalent)</i>	34	<i>terbutaline sulfate tab 5 mg</i>	155
<i>tamoxifen citrate tab 20 mg (base</i>		<i>terconazole vaginal cream 0.4%</i>	131
<i>equivalent)</i>	34	<i>terconazole vaginal cream 0.8%</i>	131
<i>tamsulosin hcl cap 0.4 mg</i>	129	<i>terconazole vaginal suppos 80 mg</i>	131
<i>tasimelteon capsule 20 mg</i>	83	<i>teriflunomide tab 14 mg</i>	86

<i>teriflunomide tab 7 mg</i>	86	<i>timolol maleate tab 20 mg</i>	51
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	101	<i>timolol maleate tab 5 mg</i>	51
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	101	<i>tinidazole tab 250 mg</i>	15
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	101	<i>tinidazole tab 500 mg</i>	15
<i>testosterone td gel 10mg/act (2%)</i>	101	<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	153
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	101	TIVICAY PD TAB 5MG	18
<i>tetrabenazine tab 12.5 mg</i>	86	TIVICAY TAB 50MG	18
<i>tetrabenazine tab 25 mg</i>	86	<i>tizanidine hcl tab 2 mg (base equivalent)</i> .	87
<i>tetracycline hcl cap 250 mg</i>	28	<i>tizanidine hcl tab 4 mg (base equivalent)</i> .	87
<i>tetracycline hcl cap 500 mg</i>	28	TOBRADEX OIN 0.3-0.1%	149
THALOMID CAP 100MG	33	TOBRADEX ST SUS 0.3-0.05	149
THALOMID CAP 50MG	33	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	149
<i>theophylline elixir 80 mg/15ml</i>	160	<i>tobramycin nebu soln 300 mg/4ml</i>	157
<i>theophylline soln 80 mg/15ml</i>	160	<i>tobramycin nebu soln 300 mg/5ml</i>	157
<i>theophylline tab er 12hr 300 mg</i>	160	<i>tobramycin ophth soln 0.3%</i>	149
<i>theophylline tab er 12hr 450 mg</i>	160	<i>tobramycin sulfate for inj 1.2 gm</i>	15
<i>theophylline tab er 24hr 400 mg</i>	160	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	15
<i>theophylline tab er 24hr 600 mg</i>	160	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	15
<i>thioridazine hcl tab 100 mg</i>	73	TODAY SPONGE MIS	129
<i>thioridazine hcl tab 10 mg</i>	73	TOLEREX POW	99
<i>thioridazine hcl tab 25 mg</i>	73	<i>tolterodine tartrate cap er 24hr 2 mg</i>	131
<i>thioridazine hcl tab 50 mg</i>	73	<i>tolterodine tartrate cap er 24hr 4 mg</i>	131
<i>thiothixene cap 10 mg</i>	73	<i>tolterodine tartrate tab 1 mg</i>	131
<i>thiothixene cap 1 mg</i>	73	<i>tolterodine tartrate tab 2 mg</i>	131
<i>thiothixene cap 2 mg</i>	73	<i>tolvaptan tab 15 mg</i>	120
<i>thiothixene cap 5 mg</i>	73	<i>tolvaptan tab 30 mg</i>	120
<i>tiagabine hcl tab 12 mg</i>	77	<i>topiramate sprinkle cap 15 mg</i>	77
<i>tiagabine hcl tab 16 mg</i>	77	<i>topiramate sprinkle cap 25 mg</i>	77
<i>tiagabine hcl tab 2 mg</i>	77	<i>topiramate tab 100 mg</i>	77
<i>tiagabine hcl tab 4 mg</i>	77	<i>topiramate tab 200 mg</i>	77
TICE BCG INJ	33	<i>topiramate tab 25 mg</i>	77
<i>tilia fe</i>	110	<i>topiramate tab 50 mg</i>	77
<i>timolol maleate ophth gel forming soln 0.25%</i>	151	<i>topotecan hcl for inj 4 mg (base equiv)</i>	40
<i>timolol maleate ophth gel forming soln 0.5%</i>	151	<i>toremifene citrate tab 60 mg (base equivalent)</i>	34
<i>timolol maleate ophth soln 0.25%</i>	151	<i>toremide tab 100 mg</i>	55
<i>timolol maleate ophth soln 0.5%</i>	151	<i>toremide tab 10 mg</i>	55
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	151	<i>toremide tab 20 mg</i>	55
<i>timolol maleate tab 10 mg</i>	51	<i>toremide tab 5 mg</i>	55

