

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.

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, HIV PrEP, 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 12/01/2025

Drug Name **Drug Tier** **Requirements/Limits**
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

<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<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>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	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 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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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 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	
VOLTAREN GEL 1% ARTHR	Tier 1	QL (300g every 30 days), OTC

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	

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
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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 2	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 2.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 20 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	Tier 2	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 120 MG	Tier 2	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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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>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)
<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

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>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, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, PA, 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); \$0 copay
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay

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 600MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	\$0 copay; M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; \$0 copay; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; \$0 copay; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	M	\$0 copay; M
SUBLOCADE INJ 300/1.5	M	\$0 copay; M
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (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>	M	M
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	M	M
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	M	M
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>sulfadiazine tab 500 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>	M	M
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	M	M
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	M	M

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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
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	M	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186MG	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	
<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)

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 16

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>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 PED TAB 2.5MG	Tier 2	QL (180 tabs every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)
<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)
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)

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 17

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
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
DESCOVY TAB 200/25MG	Tier 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
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 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	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 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
KALETRA SOL	Tier 2	QL (480 ml 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 675/150	Tier 3	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)

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>	M	M
<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>	M	M
SIRTURO TAB 20MG	Tier 3	
SIRTURO TAB 100MG	Tier 3	
TRECTOR TAB 250MG	Tier 2	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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 PAK	Tier 3	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	Tier 3	QL (40 tabs every 30 days)
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>	M	M
<i>cefdinir cap 300 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	M	M
<i>cefepime hcl for iv soln 2 gm</i>	M	M
<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>	M	M
<i>ceftriaxone sodium for inj 1 gm</i>	M	M
<i>ceftriaxone sodium for inj 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 10 gm</i>	M	M
<i>ceftriaxone sodium for inj 250 mg</i>	M	M
<i>ceftriaxone sodium for inj 500 mg</i>	M	M
<i>ceftriaxone sodium for iv soln 1 gm</i>	M	M
<i>ceftriaxone sodium for iv soln 2 gm</i>	M	M
<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>	M	M
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</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>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	
<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
e.e.s. 400	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 tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	
<i>fidaxomicin tab 200 mg</i>	Tier 1	PA
ZITHROMAX POW 1GM PAK	Tier 2	
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>	M	M
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	

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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<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>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>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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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>	M	M
<i>ampicillin sodium for inj 2 gm</i>	M	M
<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>	M	M
<i>penicillin g potassium for inj 20000000 unit</i>	M	M
<i>penicillin g sodium for inj 5000000 unit</i>	M	M
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	M	M
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	M	M

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>	M	M
<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>	M	M
<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)

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Drug Name	Drug Tier	Requirements/Limits
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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
<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	M	M
<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 inj 2 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	Tier 1	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	M	M
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	M	M
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	M	M
mitomycin for iv soln 5 mg	M	M
mitomycin for iv soln 20 mg	M	M
mitomycin for iv soln 40 mg	M	M
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	M	M

ANTIMETABOLITES

azacitidine for inj 100 mg	M	M
capecitabine tab 150 mg	Tier 0	PA
capecitabine tab 500 mg	Tier 0	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	M	M
clofarabine iv soln 1 mg/ml	M	M
cytarabine inj 20 mg/ml	M	M
cytarabine inj pf 20 mg/ml	M	M
cytarabine inj pf 100 mg/ml	M	M
decitabine for inj 50 mg	M	M
fludarabine phosphate for inj 50 mg	M	M
fludarabine phosphate inj 25 mg/ml	M	M
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	M	M
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	M	M
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	M	M
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	M	M
gemcitabine hcl for inj 1 gm	M	M
gemcitabine hcl for inj 2 gm	M	M
gemcitabine hcl for inj 200 mg	M	M
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	M	M

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Drug Name	Drug Tier	Requirements/Limits
<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
<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
NIPENT INJ 10MG	M	M
<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	

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)
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)

BIOLOGIC RESPONSE MODIFIERS

ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M
PADCEV INJ 20MG	M	M
PADCEV INJ 30MG	M	M
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)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (112 caps every 28 days)
TICE BCG INJ	M	M
BIOSIMILARS		
GAZYVA INJ 25MG/ML	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)

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>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>	M	M
<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)
<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)

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 33

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Drug Name	Drug Tier	Requirements/Limits
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)
CABOMETYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX 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)
dasatinib tab 20 mg	Tier 0	PA, QL (90 tabs every 30 days)
dasatinib tab 50 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 70 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 80 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 100 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 140 mg	Tier 0	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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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
<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)
ITOVEBI TAB 3MG	Tier 0	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	Tier 0	PA, QL (30 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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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	
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)

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
POLIVY INJ 30MG	M	M
POLIVY INJ 140MG	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)

MITOTIC INHIBITORS

<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
<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

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Drug Name	Drug Tier	Requirements/Limits
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
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
<i>mesna tab 400 mg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
KERENDIA TAB 40MG	Tier 3	PA
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	

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	

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>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	
<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	

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
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	
<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	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	
<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 pf soln pref syr 100 mg/5ml (2%)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
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/af) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	Tier 1	
<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

NEXLETOL TAB 180MG	Tier 3	PA
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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	
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ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
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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

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Drug Name	Drug Tier	Requirements/Limits
<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	

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

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>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
<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

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>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
<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
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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

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Drug Name	Drug Tier	Requirements/Limits
<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	PA, 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	PA, 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>labetalol hcl tab 400 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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>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	
<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	

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>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
<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	

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>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>ENTRESTO CAP 6-6MG</i>	Tier 2	
<i>ENTRESTO CAP 15-16MG</i>	Tier 2	
<i>ENTRESTO TAB 24-26MG</i>	Tier 2	
<i>ENTRESTO TAB 49-51MG</i>	Tier 2	
<i>ENTRESTO TAB 97-103MG</i>	Tier 2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>ivabradine hcl tab 7.5 mg (base equiv)</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	

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>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	
<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	

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>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)
<i>bosentan tab for oral susp 32 mg</i>	Tier 4	PA, QL (112 tabs every 28 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
<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 4	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	M	M
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	M	M
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	M	M
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	M	M
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)

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
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)
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	

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

<i>riluzole tab 50 mg</i>	Tier 1	
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ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
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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

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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>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)
<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	

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

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>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	
<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	

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>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
<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

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>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	
<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

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>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
<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

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>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	
FETZIMA CAP 40MG	Tier 3	
FETZIMA CAP 80MG	Tier 3	
FETZIMA CAP 120MG	Tier 3	
FETZIMA CAP TITRATIO	Tier 3	
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<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

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 65

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>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	
<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

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 66

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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**

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	ST, 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	

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>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	
<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	

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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>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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 chew tab 200 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	
<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)

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>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>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	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>perampanel tab 2 mg</i>	Tier 1	
<i>perampanel tab 4 mg</i>	Tier 1	
<i>perampanel tab 6 mg</i>	Tier 1	
<i>perampanel tab 8 mg</i>	Tier 1	
<i>perampanel tab 10 mg</i>	Tier 1	
<i>perampanel tab 12 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	
<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**

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Drug Name	Drug Tier	Requirements/Limits
<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 sprinkle cap 50 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	
<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)
<i>XCOPRI PAK 12.5-25</i>	Tier 2	
<i>XCOPRI PAK 50-100MG</i>	Tier 2	
<i>XCOPRI PAK 100-150</i>	Tier 2	
<i>XCOPRI PAK 150-200</i>	Tier 2	
<i>XCOPRI TAB 25MG</i>	Tier 2	
<i>XCOPRI TAB 50MG</i>	Tier 2	
<i>XCOPRI TAB 100MG</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
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 DISORDER

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)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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>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)
<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)

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 81

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>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)
<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)

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 82

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>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
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)

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>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)

MIGRAINE - ERGOTAMINE DERIVATIVES

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
ERGOMAR SUB 2MG	Tier 3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	

MIGRAINE - MISCELLANEOUS

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**
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**

MIGRAINE - MONOCLONAL ANTIBODIES

AIMOVIG INJ 70MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
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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

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Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 140MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill

MIGRAINE - TRIPTANS AND COMBINATIONS

<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<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)
<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)
<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)
<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)

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>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**
<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)
EVRYSDI TAB 5MG	Tier 5	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<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	
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 4	PA, 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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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

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>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	

MYASTHENIA GRAVIS

<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	

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)
<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)

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

OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	\$0 copay
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	\$0 copay
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days); \$0 copay

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>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days), OTC; \$0 copay
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	\$0 copay
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	\$0 copay
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
NARCAN SPR 4MG	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days), OTC; \$0 copay

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
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	Tier 1	
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

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Drug Name	Drug Tier	Requirements/Limits
<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	
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
<i>nicotine transdermal syst</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>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate tab 1 mg (base equiv)	Tier 0	\$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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
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
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

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
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
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

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
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
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

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
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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
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
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
SUPLINA 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

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Drug Name	Drug Tier	Requirements/Limits
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
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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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**

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Drug Name	Drug Tier	Requirements/Limits
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	
<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		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	Tier 1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 5MG/0.5	Tier 2	PA, QL (4 pens every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 7.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 10MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 12.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 15MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
OZEMPIC INJ 2MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	Tier 2	PA, QL (4 pens every 28 days)

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	
FIASP PMPCRT 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

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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Drug Name	Drug Tier	Requirements/Limits
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**
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	

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 106

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Drug Name	Drug Tier	Requirements/Limits
<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	
FOSAMAX + D TAB 70-5600	Tier 3	
<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
<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)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	M	M
LUPR DEP-PED INJ 7.5MG	M	M
LUPR DEP-PED INJ 11.25MG	M	M
LUPR DEP-PED INJ 15MG	M	M
LUPRON DEPOT INJ 45MG	M	M
SUPPRELIN LA KIT 50MG	M	M
TRIPTODUR SUS 22.5MG	M	M
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

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Drug Name	Drug Tier	Requirements/Limits
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	
AVERI TAB	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
FEMLYV TAB 1/0.02MG	Tier 0	
<i>galbriela</i>	Tier 0	
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
MIUDELLA IUD COPPER	M	M
<i>mono-lynyah</i>	Tier 0	
NATAZIA TAB	Tier 0	
<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 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
xelria fe	Tier 0	
xulane	Tier 0	
zovia 1/35	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
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 2 TES GP	Tier 0	OTC
CHEMSTRIP 5 TES OB	Tier 0	OTC
CHEMSTRIP 7 TES	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 0	OTC
CHEMSTRIP 10 TES MD	Tier 0	OTC
CHEMSTRIP K TES	Tier 0	OTC
CHEMSTRIP TES -10 SG	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP TES UGK	Tier 0	OTC
CVS KETONE TES CARE	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 15 DAY	Tier 0	QL (2 sensors every 30 days)
DEXCOM G7 MIS RECEIVER	Tier 0	PA
DEXCOM G7 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	Tier 0	OTC
DIASCREEN 5 MIS	Tier 0	OTC
DIASCREEN 6 MIS	Tier 0	OTC
DIASCREEN 7 MIS	Tier 0	OTC
DIASCREEN 8 MIS	Tier 0	OTC
DIASCREEN 9 MIS	Tier 0	OTC
DIASCREEN 10 MIS	Tier 0	OTC
DIASCREEN MIS 1B	Tier 0	OTC
DIASCREEN MIS 1G	Tier 0	OTC
DIASCREEN MIS 1K	Tier 0	OTC
DIASCREEN MIS 2GK	Tier 0	OTC
DIASCREEN MIS 2GP	Tier 0	OTC
DIASCREEN MIS 4NL	Tier 0	OTC
DIASCREEN MIS 4OBL	Tier 0	OTC
DIASCREEN MIS 4PH	Tier 0	OTC
DIASCREEN MIS CONTROL	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
FASTCLIX MIS LANCETS	Tier 0	OTC
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETONE TES	Tier 0	OTC
KETONE TEST TES	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX KIT INT G7G6	Tier 0	PA, QL (10 kits every 30 days); M
OMNIPOD 5 DX MIS POD G7G6	Tier 0	PA, QL (10 boxes every 30 days)
OMNIPOD 5 G7 KIT INTRO	Tier 0	PA, QL (10 kits every 30 days); M
OMNIPOD 5 G7 MIS PODS	Tier 0	PA, QL (10 boxes every 30 days)
OMNIPOD DASH KIT INTRO	Tier 0	PA, QL (10 kits every 30 days); M
OMNIPOD DASH KIT PDM	Tier 0	PA, QL (10 kits every 30 days); M
OMNIPOD DASH MIS PODS	Tier 0	PA, QL (10 boxes every 30 days)
OMNIPOD MIS CLASSIC	Tier 0	PA, QL (10 boxes every 30 days)
OMNIPOD PDM KIT CLASSIC	Tier 0	PA, QL (10 kits every 30 days); M
ONETOUCH DEL MIS PLUS 30G	Tier 0	OTC
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	Tier 0	OTC
ONETOUCH SOL KIT REFILL	Tier 0	OTC
ONETOUCH SOL KIT STARTER	Tier 0	OTC
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

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Drug Name	Drug Tier	Requirements/Limits
SOFTCLIX MIS LANCETS	Tier 0	OTC
TWIIIST KIT REFILL	M	M
TWIIIST KIT STARTER	Tier 0	PA, QL (10 kits every 30 days); M
TWIIIST REFIL KIT INFUSION	M	M
V-GO 20 KIT	Tier 0	PA, QL (30 pumps per 25 days)
V-GO 30 KIT	Tier 0	PA, QL (30 pumps per 25 days)
V-GO 40 KIT	Tier 0	PA, QL (30 pumps per 25 days)

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	
SYNAREL SOL 2MG/ML	Tier 5	PA

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 300/0.48	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.72	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.44	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 susp 22.75 mg/ml</i>	Tier 4	PA, QL (52 mL every 30 days)
<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>	M	M
<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	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<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 phosphate oral soln 5 mg/5ml (base equiv)</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	

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>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	
<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 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 for inj 1 mg</i>	Tier 1	
GVOKE HYPO 1 INJ 0.5/.1ML	Tier 2	
GVOKE HYPO 1 INJ 1/0.2ML	Tier 2	
GVOKE KIT SOL 1/0.2ML	Tier 2	
GVOKE PFS INJ 1/0.2ML	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

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Drug Name	Drug Tier	Requirements/Limits
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
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
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<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

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 119

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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>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 0.01%</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	
<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

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
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	

MISCELLANEOUS

<i>betaine powder for oral solution</i>	Tier 4	PA
<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	
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
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
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
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)

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
<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	
VELPHORO CHW 500MG	Tier 3	ST; PA**

POTASSIUM-REMOVING AGENTS

<i>sps</i>	Tier 1	
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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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

UREA CYCLE DISORDER

<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
PHEBURANE MIS 483/GM	Tier 4	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, QL (1200 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 124

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Drug Name	Drug Tier	Requirements/Limits
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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	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</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	

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
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	Tier 1	QL (2 packs every 28 days)
<i>compro</i>	Tier 1	
<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	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (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>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	
SANCUSO DIS 3.1MG	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
<i>lubiprostone cap 8 mcg</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>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
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
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	
IQIRVO TAB 80MG	Tier 4	PA, QL (30 tabs every 30 days)
<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
ZENPEP CAP 40000UNT	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
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 pack 2.5 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<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)
<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)
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone perianal cream 1%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
CARDURA XL TAB 8MG	Tier 3	
<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
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
ERECTILE DYSFUNCTION		
<i>avanafil tab 50 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 100 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 200 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)
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)
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>eq urinary pain relief</i>	Tier 1	OTC
<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	
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	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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 75 mg (etexilate base eq)</i>	Tier 1	
<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 CAP 0.15MG	Tier 2	
ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 0.5MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TAB 1.5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 2MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>rivaroxaban for susp 1 mg/ml</i>	Tier 1	
<i>rivaroxaban tab 2.5 mg</i>	Tier 1	
<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 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

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Drug Name	Drug Tier	Requirements/Limits
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
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	
<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	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	Tier 4	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	Tier 4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 36MG	Tier 4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	Tier 4	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	Tier 4	PA, QL (60 caps every 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	M	M
ACTEMRA INJ 200/10ML	M	M
ACTEMRA INJ 400/20ML	M	M
INFLIXIMAB INJ 100MG	M	M
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	M	M
TREMFYA INJ 200/20ML	Tier 4	PA, QL (One time induction dose only)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	Tier 5	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
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)
ADALIMU-ADAZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	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

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 139

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX 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
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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

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Drug Name	Drug Tier	Requirements/Limits
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 CD/ INJ UC/HS SP	Tier 4	PA, QL (Starter pack - initial dose only)
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 SENS INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ-PED INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only)
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

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
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	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	Tier 4	PA, QL (60 tabs every 30 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
OTEZLA XR TAB 75MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	Tier 4	PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 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 142

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
PYZCHIVA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
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.
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 and Ulcerative Colitis

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45/0.5ML	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
TALTZ INJ 20/0.25	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
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 Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease 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 144

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
VELSIPITY TAB 2MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
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.
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and 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

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 145

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
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)
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	
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	M	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine iv soln 50 mg/ml</i>	M	M
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 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
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
ENVARUSUS XR TAB 0.75MG	Tier 3	
ENVARUSUS XR TAB 1MG	Tier 3	
ENVARUSUS XR TAB 4MG	Tier 3	
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
<i>engraf</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	M	M
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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
ENFLONIA INJ 105MG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

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 5- INJ 11/25-26	Tier 0	
COMIRNATY INJ 30/0.3ML	Tier 0	
COMIRNATY INJ 30/.3ML	Tier 0	

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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
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAIXIA SUS	M	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUAD INJ 2025-26	Tier 0	
FLUMIST NASA LIQ 2025-26	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
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	Tier 0	
JYNNEOS INJ	Tier 0	
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	
MNEXSPIKE INJ 2025-26	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	
NUVAXOVID INJ 2025-26	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, 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 149

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
PEDVAX HIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	Tier 0	
PENMENVY INJ	Tier 0	
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 6M-4Y INJ 2024-25	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	
PROQUAD 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	
SPIKEVAX INJ 2025-26	Tier 0	
TDVAX INJ 2-2 LF	Tier 0	\$0 copay for members age 19 and older, 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 150

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Drug Name	Drug Tier	Requirements/Limits
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	
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 inj 2 meq/ml</i>	M	M
<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	

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 151

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>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 15 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 chloride iv soln 0.9%</i>	M	M
<i>sodium chloride iv soln 0.45%</i>	M	M
<i>sodium chloride iv soln 3%</i>	M	M
<i>sodium chloride iv soln 5%</i>	M	M
<i>sodium chloride preservative free (pf) inj 0.9%</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
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride 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 tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
PRENATAL VITAMINS		
<i>elite-ob</i>	Tier 1	
<i>inatal gt</i>	Tier 1	
<i>pnv-dha</i>	Tier 1	
<i>pnv-select</i>	Tier 1	
<i>prenatal 19</i>	Tier 1	
<i>trinate</i>	Tier 1	
VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</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>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>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</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	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<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	
<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-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid 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	

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Drug Name	Drug Tier	Requirements/Limits
<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% OP	Tier 2	
<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	
ZERVIATE DRO 0.24%	Tier 3	

ANTIGLAUCOMA BETA-BLOCKERS

<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETIMOL SOL 0.25% OP	Tier 3	
BETOPTIC-S SUS 0.25% OP	Tier 2	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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>timolol ophth soln 0.5%</i>	Tier 1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</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	
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</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	
PROSTAGLANDINS		
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
LUMIGAN SOL 0.01% OP	Tier 2	ST; PA**
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<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	
IOPIDINE SOL 1% OP	Tier 3	

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
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ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (6 injections every 300 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (6 injections 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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA RESP AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>tiotropium bromide 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)
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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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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 & phenylephrine syrup 6.25-5 mg/5ml</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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

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
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	
montelukast sodium oral granules packet 4 mg (base equiv)	Tier 1	
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
roflumilast tab 250 mcg	Tier 1	PA
roflumilast tab 500 mcg	Tier 1	PA
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3%	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
sodium chloride soln nebu 10%	Tier 1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (3 containers every 30 days)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (1 container every 30 days)
mometasone furoate nasal susp 50 mcg/act	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	QL (1 package every 30 days)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	Tier 4	PA, QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)

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

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
FASENRA INJ 10MG/0.5	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	M	M
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 auto-injector every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	M	M
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	M	M
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)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOL 150MG	M	M
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)
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)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	Tier 1	QL (1 package 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>breyna</i>	Tier 1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</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

AMINOPHYLLIN INJ 25MG/ML	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	

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)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1% (twice-daily)</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
<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>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 3	
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ssd</i>	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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
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 cream 0.05%</i>	Tier 1	PA
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	Tier 1	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 300/2ML	Tier 4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis

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Drug Name	Drug Tier	Requirements/Limits
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 pens every 28 days)
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 syringes every 28 days)
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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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>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	

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	Tier 1	
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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

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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>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>gnp lice treatment</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	

DERMATOLOGY, WOUND CARE AGENTS

REGANEX 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	

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Drug Name	Drug Tier	Requirements/Limits
<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>equiv)</i>	71	<i>atovaquone susp 750 mg/5ml</i>	25
<i>asenapine maleate sl tab 2.5 mg (base</i>		<i>atropine sulfate ophth soln 1%</i>	156
<i>equiv)</i>	71	<i>atropine sulfate soln prefill syr 0.25 mg/5ml</i>	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>		<i>(0.05 mg/ml)</i>	125
.....	71	<i>atropine sulfate soln prefill syr 1 mg/10ml</i>	
<i>ashlyna</i>	108	<i>(0.1 mg/ml)</i>	125
ASMANEX HFA AER 100 MCG	165	<i>avanafil tab 100 mg</i>	133
ASMANEX HFA AER 200 MCG	165	<i>avanafil tab 200 mg</i>	133
ASMANEX HFA AER 50MCG	165	<i>avanafil tab 50 mg</i>	133
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>		AVERI TAB	108
.....	137	<i>aviane</i>	108
<i>aspirin ec adult low dose</i>	14	<i>avidoxy</i>	28
ASTAGRAF XL CAP 0.5MG	146	<i>azacitidine for inj 100 mg</i>	30
ASTAGRAF XL CAP 1MG	146	AZASITE SOL 1%	154
ASTAGRAF XL CAP 5MG	146	<i>azathioprine tab 100 mg</i>	146
<i>atazanavir sulfate cap 150 mg (base equiv)</i>		<i>azathioprine tab 50 mg</i>	146
.....	17	<i>azathioprine tab 75 mg</i>	146
<i>atazanavir sulfate cap 200 mg (base equiv)</i>		<i>azelaic acid gel 15%</i>	172
.....	17	<i>azelastine hcl-fluticasone prop nasal spray</i>	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>		<i>137-50 mcg/act</i>	158
.....	17	<i>azelastine hcl nasal spray 0.1% (137</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i> .	50	<i>mcg/spray)</i>	158
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	50	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
<i>atenolol tab 100 mg</i>	50	<i>mcg/spray)</i>	158
<i>atenolol tab 25 mg</i>	50	<i>azelastine hcl ophth soln 0.05%</i>	155
<i>atenolol tab 50 mg</i>	50	<i>azithromycin for susp 100 mg/5ml</i>	22
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	80	<i>azithromycin for susp 200 mg/5ml</i>	22
<i>atomoxetine hcl cap 10 mg (base equiv)</i> ..	79	<i>azithromycin powd pack for susp 1 gm</i>	23
<i>atomoxetine hcl cap 18 mg (base equiv)</i> ..	79	<i>azithromycin tab 250 mg</i>	23

<i>azithromycin tab 500 mg</i>	23	<i>benazepril hcl tab 5 mg</i>	42
<i>azithromycin tab 600 mg</i>	23	<i>benzonatate cap 100 mg</i>	160
AZSTARYS CAP 26.1-5.2.....	80	<i>benzonatate cap 200 mg</i>	160
AZSTARYS CAP 39.2-7.8.....	80	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	166
AZSTARYS CAP 52.3-10.	80	<i>benztropine mesylate inj 1 mg/ml</i>	68
<i>aztreonam for inj 1 gm</i>	25	<i>benztropine mesylate tab 0.5 mg</i>	68
<i>aztreonam for inj 2 gm</i>	25	<i>benztropine mesylate tab 1 mg</i>	68
<i>azurette</i>	108	<i>benztropine mesylate tab 2 mg</i>	68
B		<i>bepotastine besilate ophth soln 1.5%</i>	155
<i>bacitracin ophth oint 500 unit/gm</i>	154	BESIVANCE SUS 0.6%.....	154
<i>bacitracin-polymyxin b ophth oint</i>	154	<i>betaine powder for oral solution</i>	122
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>ointment 1%</i>	153	<i>betamethasone dipropionate augmented</i> <i>cream 0.05%</i>	170
<i>baclofen tab 10 mg</i>	87	<i>betamethasone dipropionate augmented</i> <i>gel 0.05%</i>	170
<i>baclofen tab 20 mg</i>	87	<i>betamethasone dipropionate augmented</i> <i>lotion 0.05%</i>	170
<i>baclofen tab 5 mg</i>	87	<i>betamethasone dipropionate augmented</i> <i>ointment 0.05%</i>	170
<i>balsalazide disodium cap 750 mg</i>	128	<i>betamethasone dipropionate cream 0.05%</i>	170
BARACLUDGE SOL.....	24	<i>betamethasone dipropionate lotion 0.05%</i>	170
BASAGLAR INJ 100UNIT	104	<i>betamethasone valerate aerosol foam</i> <i>0.12%</i>	170
BASAGLAR INJ TEMPO PN	104	<i>betamethasone valerate cream 0.1% (base</i> <i>equivalent)</i>	170
BAXDELA TAB 450MG	23	<i>betamethasone valerate lotion 0.1% (base</i> <i>equivalent)</i>	170
BCAD 2 POW	92	<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	170
BELBUCA MIS 150MCG	13	BETASERON INJ 0.3MG	86
BELBUCA MIS 300MCG.....	13	<i>betaxolol hcl ophth soln 0.5%</i>	155
BELBUCA MIS 450MCG.....	13	<i>betaxolol hcl tab 10 mg</i>	50
BELBUCA MIS 600MCG	14	<i>betaxolol hcl tab 20 mg</i>	50
BELBUCA MIS 750MCG.....	14	<i>bethanechol chloride tab 10 mg</i>	133
BELBUCA MIS 75MCG	13	<i>bethanechol chloride tab 25 mg</i>	133
BELBUCA MIS 900MCG	14	<i>bethanechol chloride tab 50 mg</i>	133
BELSOMRA TAB 10MG.....	83	<i>bethanechol chloride tab 5 mg</i>	133
BELSOMRA TAB 15MG.....	83	BETIMOL SOL 0.25% OP.....	155
BELSOMRA TAB 20MG.....	83	BETOPTIC-S SUS 0.25% OP	155
BELSOMRA TAB 5MG	83	BEVESPI AER 9-4.8MCG	157
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	41	<i>bexarotene cap 75 mg</i>	38
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	41		
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	41		
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	41		
<i>benazepril hcl tab 10 mg</i>	42		
<i>benazepril hcl tab 20 mg</i>	42		
<i>benazepril hcl tab 40 mg</i>	42		

<i>bexarotene gel 1%</i>	172	<i>budesonide-formoterol fumarate dihyd</i>	
BEXSERO INJ	148	<i>aerosol 160-4.5 mcg/act</i>	166
BEYFORTUS INJ 100MG/ML	148	<i>budesonide-formoterol fumarate dihyd</i>	
BEYFORTUS INJ 50/0.5ML.....	148	<i>aerosol 80-4.5 mcg/act</i>	166
<i>bicalutamide tab 50 mg</i>	33	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BIJUVA CAP 0.5-100	119	.....	165
BIJUVA CAP 1-100MG	119	<i>budesonide inhalation susp 0.5 mg/2ml</i>	165
BIKTARVY TAB.....	19	<i>budesonide inhalation susp 1 mg/2ml</i>	165
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		<i>budesonide tab er 24hr 9 mg</i>	128
<i>6.25 mg</i>	50	<i>bumetanide tab 0.5 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>bumetanide tab 1 mg</i>	55
<i>6.25 mg</i>	50	<i>bumetanide tab 2 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>buprenorphine hcl inj 0.3 mg/ml (base</i>	
<i>mg</i>	50	<i>equiv)</i>	14
<i>bisoprolol fumarate tab 10 mg</i>	51	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
<i>bisoprolol fumarate tab 5 mg</i>	50	<i>mg (base equiv)</i>	89
<i>bleomycin sulfate for inj 15 unit</i>	29	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>bleomycin sulfate for inj 30 unit</i>	29	<i>0.5 mg (base equiv)</i>	89
BOOSTRIX INJ	148	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>bosentan tab 125 mg</i>	58	<i>mg (base equiv)</i>	89
<i>bosentan tab 62.5 mg</i>	58	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>bosentan tab for oral susp 32 mg</i>	58	<i>mg (base equiv)</i>	89
BREO ELLIPTA INH 100-25	165	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BREO ELLIPTA INH 200-25.....	165	<i>mg (base equiv)</i>	89
BREO ELLIPTA INH 50-25MCG.....	165	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>breyna</i>	166	<i>mg (base equiv)</i>	89
BREZTRI AERO AER SPHERE	157	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
<i>brimonidine tartrate gel 0.33% (base</i>		.....	90
<i>equivalent)</i>	173	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>brimonidine tartrate ophth soln 0.1%</i>	157	.....	90
<i>brimonidine tartrate ophth soln 0.15%</i>	157	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	157	.....	14
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>soln 0.2-0.5%</i>	156	.....	14
<i>brinzolamide ophth susp 1%</i>	156	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.09% (base</i>		.....	14
<i>equiv) (once-daily)</i>	155	<i>buprenorphine td patch weekly 5 mcg/hr</i>	14
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>equivalent)</i>	68	.....	14
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>equivalent)</i>	68	<i>12hr 150 mg</i>	91
BRYHALI LOT 0.01%	170	<i>bupropion hcl tab 100 mg</i>	63
<i>budesonide delayed release particles cap 3</i>		<i>bupropion hcl tab 75 mg</i>	63
<i>mg</i>	128	<i>bupropion hcl tab er 12hr 100 mg</i>	63

<i>bupropion hcl tab er 12hr 150 mg</i>	63
<i>bupropion hcl tab er 12hr 200 mg</i>	63
<i>bupropion hcl tab er 24hr 150 mg</i>	63
<i>bupropion hcl tab er 24hr 300 mg</i>	63
<i>bupirone hcl tab 10 mg</i>	60
<i>bupirone hcl tab 15 mg</i>	60
<i>bupirone hcl tab 30 mg</i>	60
<i>bupirone hcl tab 5 mg</i>	60
<i>bupirone hcl tab 7.5 mg</i>	60
<i>busulfan inj 6 mg/ml</i>	29
<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...3	
C	
<i>CABENUVA SUS 400-600</i>	19
<i>CABENUVA SUS 600-900</i>	19
<i>cabergoline tab 0.5 mg</i>	122
<i>CABOMETYX TAB 20MG</i>	34
<i>CABOMETYX TAB 40MG</i>	34
<i>CABOMETYX TAB 60MG</i>	34
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	169
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	169
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	107
<i>calcitriol cap 0.25 mcg</i>	125
<i>calcitriol cap 0.5 mcg</i>	125
<i>calcitriol oint 3 mcg/gm</i>	169
<i>calcitriol oral soln 1 mcg/ml</i>	125
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	123
<i>calcium acetate (phosphate binder) tab 667 mg</i>	123
<i>CALQUENCE TAB 100MG</i>	34
<i>camila</i>	108
<i>CAMINO PRO LIQ 15PE</i>	92
<i>camrese</i>	108
<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>	45
<i>candesartan cilexetil tab 32 mg</i>	45
<i>candesartan cilexetil tab 4 mg</i>	45
<i>candesartan cilexetil tab 8 mg</i>	45
<i>capecitabine tab 150 mg</i>	30
<i>capecitabine tab 500 mg</i>	30
<i>CAPRELSA TAB 100MG</i>	34
<i>CAPRELSA TAB 300MG</i>	34
<i>captopril tab 100 mg</i>	42
<i>captopril tab 12.5 mg</i>	42
<i>captopril tab 25 mg</i>	42
<i>captopril tab 50 mg</i>	42
<i>CAPVAXIVE INJ 0.5ML</i>	148
<i>carbamazepine cap er 12hr 100 mg</i>	74
<i>carbamazepine cap er 12hr 200 mg</i>	74
<i>carbamazepine cap er 12hr 300 mg</i>	74
<i>carbamazepine chew tab 100 mg</i>	74
<i>carbamazepine chew tab 200 mg</i>	74
<i>carbamazepine susp 100 mg/5ml</i>	74
<i>carbamazepine tab 200 mg</i>	74
<i>carbamazepine tab er 12hr 100 mg</i>	74
<i>carbamazepine tab er 12hr 200 mg</i>	74
<i>carbamazepine tab er 12hr 400 mg</i>	74
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	69
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	69
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	69
<i>carbidopa & levodopa tab 10-100 mg</i>	69
<i>carbidopa & levodopa tab 25-100 mg</i>	69
<i>carbidopa & levodopa tab 25-250 mg</i>	69
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	69
<i>carbidopa & levodopa tab er 50-200 mg</i>	69
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	69
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	69
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	69
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	69
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	69

<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	69	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	22
<i>carbidopa tab 25 mg</i>	69	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	22
<i>carbinoxamine maleate soln 4 mg/5ml</i> ...	158	<i>cefpodoxime proxetil tab 100 mg</i>	22
<i>carbinoxamine maleate tab 4 mg</i>	158	<i>cefpodoxime proxetil tab 200 mg</i>	22
<i>carboplatin iv soln 150 mg/15ml</i>	40	<i>cefprozil for susp 125 mg/5ml</i>	22
<i>carboplatin iv soln 450 mg/45ml</i>	40	<i>cefprozil for susp 250 mg/5ml</i>	22
<i>carboplatin iv soln 50 mg/5ml</i>	40	<i>cefprozil tab 250 mg</i>	22
<i>carboplatin iv soln 600 mg/60ml</i>	40	<i>cefprozil tab 500 mg</i>	22
<i>CARDURA XL TAB 4MG</i>	132	<i>ceftazidime for iv soln 2 gm</i>	22
<i>CARDURA XL TAB 8MG</i>	132	<i>ceftriaxone sodium for inj 10 gm</i>	22
<i>CAREFINE MIS 32GX6MM</i>	112	<i>ceftriaxone sodium for inj 1 gm</i>	22
<i>carglumic acid soluble tab 200 mg</i>	124	<i>ceftriaxone sodium for inj 250 mg</i>	22
<i>carisoprodol tab 350 mg</i>	87	<i>ceftriaxone sodium for inj 2 gm</i>	22
<i>carmustine for inj 100 mg</i>	29	<i>ceftriaxone sodium for inj 500 mg</i>	22
<i>carteolol hcl ophth soln 1%</i>	155	<i>ceftriaxone sodium for iv soln 1 gm</i>	22
<i>cartia xt</i>	53	<i>ceftriaxone sodium for iv soln 2 gm</i>	22
<i>carvedilol phosphate cap er 24hr 10 mg</i> ...51		<i>cefuroxime axetil tab 250 mg</i>	22
<i>carvedilol phosphate cap er 24hr 20 mg</i> ...51		<i>cefuroxime axetil tab 500 mg</i>	22
<i>carvedilol phosphate cap er 24hr 40 mg</i> ...51		<i>celecoxib cap 100 mg</i>	1
<i>carvedilol phosphate cap er 24hr 80 mg</i> ...51		<i>celecoxib cap 200 mg</i>	1
<i>carvedilol tab 12.5 mg</i>	51	<i>celecoxib cap 50 mg</i>	1
<i>carvedilol tab 25 mg</i>	51	<i>CELLCEPT CAP 250MG</i>	146
<i>carvedilol tab 3.125 mg</i>	51	<i>CELLCEPT IV INJ 500MG</i>	146
<i>carvedilol tab 6.25 mg</i>	51	<i>CELLCEPT SUS 200MG/ML</i>	146
<i>CAYA DPR</i>	108	<i>CELLCEPT TAB 500MG</i>	146
<i>CAYSTON INH 75MG</i>	161	<i>cephalexin cap 250 mg</i>	22
<i>cefaclor cap 250 mg</i>	21	<i>cephalexin cap 500 mg</i>	22
<i>cefaclor cap 500 mg</i>	21	<i>cephalexin cap 750 mg</i>	22
<i>cefaclor for susp 250 mg/5ml</i>	21	<i>cephalexin for susp 125 mg/5ml</i>	22
<i>cefadroxil cap 500 mg</i>	21	<i>cephalexin for susp 250 mg/5ml</i>	22
<i>cefadroxil for susp 250 mg/5ml</i>	21	<i>cephalexin tab 250 mg</i>	22
<i>cefadroxil for susp 500 mg/5ml</i>	21	<i>cephalexin tab 500 mg</i>	22
<i>cefadroxil tab 1 gm</i>	21	<i>CERDELGA CAP 84MG</i>	119
<i>cefazolin sodium for inj 1 gm</i>	21	<i>cevimeline hcl cap 30 mg</i>	173
<i>cefdinir cap 300 mg</i>	21	<i>chateal eq</i>	108
<i>cefdinir for susp 125 mg/5ml</i>	22	<i>CHEMET CAP 100MG</i>	107
<i>cefdinir for susp 250 mg/5ml</i>	22	<i>CHEMSTRIP 10 TES MD</i>	112
<i>cefepime hcl for inj 1 gm</i>	22	<i>CHEMSTRIP 2 TES GP</i>	112
<i>cefepime hcl for iv soln 2 gm</i>	22	<i>CHEMSTRIP 5 TES OB</i>	112
<i>cefixime cap 400 mg</i>	22	<i>CHEMSTRIP 7 TES</i>	112
<i>cefixime for susp 100 mg/5ml</i>	22	<i>CHEMSTRIP 9 TES STRIPS</i>	112
<i>cefixime for susp 200 mg/5ml</i>	22	<i>CHEMSTRIP K TES</i>	112

CHEMSTRIP TES -10 SG.....	112	<i>cimetidine tab 200 mg</i>	128
CHEMSTRIP TES UGK.....	113	<i>cimetidine tab 300 mg</i>	128
<i>chlordiazepoxide-amitriptyline tab 10-25</i>		<i>cimetidine tab 400 mg</i>	128
<i>mg</i>	90	<i>cimetidine tab 800 mg</i>	128
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>		<i>cinacalcet hcl tab 30 mg (base equiv)</i>	106
<i>mg</i>	90	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	106
<i>chlordiazepoxide hcl cap 10 mg</i>	60	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	106
<i>chlordiazepoxide hcl cap 25 mg</i>	60	CIPRO (10%) SUS 500MG/5.....	23
<i>chlordiazepoxide hcl cap 5 mg</i>	60	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	173	<i>0.3-0.1%</i>	174
<i>chloroquine phosphate tab 250 mg</i>	16	<i>ciprofloxacin-fluocinolone aceton (pf) otic</i>	
<i>chloroquine phosphate tab 500 mg</i>	16	<i>soln 0.3-0.025%</i>	174
<i>chlorpromazine hcl inj 25 mg/ml</i>	71	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	71	<i>equivalent)</i>	154
<i>chlorpromazine hcl tab 100 mg</i>	71	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>chlorpromazine hcl tab 10 mg</i>	71	<i>equivalent)</i>	173
<i>chlorpromazine hcl tab 200 mg</i>	71	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	23
<i>chlorpromazine hcl tab 25 mg</i>	71	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	23
<i>chlorpromazine hcl tab 50 mg</i>	71	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	23
<i>chlorthalidone tab 25 mg</i>	55	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	40
<i>chlorthalidone tab 50 mg</i>	55	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	40
<i>chlorzoxazone tab 500 mg</i>	87	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	40
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	152	<i>citalopram hydrobromide oral soln 10</i>	
<i>cholestyramine light powder 4 gm/dose</i>	46	<i>mg/5ml</i>	63
<i>cholestyramine light powder packets 4 gm</i>		<i>citalopram hydrobromide tab 10 mg (base</i>	
.....	46	<i>equiv)</i>	63
<i>cholestyramine powder 4 gm/dose</i>	46	<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>cholestyramine powder packets 4 gm</i>	46	<i>equiv)</i>	63
<i>choline fenofibrate cap dr 135 mg</i>		<i>citalopram hydrobromide tab 40 mg (base</i>	
<i>(fenofibric acid equiv)</i>	47	<i>equiv)</i>	63
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>		<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...30	
<i>acid equiv)</i>	46	<i>clarithromycin for susp 125 mg/5ml</i>	23
CHOR GONADOT INJ 10000UNT.....	115	<i>clarithromycin for susp 250 mg/5ml</i>	23
<i>ciclopirox gel 0.77%</i>	168	<i>clarithromycin tab 250 mg</i>	23
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clarithromycin tab 500 mg</i>	23
<i>equiv)</i>	168	<i>clarithromycin tab er 24hr 500 mg</i>	23
<i>ciclopirox olamine susp 0.77% (base equiv)</i>		<i>clemastine fumarate tab 2.68 mg</i>	158
.....	168	CLENPIQ SOL.....	129
<i>ciclopirox shampoo 1%</i>	168	CLEOCIN SUP 100MG.....	134
<i>ciclopirox solution 8%</i>	168	CLIMARA PRO DIS WEEKLY.....	119
<i>cidofovir iv inj 75 mg/ml</i>	21	<i>clindamycin hcl cap 150 mg</i>	25
<i>cilostazol tab 100 mg</i>	137	<i>clindamycin hcl cap 300 mg</i>	25
<i>cilostazol tab 50 mg</i>	137	<i>clindamycin hcl cap 75 mg</i>	25
CIMDUO TAB 300-300.....	19		

<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	25	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	137
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	167	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	137
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	167	<i>clorazepate dipotassium tab 15 mg</i>	74
<i>clindamycin phosphate foam 1%</i>	167	<i>clorazepate dipotassium tab 3.75 mg</i>	74
<i>clindamycin phosphate gel 1% (twice-daily)</i>	167	<i>clorazepate dipotassium tab 7.5 mg</i>	74
<i>clindamycin phosphate inj 9 gm/60ml</i>	25	<i>clotrimazole cream 1%</i>	168
<i>clindamycin phosphate lotion 1%</i>	167	<i>clotrimazole soln 1%</i>	168
<i>clindamycin phosphate soln 1%</i>	167	<i>clotrimazole troche 10 mg</i>	173
<i>clindamycin phosphate swab 1%</i>	167	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	168
<i>clindamycin phosphate vaginal cream 2%</i>	134	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	168
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	166	<i>clozapine orally disintegrating tab 100 mg</i>	71
<i>clobazam suspension 2.5 mg/ml</i>	74	<i>clozapine orally disintegrating tab 12.5 mg</i>	71
<i>clobazam tab 10 mg</i>	74	<i>clozapine orally disintegrating tab 150 mg</i>	71
<i>clobazam tab 20 mg</i>	74	<i>clozapine orally disintegrating tab 200 mg</i>	71
<i>clobetasol propionate cream 0.05%</i>	170	<i>clozapine orally disintegrating tab 25 mg</i>	71
<i>clobetasol propionate emo</i>	170	<i>clozapine tab 100 mg</i>	71
<i>clobetasol propionate foam 0.05%</i>	170	<i>clozapine tab 200 mg</i>	71
<i>clobetasol propionate gel 0.05%</i>	170	<i>clozapine tab 25 mg</i>	71
<i>clobetasol propionate lotion 0.05%</i>	170	<i>clozapine tab 50 mg</i>	71
<i>clobetasol propionate oint 0.05%</i>	171	COARTEM TAB 20-120MG	16
<i>clobetasol propionate shampoo 0.05%</i>	171	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate soln 0.05%</i>	171	CODEINE SULF TAB 60MG	3
<i>clobetasol propionate spray 0.05%</i>	171	<i>colchicine tab 0.6 mg</i>	1
<i>clocortolone pivalate cream 0.1%</i>	171	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clofarabine iv soln 1 mg/ml</i>	30	<i>colesevelam hcl packet for susp 3.75 gm</i>	46
<i>clomid</i>	115	<i>colesevelam hcl tab 625 mg</i>	46
<i>clomipramine hcl cap 25 mg</i>	60	<i>colestipol hcl granule packets 5 gm</i>	46
<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
<i>clonazepam tab 0.5 mg</i>	74	COMETRIQ KIT 100MG	34
<i>clonazepam tab 1 mg</i>	74	COMETRIQ KIT 140MG	34
<i>clonazepam tab 2 mg</i>	74	COMETRIQ KIT 60MG	34
<i>clonidine hcl tab 0.1 mg</i>	56	COMIRNATY 5- INJ 11/25-26	148
<i>clonidine hcl tab 0.2 mg</i>	56	COMIRNATY INJ 30/.3ML	148
<i>clonidine hcl tab 0.3 mg</i>	56	COMIRNATY INJ 30/0.3ML	148
<i>clonidine td patch weekly 0.1 mg/24hr</i>	56	COMPLEAT LIQ CLS SYS	92
<i>clonidine td patch weekly 0.2 mg/24hr</i>	56	COMPLEAT PED LIQ ORG BLND	92
<i>clonidine td patch weekly 0.3 mg/24hr</i>	56	<i>compro</i>	126

CONDOMS MIS	108	<i>cycloserine cap 250 mg</i>	20
CORLANOR SOL 5MG/5ML	56	<i>cyclosporine cap 100 mg</i>	146
CORTIFOAM AER 90MG.....	128	<i>cyclosporine cap 25 mg</i>	146
CORTISPORIN SUS -TC OTIC	174	<i>cyclosporine iv soln 50 mg/ml</i>	146
COSENTYX INJ 150MG/ML	140	<i>cyclosporine modified cap 100 mg</i>	147
COSENTYX INJ 300DOSE.....	140	<i>cyclosporine modified cap 25 mg</i>	146
COSENTYX INJ 75MG/0.5	139	<i>cyclosporine modified cap 50 mg</i>	146
COSENTYX PEN INJ 150MG/ML	140	<i>cyclosporine modified oral soln 100 mg/ml</i>	147
COSENTYX PEN INJ 300DOSE	140	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	158
COSENTYX UNO INJ 300/2ML.....	140	<i>cyproheptadine hcl tab 4 mg</i>	158
CREON CAP 12000UNT.....	130	CYSTAGON CAP 150MG	122
CREON CAP 24000UNT	130	CYSTAGON CAP 50MG.....	122
CREON CAP 3000UNIT	130	CYSTARAN SOL 0.44%	156
CREON CAP 36000UNT.....	130	<i>cytarabine inj 20 mg/ml</i>	30
CREON CAP 6000UNIT	130	<i>cytarabine inj pf 100 mg/ml</i>	30
CRESEMBA CAP 186MG.....	16	<i>cytarabine inj pf 20 mg/ml</i>	30
CRESEMBA CAP 74.5MG	16	D	
CRINONE GEL 4% VAG	123	<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	134
CRINONE GEL 8% VAG.....	123	<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	134
<i>cromolyn sodium ophth soln 4%</i>	155	<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	134
<i>cromolyn sodium oral conc 100 mg/5ml</i>	130	<i>dacarbazine for inj 100 mg</i>	29
<i>cromolyn sodium soln nebu 20 mg/2ml</i> ..	163	<i>dacarbazine for inj 200 mg</i>	29
<i>croton</i>	173	<i>dalfampridine tab er 12hr 10 mg</i>	86
CRUCIAL LIQ UNFLAVOR	92	<i>danazol cap 100 mg</i>	115
<i>cryselle-28</i>	108	<i>danazol cap 200 mg</i>	115
CUTAQUIG SOL 1.65GM	146	<i>danazol cap 50 mg</i>	115
CUTAQUIG SOL 1GM.....	146	<i>dantrolene sodium cap 100 mg</i>	87
CUTAQUIG SOL 2GM	146	<i>dantrolene sodium cap 25 mg</i>	87
CUTAQUIG SOL 3.3GM.....	146	<i>dantrolene sodium cap 50 mg</i>	87
CUTAQUIG SOL 4GM.....	146	<i>dapsone tab 100 mg</i>	25
CUTAQUIG SOL 8GM.....	146	<i>dapsone tab 25 mg</i>	25
<i>cvs ivermectin lice treat</i>	173	DAPTACEL INJ	149
CVS KETONE TES CARE.....	113	<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	133
<i>cvs sleep-aid nighttime</i>	83	<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	133
<i>cyanocobalamin inj 1000 mcg/ml</i>	152	<i>darunavir tab 600 mg</i>	17
CYCLINEX-1 POW	92	<i>darunavir tab 800 mg</i>	17
CYCLINEX-2 POW	92	<i>dasatinib tab 100 mg</i>	34
<i>cyclobenzaprine hcl tab 10 mg</i>	87	<i>dasatinib tab 140 mg</i>	34
<i>cyclobenzaprine hcl tab 5 mg</i>	87		
<i>cyclophosphamide cap 25 mg</i>	29		
<i>cyclophosphamide cap 50 mg</i>	29		
<i>cyclophosphamide for inj 1 gm</i>	29		
<i>cyclophosphamide for inj 2 gm</i>	29		
<i>cyclophosphamide for inj 500 mg</i>	29		

<i>dasatinib tab 20 mg</i>	34	<i>desmopressin acetate preservative free (pf)</i>	
<i>dasatinib tab 50 mg</i>	34	<i>inj 4 mcg/ml</i>	125
<i>dasatinib tab 70 mg</i>	34	<i>desmopressin acetate tab 0.1 mg</i>	125
<i>dasatinib tab 80 mg</i>	34	<i>desmopressin acetate tab 0.2 mg</i>	125
<i>dasetta 1/35</i>	108	<i>desonide cream 0.05%</i>	171
<i>dasetta 7/7/7</i>	108	<i>desonide lotion 0.05%</i>	171
<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>		<i>desonide oint 0.05%</i>	171
<i>equiv)</i>	29	<i>desoximetasone cream 0.05%</i>	171
DAYVIGO TAB 10MG	83	<i>desoximetasone cream 0.25%</i>	171
DAYVIGO TAB 5MG	83	<i>desoximetasone gel 0.05%</i>	171
<i>decitabine for inj 50 mg</i>	30	<i>desoximetasone oint 0.25%</i>	171
<i>deferiprone tab 1000 mg</i>	107	<i>desoximetasone spray 0.25%</i>	171
<i>deferiprone tab 500 mg</i>	107	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>deflazacort susp 22.75 mg/ml</i>	116	<i>mg (base equiv)</i>	64
<i>deflazacort tab 18 mg</i>	116	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
<i>deflazacort tab 30 mg</i>	116	<i>(base equiv)</i>	64
<i>deflazacort tab 36 mg</i>	116	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
<i>deflazacort tab 6 mg</i>	116	<i>(base equiv)</i>	64
<i>delyla</i>	108	DEXAMETHASON CON 1MG/ML	116
<i>demeclocycline hcl tab 150 mg</i>	28	<i>dexamethasone elixir 0.5 mg/5ml</i>	116
<i>demeclocycline hcl tab 300 mg</i>	28	<i>dexamethasone sodium phosphate inj 100</i>	
DENG VAXIA SUS	149	<i>mg/10ml</i>	116
DEPO-ESTRADI INJ 5MG/ML	119	<i>dexamethasone sodium phosphate inj 10</i>	
DEPO-MEDROL INJ 20MG/ML	116	<i>mg/ml</i>	116
DEPO-SQ PROV INJ 104	108	<i>dexamethasone sodium phosphate inj 120</i>	
DESCOVY TAB 120-15MG	19	<i>mg/30ml</i>	116
DESCOVY TAB 200/25MG	19	<i>dexamethasone sodium phosphate inj 20</i>	
<i>desipramine hcl tab 100 mg</i>	64	<i>mg/5ml</i>	116
<i>desipramine hcl tab 10 mg</i>	63	<i>dexamethasone sodium phosphate inj 4</i>	
<i>desipramine hcl tab 150 mg</i>	64	<i>mg/ml</i>	116
<i>desipramine hcl tab 25 mg</i>	63	<i>dexamethasone sodium phosphate inj soln</i>	
<i>desipramine hcl tab 50 mg</i>	63	<i>pref syr 4 mg/ml</i>	116
<i>desipramine hcl tab 75 mg</i>	64	<i>dexamethasone sodium phosphate ophth</i>	
<i>desloratadine tab 5 mg</i>	158	<i>soln 0.1%</i>	155
<i>desloratadine tab orally disintegrating 2.5</i>		<i>dexamethasone sod phosphate</i>	
<i>mg</i>	158	<i>preservative free inj 10 mg/ml</i>	116
<i>desloratadine tab orally disintegrating 5 mg</i>		<i>dexamethasone soln 0.5 mg/5ml</i>	116
.....	158	<i>dexamethasone tab 0.5 mg</i>	116
<i>desmopressin acetate inj 4 mcg/ml</i>	125	<i>dexamethasone tab 0.75 mg</i>	116
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab 1.5 mg</i>	116
<i>0.01%</i>	125	<i>dexamethasone tab 1 mg</i>	116
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab 2 mg</i>	116
<i>0.01% (refrigerated)</i>	125	<i>dexamethasone tab 4 mg</i>	116
		<i>dexamethasone tab 6 mg</i>	116

DEXCOM G5 MIS RECEIVER.....	113	DIABETIC TF LIQ	92
DEXCOM G5 MIS TRANSMIT	113	DIABETISOURC LIQ	92
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DEXCOM G6 MIS SENSOR.....	113	DIASCREEN 3 MIS	113
DEXCOM G6 MIS TRANSMIT	113	DIASCREEN 5 MIS	113
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<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>		DIASCREEN 9 MIS.....	113
.....	80	DIASCREEN MIS 1B	113
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>		DIASCREEN MIS 1G.....	113
.....	80	DIASCREEN MIS 1K	113
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>		DIASCREEN MIS 2GK.....	113
.....	80	DIASCREEN MIS 2GP.....	113
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>		DIASCREEN MIS 4NL.....	113
.....	80	DIASCREEN MIS 4OBL	113
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>		DIASCREEN MIS 4PH.....	113
.....	80	DIASCREEN MIS CONTROL.....	113
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>		DIASTIX TES STRIPS.....	113
.....	80	<i>diazepam inj 5 mg/ml.....</i>	74
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>		<i>diazepam intensol.....</i>	74
.....	80	<i>diazepam oral soln 1 mg/ml.....</i>	74
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>		<i>diazepam tab 10 mg.....</i>	75
.....	80	<i>diazepam tab 2 mg</i>	75
<i>dexmethylphenidate hcl tab 10 mg</i>	80	<i>diazepam tab 5 mg</i>	75
<i>dexmethylphenidate hcl tab 2.5 mg.....</i>	80	<i>diclofenac potassium tab 50 mg.....</i>	1
<i>dexmethylphenidate hcl tab 5 mg.....</i>	80	<i>diclofenac sodium (actinic keratoses) gel</i>	
<i>dexrazoxane hcl for inj 250 mg (base</i>		<i>3%.....</i>	167
<i>equivalent)</i>	40	<i>diclofenac sodium gel 1% (1.16%</i>	
<i>dexrazoxane hcl for inj 500 mg (base</i>		<i>diethylamine equiv).....</i>	1
<i>equivalent)</i>	40	<i>diclofenac sodium ophth soln 0.1%</i>	155
<i>dextroamphetamine sulfate cap er 24hr 10</i>		<i>diclofenac sodium tab delayed release 25</i>	
<i>mg</i>	80	<i>mg</i>	1
<i>dextroamphetamine sulfate cap er 24hr 15</i>		<i>diclofenac sodium tab delayed release 50</i>	
<i>mg</i>	80	<i>mg</i>	1
<i>dextroamphetamine sulfate cap er 24hr 5</i>		<i>diclofenac sodium tab delayed release 75</i>	
<i>mg</i>	80	<i>mg</i>	1
<i>dextroamphetamine sulfate oral solution 5</i>		<i>diclofenac sodium tab er 24hr 100 mg.....</i>	1
<i>mg/5ml.....</i>	80	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dextroamphetamine sulfate tab 10 mg</i>	81	<i>release 50-0.2 mg</i>	2
<i>dextroamphetamine sulfate tab 15 mg</i>	81	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dextroamphetamine sulfate tab 20 mg</i>	81	<i>release 75-0.2 mg.....</i>	2
<i>dextroamphetamine sulfate tab 30 mg</i>	81	<i>dicloxacillin sodium cap 250 mg.....</i>	27
<i>dextroamphetamine sulfate tab 5 mg.....</i>	81	<i>dicloxacillin sodium cap 500 mg</i>	27

<i>dicyclomine hcl cap 10 mg</i>	125	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	
<i>dicyclomine hcl inj 10 mg/ml</i>	125	.....	53
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	125	<i>diltiazem hcl tab 120 mg</i>	53
<i>dicyclomine hcl tab 20 mg</i>	125	<i>diltiazem hcl tab 30 mg</i>	53
DIFICID SUS	23	<i>diltiazem hcl tab 60 mg</i>	53
DIFICID TAB 200MG	23	<i>diltiazem hcl tab 90 mg</i>	53
<i>diflorasone diacetate cream 0.05%</i>	171	<i>diltiazem hcl tab er 24hr 120 mg</i>	53
<i>diflorasone diacetate oint 0.05%</i>	171	<i>dilt-xr</i>	53
<i>diflunisal tab 500 mg</i>	14	<i>dimethyl fumarate capsule delayed release</i>	
<i>difluprednate ophth emulsion 0.05%</i>	155	120 mg.....	87
<i>digoxin oral soln 0.05 mg/ml</i>	54	<i>dimethyl fumarate capsule delayed release</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	55	240 mg.....	87
<i>digoxin tab 250 mcg (0.25 mg)</i>	55	<i>dimethyl fumarate capsule dr starter pack</i>	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	55	120 mg & 240 mg	87
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .84		DIPENTUM CAP 250MG.....	128
DILANTIN CAP 30MG.....	75	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> .158	
<i>diltiazem hcl cap er 12hr 120 mg</i>	53	<i>diphenhydramine hcl inj 50 mg/ml</i>	158
<i>diltiazem hcl cap er 12hr 60 mg</i>	53	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	53	mg/5ml.....	126
<i>diltiazem hcl coated beads cap er 24hr 120</i>		<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
mg	53	mg	126
<i>diltiazem hcl coated beads cap er 24hr 180</i>		<i>dipyridamole tab 25 mg</i>	138
mg	53	<i>dipyridamole tab 50 mg</i>	138
<i>diltiazem hcl coated beads cap er 24hr 240</i>		<i>dipyridamole tab 75 mg</i>	138
mg	53	<i>disopyramide phosphate cap 100 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 300</i>		<i>disopyramide phosphate cap 150 mg</i>	45
mg	53	<i>disulfiram tab 250 mg</i>	59
<i>diltiazem hcl coated beads cap er 24hr 360</i>		<i>disulfiram tab 500 mg</i>	59
mg	53	DIURIL SUS 250/5ML	55
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium cap delayed release</i>	
er 24hr 120 mg	53	sprinkle 125 mg.....	75
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab delayed release 125</i>	
er 24hr 180 mg	53	mg.....	75
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab delayed release 250</i>	
er 24hr 240 mg	53	mg.....	75
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab delayed release 500</i>	
er 24hr 300 mg	53	mg.....	75
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	75
er 24hr 360 mg	53	<i>divalproex sodium tab er 24 hr 500 mg</i>	75
<i>diltiazem hcl extended release beads cap</i>		<i>docetaxel for inj conc 160 mg/8ml (20</i>	
er 24hr 420 mg	53	mg/ml)	39
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>		<i>docetaxel for inj conc 20 mg/ml</i>	39
.....	53	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
		mg/ml)	39

<i>docetaxel soln for iv infusion 160 mg/16ml</i>		<i>doxycycline hyclate cap 100 mg</i>	28
.....	39	<i>doxycycline hyclate cap 50 mg</i>	28
<i>docetaxel soln for iv infusion 20 mg/2ml</i> ..	39	<i>doxycycline hyclate for inj 100 mg</i>	28
<i>docetaxel soln for iv infusion 80 mg/8ml</i> .	39	<i>doxycycline hyclate tab 100 mg</i>	28
<i>dofetilide cap 125 mcg (0.125 mg)</i>	45	<i>doxycycline hyclate tab 20 mg</i>	28
<i>dofetilide cap 250 mcg (0.25 mg)</i>	45	<i>doxycycline monohydrate cap 100 mg</i>	28
<i>dofetilide cap 500 mcg (0.5 mg)</i>	45	<i>doxycycline monohydrate cap 50 mg</i>	28
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate for susp 25</i>	
<i>disintegrating tab 10 mg</i>	61	<i>mg/5ml</i>	28
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 150 mg</i>	28
<i>disintegrating tab 5 mg</i>	61	<i>doxycycline monohydrate tab 50 mg</i>	28
<i>donepezil hydrochloride tab 10 mg</i>	61	<i>doxycycline monohydrate tab 75 mg</i>	28
<i>donepezil hydrochloride tab 23 mg</i>	61	<i>dronabinol cap 10 mg</i>	126
<i>donepezil hydrochloride tab 5 mg</i>	61	<i>dronabinol cap 2.5 mg</i>	126
DOPTELET SPR CAP 10MG.....	138	<i>dronabinol cap 5 mg</i>	126
DOPTELET TAB 20MG (10 TABLETS)	138	<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
DOPTELET TAB 20MG (15 TABLETS)	138	<i>mg</i>	108
DOPTELET TAB 20MG (30 TABLETS)	138	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>dorzolamide hcl ophth soln 2%</i>	156	<i>mg</i>	108
<i>dorzolamide hcl-timolol maleate ophth soln</i>		<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>2-0.5%</i>	156	<i>tab 3-0.02-0.451 mg</i>	108
DOVATO TAB 50-300MG.....	19	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 1 mg</i>	132	<i>tab 3-0.03-0.451 mg</i>	108
<i>doxazosin mesylate tab 2 mg</i>	132	DROXIA CAP 200MG	138
<i>doxazosin mesylate tab 4 mg</i>	132	DROXIA CAP 300MG	138
<i>doxazosin mesylate tab 8 mg</i>	132	DROXIA CAP 400MG	138
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	83	DUAVEE TAB 0.45-20.....	119
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	83	<i>duloxetine hcl enteric coated pellets cap 20</i>	
<i>doxepin hcl cap 100 mg</i>	64	<i>mg (base eq)</i>	65
<i>doxepin hcl cap 10 mg</i>	64	<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>doxepin hcl cap 150 mg</i>	64	<i>mg (base eq)</i>	65
<i>doxepin hcl cap 25 mg</i>	64	<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>doxepin hcl cap 50 mg</i>	64	<i>mg (base eq)</i>	65
<i>doxepin hcl cap 75 mg</i>	64	DUPIXENT INJ 200/1.14	169
<i>doxepin hcl conc 10 mg/ml</i>	64	DUPIXENT INJ 200MG	164
<i>doxepin hcl cream 5%</i>	169	DUPIXENT INJ 300/2ML.....	164, 169
<i>doxercalciferol cap 0.5 mcg</i>	125	DUREX MIS REALFEEL.....	108
<i>doxercalciferol cap 1 mcg</i>	125	<i>dutasteride cap 0.5 mg</i>	132
<i>doxercalciferol cap 2.5 mcg</i>	125	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>doxorubicin hcl for inj 10 mg</i>	29	.....	132
<i>doxorubicin hcl inj 2 mg/ml</i>	29	E	
<i>doxorubicin hcl liposomal susp (for iv</i>		<i>e.e.s. 400</i>	23
<i>infusion) 2 mg/ml</i>	30	EAA SUPPLEME POW TROPICAL.....	92
<i>doxy 100</i>	28	EBGLYSS INJ 250/2ML	170

<i>econazole nitrate cream 1%</i>	168	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EDURANT PED TAB 2.5MG	17	<i>tab 133-200 mg</i>	19
EDURANT TAB 25MG	17	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz cap 200 mg</i>	17	<i>tab 167-250 mg</i>	19
<i>efavirenz cap 50 mg</i>	17	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>tab 200-300 mg</i>	19
600-200-300 mg	19	EMTRIVA SOL 10MG/ML	17
<i>efavirenz-lamivudine-tenofovir df tab 400-</i>		EMVERM CHW 100MG	15
300-300 mg.....	19	<i>enalapril maleate & hydrochlorothiazide tab</i>	
<i>efavirenz-lamivudine-tenofovir df tab 600-</i>		10-25 mg	41
300-300 mg.....	19	<i>enalapril maleate & hydrochlorothiazide tab</i>	
<i>efavirenz tab 600 mg</i>	17	5-12.5 mg.....	41
<i>effer-k</i>	151	<i>enalapril maleate tab 10 mg</i>	42
ELECARE DHA/ POW ARA INFA.....	92	<i>enalapril maleate tab 2.5 mg</i>	42
ELECARE POW DHA/ARA	93	<i>enalapril maleate tab 20 mg</i>	42
ELESTRIN GEL 0.06%.....	119	<i>enalapril maleate tab 5 mg</i>	42
<i>eletriptan hydrobromide tab 20 mg (base</i>		ENBREL INJ 25/0.5ML	140
<i>equivalent)</i>	85	ENBREL INJ 25MG	140
<i>eletriptan hydrobromide tab 40 mg (base</i>		ENBREL INJ 50MG/ML	140
<i>equivalent)</i>	85	ENBREL MINI INJ 50MG/ML.....	141
ELIGARD INJ 22.5MG	33	ENBREL SRCLK INJ 50MG/ML	141
ELIGARD INJ 30MG	33	ENCARE SUP 100MG	132
ELIGARD INJ 45MG	33	<i>endocet tab 10-325mg</i>	4
ELIGARD INJ 7.5MG	33	<i>endocet tab 2.5-325</i>	3
<i>elinest</i>	108	<i>endocet tab 5-325mg</i>	4
ELIQUIS CAP 0.15MG.....	134	<i>endocet tab 7.5-325</i>	4
ELIQUIS ST P TAB 5MG	134	ENFLONIA INJ 105MG.....	148
ELIQUIS TAB 0.5MG.....	134	ENGERIX-B INJ 10/0.5ML	149
ELIQUIS TAB 1.5MG.....	135	ENGERIX-B INJ 20MCG/ML.....	149
ELIQUIS TAB 2.5MG	135	<i>enoxaparin sodium inj 300 mg/3ml</i>	135
ELIQUIS TAB 2MG	135	<i>enoxaparin sodium inj soln pref syr 100</i>	
ELIQUIS TAB 5MG	135	<i>mg/ml</i>	135
<i>elite-ob</i>	152	<i>enoxaparin sodium inj soln pref syr 120</i>	
ELLA TAB 30MG	108	<i>mg/0.8ml</i>	135
ELMIRON CAP 100MG	133	<i>enoxaparin sodium inj soln pref syr 150</i>	
EMCYT CAP 140MG.....	29	<i>mg/ml</i>	135
EMGALITY INJ 100MG/ML.....	85	<i>enoxaparin sodium inj soln pref syr 30</i>	
EMGALITY INJ 120MG/ML	85	<i>mg/0.3ml</i>	135
EMSAM DIS 12MG/24H.....	65	<i>enoxaparin sodium inj soln pref syr 40</i>	
EMSAM DIS 6MG/24HR	65	<i>mg/0.4ml</i>	135
EMSAM DIS 9MG/24HR	65	<i>enoxaparin sodium inj soln pref syr 60</i>	
<i>emtricitabine caps 200 mg</i>	17	<i>mg/0.6ml</i>	135
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enoxaparin sodium inj soln pref syr 80</i>	
<i>tab 100-150 mg</i>	19	<i>mg/0.8ml</i>	135

<i>enpresse-28</i>	109	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	25
<i>enskyce</i>	109	<i>ery</i>	167
ENSURE PLANT LIQ CHOCOLAT	93	<i>erythrocin stearate</i>	23
<i>entacapone tab 200 mg</i>	69	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	23
<i>entecavir tab 0.5 mg</i>	24	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	23
<i>entecavir tab 1 mg</i>	24	<i>erythromycin gel 2%</i>	167
ENTRESTO CAP 15-16MG	56	<i>erythromycin ophth oint 5 mg/gm</i>	154
ENTRESTO CAP 6-6MG	56	<i>erythromycin soln 2%</i>	167
ENTRESTO TAB 24-26MG.....	56	<i>erythromycin tab 250 mg</i>	23
ENTRESTO TAB 49-51MG.....	56	<i>erythromycin tab 500 mg</i>	23
ENTRESTO TAB 97-103MG	56	<i>erythromycin tab delayed release 250 mg</i>	23
<i>enulose</i>	129	<i>erythromycin tab delayed release 333 mg</i>	23
ENVARUSUS XR TAB 0.75MG	147	<i>erythromycin tab delayed release 500 mg</i>	23
ENVARUSUS XR TAB 1MG	147	<i>erythromycin w/ delayed release particles cap 250 mg</i>	23
ENVARUSUS XR TAB 4MG.....	147	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	65
EO28 SPLASH LIQ ORANGE.....	93	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	65
EPCLUSA PAK 150-37.5.....	24	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	65
EPCLUSA PAK 200-50MG.....	24	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	65
EPCLUSA TAB 200-50MG.....	24	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	131
EPCLUSA TAB 400-100	24	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	131
<i>epinastine hcl ophth soln 0.05%</i>	155	<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	131
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	157	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	131
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	157	<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	131
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	157	<i>estazolam tab 1 mg</i>	83
EPIPEN 2-PAK INJ 0.3MG	157	<i>estazolam tab 2 mg</i>	83
<i>eplerenone tab 25 mg</i>	43	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	119
<i>eplerenone tab 50 mg</i>	43		
<i>eq urinary pain relief</i>	133		
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ERBITUX INJ 200MG.....	31		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	152		
ERGOMAR SUB 2MG	84		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	84		
ERIVEDGE CAP 150MG	31		
ERLEADA TAB 240MG	33		
ERLEADA TAB 60MG.....	33		
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	35		
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	35		
<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..	35		
<i>errin</i>	109		
ERTACZO CRE 2%.....	168		

estradiol & norethindrone acetate tab 1-0.5 mg.....	119	etodolac cap 300 mg.....	1
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	119	etodolac tab 400 mg	1
estradiol tab 0.5 mg	119	etodolac tab 500 mg	1
estradiol tab 1 mg	119	etodolac tab er 24hr 400 mg.....	1
estradiol tab 2 mg.....	119	etodolac tab er 24hr 500 mg.....	1
estradiol td gel 0.25 mg/0.25gm (0.1%) ..	119	etodolac tab er 24hr 600 mg.....	1
estradiol td gel 0.5 mg/0.5gm (0.1%)	119	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	109
estradiol td gel 0.75 mg/0.75gm (0.1%) ..	120	etoposide cap 50 mg.....	40
estradiol td gel 1.25 mg/1.25gm (0.1%) ...	120	etoposide inj 100 mg/5ml (20 mg/ml)	40
estradiol td gel 1 mg/gm (0.1%)	120	etoposide inj 1 gm/50ml (20 mg/ml).....	40
estradiol td patch twice weekly 0.025 mg/24hr	120	etoposide inj 500 mg/25ml (20 mg/ml) ...	40
estradiol td patch twice weekly 0.0375 mg/24hr	120	etravirine tab 100 mg.....	17
estradiol td patch twice weekly 0.05 mg/24hr	120	etravirine tab 200 mg	17
estradiol td patch twice weekly 0.075 mg/24hr	120	EUCRISA OIN 2%.....	170
estradiol td patch twice weekly 0.1 mg/24hr	120	EVAMIST SPR 1.53MG	121
estradiol td patch weekly 0.025 mg/24hr	120	everolimus tab 0.25 mg	147
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	121	everolimus tab 0.5 mg	147
estradiol td patch weekly 0.05 mg/24hr ..	120	everolimus tab 0.75 mg	147
estradiol td patch weekly 0.06 mg/24hr ..	120	everolimus tab 10 mg.....	35
estradiol td patch weekly 0.075 mg/24hr	121	everolimus tab 1 mg	147
estradiol td patch weekly 0.1 mg/24hr ...	120	everolimus tab 2.5 mg	35
estradiol vaginal cream 0.01%	121	everolimus tab 5 mg	35
estradiol valerate im in oil 20 mg/ml	121	everolimus tab 7.5 mg	35
estradiol valerate im in oil 40 mg/ml	121	everolimus tab for oral susp 2 mg.....	35
eszopiclone tab 1 mg	83	everolimus tab for oral susp 3 mg.....	35
eszopiclone tab 2 mg.....	84	everolimus tab for oral susp 5 mg.....	35
eszopiclone tab 3 mg	84	EVRYSDI SOL.....	86
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ethambutol hcl tab 100 mg	20	exemestane tab 25 mg.....	33
ethambutol hcl tab 400 mg	20	ezetimibe-simvastatin tab 10-10 mg	49
ethosuximide cap 250 mg	75	ezetimibe-simvastatin tab 10-20 mg.....	49
ethosuximide soln 250 mg/5ml	75	ezetimibe-simvastatin tab 10-40 mg.....	49
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	109	ezetimibe-simvastatin tab 10-80 mg.....	49
etodolac cap 200 mg.....	1	ezetimibe tab 10 mg.....	46
		F	
		F.A.A. LIQ.....	93
		falmina	109
		famciclovir tab 125 mg	21
		famciclovir tab 250 mg	21
		famciclovir tab 500 mg	21
		famotidine for susp 40 mg/5ml.....	128
		famotidine in nacl 0.9% iv soln 20 mg/50ml	128

<i>famotidine preservative free inj 20 mg/2ml</i>	<i>fentanyl td patch 72hr 12 mcg/hr</i>	4
.....128	<i>fentanyl td patch 72hr 25 mcg/hr</i>	4
<i>famotidine tab 20 mg</i>	<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	4
.....128	<i>fentanyl td patch 72hr 50 mcg/hr</i>	4
<i>famotidine tab 40 mg</i>	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	4
.....128	<i>fentanyl td patch 72hr 75 mcg/hr</i>	5
FASENRA INJ 10MG/0.5	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	5
.....164	FERPRX 2-DAY TAB 1000MG	108
FASENRA INJ 30MG/ML	FERRIPROX SOL 100MG/ML	108
.....164	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	133
FASENRA PEN INJ 30MG/ML	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	133
.....164	FETZIMA CAP 120MG	65
FASTCLIX MIS LANCETS	FETZIMA CAP 20MG	65
.....113	FETZIMA CAP 40MG	65
FC2 FEMALE MIS CONDOM	FETZIMA CAP 80MG	65
.....109	FETZIMA CAP TITRATIO	65
<i>febuxostat tab 40 mg</i>	FIASP FLEX INJ TOUCH	104
.....1	FIASP INJ 100/ML	104
<i>febuxostat tab 80 mg</i>	FIASP PENFIL INJ U-100	104
.....1	FIASP PMPCRT INJ U-100	104
<i>felbamate susp 600 mg/5ml</i>	FIBERSOURCE LIQ CLS SYS	93
.....75	FIBERSOUR HN LIQ CLS SYS	93
<i>felbamate tab 400 mg</i>	<i>fidaxomicin tab 200 mg</i>	23
.....75	FINACEA AER 15%	173
<i>felbamate tab 600 mg</i>	<i>finasteride tab 5 mg</i>	132
.....75	<i>finolimid hcl cap 0.5 mg (base equiv)</i>	87
<i>felodipine tab er 24hr 10 mg</i>	<i>flecainide acetate tab 100 mg</i>	45
.....54	<i>flecainide acetate tab 150 mg</i>	45
<i>felodipine tab er 24hr 2.5 mg</i>	<i>flecainide acetate tab 50 mg</i>	45
.....53	FLEXICHAMBER MIS MASK SM	164
<i>felodipine tab er 24hr 5 mg</i>	FLUAD INJ 2025-26	149
.....54	<i>fluconazole for susp 10 mg/ml</i>	16
FEMCAP MIS 22MM	<i>fluconazole for susp 40 mg/ml</i>	16
.....109	<i>fluconazole tab 100 mg</i>	16
FEMCAP MIS 26MM	<i>fluconazole tab 150 mg</i>	16
.....109	<i>fluconazole tab 200 mg</i>	16
FEMCAP MIS 30MM	<i>fluconazole tab 50 mg</i>	16
.....109	<i>fludarabine phosphate for inj 50 mg</i>	30
FEMLYV TAB 1/0.02MG	<i>fludarabine phosphate inj 25 mg/ml</i>	30
.....109	<i>fludrocortisone acetate tab 0.1 mg</i>	116
<i>fenofibrate cap 150 mg</i>	FLUMIST NASA LIQ 2025-26	149
.....47	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	163
<i>fenofibrate micronized cap 134 mg</i>	<i>fluocinolone acetonide (otic) oil 0.01%</i>	174
.....47		
<i>fenofibrate micronized cap 200 mg</i>		
.....47		
<i>fenofibrate micronized cap 43 mg</i>		
.....47		
<i>fenofibrate micronized cap 67 mg</i>		
.....47		
<i>fenofibrate tab 145 mg</i>		
.....47		
<i>fenofibrate tab 160 mg</i>		
.....47		
<i>fenofibrate tab 48 mg</i>		
.....47		
<i>fenofibrate tab 54 mg</i>		
.....47		
<i>fenopropfen calcium tab 600 mg</i>		
.....1		
<i>fentanyl citrate lozenge on a handle 1200</i>		
<i>mcg</i>		
.....4		
<i>fentanyl citrate lozenge on a handle 1600</i>		
<i>mcg</i>		
.....4		
<i>fentanyl citrate lozenge on a handle 200</i>		
<i>mcg</i>		
.....4		
<i>fentanyl citrate lozenge on a handle 400</i>		
<i>mcg</i>		
.....4		
<i>fentanyl citrate lozenge on a handle 600</i>		
<i>mcg</i>		
.....4		
<i>fentanyl citrate lozenge on a handle 800</i>		
<i>mcg</i>		
.....4		
<i>fentanyl td patch 72hr 100 mcg/hr</i>		
.....5		

<i>fluocinolone acetonide cream 0.01%</i>	171	<i>fluticasone furoate aerosol powder breath</i>	
<i>fluocinolone acetonide cream 0.025%</i>	171	<i>activ 200 mcg/act</i>	165
<i>fluocinolone acetonide oil 0.01% (body oil)</i>		<i>fluticasone furoate aerosol powder breath</i>	
.....	171	<i>activ 50 mcg/act</i>	165
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>		<i>fluticasone propionate cream 0.05%</i>	171
.....	171	<i>fluticasone propionate lotion 0.05%</i>	171
<i>fluocinolone acetonide oint 0.025%</i>	171	<i>fluticasone propionate nasal susp 50</i>	
<i>fluocinolone acetonide soln 0.01%</i>	171	<i>mcg/act</i>	163
<i>fluocinonide cream 0.05%</i>	171	<i>fluticasone propionate oint 0.005%</i>	171
<i>fluocinonide gel 0.05%</i>	171	<i>fluticasone-salmeterol aer powder ba 100-</i>	
<i>fluocinonide oint 0.05%</i>	171	<i>50 mcg/act</i>	166
<i>fluocinonide soln 0.05%</i>	171	<i>fluticasone-salmeterol aer powder ba 250-</i>	
<i>fluorouracil cream 5%</i>	167	<i>50 mcg/act</i>	166
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>		<i>fluticasone-salmeterol aer powder ba 500-</i>	
.....	30	<i>50 mcg/act</i>	166
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>		<i>fluvastatin sodium cap 20 mg (base</i>	
.....	30	<i>equivalent)</i>	47
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>fluvastatin sodium cap 40 mg (base</i>	
<i>mg/ml)</i>	30	<i>equivalent)</i>	47
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>		<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	
.....	30	<i>equivalent)</i>	47
<i>fluorouracil soln 2%</i>	167	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	60
<i>fluorouracil soln 5%</i>	168	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	.61
<i>fluoxetine hcl cap 10 mg</i>	65	<i>fluvoxamine maleate tab 100 mg</i>	61
<i>fluoxetine hcl cap 20 mg</i>	65	<i>fluvoxamine maleate tab 25 mg</i>	61
<i>fluoxetine hcl cap 40 mg</i>	65	<i>fluvoxamine maleate tab 50 mg</i>	61
<i>fluoxetine hcl cap delayed release 90 mg</i>	65	<i>folic acid cap 0.8 mg</i>	153
<i>fluoxetine hcl solution 20 mg/5ml</i>	65	<i>folic acid tab 1 mg</i>	153
<i>fluoxetine hcl tab 10 mg</i>	65	<i>folic acid tab 400 mcg</i>	153
<i>fluoxetine hcl tab 20 mg</i>	65	<i>folic acid tab 800 mcg</i>	153
<i>fluphenazine decanoate inj 25 mg/ml</i>	71	<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	71	<i>mg/0.8ml</i>	135
<i>fluphenazine hcl inj 2.5 mg/ml</i>	71	<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	71	<i>mg/0.5ml</i>	135
<i>fluphenazine hcl tab 10 mg</i>	71	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluphenazine hcl tab 1 mg</i>	71	<i>mg/0.4ml</i>	135
<i>fluphenazine hcl tab 2.5 mg</i>	71	<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>fluphenazine hcl tab 5 mg</i>	71	<i>mg/0.6ml</i>	135
<i>flurbiprofen sodium ophth soln 0.03%</i>	155	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	
<i>flurbiprofen tab 100 mg</i>	1	.....	160
<i>flurbiprofen tab 50 mg</i>	1	<i>FOSAMAX + D TAB 70-2800</i>	107
<i>fluticasone furoate aerosol powder breath</i>		<i>FOSAMAX + D TAB 70-5600</i>	107
<i>activ 100 mcg/act</i>	165	<i>fosamprenavir calcium tab 700 mg (base</i>	
		<i>equiv)</i>	17

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	15	<i>gabapentin oral soln 250 mg/5ml</i>	75
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	41	<i>gabapentin tab 600 mg</i>	75
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	41	<i>gabapentin tab 800 mg</i>	75
<i>fosinopril sodium tab 10 mg</i>	42	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	61
<i>fosinopril sodium tab 20 mg</i>	42	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	61
<i>fosinopril sodium tab 40 mg</i>	42	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	61
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	75	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	61
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	75	<i>galantamine hydrobromide tab 12 mg</i>	61
FRAGMIN INJ 10000/ML	135	<i>galantamine hydrobromide tab 4 mg</i>	61
FRAGMIN INJ 12500UNT	135	<i>galantamine hydrobromide tab 8 mg</i>	61
FRAGMIN INJ 15000UNT	135	<i>galbriela</i>	109
FRAGMIN INJ 18000UNT	135	GANIRELIX AC INJ 250/0.5.....	115
FRAGMIN INJ 2500/0.2	135	GA POW	93
FRAGMIN INJ 2500/ML	135	GARDASIL 9 INJ	149
FRAGMIN INJ 5000/0.2	135	<i>gatifloxacin ophth soln 0.5%</i>	154
FRAGMIN INJ 7500/0.3	135	<i>gavilyte-c</i>	129
FRAGMIN INJ 95000UNT	135	<i>gavilyte-g</i>	129
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	85	GAZYVA INJ 25MG/ML.....	32
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ...	33	<i>gemcitabine hcl for inj 1 gm</i>	30
<i>furosemide inj 10 mg/ml</i>	55	<i>gemcitabine hcl for inj 200 mg</i>	30
<i>furosemide oral soln 10 mg/ml</i>	55	<i>gemcitabine hcl for inj 2 gm</i>	30
<i>furosemide oral soln 8 mg/ml</i>	55	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	30
<i>furosemide tab 20 mg</i>	55	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	31
<i>furosemide tab 40 mg</i>	55	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	31
<i>furosemide tab 80 mg</i>	55	<i>gemfibrozil tab 600 mg</i>	47
FYCOMPA SUS 0.5MG/ML.....	75	<i>gemmily</i>	109
FYCOMPA TAB 10MG.....	75	<i>generlac</i>	129
FYCOMPA TAB 12MG	75	<i>gengraf</i>	147
FYCOMPA TAB 2MG	75	<i>gentamicin sulfate cream 0.1%</i>	168
FYCOMPA TAB 4MG	75	<i>gentamicin sulfate inj 40 mg/ml</i>	15
FYCOMPA TAB 6MG	75	<i>gentamicin sulfate oint 0.1%</i>	168
FYCOMPA TAB 8MG	75	<i>gentamicin sulfate ophth soln 0.3%</i>	154
FYLNETRA INJ 6MG/0.6	136	GENVOYA TAB.....	19
G		<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	87
GA-1 ANAMIX POW ERLY YRS.....	93	<i>glatopa</i>	87
<i>gabapentin cap 100 mg</i>	75	GLEOSTINE CAP 100MG.....	29
<i>gabapentin cap 300 mg</i>	75		
<i>gabapentin cap 400 mg</i>	75		

GLEOSTINE CAP 10MG	29	<i>griseofulvin microsize tab 500 mg</i>	16
GLEOSTINE CAP 40MG	29	<i>griseofulvin ultramicrosize tab 125 mg</i>	16
GLIADEL WAF 7.7MG	29	<i>griseofulvin ultramicrosize tab 250 mg</i>	16
<i>glimepiride tab 1 mg.....</i>	106	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	
<i>glimepiride tab 2 mg</i>	106	.....	160
<i>glimepiride tab 4 mg</i>	106	<i>guanfacine hcl tab 1 mg</i>	56
<i>glipizide-metformin hcl tab 2.5-250 mg..</i>	103	<i>guanfacine hcl tab 2 mg</i>	57
<i>glipizide-metformin hcl tab 2.5-500 mg .</i>	103	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>glipizide-metformin hcl tab 5-500 mg.....</i>	103	<i>equiv)</i>	81
<i>glipizide tab 10 mg.....</i>	106	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>glipizide tab 5 mg</i>	106	<i>equiv)</i>	81
<i>glipizide tab er 24hr 10 mg</i>	106	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>glipizide tab er 24hr 2.5 mg.....</i>	106	<i>equiv)</i>	81
<i>glipizide tab er 24hr 5 mg.....</i>	106	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
<i>glucagon for inj 1 mg</i>	118	<i>equiv)</i>	81
GLUCERNA 1.0 LIQ CARB VAN	93	GVOKE HYPO 1 INJ 0.5/.1ML.....	118
GLUCERNA LIQ 1.2 CAL	93	GVOKE HYPO 1 INJ 1/0.2ML.....	118
GLUCERNA SEL LIQ VANILLA.....	93	GVOKE KIT SOL 1/0.2ML.....	118
GLUTAREX-1 POW	93	GVOKE PFS INJ 1/0.2ML.....	118
GLUTAREX-2 POW	93	GYNAZOLE-1 CRE 2%.....	134
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	125	GYNOL II GEL 3%.....	132
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	125	H	
.....	125	<i>halobetasol propionate cream 0.05%.....</i>	171
<i>glycopyrrolate oral soln 1 mg/5ml.....</i>	125	<i>halobetasol propionate oint 0.05%</i>	171
<i>glycopyrrolate tab 1 mg</i>	126	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>glycopyrrolate tab 2 mg</i>	126	.....	72
GLYTACTIN PAK BTMK/DLT	93	<i>haloperidol decanoate im soln 50 mg/ml..</i>	71
GLYTACTIN POW BETMLK15	94	<i>haloperidol lactate inj 5 mg/ml.....</i>	72
GLYTACTIN POW RST LT10	94	<i>haloperidol lactate oral conc 2 mg/ml</i>	72
GLYTROL LIQ PREBIO1	94	<i>haloperidol tab 0.5 mg.....</i>	72
GLYXAMBI TAB 10-5 MG	106	<i>haloperidol tab 10 mg</i>	72
GLYXAMBI TAB 25-5 MG.....	106	<i>haloperidol tab 1 mg.....</i>	72
<i>gnp lice treatment</i>	173	<i>haloperidol tab 20 mg.....</i>	72
GONAL-F INJ 1050UNIT.....	115	<i>haloperidol tab 2 mg</i>	72
GONAL-F INJ 450UNIT	115	<i>haloperidol tab 5 mg</i>	72
GONAL-F RFF INJ 300/0.48.....	115	HARVONI PAK	24
GONAL-F RFF INJ 450/0.72.....	115	HARVONI PAK 45-200MG.....	24
GONAL-F RFF INJ 75UNIT	115	HARVONI TAB 45-200MG.....	24
GONAL-F RFF INJ 900/1.44	115	HARVONI TAB 90-400MG	24
<i>goodsense aspirin.....</i>	14	HAVRIX INJ 1440UNIT	149
<i>goodsense nicotine polacr</i>	91	HAVRIX INJ 720UNIT	149
<i>granisetron hcl inj 1 mg/ml</i>	126	HCU ANAMIX POW ERLY YRS.....	94
<i>granisetron hcl tab 1 mg.....</i>	126	HCU EXP20 PAK UNFLAVOR	94
<i>griseofulvin microsize susp 125 mg/5ml ...</i>	16	HCU EXPRESS PAK	94

HCY 2 POW.....	94	hydrochlorothiazide cap 12.5 mg.....	55
heather.....	109	hydrochlorothiazide tab 12.5 mg.....	55
HELIDAC MIS THERAPY.....	132	hydrochlorothiazide tab 25 mg.....	55
HEMLIBRA INJ 105/0.7.....	137	hydrochlorothiazide tab 50 mg.....	55
HEMLIBRA INJ 150/ML.....	137	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	5
HEMLIBRA INJ 300/2ML.....	137	hydrocodone-acetaminophen tab 10-325 mg.....	6
HEMLIBRA INJ 30MG/ML.....	137	hydrocodone-acetaminophen tab 2.5-325 mg.....	5
HEMLIBRA INJ 60/0.4.....	137	hydrocodone-acetaminophen tab 5-325 mg.....	5
HEMLIBRA SOL 12/0.4ML.....	137	hydrocodone-acetaminophen tab 7.5-325 mg.....	6
heparin sodium (porcine) inj 10000 unit/ml	135	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	161
heparin sodium (porcine) inj 1000 unit/ml	135	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	161
heparin sodium (porcine) inj 20000 unit/ml	136	hydrocodone bitartrate tab er 24hr deter 100 mg.....	5
heparin sodium (porcine) inj 5000 unit/ml	135	hydrocodone bitartrate tab er 24hr deter 120 mg.....	5
heparin sodium (porcine) pf inj 1000 unit/ml	136	hydrocodone bitartrate tab er 24hr deter 20 mg.....	5
heparin sodium (porcine) pf inj 5000 unit/0.5ml.....	136	hydrocodone bitartrate tab er 24hr deter 30 mg.....	5
HEPLISAV-B INJ 20/0.5ML.....	149	hydrocodone bitartrate tab er 24hr deter 40 mg.....	5
HIBERIX SOL 10MCG.....	149	hydrocodone bitartrate tab er 24hr deter 60 mg.....	5
HOLD CHAMBER MIS MEDIUM.....	164	hydrocodone bitartrate tab er 24hr deter 80 mg.....	5
HOM 2 POW.....	94	hydrocodone-ibuprofen tab 10-200 mg.....	6
HOMACTIN AA LIQ PLUS.....	94	hydrocod polst-chlorphen polst er susp 10- 8 mg/5ml.....	161
HOMINEX-1 POW.....	94	hydrocortisone butyrate cream 0.1%.....	171
HOMINEX-2 POW.....	94	hydrocortisone butyrate oint 0.1%.....	171
HUMATROPE INJ 12MG.....	118	hydrocortisone butyrate soln 0.1%.....	171
HUMATROPE INJ 24MG.....	118	hydrocortisone cream 1%.....	171
HUMATROPE INJ 6MG.....	118	hydrocortisone cream 2.5%.....	171
HUMATROPEN MIS FOR 12MG.....	118	hydrocortisone enema 100 mg/60ml.....	128
HUMATROPEN MIS FOR 24MG.....	118	hydrocortisone lotion 2.5%.....	171
HUMATROPEN MIS FOR 6MG.....	118	hydrocortisone oint 2.5%.....	172
HUMULIN INJ 70/30.....	104	hydrocortisone perianal cream 1%.....	131
HUMULIN INJ 70/30KWP.....	104		
HUMULIN N INJ U-100.....	104		
HUMULIN N INJ U-100KWP.....	104		
HUMULIN R INJ U-100.....	105		
HUMULIN R INJ U-500.....	105		
hydralazine hcl tab 100 mg.....	57		
hydralazine hcl tab 10 mg.....	57		
hydralazine hcl tab 25 mg.....	57		
hydralazine hcl tab 50 mg.....	57		

<i>hydrocortisone perianal cream 2.5%</i>	132	HYSINGLA ER TAB 80 MG	7
<i>hydrocortisone sodium succinate pf for inj</i>		I	
100 mg.....	117	<i>ibandronate sodium iv soln 3 mg/3ml (base</i>	
<i>hydrocortisone tab 10 mg</i>	117	<i>equivalent)</i>	107
<i>hydrocortisone tab 20 mg</i>	117	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrocortisone tab 5 mg</i>	117	<i>equivalent)</i>	107
<i>hydrocortisone valerate cream 0.2%</i>	172	<i>ibuprofen susp 100 mg/5ml</i>	1
<i>hydrocortisone valerate oint 0.2%</i>	172	<i>ibuprofen tab 400 mg</i>	1
<i>hydrocortisone w/ acetic acid otic soln 1-</i>		<i>ibuprofen tab 600 mg</i>	2
2%.....	174	<i>ibuprofen tab 800 mg</i>	2
<i>hydromet</i>	161	<i>icatibant acetate subcutaneous soln pref</i>	
<i>hydromorphone hcl inj 2 mg/ml</i>	6	<i>syr 30 mg/3ml</i>	146
<i>hydromorphone hcl tab 2 mg</i>	6	<i>icosapent ethyl cap 0.5 gm</i>	49
<i>hydromorphone hcl tab 4 mg</i>	6	<i>icosapent ethyl cap 1 gm</i>	50
<i>hydromorphone hcl tab 8 mg</i>	6	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	30
<i>hydromorphone hcl tab er 24hr 12 mg</i>	6	.....	30
<i>hydromorphone hcl tab er 24hr 16 mg</i>	6	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> ...	30
<i>hydromorphone hcl tab er 24hr 32 mg</i>	7	IDHIFA TAB 100MG.....	38
<i>hydromorphone hcl tab er 24hr 8 mg</i>	6	IDHIFA TAB 50MG	38
<i>hydroxychloroquine sulfate tab 200 mg</i> .	145	<i>ifosfamide for inj 1 gm</i>	29
<i>hydroxyurea cap 500 mg</i>	38	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	29
<i>hydroxyzine hcl im soln 25 mg/ml</i>	159	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> ...	29
<i>hydroxyzine hcl im soln 50 mg/ml</i>	159	ILEVRO DRO 0.3% OP	155
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	159	<i>imatinib mesylate tab 100 mg (base</i>	
<i>hydroxyzine hcl tab 10 mg</i>	159	<i>equivalent)</i>	35
<i>hydroxyzine hcl tab 25 mg</i>	159	<i>imatinib mesylate tab 400 mg (base</i>	
<i>hydroxyzine hcl tab 50 mg</i>	159	<i>equivalent)</i>	35
<i>hydroxyzine pamoate cap 100 mg</i>	159	<i>imipramine hcl tab 10 mg</i>	65
<i>hydroxyzine pamoate cap 25 mg</i>	159	<i>imipramine hcl tab 25 mg</i>	65
<i>hydroxyzine pamoate cap 50 mg</i>	159	<i>imipramine hcl tab 50 mg</i>	65
HYRIMOZ CD/ INJ UC/HS SP.....	141	<i>imipramine pamoate cap 100 mg</i>	66
HYRIMOZ INJ 10/0.1ML	141	<i>imipramine pamoate cap 125 mg</i>	66
HYRIMOZ INJ 20/0.2ML	141	<i>imipramine pamoate cap 150 mg</i>	66
HYRIMOZ INJ 40/0.4ML.....	141	<i>imipramine pamoate cap 75 mg</i>	66
HYRIMOZ INJ 40/0.8ML.....	141	<i>imiquimod cream 5%</i>	168
HYRIMOZ-PED INJ CROHNS	141	IMVEXXY MAIN SUP 10MCG	121
HYRIMOZ-PLAQ INJ PSOR/UVE.....	141	IMVEXXY MAIN SUP 4MCG	121
HYRIMOZ SENS INJ 80/0.8ML	141	IMVEXXY STRT SUP 10MCG.....	121
HYSINGLA ER TAB 100 MG.....	7	IMVEXXY STRT SUP 4MCG.....	121
HYSINGLA ER TAB 120 MG.....	7	<i>inatal gt</i>	152
HYSINGLA ER TAB 20 MG	7	INBRIJA CAP 42MG.....	69
HYSINGLA ER TAB 30 MG	7	INCRELEX INJ 40MG/4ML.....	122
HYSINGLA ER TAB 40 MG	7	<i>indapamide tab 1.25 mg</i>	55
HYSINGLA ER TAB 60 MG	7		

<i>indapamide tab 2.5 mg</i>	55	<i>isosorbide dinitrate tab 10 mg</i>	57
INFANRIX INJ.....	149	<i>isosorbide dinitrate tab 20 mg</i>	57
INFLIXIMAB INJ 100MG	139	<i>isosorbide dinitrate tab 30 mg</i>	57
INLYTA TAB 1MG	35	<i>isosorbide dinitrate tab 5 mg</i>	57
INLYTA TAB 5MG.....	35	<i>isosorbide mononitrate tab 10 mg</i>	57
INSTA-GLUCOS GEL 77.4%	118	<i>isosorbide mononitrate tab 20 mg</i>	57
INSULIN SYRG MIS 1ML/31G	113	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	57
INTELENCE TAB 25MG	17	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	57
INTRAROSA SUP 6.5MG.....	122	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	57
<i>introvale</i>	109	ISOSOURCE HN LIQ.....	94
IOPIDINE SOL 1% OP	157	ISOSOURCE LIQ	94
IPOL INJ INACTIVE	149	<i>isotretinoin cap 10 mg</i>	167
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	157	<i>isotretinoin cap 20 mg</i>	167
<i>ipratropium bromide inhal soln 0.02%</i>	158	<i>isotretinoin cap 30 mg</i>	167
<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	158	<i>isotretinoin cap 40 mg</i>	167
<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	158	ISOVACTIN AA LIQ PLUS.....	94
IQIRVO TAB 80MG	130	<i>isradipine cap 2.5 mg</i>	54
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	44	<i>isradipine cap 5 mg</i>	54
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	44	ITOVEBI TAB 3MG.....	35
<i>irbesartan tab 150 mg</i>	45	ITOVEBI TAB 9MG.....	35
<i>irbesartan tab 300 mg</i>	45	<i>itraconazole cap 100 mg</i>	16
<i>irbesartan tab 75 mg</i>	45	<i>itraconazole oral soln 10 mg/ml</i>	16
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i> 40		IVA ANAMIX POW ERLY YRS.....	94
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	41	<i>ivabradine hcl tab 5 mg (base equiv)</i>	56
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> ..40		<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	56
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	41	I-VALEX-1 POW	94
ISENTRESS CHW 100MG.....	17	I-VALEX-2 POW	94
ISENTRESS CHW 25MG.....	17	IVA MAXAMUM POW.....	95
ISENTRESS HD TAB 600MG	17	<i>ivermectin cream 1%</i>	173
ISENTRESS POW 100MG.....	17	<i>ivermectin tab 3 mg</i>	15
ISENTRESS TAB 400MG.....	18	IV PREP WIPE PAD	168
<i>isoniazid inj 100 mg/ml</i>	20	J	
<i>isoniazid syrup 50 mg/5ml</i>	20	JAKAFI TAB 10MG	35
<i>isoniazid tab 100 mg</i>	20	JAKAFI TAB 15MG	36
<i>isoniazid tab 300 mg</i>	20	JAKAFI TAB 20MG.....	36
<i>isosorbide dinitrate-hydralazine hcl tab 20-</i> <i>37.5 mg</i>	56	JAKAFI TAB 25MG.....	36
		JAKAFI TAB 5MG	35
		<i>jantoven</i>	136
		JANUMET TAB 50-1000.....	103
		JANUMET TAB 50-500MG	103
		JANUMET XR TAB 100-1000	103

JANUMET XR TAB 50-1000	103
JANUMET XR TAB 50-500MG	103
JANUVIA TAB 100MG	103
JANUVIA TAB 25MG	103
JANUVIA TAB 50MG	103
JARDIANCE TAB 10MG	106
JARDIANCE TAB 25MG	106
JEVITY 1.2 LIQ CAL	95
JEVITY 1.5 LIQ CAL	95
JEVITY 1 CAL LIQ	95
<i>jinteli</i>	121
<i>jolessa</i>	109
JUBLIA SOL 10%	168
<i>junel 1/20</i>	109
<i>junel 1.5/30</i>	109
<i>junel fe 1/20</i>	109
<i>junel fe 1.5/30</i>	109
<i>junel fe 24</i>	109
JYNNEOS INJ	149
K	
KADCYLA INJ 100MG	32
KADCYLA INJ 160MG	32
KALETRA SOL	20
KALYDECO GRA 13.4MG	161
KALYDECO GRA 5.8MG	161
KALYDECO PAK 25MG	162
KALYDECO PAK 50MG	162
KALYDECO PAK 75MG	162
KALYDECO TAB 150MG	162
<i>kariva</i>	109
<i>kelnor 1/35</i>	109
KERENDIA TAB 10MG	43
KERENDIA TAB 20MG	43
KERENDIA TAB 40MG	43
<i>ketoconazole cream 2%</i>	168
<i>ketoconazole shampoo 2%</i>	169
KETONE TES	113
KETONE TEST TES	113
KETONEX-1 POW	95
KETONEX-2 POW	95
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2
<i>ketorolac tromethamine inj 15 mg/ml</i>	2
<i>ketorolac tromethamine inj 30 mg/ml</i>	2

<i>ketorolac tromethamine ophth soln 0.4%</i>	155
<i>ketorolac tromethamine ophth soln 0.5%</i>	155
<i>ketorolac tromethamine tab 10 mg</i>	2
KEVZARA INJ 150/1.14	141
KEVZARA INJ 200/1.14	142
KEYTRUDA INJ 100MG/4M	32
KINRIX INJ	149
KISQALI TAB 200DOSE	36
KISQALI TAB 400DOSE	36
KISQALI TAB 600DOSE	36
<i>klor-con 10</i>	151
<i>klor-con 8</i>	151
<i>klor-con m15</i>	151
KRINTAFEL TAB 150MG	16
<i>kurvelo</i>	109
KYLEENA IUD 19.5MG	109
L	
<i>labetalol hcl tab 100 mg</i>	51
<i>labetalol hcl tab 200 mg</i>	51
<i>labetalol hcl tab 300 mg</i>	51
<i>labetalol hcl tab 400 mg</i>	51
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	76
<i>lacosamide oral solution 10 mg/ml</i>	76
<i>lacosamide tab 100 mg</i>	76
<i>lacosamide tab 150 mg</i>	76
<i>lacosamide tab 200 mg</i>	76
<i>lacosamide tab 50 mg</i>	76
<i>lactic acid (ammonium lactate) cream 12%</i>	172
<i>lactic acid (ammonium lactate) lotion 12%</i>	172
<i>lactulose solution 10 gm/15ml</i>	129
<i>lamivudine oral soln 10 mg/ml</i>	18
<i>lamivudine tab 100 mg (hbv)</i>	24
<i>lamivudine tab 150 mg</i>	18
<i>lamivudine tab 300 mg</i>	18
<i>lamivudine-zidovudine tab 150-300 mg</i>	20
<i>lamotrigine orally disintegrating tab 100 mg</i>	76
<i>lamotrigine orally disintegrating tab 200 mg</i>	76

<i>lamotrigine orally disintegrating tab 25 mg</i>	76	LENVIMA CAP 24 MG.....	36
<i>lamotrigine orally disintegrating tab 50 mg</i>	76	LENVIMA CAP 4MG.....	36
<i>lamotrigine tab 100 mg</i>	76	LENVIMA CAP 8 MG.....	36
<i>lamotrigine tab 150 mg</i>	76	<i>lessina</i>	109
<i>lamotrigine tab 200 mg</i>	76	<i>letrozole tab 2.5 mg</i>	33
<i>lamotrigine tab 25 mg</i>	76	<i>leucovorin calcium for inj 100 mg</i>	40
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i> <i>starter kit</i>	76	<i>leucovorin calcium for inj 200 mg</i>	40
<i>lamotrigine tab 35 x 25 mg starter kit</i>	76	<i>leucovorin calcium for inj 350 mg</i>	40
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i> <i>starter kit</i>	76	<i>leucovorin calcium for inj 500 mg</i>	40
<i>lamotrigine tab chewable dispersible 25 mg</i>	76	<i>leucovorin calcium for inj 50 mg</i>	40
<i>lamotrigine tab chewable dispersible 5 mg</i>	76	<i>leucovorin calcium tab 10 mg</i>	40
<i>lamotrigine tab er 24hr 100 mg</i>	76	<i>leucovorin calcium tab 15 mg</i>	40
<i>lamotrigine tab er 24hr 200 mg</i>	76	<i>leucovorin calcium tab 25 mg</i>	40
<i>lamotrigine tab er 24hr 250 mg</i>	76	<i>leucovorin calcium tab 5 mg</i>	40
<i>lamotrigine tab er 24hr 25 mg</i>	76	LEUKERAN TAB 2MG	29
<i>lamotrigine tab er 24hr 300 mg</i>	76	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i> <i>mg/ml)</i>	33
<i>lamotrigine tab er 24hr 50 mg</i>	76	<i>levabuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	160
LANAFLEX PAK.....	95	<i>levabuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	160
<i>lansoprazole cap delayed release 15 mg</i> .131		<i>levabuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	160
<i>lansoprazole cap delayed release 30 mg</i> 131		<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	160
<i>lanthanum carbonate chew tab 1000 mg</i> <i>(elemental)</i>	123	<i>levabuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	160
<i>lanthanum carbonate chew tab 500 mg</i> <i>(elemental)</i>	123	LEVEMIR INJ	105
<i>lanthanum carbonate chew tab 750 mg</i> <i>(elemental)</i>	123	LEVEMIR INJ FLEXPEN	105
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	36	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	76
<i>larin 1.5/30</i>	109	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	76
<i>latanoprost ophth soln 0.005%</i>	156	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	76
<i>leena</i>	109	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	76
<i>leflunomide tab 10 mg</i>	145	<i>levetiracetam oral soln 100 mg/ml</i>	76
<i>leflunomide tab 20 mg</i>	145	<i>levetiracetam tab 1000 mg</i>	77
LENVIMA CAP 10 MG	36	<i>levetiracetam tab 250 mg</i>	76
LENVIMA CAP 12MG	36	<i>levetiracetam tab 500 mg</i>	77
LENVIMA CAP 14 MG	36	<i>levetiracetam tab 750 mg</i>	77
LENVIMA CAP 18 MG	36	<i>levetiracetam tab er 24hr 500 mg</i>	77
LENVIMA CAP 20 MG.....	36	<i>levetiracetam tab er 24hr 750 mg</i>	77

<i>levobunolol hcl ophth soln 0.5%</i>	155	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>1%</i>	15
<i>mg/5ml (0.5 mg/ml)</i>	159	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i> ..	159	<i>2%</i>	15
<i>levofloxacin iv soln 25 mg/ml</i>	23	<i>lidocaine hcl local soln prefilled syringe 100</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	23	<i>mg/5ml (2%)</i>	15
<i>levofloxacin tab 250 mg</i>	23	<i>lidocaine hcl soln 4%</i>	172
<i>levofloxacin tab 500 mg</i>	23	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>levofloxacin tab 750 mg</i>	24	<i>syringe 2%</i>	172
<i>levonest</i>	109	<i>lidocaine hcl viscous soln 2%</i>	173
<i>levonorgestrel & ethinyl estradiol (91-day)</i>		<i>lidocaine oint 5%</i>	172
<i>tab 0.15-0.03 mg</i>	109	<i>lidocaine pain relief pat</i>	172
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>		<i>lidocaine patch 5%</i>	172
<i>mg-30 mcg</i>	110	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	172
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>		<i>LILETTA IUD 52MG</i>	110
<i>mg-20 mcg</i>	110	<i>linezolid for susp 100 mg/5ml</i>	25
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>		<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
<i>mg-20 mcg (21)</i>	110	.....	25
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>		<i>linezolid tab 600 mg</i>	25
<i>est tab 0.01mg(7)</i>	109	<i>LINZESS CAP 145MCG</i>	128
<i>levora 0.15/30-28</i>	110	<i>LINZESS CAP 290MCG</i>	128
<i>levothyroxine sodium tab 100 mcg</i>	124	<i>LINZESS CAP 72MCG</i>	128
<i>levothyroxine sodium tab 112 mcg</i>	124	<i>liothyronine sodium tab 25 mcg</i>	124
<i>levothyroxine sodium tab 125 mcg</i>	124	<i>liothyronine sodium tab 50 mcg</i>	124
<i>levothyroxine sodium tab 137 mcg</i>	124	<i>liothyronine sodium tab 5 mcg</i>	124
<i>levothyroxine sodium tab 150 mcg</i>	124	<i>LIPISTART POW</i>	95
<i>levothyroxine sodium tab 175 mcg</i>	124	<i>LIQUID HOPE LIQ</i>	95
<i>levothyroxine sodium tab 200 mcg</i>	124	<i>liraglutide soln pen-injector 18 mg/3ml (6</i>	
<i>levothyroxine sodium tab 25 mcg</i>	123	<i>mg/ml)</i>	103
<i>levothyroxine sodium tab 300 mcg</i>	124	<i>lisdexamfetamine dimesylate cap 10 mg</i> ..	81
<i>levothyroxine sodium tab 50 mcg</i>	123	<i>lisdexamfetamine dimesylate cap 20 mg</i> ..	81
<i>levothyroxine sodium tab 75 mcg</i>	123	<i>lisdexamfetamine dimesylate cap 30 mg</i> ..	81
<i>levothyroxine sodium tab 88 mcg</i>	123	<i>lisdexamfetamine dimesylate cap 40 mg</i> ..	81
<i>levoxyl</i>	124	<i>lisdexamfetamine dimesylate cap 50 mg</i> ..	81
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100</i>		<i>lisdexamfetamine dimesylate cap 60 mg</i> ..	81
<i>mg/5ml (2%)</i>	45	<i>lisdexamfetamine dimesylate cap 70 mg</i> ..	81
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>		<i>lisdexamfetamine dimesylate chew tab 10</i>	
<i>mg/5ml(1%)</i>	45	<i>mg</i>	81
<i>lidocaine hcl laryngotracheal soln 4%</i>	173	<i>lisdexamfetamine dimesylate chew tab 20</i>	
<i>lidocaine hcl local inj 0.5%</i>	15	<i>mg</i>	81
<i>lidocaine hcl local inj 1%</i>	15	<i>lisdexamfetamine dimesylate chew tab 30</i>	
<i>lidocaine hcl local inj 2%</i>	15	<i>mg</i>	81
<i>lidocaine hcl local preservative free (pf) inj</i>		<i>lisdexamfetamine dimesylate chew tab 40</i>	
<i>0.5%</i>	15	<i>mg</i>	81

<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	81	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	44
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	81	<i>losartan potassium tab 100 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	41	<i>losartan potassium tab 25 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	41	<i>losartan potassium tab 50 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	41	<i>loteprednol etabonate ophth susp 0.5%</i>	155
<i>lisinopril tab 10 mg</i>	42	<i>lovastatin tab 10 mg</i>	48
<i>lisinopril tab 2.5 mg</i>	42	<i>lovastatin tab 20 mg</i>	48
<i>lisinopril tab 20 mg</i>	42	<i>lovastatin tab 40 mg</i>	48
<i>lisinopril tab 30 mg</i>	42	<i>low-ogestrel</i>	110
<i>lisinopril tab 40 mg</i>	42	<i>loxapine succinate cap 10 mg</i>	72
<i>lisinopril tab 5 mg</i>	42	<i>loxapine succinate cap 25 mg</i>	72
<i>lithium carbonate cap 150 mg</i>	86	<i>loxapine succinate cap 50 mg</i>	72
<i>lithium carbonate cap 300 mg</i>	86	<i>loxapine succinate cap 5 mg</i>	72
<i>lithium carbonate cap 600 mg</i>	86	<i>lubiprostone cap 24 mcg</i>	129
<i>lithium carbonate tab 300 mg</i>	86	<i>lubiprostone cap 8 mcg</i>	128
<i>lithium carbonate tab er 300 mg</i>	86	<i>luliconazole cream 1%</i>	168
<i>lithium carbonate tab er 450 mg</i>	86	LUMIGAN SOL 0.01% OP	156
<i>lithium oral solution 8 meq/5ml</i>	86	LUPR DEP-PED INJ 11.25MG.....	107
LMD POW	95	LUPR DEP-PED INJ 15MG	107
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	90	LUPR DEP-PED INJ 3M 30MG.....	107
LO LOESTRIN TAB 1-10-10	110	LUPR DEP-PED INJ 7.5MG.....	107
<i>loperamide hcl cap 2 mg</i>	126	LUPRON DEPOT INJ 45MG	107
LOPHLEX POW.....	95	<i>lurasidone hcl tab 120 mg</i>	72
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	20	<i>lurasidone hcl tab 20 mg</i>	72
<i>lopinavir-ritonavir tab 100-25 mg</i>	20	<i>lurasidone hcl tab 40 mg</i>	72
<i>lopinavir-ritonavir tab 200-50 mg</i>	20	<i>lurasidone hcl tab 60 mg</i>	72
<i>lorazepam conc 2 mg/ml</i>	61	<i>lurasidone hcl tab 80 mg</i>	72
<i>lorazepam tab 0.5 mg</i>	61	<i>lutera</i>	110
<i>lorazepam tab 1 mg</i>	61	LYNPARZA TAB 100MG	38
<i>lorazepam tab 2 mg</i>	61	LYNPARZA TAB 150MG	39
LORBRENA TAB 100MG.....	36	LYSODREN TAB 500MG	33
LORBRENA TAB 25MG.....	36	M	
<i>loryna</i>	110	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	151
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	44	<i>magnesium sulfate inj 50%</i>	151
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	44	<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	151
		<i>malathion lotion 0.5%</i>	173
		<i>mannitol iv soln 20%</i>	55
		<i>mannitol iv soln 25%</i>	55
		<i>maraviroc tab 150 mg</i>	18
		<i>maraviroc tab 300 mg</i>	18
		<i>marlissa</i>	110

MARPLAN TAB 10MG.....	66	MENVEO INJ	149
MATULANE CAP 50MG	29	MENVEO SOL.....	149
<i>matzim la</i>	54	<i>meprobamate tab 200 mg</i>	61
MCT PRO-CAL PAK.....	95	<i>meprobamate tab 400 mg</i>	61
<i>meclizine hcl tab 12.5 mg</i>	126	<i>mercaptopurine tab 50 mg</i>	31
<i>meclizine hcl tab 25 mg</i>	126	<i>meropenem iv for soln 1 gm</i>	25
<i>meclofenamate sodium cap 100 mg</i>	2	<i>meropenem iv for soln 500 mg</i>	25
<i>meclofenamate sodium cap 50 mg</i>	2	<i>mesalamine cap dr 400 mg</i>	128
MEDROL TAB 2MG.....	117	<i>mesalamine cap er 24hr 0.375 gm</i>	128
<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	110	<i>mesalamine enema 4 gm</i>	128
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	110	<i>mesalamine rectal enema 4 gm & cleanser</i> <i>wipe kit</i>	128
<i>medroxyprogesterone acetate tab 10 mg</i>	123	<i>mesalamine suppos 1000 mg</i>	128
<i>medroxyprogesterone acetate tab 2.5 mg</i>	123	<i>mesalamine tab delayed release 1.2 gm</i> .128	
<i>medroxyprogesterone acetate tab 5 mg</i> 123		<i>mesalamine tab delayed release 800 mg</i>	128
<i>mefenamic acid cap 250 mg</i>	2	<i>mesna inj 100 mg/ml</i>	40
<i>mefloquine hcl tab 250 mg</i>	16	<i>mesna tab 400 mg</i>	40
<i>megestrol acetate susp 40 mg/ml</i>	123	<i>metaxalone tab 800 mg</i>	88
<i>megestrol acetate susp 625 mg/5ml</i>	123	<i>metformin hcl tab 1000 mg</i>	103
<i>megestrol acetate tab 20 mg</i>	33	<i>metformin hcl tab 500 mg</i>	103
<i>megestrol acetate tab 40 mg</i>	33	<i>metformin hcl tab 850 mg</i>	103
MEKINIST SOL 0.05/ML	36	<i>metformin hcl tab er 24hr 500 mg</i>	103
MEKINIST TAB 0.5MG.....	37	<i>metformin hcl tab er 24hr 750 mg</i>	103
MEKINIST TAB 2MG	37	<i>methadone hcl conc 10 mg/ml</i>	7
<i>meloxicam tab 15 mg</i>	2	<i>methadone hcl soln 10 mg/5ml</i>	7
<i>meloxicam tab 7.5 mg</i>	2	<i>methadone hcl soln 5 mg/5ml</i>	7
<i>melfhalan hcl for inj 50 mg (base equiv)</i> ..29		<i>methadone hcl tab 10 mg</i>	7
<i>memantine hcl cap er 24hr 14 mg</i>	61	<i>methadone hcl tab 5 mg</i>	7
<i>memantine hcl cap er 24hr 21 mg</i>	62	<i>methadone hcl tab for oral susp 40 mg</i>	7
<i>memantine hcl cap er 24hr 28 mg</i>	62	<i>methadone hydrochloride i</i>	7
<i>memantine hcl cap er 24hr 7 mg</i>	61	<i>methadose</i>	7
<i>memantine hcl oral solution 2 mg/ml</i>	62	<i>methamphetamine hcl tab 5 mg</i>	82
<i>memantine hcl tab 10 mg</i>	62	<i>methazolamide tab 25 mg</i>	55
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	62	<i>methazolamide tab 50 mg</i>	55
<i>memantine hcl tab 5 mg</i>	62	<i>methenamine hippurate tab 1 gm</i>	25
MENEST TAB 0.3MG.....	121	<i>methimazole tab 10 mg</i>	124
MENEST TAB 0.625MG	121	<i>methimazole tab 5 mg</i>	124
MENEST TAB 1.25MG	121	METHIONAID POW.....	95
MENEST TAB 2.5MG.....	121	<i>methocarbamol tab 500 mg</i>	88
MENQUADFI INJ.....	149	<i>methocarbamol tab 750 mg</i>	88
		<i>methotrexate sodium for inj 1 gm</i>	31
		<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	31

<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	31	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	83
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	31	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	83
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	31	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	117
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	31	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	117
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	145	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	117
<i>methoxsalen rapid cap 10 mg</i>	169	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	117
<i>methscopolamine bromide tab 2.5 mg</i> ...	126	<i>methylprednisolone tab 16 mg</i>	117
<i>methscopolamine bromide tab 5 mg</i>	126	<i>methylprednisolone tab 32 mg</i>	117
<i>methsuximide cap 300 mg</i>	77	<i>methylprednisolone tab 4 mg</i>	117
<i>methyldopa tab 250 mg</i>	57	<i>methylprednisolone tab 8 mg</i>	117
<i>methyldopa tab 500 mg</i>	57	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	117
<i>methylphenidate hcl cap er 10 mg (cd)</i>	82	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	126
<i>methylphenidate hcl cap er 20 mg (cd)</i>	82	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	126
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	82	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	126
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	82	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	127
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	82	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	127
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	82	<i>metolazone tab 10 mg</i>	56
<i>methylphenidate hcl cap er 30 mg (cd)</i>	82	<i>metolazone tab 2.5 mg</i>	55
<i>methylphenidate hcl cap er 40 mg (cd)</i>	82	<i>metolazone tab 5 mg</i>	56
<i>methylphenidate hcl cap er 50 mg (cd)</i>	82	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	50
<i>methylphenidate hcl cap er 60 mg (cd)</i>	82	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	50
<i>methylphenidate hcl chew tab 10 mg</i>	82	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	50
<i>methylphenidate hcl chew tab 2.5 mg</i>	82	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	51
<i>methylphenidate hcl chew tab 5 mg</i>	82	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	51
<i>methylphenidate hcl soln 10 mg/5ml</i>	82	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	51
<i>methylphenidate hcl soln 5 mg/5ml</i>	82		
<i>methylphenidate hcl tab 10 mg</i>	82		
<i>methylphenidate hcl tab 20 mg</i>	82		
<i>methylphenidate hcl tab 5 mg</i>	82		
<i>methylphenidate hcl tab er 10 mg</i>	82		
<i>methylphenidate hcl tab er 20 mg</i>	83		
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	83		
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	83		

<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	51	<i>mirtazapine orally disintegrating tab 30 mg</i>	66
<i>metoprolol tartrate tab 100 mg</i>	51	<i>mirtazapine orally disintegrating tab 45 mg</i>	66
<i>metoprolol tartrate tab 25 mg</i>	51	<i>mirtazapine tab 15 mg</i>	66
<i>metoprolol tartrate tab 50 mg</i>	51	<i>mirtazapine tab 30 mg</i>	66
<i>metronidazole cap 375 mg</i>	25	<i>mirtazapine tab 45 mg</i>	66
<i>metronidazole cream 0.75%</i>	173	<i>mirtazapine tab 7.5 mg</i>	66
<i>metronidazole gel 0.75%</i>	173	<i>misoprostol tab 100 mcg</i>	130
<i>metronidazole gel 1%</i>	173	<i>misoprostol tab 200 mcg</i>	130
<i>metronidazole iv soln 500 mg/100ml</i>	25	<i>mitomycin for iv soln 20 mg</i>	30
<i>metronidazole lotion 0.75%</i>	173	<i>mitomycin for iv soln 40 mg</i>	30
<i>metronidazole tab 250 mg</i>	25	<i>mitomycin for iv soln 5 mg</i>	30
<i>metronidazole tab 500 mg</i>	25	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	30
<i>metronidazole vaginal gel 0.75%</i>	134	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30
<i>miconazole 3</i>	134	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	30
<i>microgestin 1.5/30</i>	110	MIUDELLA IUD COPPER	110
<i>midodrine hcl tab 10 mg</i>	57	MMA/PA ANAMI POW ERLY YRS	95
<i>midodrine hcl tab 2.5 mg</i>	57	MMA/PA MAXAM POW.....	95
<i>midodrine hcl tab 5 mg</i>	57	M-M-R II INJ.....	149
<i>mifepristone tab 200 mg</i>	125	MNEXSPIKE INJ 2025-26.....	149
<i>miglitol tab 100 mg</i>	102	<i>modafinil tab 100 mg</i>	88
<i>miglitol tab 25 mg</i>	102	<i>modafinil tab 200 mg</i>	88
<i>miglitol tab 50 mg</i>	102	MODERNA INJ 6MO-11Y	149
<i>mimvey</i>	121	MODULEN IBD POW	96
<i>minocycline hcl cap 100 mg</i>	28	<i>moexipril hcl tab 15 mg</i>	42
<i>minocycline hcl cap 50 mg</i>	28	<i>moexipril hcl tab 7.5 mg</i>	42
<i>minocycline hcl cap 75 mg</i>	28	<i>mometasone furoate cream 0.1%</i>	172
<i>minocycline hcl tab 100 mg</i>	28	<i>mometasone furoate nasal susp 50 mcg/act</i>	163
<i>minocycline hcl tab 50 mg</i>	28	<i>mometasone furoate oint 0.1%</i>	172
<i>minocycline hcl tab 75 mg</i>	28	<i>mometasone furoate solution 0.1% (lotion)</i>	172
<i>minoxidil tab 10 mg</i>	57	<i>monoject sodium chloride</i>	151
<i>minoxidil tab 2.5 mg</i>	57	<i>mono-lynyah</i>	110
<i>mirabegron tab er 24 hr 25 mg</i>	134	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	163
<i>mirabegron tab er 24 hr 50 mg</i>	134	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	163
MIRCERA INJ 100MCG	136	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	163
MIRCERA INJ 120MCG	137		
MIRCERA INJ 150MCG	137		
MIRCERA INJ 200MCG	137		
MIRCERA INJ 30MCG.....	136		
MIRCERA INJ 50MCG.....	136		
MIRCERA INJ 75MCG.....	136		
MIRENA IUD SYSTEM.....	110		
<i>mirtazapine orally disintegrating tab 15 mg</i>	66		

montelukast sodium tab 10 mg (base equiv)	MSUD AID POW	96
.....	MULTAQ TAB 400MG	46
morphine sulfate beads cap er 24hr 120 mg	mupirocin oint 2%	168
.....	MUSE SUP 1000MCG	133
morphine sulfate beads cap er 24hr 30 mg	MUSE SUP 250MCG	133
morphine sulfate beads cap er 24hr 45 mg	MUSE SUP 500MCG	133
morphine sulfate beads cap er 24hr 60 mg	MYALEPT INJ 11.3MG.....	122
morphine sulfate beads cap er 24hr 75 mg	mycophenolate mofetil cap 250 mg	147
morphine sulfate beads cap er 24hr 90 mg	mycophenolate mofetil for oral susp 200	
morphine sulfate cap er 24hr 100 mg.....	mg/ml.....	147
morphine sulfate cap er 24hr 10 mg	mycophenolate mofetil hcl for iv soln 500	
morphine sulfate cap er 24hr 20 mg	mg (base equiv)	147
morphine sulfate cap er 24hr 30 mg	mycophenolate mofetil tab 500 mg.....	147
morphine sulfate cap er 24hr 50 mg	mycophenolate sodium tab dr 180 mg	
morphine sulfate cap er 24hr 60 mg	(mycophenolic acid equiv)	147
morphine sulfate cap er 24hr 80 mg	mycophenolate sodium tab dr 360 mg	
morphine sulfate iv soln 10 mg/ml.....	(mycophenolic acid equiv)	147
morphine sulfate iv soln 4 mg/ml.....	MYFORTIC TAB 180MG	147
morphine sulfate oral soln 100 mg/5ml (20	MYFORTIC TAB 360MG	147
mg/ml)	MYRBETRIQ SUS 8MG/ML	134
morphine sulfate oral soln 10 mg/5ml.....	N	
morphine sulfate oral soln 20 mg/5ml	nabumetone tab 500 mg.....	2
morphine sulfate tab 15 mg.....	nabumetone tab 750 mg	2
morphine sulfate tab 30 mg.....	nadolol tab 20 mg	51
morphine sulfate tab er 100 mg.....	nadolol tab 40 mg	51
morphine sulfate tab er 15 mg	nadolol tab 80 mg	51
morphine sulfate tab er 200 mg	naftifine hcl cream 1%.....	168
morphine sulfate tab er 30 mg	naftifine hcl cream 2%	168
morphine sulfate tab er 60 mg	nalbuphine hcl inj 10 mg/ml.....	9
MOTOFEN TAB 1-0.025	nalbuphine hcl inj 20 mg/ml	9
MOUNJARO INJ 10MG/0.5	naloxone hcl inj 0.4 mg/ml	89
MOUNJARO INJ 12.5/0.5.....	naloxone hcl inj 4 mg/10ml.....	89
MOUNJARO INJ 15MG/0.5.....	naloxone hcl nasal spray 4 mg/0.1ml .89, 90	
MOUNJARO INJ 2.5/0.5	naloxone hcl soln cartridge 0.4 mg/ml	90
MOUNJARO INJ 5MG/0.5	naloxone hcl soln prefilled syringe 2	
MOUNJARO INJ 7.5/0.5	mg/2ml.....	90
MOVANTIK TAB 12.5MG	naltrexone hcl tab 50 mg.....	90
MOVANTIK TAB 25MG.....	naproxen tab 250 mg.....	2
moxifloxacin hcl ophth soln 0.5% (base eq)	naproxen tab 375 mg.....	2
(2 times daily)	naproxen tab 500 mg	2
moxifloxacin hcl ophth soln 0.5% (base	naratriptan hcl tab 1 mg (base equiv)	85
equiv).....	naratriptan hcl tab 2.5 mg (base equiv)	85
moxifloxacin hcl tab 400 mg (base equiv)24	NARCAN SPR 4MG.....	90
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<i>nefazodone hcl tab 150 mg</i>	66	<i>nicotine polacrilex gum 4 mg</i>	91
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NEOKE MCT70 POW	96	<i>nicotine td patch 24hr 7 mg/24hr</i>	91
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>nicotine transdermal syst</i>	91
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<i>10000-0.025mg-unt-mg/ml</i>	154	<i>nifedipine tab er 24hr 30 mg</i>	54
<i>neomycin-polymyxin-dexamethasone</i>		<i>nifedipine tab er 24hr 60 mg</i>	54
<i>ophth oint 0.1%</i>	154	<i>nifedipine tab er 24hr 90 mg</i>	54
<i>neomycin-polymyxin-dexamethasone</i>		<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>ophth susp 0.1%</i>	154	<i>mg</i>	54
<i>neomycin-polymyxin-hc ophth susp</i>	154	<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	174	<i>mg</i>	54
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>mg/ml-10000 unit/ml-1%</i>	174	<i>mg</i>	54
<i>neomycin sulfate tab 500 mg</i>	15	<i>nikki</i>	110
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<i>nevirapine susp 50 mg/5ml</i>	18	<i>nitisinone cap 10 mg</i>	118
<i>nevirapine tab 200 mg</i>	18	<i>nitisinone cap 20 mg</i>	118
<i>nevirapine tab er 24hr 400 mg</i>	18	<i>nitisinone cap 2 mg</i>	118
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nitrofurantoin macrocrystalline cap 100 mg		mg-35 mcg.....	110
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.....	25	norgestimate-eth estrad tab 0.18-35/0.215-	
nitrofurantoin macrocrystalline cap 50 mg		35/0.25-35 mg-mcg	111
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<i>equiv)</i>	21
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<i>oxaliplatin for iv inj 100 mg</i>	40	<i>oxymorphone hcl tab er 12hr 10 mg</i>	12
<i>oxaliplatin for iv inj 50 mg</i>	40	<i>oxymorphone hcl tab er 12hr 15 mg</i>	12
<i>oxaliplatin iv soln 100 mg/20ml</i>	40	<i>oxymorphone hcl tab er 12hr 20 mg</i>	12
<i>oxaliplatin iv soln 50 mg/10ml</i>	40	<i>oxymorphone hcl tab er 12hr 30 mg</i>	12
<i>oxaprozin tab 600 mg</i>	2	<i>oxymorphone hcl tab er 12hr 40 mg</i>	12
<i>oxazepam cap 10 mg</i>	61	<i>oxymorphone hcl tab er 12hr 5 mg</i>	12
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<i>oxycodone hcl conc 100 mg/5ml (20</i>		<i>paliperidone tab er 24hr 3 mg</i>	72
<i>mg/ml)</i>	10	<i>paliperidone tab er 24hr 6 mg</i>	72
<i>oxycodone hcl soln 5 mg/5ml</i>	10	<i>paliperidone tab er 24hr 9 mg</i>	72
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<i>oxycodone hcl tab 5 mg</i>	10	<i>pantoprazole sodium ec tab 40 mg (base</i>	
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<i>mg</i>	12	<i>paricalcitol cap 2 mcg</i>	125
<i>oxycodone w/ acetaminophen tab 2.5-325</i>		<i>paricalcitol cap 4 mcg</i>	125
<i>mg</i>	11	<i>paroxetine hcl tab 10 mg</i>	67
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>paroxetine hcl tab 20 mg</i>	67
<i>mg</i>	11	<i>paroxetine hcl tab 30 mg</i>	67
		<i>paroxetine hcl tab 40 mg</i>	67

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<i>pemetrexed disodium for iv soln 100 mg</i> <i>(base equiv)</i>	31	<i>perindopril erbumine tab 8 mg</i>	42
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<i>penicillamine tab 250 mg</i>	108	<i>perphenazine-amitriptyline tab 2-25 mg</i> ..	90
<i>penicillin g potassium for inj 20000000 unit</i>	27	<i>perphenazine-amitriptyline tab 4-10 mg</i> ..	90
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<i>phenelzine sulfate tab 15 mg</i>	67	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
PHENEX-1 POW.....	98	<i>mg</i>	105
PHENEX-2 POW	98	<i>pioglitazone hcl tab 15 mg (base equiv)</i> ..	105
<i>phenobarbital elixir 20 mg/5ml</i>	77	<i>pioglitazone hcl tab 30 mg (base equiv)</i> .	105
<i>phenobarbital tab 100 mg</i>	77	<i>pioglitazone hcl tab 45 mg (base equiv)</i> .	105
<i>phenobarbital tab 15 mg</i>	77	<i>piperacillin sod-tazobactam na for inj 3.375</i>	
<i>phenobarbital tab 16.2 mg</i>	77	<i>gm (3-0.375 gm)</i>	28
<i>phenobarbital tab 30 mg</i>	77	<i>piperacillin sod-tazobactam sod for inj 2.25</i>	
<i>phenobarbital tab 32.4 mg</i>	77	<i>gm (2-0.25 gm)</i>	28
<i>phenobarbital tab 60 mg</i>	77	<i>piperacillin sod-tazobactam sod for inj 40.5</i>	
<i>phenobarbital tab 64.8 mg</i>	77	<i>gm (36-4.5 gm)</i>	28
<i>phenobarbital tab 97.2 mg</i>	77	<i>pirfenidone cap 267 mg</i>	164
<i>phenoxybenzamine hcl cap 10 mg</i>	57	<i>pirfenidone tab 267 mg</i>	164
PHENYLADE60 POW	98	<i>pirfenidone tab 801 mg</i>	164
<i>phenylephrine hcl ophth soln 10%</i>	156	<i>piroxicam cap 10 mg</i>	2
<i>phenylephrine hcl ophth soln 2.5%</i>	156	<i>piroxicam cap 20 mg</i>	2
PHENYL-FREE POW 2.....	98	<i>pitavastatin calcium tab 1 mg</i>	48
<i>phenytoin infatabs</i>	77	<i>pitavastatin calcium tab 2 mg</i>	48
<i>phenytoin sodium extended cap 100 mg</i> ..	77	<i>pitavastatin calcium tab 4 mg</i>	48
<i>phenytoin sodium extended cap 200 mg</i> ..	77	PIVOT LIQ 1.5 CAL	98
<i>phenytoin sodium extended cap 300 mg</i> ..	77	PKU EXPLORE5 POW UNFLAVOR.....	98
<i>phenytoin sodium inj 50 mg/ml</i>	77	PLENVU SOL	129
<i>phenytoin susp 125 mg/5ml</i>	77	PNEUMOVAX 23 INJ 25/0.5.....	150
PHEXXI GEL.....	132	<i>pnv-dha</i>	152
PHOSPHOLINE SOL 0.125%OP.....	156	<i>pnv-select</i>	152
PHOTOFRIN INJ 75MG	39	<i>podofilox gel 0.5%</i>	172
<i>physiolyte</i>	157	<i>podofilox soln 0.5%</i>	172
<i>physiosol irrigation</i>	157	POLIVY INJ 140MG.....	39
<i>phytonadione tab 5 mg</i>	153	POLIVY INJ 30MG.....	39
<i>pilocarpine hcl ophth soln 1%</i>	156	<i>polycin</i>	154
<i>pilocarpine hcl tab 5 mg</i>	173	<i>polyethylene glycol 3350 oral powder 17</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	173	<i>gm/scoop</i>	129
<i>pimecrolimus cream 1%</i>	170	<i>polymyxin b sulfate for inj 500000 unit</i>	26
<i>pimozide tab 1 mg</i>	91	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pimozide tab 2 mg</i>	91	<i>10000 unit/ml-0.1%</i>	154
<i>pindolol tab 10 mg</i>	51	POMALYST CAP 1MG.....	32
<i>pindolol tab 5 mg</i>	51	POMALYST CAP 2MG	32
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>		POMALYST CAP 3MG	32
.....	105	POMALYST CAP 4MG	32
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>		PORTAGEN POW	98
.....	105	<i>portia-28</i>	111
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		<i>posaconazole susp 40 mg/ml</i>	16
<i>mg</i>	105	<i>posaconazole tab delayed release 100 mg</i>	
		.....	16

<i>potassium chloride cap er 10 meq</i>	151	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 8 meq</i>	151	4.5 mg	70
<i>potassium chloride inj 2 meq/ml</i>	151	<i>prasugrel hcl tab 10 mg (base equiv)</i>	138
<i>potassium chloride microencapsulated crys</i>		<i>prasugrel hcl tab 5 mg (base equiv)</i>	138
<i>er tab 10 meq</i>	151	<i>pravastatin sodium tab 10 mg</i>	48
<i>potassium chloride microencapsulated crys</i>		<i>pravastatin sodium tab 20 mg</i>	48
<i>er tab 20 meq</i>	151	<i>pravastatin sodium tab 40 mg</i>	48
<i>potassium chloride oral soln 10% (20</i>		<i>pravastatin sodium tab 80 mg</i>	48
<i>meq/15ml)</i>	151	<i>praziquantel tab 600 mg</i>	15
<i>potassium chloride oral soln 20% (40</i>		<i>prazosin hcl cap 1 mg</i>	43
<i>meq/15ml)</i>	151	<i>prazosin hcl cap 2 mg</i>	43
<i>potassium chloride tab er 10 meq</i>	152	<i>prazosin hcl cap 5 mg</i>	43
<i>potassium chloride tab er 15 meq</i>	152	<i>prednisolone acetate ophth susp 1%</i>	155
<i>potassium chloride tab er 20 meq (1500</i>		<i>prednisolone sodium phosphate oral soln</i>	
<i>mg)</i>	152	25 mg/5ml (base eq)	117
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>prednisolone sod phos orally disintegr tab</i>	
.....	152	10 mg (base eq)	117
<i>potassium citrate tab er 10 meq (1080 mg)</i>		<i>prednisolone sod phos orally disintegr tab</i>	
.....	133	15 mg (base eq)	117
<i>potassium citrate tab er 15 meq (1620 mg)</i>		<i>prednisolone sod phos orally disintegr tab</i>	
.....	133	30 mg (base eq)	117
<i>potassium citrate tab er 5 meq (540 mg)</i>	133	<i>prednisolone sod phosphate oral soln 15</i>	
<i>PPA/MMA POW EXPRESS</i>	99	mg/5ml (base equiv)	117
<i>pramipexole dihydrochloride tab 0.125 mg</i>		<i>prednisolone sod phosphate oral soln 5</i>	
.....	70	mg/5ml (base equiv)	117
<i>pramipexole dihydrochloride tab 0.25 mg</i>		<i>prednisolone soln 15 mg/5ml</i>	117
.....	69	<i>PREDNISONONE CON 5MG/ML</i>	117
<i>pramipexole dihydrochloride tab 0.5 mg</i> .69		<i>prednisone oral soln 5 mg/5ml</i>	117
<i>pramipexole dihydrochloride tab 0.75 mg</i>		<i>prednisone tab 10 mg</i>	117
.....	70	<i>prednisone tab 1 mg</i>	117
<i>pramipexole dihydrochloride tab 1.5 mg</i> ..70		<i>prednisone tab 2.5 mg</i>	117
<i>pramipexole dihydrochloride tab 1 mg</i> ....70		<i>prednisone tab 20 mg</i>	117
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab 50 mg</i>	118
0.375 mg	70	<i>prednisone tab 5 mg</i>	117
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab therapy pack 10 mg (21)</i> ..118	
0.75 mg	70	<i>prednisone tab therapy pack 10 mg (48)</i> .118	
<i>pramipexole dihydrochloride tab er 24hr 1.5</i>		<i>prednisone tab therapy pack 5 mg (21)</i> ....118	
mg	70	<i>prednisone tab therapy pack 5 mg (48)</i> ...118	
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>PRED SOD PHO SOL 1% OP</i>	155
2.25 mg	70	<i>pregabalin cap 100 mg</i>	77
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 150 mg</i>	78
3.75 mg	70	<i>pregabalin cap 200 mg</i>	78
<i>pramipexole dihydrochloride tab er 24hr 3</i>		<i>pregabalin cap 225 mg</i>	78
mg	70	<i>pregabalin cap 25 mg</i>	77

<i>pregabalin cap 300 mg</i>	78	PROMACTIN AA SUS PLUS	99
<i>pregabalin cap 50 mg</i>	77	<i>promethazine & phenylephrine syrup 6.25-</i>	
<i>pregabalin cap 75 mg</i>	77	<i>5 mg/5ml</i>	161
<i>pregabalin soln 20 mg/ml</i>	78	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	161
PREHEVBRIO SUS 10MCG/ML	150	<i>promethazine hcl inj 25 mg/ml</i>	127
PREMARIN TAB 0.3MG	121	<i>promethazine hcl inj 50 mg/ml</i>	127
PREMARIN TAB 0.45MG	122	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	127
PREMARIN TAB 0.625MG	122	<i>promethazine hcl suppos 12.5 mg</i>	127
PREMARIN TAB 0.9MG	122	<i>promethazine hcl suppos 25 mg</i>	127
PREMARIN TAB 1.25MG	122	<i>promethazine hcl tab 12.5 mg</i>	127
PREMARIN VAG CRE 0.625MG	122	<i>promethazine hcl tab 25 mg</i>	127
<i>prenatal 19</i>	152	<i>promethazine hcl tab 50 mg</i>	127
PRETOMANID TAB 200MG	20	<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>prevalite</i>	46	<i>mg/5ml</i>	161
PREVNAR 20 INJ	150	<i>promethegan</i>	127
PREZCOBIX TAB 675/150	20	PROMOTE/ LIQ FIBER	99
PREZCOBIX TAB 800-150	20	PROMOTE 1.0 LIQ W/ FIBER	99
PREZISTA SUS 100MG/ML	18	PROMOTE LIQ VANILLA	99
PREZISTA TAB 150MG	18	PROMOTE W/FB LIQ VANILLA	99
PREZISTA TAB 75MG	18	PROMOTE W/ LIQ FIBER	99
PRIFTIN TAB 150MG	20	<i>propafenone hcl cap er 12hr 225 mg</i>	46
<i>primaquine phosphate tab 26.3 mg (15 mg</i>		<i>propafenone hcl cap er 12hr 325 mg</i>	46
<i>base)</i>	16	<i>propafenone hcl cap er 12hr 425 mg</i>	46
<i>primidone tab 250 mg</i>	78	<i>propafenone hcl tab 150 mg</i>	46
<i>primidone tab 50 mg</i>	78	<i>propafenone hcl tab 225 mg</i>	46
PRIORIX INJ	150	<i>propafenone hcl tab 300 mg</i>	46
<i>probenecid tab 500 mg</i>	1	<i>proparacaine hcl ophth soln 0.5%</i>	156
<i>procainamide hcl inj 100 mg/ml</i>	46	PRO-PHREE POW	99
<i>prochlorperazine maleate tab 10 mg (base</i>		PROPIMEX-1 POW	99
<i>equivalent)</i>	127	PROPIMEX-2 POW	99
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>propranolol hcl cap er 24hr 120 mg</i>	51
<i>equivalent)</i>	127	<i>propranolol hcl cap er 24hr 160 mg</i>	52
<i>prochlorperazine suppos 25 mg</i>	127	<i>propranolol hcl cap er 24hr 60 mg</i>	51
<i>proctozone-hc</i>	132	<i>propranolol hcl cap er 24hr 80 mg</i>	51
<i>progesterone cap 100 mg</i>	123	<i>propranolol hcl oral soln 20 mg/5ml</i>	52
<i>progesterone cap 200 mg</i>	123	<i>propranolol hcl oral soln 40 mg/5ml</i>	52
PROGRAF CAP 0.5MG	147	<i>propranolol hcl tab 10 mg</i>	52
PROGRAF CAP 1MG	147	<i>propranolol hcl tab 20 mg</i>	52
PROGRAF CAP 5MG	147	<i>propranolol hcl tab 40 mg</i>	52
PROGRAF GRA 0.2MG	147	<i>propranolol hcl tab 60 mg</i>	52
PROGRAF GRA 1MG	147	<i>propranolol hcl tab 80 mg</i>	52
PROGRAF INJ 5MG/ML	147	<i>propylthiouracil tab 50 mg</i>	124
PROLASTIN-C INJ 1000MG	157	PROQUAD INJ	150
PROLIA INJ 60MG/ML	107	PROSOURCE LIQ TF	99

<i>protriptyline hcl tab 10 mg</i>	67	<i>ramipril cap 2.5 mg</i>	42
<i>protriptyline hcl tab 5 mg</i>	67	<i>ramipril cap 5 mg</i>	42
PROVIMIN POW	99	<i>ranolazine tab er 12hr 1000 mg</i>	57
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	161	<i>ranolazine tab er 12hr 500 mg</i>	57
<i>pyrazinamide tab 500 mg</i>	20	RAPAMUNE SOL 1MG/ML.....	147
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	88	RAPAMUNE TAB 0.5MG.....	147
<i>pyridostigmine bromide tab 60 mg</i>	88	RAPAMUNE TAB 1MG.....	147
<i>pyridostigmine bromide tab er 180 mg</i>	88	RAPAMUNE TAB 2MG	147
<i>pyridoxine hcl tab 25 mg</i>	153	<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	70
<i>pyridoxine hcl tab 50 mg</i>	153	<i>rasagiline mesylate tab 1 mg (base equiv)</i>	70
<i>pyrimethamine tab 25 mg</i>	26	<i>reclipsen</i>	111
PYZCHIVA INJ 45/0.5ML.....	142	RECOMBIVA HB INJ 10MCG/ML.....	150
PYZCHIVA INJ 90MG/ML	143	RECOMBIVA-HB INJ 40MCG/ML	150
Q		RECOMBIVA HB INJ 5MCG/0.5.....	150
QUADRACEL INJ 0.5ML.....	150	REGANEX GEL 0.01%	173
<i>quetiapine fumarate tab 100 mg</i>	73	RELENZA MIS DISKHALE.....	21
<i>quetiapine fumarate tab 200 mg</i>	73	RENASTART POW	99
<i>quetiapine fumarate tab 25 mg</i>	73	<i>repaglinide tab 0.5 mg</i>	105
<i>quetiapine fumarate tab 300 mg</i>	73	<i>repaglinide tab 1 mg</i>	105
<i>quetiapine fumarate tab 400 mg</i>	73	<i>repaglinide tab 2 mg</i>	105
<i>quetiapine fumarate tab 50 mg</i>	73	REPATHA INJ 140MG/ML	50
<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	73	REPATHA PUSH INJ 420/3.5.....	50
<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	73	REPATHA SURE INJ 140MG/ML.....	50
<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	73	REplete FIBE LIQ 1 CAL.....	99
<i>quetiapine fumarate tab er 24hr 400 mg</i> ..	73	REplete LIQ ULTRAPAK.....	100
<i>quetiapine fumarate tab er 24hr 50 mg</i>	73	RESOURCE DIA LIQ TF	100
<i>quinapril hcl tab 10 mg</i>	42	RESTASIS EMU 0.05% OP	156
<i>quinapril hcl tab 20 mg</i>	42	RESTASIS MUL EMU 0.05% OP	156
<i>quinapril hcl tab 40 mg</i>	42	RETACRIT INJ 10000UNT	137
<i>quinapril hcl tab 5 mg</i>	42	RETACRIT INJ 20000UNI	137
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	41	RETACRIT INJ 2000UNIT	137
<i>quinine sulfate cap 324 mg</i>	16	RETACRIT INJ 3000UNIT	137
QULIPTA TAB 10MG	84	RETACRIT INJ 40000UNT	137
QULIPTA TAB 30MG.....	84	RETACRIT INJ 4000UNIT	137
QULIPTA TAB 60MG	84	RETROVIR INJ 10MG/ML.....	18
R		REVLIMID CAP 10MG	32
<i>rabeprazole sodium ec tab 20 mg</i>	131	REVLIMID CAP 15MG.....	32
<i>raloxifene hcl tab 60 mg</i>	122	REVLIMID CAP 2.5MG.....	32
<i>ramelteon tab 8 mg</i>	84	REVLIMID CAP 20MG.....	32
<i>ramipril cap 1.25 mg</i>	42	REVLIMID CAP 25MG.....	32
<i>ramipril cap 10 mg</i>	43	REVLIMID CAP 5MG.....	32
		REYATAZ POW 50MG.....	18
		<i>ribavirin cap 200 mg</i>	24

<i>ribavirin tab 200 mg</i>	24	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> ...	62
<i>rifabutin cap 150 mg</i>	20	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> ...	62
<i>rifampin cap 150 mg</i>	20	<i>rivelsa</i>	111
<i>rifampin cap 300 mg</i>	20	<i>rizatriptan benzoate oral disintegrating tab</i>	
<i>rifampin for inj 600 mg</i>	20	<i>10 mg (base eq)</i>	85
<i>riluzole tab 50 mg</i>	59	<i>rizatriptan benzoate oral disintegrating tab</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	21	<i>5 mg (base eq)</i>	85
RINVOQ LQ SOL 1MG/ML	143	<i>rizatriptan benzoate tab 10 mg (base</i>	
RINVOQ TAB 15MG ER	143	<i>equivalent)</i>	85
RINVOQ TAB 30MG ER	143	<i>rizatriptan benzoate tab 5 mg (base</i>	
RINVOQ TAB 45MG ER	143	<i>equivalent)</i>	85
<i>risedronate sodium tab 150 mg</i>	107	<i>roflumilast tab 250 mcg</i>	163
<i>risedronate sodium tab 30 mg</i>	107	<i>roflumilast tab 500 mcg</i>	163
<i>risedronate sodium tab 35 mg</i>	107	<i>ropinirole hydrochloride tab 0.25 mg</i>	70
<i>risedronate sodium tab 5 mg</i>	107	<i>ropinirole hydrochloride tab 0.5 mg</i>	70
<i>risedronate sodium tab delayed release 35</i>		<i>ropinirole hydrochloride tab 1 mg</i>	70
<i>mg</i>	107	<i>ropinirole hydrochloride tab 2 mg</i>	70
<i>risperidone orally disintegrating tab 0.25</i>		<i>ropinirole hydrochloride tab 3 mg</i>	70
<i>mg</i>	73	<i>ropinirole hydrochloride tab 4 mg</i>	70
<i>risperidone orally disintegrating tab 0.5 mg</i>		<i>ropinirole hydrochloride tab 5 mg</i>	70
.....	73	<i>rosuvastatin calcium tab 10 mg</i>	48
<i>risperidone orally disintegrating tab 1 mg</i>	73	<i>rosuvastatin calcium tab 20 mg</i>	48
<i>risperidone orally disintegrating tab 2 mg</i>	73	<i>rosuvastatin calcium tab 40 mg</i>	49
<i>risperidone orally disintegrating tab 3 mg</i>	73	<i>rosuvastatin calcium tab 5 mg</i>	48
<i>risperidone orally disintegrating tab 4 mg</i>	73	ROTARIX SUS	150
<i>risperidone soln 1 mg/ml</i>	73	ROTATEQ SOL	150
<i>risperidone tab 0.25 mg</i>	73	<i>rufinamide susp 40 mg/ml</i>	78
<i>risperidone tab 0.5 mg</i>	73	<i>rufinamide tab 200 mg</i>	78
<i>risperidone tab 1 mg</i>	73	<i>rufinamide tab 400 mg</i>	78
<i>risperidone tab 2 mg</i>	73	<i>ryclora</i>	159
<i>risperidone tab 3 mg</i>	73	RYDAPT CAP 25MG	37
<i>risperidone tab 4 mg</i>	73	S	
<i>ritonavir tab 100 mg</i>	18	S.O.S. 20 POW	100
<i>rivaroxaban for susp 1 mg/ml</i>	136	S.O.S. 25 POW	100
<i>rivaroxaban tab 2.5 mg</i>	136	SANCUSO DIS 3.1MG	127
<i>rivastigmine tartrate cap 1.5 mg (base</i>		SANDIMMUNE CAP 100MG	148
<i>equivalent)</i>	62	SANDIMMUNE CAP 25MG	147
<i>rivastigmine tartrate cap 3 mg (base</i>		SANDIMMUNE INJ 50MG/ML	148
<i>equivalent)</i>	62	SANDIMMUNE SOL 100MG/ML	148
<i>rivastigmine tartrate cap 4.5 mg (base</i>		<i>sapropterin dihydrochloride powder packet</i>	
<i>equivalent)</i>	62	<i>100 mg</i>	122
<i>rivastigmine tartrate cap 6 mg (base</i>		<i>sapropterin dihydrochloride powder packet</i>	
<i>equivalent)</i>	62	<i>500 mg</i>	122
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> ..	62	<i>sapropterin dihydrochloride tab 100 mg</i> ..	122

SAVELLA MIS TITR PAK.....	83	<i>sirolimus tab 1 mg</i>	148
SAVELLA TAB 100MG	83	<i>sirolimus tab 2 mg</i>	148
SAVELLA TAB 12.5MG.....	83	SIRTURO TAB 100MG.....	20
SAVELLA TAB 25MG	83	SIRTURO TAB 20MG	20
SAVELLA TAB 50MG	83	SKYLA IUD 13.5MG	111
<i>scopolamine td patch 72hr 1 mg/3days</i> ..	127	SKYRIZI INJ 150MG/ML	143
<i>selegiline hcl cap 5 mg</i>	70	SKYRIZI INJ 180/1.2.....	143
<i>selegiline hcl tab 5 mg</i>	70	SKYRIZI INJ 360/2.4	144
<i>selenium sulfide lotion 2.5%</i>	169	SKYRIZI PEN INJ 150MG/ML.....	144
SELZENTRY SOL 20MG/ML.....	18	SKYRIZI SOL 60MG/ML.....	139
SEREVENT DIS AER 50MCG.....	160	SLYND TAB 4MG.....	111
<i>sertraline hcl oral concentrate for solution</i>		<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> ..	152
<i>20 mg/ml</i>	67	<i>sodium chloride irrigation soln 0.9%</i>	173
<i>sertraline hcl tab 100 mg</i>	67	<i>sodium chloride iv soln 0.45%</i>	152
<i>sertraline hcl tab 25 mg</i>	67	<i>sodium chloride iv soln 0.9%</i>	152
<i>sertraline hcl tab 50 mg</i>	67	<i>sodium chloride iv soln 3%</i>	152
<i>sevelamer carbonate packet 0.8 gm</i>	123	<i>sodium chloride iv soln 5%</i>	152
<i>sevelamer carbonate packet 2.4 gm</i>	123	<i>sodium chloride preservative free (pf) inj</i>	
<i>sevelamer carbonate tab 800 mg</i>	123	<i>0.9%</i>	152
SHARPS CONT MIS 2QUART	114	<i>sodium chloride soln nebu 0.9%</i>	163
SHINGRIX INJ 50/0.5ML	150	<i>sodium chloride soln nebu 10%</i>	163
SIGNIFOR INJ 0.3MG/ML.....	122	<i>sodium chloride soln nebu 3%</i>	163
SIGNIFOR INJ 0.6MG/ML.....	122	<i>sodium chloride soln nebu 7%</i>	163
SIGNIFOR INJ 0.9MG/ML.....	123	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>		<i>0.55 mg naf)</i>	152
<i>equivalent)</i>	58	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
<i>sildenafil citrate tab 100 mg</i>	133	<i>mg naf)</i>	152
<i>sildenafil citrate tab 20 mg</i>	58	<i>sodium fluoride chew tab 1 mg f (from 2.2</i>	
<i>sildenafil citrate tab 25 mg</i>	133	<i>mg naf)</i>	152
<i>sildenafil citrate tab 50 mg</i>	133	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>	
<i>silodosin cap 4 mg</i>	132	<i>mg/ml naf)</i>	152
<i>silodosin cap 8 mg</i>	132	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
<i>silver sulfadiazine cream 1%</i>	168	<i>naf)</i>	152
SIMBRINZA SUS 1-0.2%	156	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
SIMPONI ARIA SOL 50MG/4ML	139	.....	152
SIMPONI INJ 100MG/ML	143	<i>sodium phenylbutyrate oral powder 3</i>	
SIMPONI INJ 50/0.5ML.....	143	<i>gm/teaspoonful</i>	124
<i>simvastatin tab 10 mg</i>	49	<i>sodium phenylbutyrate tab 500 mg</i>	124
<i>simvastatin tab 20 mg</i>	49	SOD OXYBATE SOL 500MG/ML	88
<i>simvastatin tab 40 mg</i>	49	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
<i>simvastatin tab 5 mg</i>	49	<i>3.13-1.6 gm/177ml</i>	129
<i>simvastatin tab 80 mg</i>	49	SOFTCLIX MIS LANCETS	115
<i>sirolimus oral soln 1 mg/ml</i>	148	SOL CARB POW	100
<i>sirolimus tab 0.5 mg</i>	148	<i>solifenacin succinate tab 10 mg</i>	134

<i>solifenacin succinate tab 5 mg</i>	134	STIVARGA TAB 40MG	37
SOLIQUA INJ 100/33	104	STRIVERDI AER 2.5MCG	160
SOLU-CORTEF INJ 1000MG	118	SUBLOCADE INJ 100/0.5	14
SOLU-CORTEF INJ 250MG	118	SUBLOCADE INJ 300/1.5	14
SOLU-CORTEF INJ 500MG	118	SUCRAID SOL 8500/ML	130
SOLU-MEDROL INJ 2GM	118	<i>sucralfate tab 1 gm</i>	130
SOMATULINE INJ 120/.5ML	102	SUFLAVE SOL	129
SOMATULINE INJ 60/0.2ML	102	<i>sulconazole nitrate cream 1%</i>	169
SOMATULINE INJ 90/0.3ML	102	<i>sulconazole nitrate solution 1%</i>	169
SOMAVERT INJ 10MG	102	<i>sulfacetamide sodium lotion 10% (acne)</i> 167	
SOMAVERT INJ 15MG	102	<i>sulfacetamide sodium ophth oint 10%</i> ...154	
SOMAVERT INJ 20MG	102	<i>sulfacetamide sodium ophth soln 10%</i> ...154	
SOMAVERT INJ 25MG	102	<i>sulfacetamide sodium-prednisolone ophth</i>	
SOMAVERT INJ 30MG	102	<i>soln 10-0.23(0.25)%</i>	154
<i>sorafenib tosylate tab 200 mg (base</i>		<i>sulfadiazine tab 500 mg</i>	15
<i>equivalent)</i>	37	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	46	<i>40 mg/5ml</i>	26
<i>sotalol hcl (afib/afl) tab 160 mg</i>	46	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	46	<i>mg</i>	26
<i>sotalol hcl tab 120 mg</i>	46	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>sotalol hcl tab 160 mg</i>	46	<i>160 mg</i>	26
<i>sotalol hcl tab 240 mg</i>	46	SULFAMYLON CRE 85MG/GM	168
<i>sotalol hcl tab 80 mg</i>	46	<i>sulfasalazine tab 500 mg</i>	128
SOVALDI PAK 150MG	24	<i>sulfasalazine tab delayed release 500 mg</i>	
SOVALDI PAK 200MG	25	.....	128
SOVALDI TAB 200MG	25	<i>sulindac tab 150 mg</i>	2
SOVALDI TAB 400MG	25	<i>sulindac tab 200 mg</i>	2
SPIKEVAX INJ 2025-26	150	<i>sumatriptan-naproxen sodium tab 85-500</i>	
SPIKEVAX INJ 50/0.5ML	150	<i>mg</i>	86
<i>spinosad susp 0.9%</i>	173	<i>sumatriptan nasal spray 20 mg/act</i>	85
SPIRIVA RESP AER 1.25MCG	158	<i>sumatriptan nasal spray 5 mg/act</i>	85
SPIRIVA RESP AER 2.5MCG	158	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	85
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sumatriptan succinate solution auto-</i>	
<i>25-25 mg</i>	56	<i>injector 4 mg/0.5ml</i>	85
<i>spironolactone tab 100 mg</i>	43	<i>sumatriptan succinate solution auto-</i>	
<i>spironolactone tab 25 mg</i>	43	<i>injector 6 mg/0.5ml</i>	85
<i>spironolactone tab 50 mg</i>	43	<i>sumatriptan succinate solution cartridge 4</i>	
<i>sprintec 28</i>	111	<i>mg/0.5ml</i>	85
<i>sps</i>	123	<i>sumatriptan succinate solution cartridge 6</i>	
<i>sronyx</i>	111	<i>mg/0.5ml</i>	86
<i>ssd</i>	168	<i>sumatriptan succinate tab 100 mg</i>	86
STELARA INJ 45/0.5ML	144	<i>sumatriptan succinate tab 25 mg</i>	86
STELARA INJ 90MG/ML	144	<i>sumatriptan succinate tab 50 mg</i>	86
STIOLTO AER 2.5-2.5	157		

<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	37	<i>tacrolimus cap 5 mg</i>	148
<i>sunitinib malate cap 25 mg (base equivalent)</i>	37	<i>tacrolimus oint 0.03%</i>	170
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	37	<i>tacrolimus oint 0.1%</i>	170
<i>sunitinib malate cap 50 mg (base equivalent)</i>	37	<i>tadalafil tab 10 mg</i>	133
SUNOSI TAB 150MG	89	<i>tadalafil tab 2.5 mg</i>	132
SUNOSI TAB 75MG.....	89	<i>tadalafil tab 20 mg</i>	133
SUPLENA LIQ VANILLA.....	100	<i>tadalafil tab 20 mg (pah)</i>	58
SUPPRELIN LA KIT 50MG	107	<i>tadalafil tab 5 mg</i>	132
SUTAB TAB.....	130	TAFINLAR CAP 50MG	37
<i>syeda</i>	111	TAFINLAR CAP 75MG	37
SYMDEKO TAB 100-150	162	TAFINLAR TAB 10MG	37
SYMDEKO TAB 50-75MG	162	<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	156
SYMLINPEN 60 INJ 1000MCG	102	<i>take action</i>	111
SYMLNPEN 120 INJ 1000MCG.....	102	TAKHZYRO INJ 150MG/ML	146
SYMTUZA TAB	20	TAKHZYRO INJ 300/2ML	146
SYNAREL SOL 2MG/ML.....	115	TALTZ INJ 20/0.25.....	144
SYNJARDY TAB 12.5-1000 MG	106	TALTZ INJ 40/0.5ML.....	144
SYNJARDY TAB 12.5-500	106	TALTZ INJ 80MG/ML	144
SYNJARDY TAB 5-1000MG.....	106	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	33
SYNJARDY TAB 5-500MG	106	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	33
SYNJARDY TAB XR 24HR 12.5-1000 MG	106	<i>tamsulosin hcl cap 0.4 mg</i>	132
SYNJARDY XR TAB 10-1000	106	<i>tasimelteon capsule 20 mg</i>	84
SYNJARDY XR TAB 25-1000	106	<i>tazarotene cream 0.05%</i>	169
SYNJARDY XR TAB 5-1000MG.....	106	<i>tazarotene cream 0.1%</i>	169
SYNTHROID TAB 100MCG.....	124	<i>tazarotene gel 0.05%</i>	169
SYNTHROID TAB 112MCG	124	<i>tazarotene gel 0.1%</i>	169
SYNTHROID TAB 125MCG	124	<i>tazicef</i>	22
SYNTHROID TAB 137MCG	124	TDVAX INJ 2-2 LF.....	150
SYNTHROID TAB 150MCG.....	124	<i>telmisartan-amlodipine tab 40-10 mg</i>	44
SYNTHROID TAB 175MCG	124	<i>telmisartan-amlodipine tab 40-5 mg</i>	44
SYNTHROID TAB 200MCG	124	<i>telmisartan-amlodipine tab 80-10 mg</i>	44
SYNTHROID TAB 25MCG.....	124	<i>telmisartan-amlodipine tab 80-5 mg</i>	44
SYNTHROID TAB 300MCG	124	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	44
SYNTHROID TAB 50MCG	124	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	44
SYNTHROID TAB 75MCG.....	124	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	44
SYNTHROID TAB 88MCG	124	<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>	148		
<i>tacrolimus cap 1 mg</i>	148		

<i>temazepam cap 15 mg</i>	84	<i>theophylline tab er 24hr 400 mg</i>	166
<i>temazepam cap 22.5 mg</i>	84	<i>theophylline tab er 24hr 600 mg</i>	166
<i>temazepam cap 30 mg</i>	84	<i>thioridazine hcl tab 100 mg</i>	73
<i>temazepam cap 7.5 mg</i>	84	<i>thioridazine hcl tab 10 mg</i>	73
TEMODAR INJ 100MG.....	29	<i>thioridazine hcl tab 25 mg</i>	73
<i>temozolomide cap 100 mg</i>	29	<i>thioridazine hcl tab 50 mg</i>	73
<i>temozolomide cap 140 mg</i>	29	<i>thiothixene cap 10 mg</i>	73
<i>temozolomide cap 180 mg</i>	29	<i>thiothixene cap 1 mg</i>	73
<i>temozolomide cap 20 mg</i>	29	<i>thiothixene cap 2 mg</i>	73
<i>temozolomide cap 250 mg</i>	29	<i>thiothixene cap 5 mg</i>	73
<i>temozolomide cap 5 mg</i>	29	<i>tiagabine hcl tab 12 mg</i>	78
TENIVAC INJ 5-2LF.....	151	<i>tiagabine hcl tab 16 mg</i>	78
<i>tenofovir disoproxil fumarate tab 300 mg</i> .18		<i>tiagabine hcl tab 2 mg</i>	78
<i>terazosin hcl cap 10 mg (base equivalent)</i>		<i>tiagabine hcl tab 4 mg</i>	78
.....	132	TICE BCG INJ	32
<i>terazosin hcl cap 1 mg (base equivalent)</i> .132		<i>tilia fe</i>	111
<i>terazosin hcl cap 2 mg (base equivalent)</i> 132		<i>timolol maleate ophth gel forming soln</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i> 132		0.25%	156
<i>terbinafine hcl tab 250 mg</i>	16	<i>timolol maleate ophth gel forming soln</i>	
<i>terbutaline sulfate tab 2.5 mg</i>	160	0.5%	155
<i>terbutaline sulfate tab 5 mg</i>	160	<i>timolol maleate ophth soln 0.25%</i>	156
<i>terconazole vaginal cream 0.4%</i>	134	<i>timolol maleate ophth soln 0.5%</i>	156
<i>terconazole vaginal cream 0.8%</i>	134	<i>timolol maleate ophth soln 0.5% (once-</i>	
<i>terconazole vaginal suppos 80 mg</i>	134	<i>daily)</i>	156
<i>teriflunomide tab 14 mg</i>	87	<i>timolol maleate tab 10 mg</i>	52
<i>teriflunomide tab 7 mg</i>	87	<i>timolol maleate tab 20 mg</i>	52
<i>testosterone cypionate im inj in oil 100</i>		<i>timolol maleate tab 5 mg</i>	52
<i>mg/ml</i>	102	<i>timolol ophth soln 0.5%</i>	156
<i>testosterone cypionate im inj in oil 200</i>		<i>tinidazole tab 250 mg</i>	15
<i>mg/ml</i>	102	<i>tinidazole tab 500 mg</i>	15
<i>testosterone enanthate im inj in oil 200</i>		<i>tiotropium bromide inhal cap 18 mcg (base</i>	
<i>mg/ml</i>	102	<i>equiv)</i>	158
<i>testosterone td gel 10mg/act (2%)</i>	102	TIVICAY PD TAB 5MG.....	18
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ...	102	TIVICAY TAB 50MG.....	18
<i>tetrabenazine tab 12.5 mg</i>	86	<i>tizanidine hcl tab 2 mg (base equivalent)</i> .88	
<i>tetrabenazine tab 25 mg</i>	86	<i>tizanidine hcl tab 4 mg (base equivalent)</i> .88	
<i>tetracycline hcl cap 250 mg</i>	28	TOBRADEX OIN 0.3-0.1%.....	154
<i>tetracycline hcl cap 500 mg</i>	28	TOBRADEX ST SUS 0.3-0.05.....	154
THALOMID CAP 100MG.....	32	<i>tobramycin-dexamethasone ophth susp</i>	
THALOMID CAP 50MG	32	0.3-0.1%.....	154
<i>theophylline elixir 80 mg/15ml</i>	166	<i>tobramycin nebu soln 300 mg/4ml</i>	162
<i>theophylline soln 80 mg/15ml</i>	166	<i>tobramycin nebu soln 300 mg/5ml</i>	162
<i>theophylline tab er 12hr 300 mg</i>	166	<i>tobramycin ophth soln 0.3%</i>	155
<i>theophylline tab er 12hr 450 mg</i>	166	<i>tobramycin sulfate for inj 1.2 gm</i>	15

<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	15	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	137
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	15	<i>tranexamic acid tab 650 mg</i>	137
TODAY SPONGE MIS	132	<i>tranylcypromine sulfate tab 10 mg</i>	67
TOLEREX POW	100	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	156
<i>tolterodine tartrate cap er 24hr 2 mg</i>	134	<i>trazodone hcl tab 100 mg</i>	67
<i>tolterodine tartrate cap er 24hr 4 mg</i>	134	<i>trazodone hcl tab 150 mg</i>	67
<i>tolterodine tartrate tab 1 mg</i>	134	<i>trazodone hcl tab 300 mg</i>	67
<i>tolterodine tartrate tab 2 mg</i>	134	<i>trazodone hcl tab 50 mg</i>	67
<i>tolvaptan tab 15 mg</i>	123	TRECTOR TAB 250MG	20
<i>tolvaptan tab 30 mg</i>	123	TRELEGY AER 100MCG	157
<i>topiramate sprinkle cap 15 mg</i>	78	TRELEGY AER 200MCG	158
<i>topiramate sprinkle cap 25 mg</i>	78	TREMFYA INJ 100MG/ML.....	144
<i>topiramate sprinkle cap 50 mg</i>	78	TREMFYA INJ 200/20ML.....	139
<i>topiramate tab 100 mg</i>	78	TREMFYA INJ 200/2ML	144
<i>topiramate tab 200 mg</i>	78	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	58
<i>topiramate tab 25 mg</i>	78	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	58
<i>topiramate tab 50 mg</i>	78	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	58
<i>topotecan hcl for inj 4 mg (base equiv)</i>	41	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	58
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	TRESIBA FLEX INJ 100UNIT	105
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	TRESIBA FLEX INJ 200UNIT	105
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	TRESIBA INJ 100UNIT.....	105
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin cap 10 mg</i>	39
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin cream 0.025%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin cream 0.05%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin cream 0.1%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin gel 0.01%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin gel 0.025%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin gel 0.05%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin microsphere gel 0.04%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>tretinoin microsphere gel 0.1%</i>	167
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide cream 0.025%</i>	172
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide cream 0.1%</i>	172
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide cream 0.5%</i>	172
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide dental paste 0.1%</i>	173
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide lotion 0.025%</i>	172
<i>toremifene citrate tab 60 mg (base equivalent)</i>	33	<i>triamcinolone acetonide lotion 0.1%</i>	172

<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	163	<i>tri-vite/fluoride</i>	153
<i>triamcinolone acetonide oint 0.025%</i>	172	TROGARZO INJ 150MG/ML	18
<i>triamcinolone acetonide oint 0.1%</i>	172	<i>tropicamide ophth soln 0.5%</i>	156
<i>triamcinolone acetonide oint 0.5%</i>	172	<i>tropicamide ophth soln 1%</i>	156
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	56	<i>trospium chloride cap er 24hr 60 mg</i>	134
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	56	<i>trospium chloride tab 20 mg</i>	134
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	56	TRULICITY INJ 0.75/0.5	104
<i>triamterene cap 100 mg</i>	56	TRULICITY INJ 1.5/0.5	104
<i>triamterene cap 50 mg</i>	56	TRULICITY INJ 3/0.5	104
<i>triazolam tab 0.125 mg</i>	84	TRULICITY INJ 4.5/0.5	104
<i>triazolam tab 0.25 mg</i>	84	TRUMENBA INJ	151
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	74	TRUSTEX/RIA MIS NON-LUB	111
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	73	TRUSTX NON-9 MIS RIB/STUD	111
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	73	TUKYSA TAB 150MG	37
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	73	TUKYSA TAB 50MG	37
<i>trifluridine ophth soln 1%</i>	155	TWIIST KIT REFILL	115
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	70	TWIIST KIT STARTER	115
<i>trihexyphenidyl hcl tab 2 mg</i>	70	TWIIST REFIL KIT INFUSION	115
<i>trihexyphenidyl hcl tab 5 mg</i>	70	TWINRIX INJ	151
TRIKAFTA PAK 59.5MG	162	TWIRLA DIS 120-30	111
TRIKAFTA PAK 75MG	162	TWOCAL HN LIQ	100
TRIKAFTA TAB	162	TYBLUME CHW 0.1-0.02	111
<i>tri-linyah</i>	111	TYBOST TAB 150MG	18
<i>trimethobenzamide hcl cap 300 mg</i>	128	TYLACTIN POW BLD 20PE	100
<i>trimethoprim tab 100 mg</i>	26	TYMLOS INJ	107
<i>trimipramine maleate cap 100 mg</i>	67	TYR ANAMIX POW ERLY YRS	100
<i>trimipramine maleate cap 25 mg</i>	67	TYREX-1 POW	100
<i>trimipramine maleate cap 50 mg</i>	67	TYREX-2 POW	100
<i>trinate</i>	152	TYROS 2 POW	100
TRINTELLIX TAB 10MG	68	TYSABRI INJ 300/15ML	87
TRINTELLIX TAB 20MG	68	TYVASO RF KT SOL 0.6MG/ML	58
TRINTELLIX TAB 5MG	67	TYVASO SOL 0.6MG/ML	58
TRIPTODUR SUS 22.5MG	107	TYVASO ST KT SOL 0.6MG/ML	59
<i>tri-sprintec</i>	111	U	
TRIUMEQ PD TAB	20	UBRELVY TAB 100MG	84
TRIUMEQ TAB	20	UBRELVY TAB 50