<i>tramadol-acetaminophen tab 37.5-325 mg</i>	<i>tretinoin cream 0.05%</i>.....161
.....12	<i>tretinoin cream 0.1%</i>.....161
<i>tramadol hcl tab 50 mg</i>.....12	<i>tretinoin gel 0.01%</i>.....162
<i>tramadol hcl tab er 24hr 100 mg</i>.....12	<i>tretinoin gel 0.025%</i>.....162
<i>tramadol hcl tab er 24hr 200 mg</i>.....12	<i>tretinoin gel 0.05%</i>.....162
<i>tramadol hcl tab er 24hr 300 mg</i>.....12	<i>tretinoin microsphere gel 0.04%</i> .....162
<i>trandolapril tab 1 mg</i>.....42	<i>tretinoin microsphere gel 0.1%</i>.....162
<i>trandolapril tab 2 mg</i>.....42	<i>triamcinolone acetonide cream 0.025%</i>.....166
<i>trandolapril tab 4 mg</i>.....42	<i>triamcinolone acetonide cream 0.1%</i>.....166
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	<i>triamcinolone acetonide cream 0.5%</i>.....166
.....41	<i>triamcinolone acetonide dental paste 0.1%</i>
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	.....168
.....41	<i>triamcinolone acetonide lotion 0.025%</i> ..166
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	<i>triamcinolone acetonide lotion 0.1%</i> .....166
.....41	<i>triamcinolone acetonide nasal aerosol</i>
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	<i>suspension 55 mcg/act</i> .....158
.....41	<i>triamcinolone acetonide oint 0.025%</i> .....166
<i>tranexamic acid iv soln 1000 mg/10ml (100</i>	<i>triamcinolone acetonide oint 0.1%</i>.....166
<i>mg/ml)</i> .....134	<i>triamcinolone acetonide oint 0.5%</i>.....166
<i>tranexamic acid tab 650 mg</i>.....134	<i>triamterene & hydrochlorothiazide cap</i>
<i>tranylcypromine sulfate tab 10 mg</i>.....67	<i>37.5-25 mg</i>.....55
<i>travoprost ophth soln 0.004%</i>	<i>triamterene & hydrochlorothiazide tab 37.5-</i>
<i>(benzalkonium free) (bak free)</i>.....151	<i>25 mg</i>.....55
<i>trazodone hcl tab 100 mg</i>.....67	<i>triamterene & hydrochlorothiazide tab 75-</i>
<i>trazodone hcl tab 150 mg</i>.....67	<i>50 mg</i>.....55
<i>trazodone hcl tab 300 mg</i>.....67	<i>triamterene cap 100 mg</i>.....55
<i>trazodone hcl tab 50 mg</i>.....67	<i>triamterene cap 50 mg</i>.....55
TRECTOR TAB 250MG.....20	<i>triazolam tab 0.125 mg</i>.....83
TRELEGY AER 100MCG.....152	<i>triazolam tab 0.25 mg</i>.....83
TRELEGY AER 200MCG.....152	<i>trifluoperazine hcl tab 10 mg (base</i>
TREMFYA INJ 100MG/ML.....140	<i>equivalent)</i>.....73
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	<i>trifluoperazine hcl tab 1 mg (base</i>
.....58	<i>equivalent)</i>.....73
<i>treprostinil inj soln 200 mg/20ml (10</i>	<i>trifluoperazine hcl tab 2 mg (base</i>
<i>mg/ml)</i>.....58	<i>equivalent)</i>.....73
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	<i>trifluoperazine hcl tab 5 mg (base</i>
.....58	<i>equivalent)</i>.....73
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	<i>trifluridine ophth soln 1%</i>.....149
.....58	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...70
TRESIBA FLEX INJ 100UNIT.....104	<i>trihexyphenidyl hcl tab 2 mg</i>.....70
TRESIBA FLEX INJ 200UNIT.....104	<i>trihexyphenidyl hcl tab 5 mg</i>.....70
TRESIBA INJ 100UNIT.....104	TRIKAFTA PAK 59.5MG.....157
<i>tretinoin cap 10 mg</i>.....39	TRIKAFTA PAK 75MG.....157
<i>tretinoin cream 0.025%</i>.....162	TRIKAFTA TAB.....157

<i>tri-linyah</i>	110	TYVASO ST KT SOL 0.6MG/ML.....	58
<i>trimethobenzamide hcl cap 300 mg</i>	125	U	
<i>trimethoprim tab 100 mg</i>	26	UBRELVY TAB 100MG.....	85
<i>trimipramine maleate cap 100 mg</i>	67	UBRELVY TAB 50MG.....	85
<i>trimipramine maleate cap 25 mg</i>	67	UCD ANAMIX POW JUNIOR	99
<i>trimipramine maleate cap 50 mg</i>	67	ULTRACAL HN LIQ PLUS.....	99
<i>trinate</i>	147	ULTRACAL LIQ	99
TRINTELLIX TAB 10MG	67	ULTRAMINO POW SOY PROT	99
TRINTELLIX TAB 20MG.....	67	ULTRIENT 1.5 LIQ SAFE-T	100
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<i>trivora-28</i>	110	UPTRAVI TAB 1600MCG.....	58
TROGARZO INJ 150MG/ML	18	UPTRAVI TAB 200MCG	58
<i>tropicamide ophth soln 0.5%</i>	151	UPTRAVI TAB 400MCG	58
<i>tropicamide ophth soln 1%</i>	151	UPTRAVI TAB 600MCG	58
<i>trospium chloride cap er 24hr 60 mg</i>	131	UPTRAVI TAB 800MCG	58
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TRULICITY INJ 1.5/0.5.....	103	<i>ursodiol tab 250 mg</i>	127
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TRUSTEX/RIA MIS NON-LUB	110	<i>valacyclovir hcl tab 500 mg</i>	21
TRUSTX NON-9 MIS RIB/STUD	110	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	21
TUKYSA TAB 150MG	37	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	21
TUKYSA TAB 50MG.....	37	<i>valproate sodium inj 100 mg/ml</i>	77
TWINRIX INJ	145	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	77
TWIRLA DIS 120-30	110	<i>valproic acid cap 250 mg</i>	77
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TYBLUME CHW 0.1-0.02	110	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	44
TYBOST TAB 150MG	18	<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	44
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TYREX-1 POW.....	99		
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TYVASO SOL 0.6MG/ML	58		

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	44	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	67
<i>valsartan tab 160 mg</i>	45	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	67
<i>valsartan tab 320 mg</i>	45	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	67
<i>valsartan tab 40 mg</i>	45	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	67
<i>valsartan tab 80 mg</i>	45	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	67
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	26	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	67
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	26	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	67
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	26	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	67
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	26	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	67
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<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	90	<i>verapamil hcl cap er 24hr 200 mg</i>	54
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	90	<i>verapamil hcl cap er 24hr 240 mg</i>	54
<i>varenicline tartrate tab 1 mg (base equiv)</i> 90		<i>verapamil hcl cap er 24hr 300 mg</i>	54
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<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	67	V-GO 30 KIT	112
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	67	V-GO 40 KIT	112
		VIBERZI TAB 100MG	126
		VIBERZI TAB 75MG	126
		VICTOZA INJ 18MG/3ML	103
		<i>vigabatrin powd pack 500 mg</i>	78

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VILACTIN AA LIQ PLUS	100	<i>warfarin sodium tab 7.5 mg</i>	133
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<i>vilazodone hcl tab 20 mg</i>	68	WESTAB MAX TAB 2.5-25-2	148
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<i>vinblastine sulfat inj 1 mg/ml</i>	31	WIDE-SEAL DPR KIT 65	110
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<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	31	WIDE-SEAL DPR KIT 75	110
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	31	WIDE-SEAL DPR KIT 80	110
VIOKACE TAB 10440	127	WIDE-SEAL DPR KIT 85	110
VIOKACE TAB 20880	127	WIDE-SEAL DPR KIT 90	110
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<i>voriconazole tab 200 mg</i>	16	XCOPRI PAK 100-150	78
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XTANDI CAP 40MG	34	<i>zoledronic acid iv soln 5 mg/100ml</i>	106
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<i>xulane</i>	110	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	
XULTOPHY INJ 100/3.6	103	85
Y		<i>zolmitriptan orally disintegrating tab 5 mg</i>	
YONSA TAB 125MG	34	85
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<i>zafirlukast tab 10 mg</i>	158	<i>zolpidem tartrate tab er 12.5 mg</i>	83
<i>zafirlukast tab 20 mg</i>	158	<i>zolpidem tartrate tab er 6.25 mg</i>	83
<i>zaleplon cap 10 mg</i>	83	<i>zonisamide cap 100 mg</i>	78
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<i>zidovudine syrup 10 mg/ml</i>	18	ZYLET SUS 0.5-0.3%	149
<i>zidovudine tab 300 mg</i>	18		

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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- 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>.

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 ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ 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) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ́ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nómà fòdùn tò wà lèyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ pọ̀ mọ̀ ògbufò 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।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò 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 855-258-6518 پر 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 شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس 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 للأخريين 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) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa 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 아닌 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 íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowó t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáqgo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowó.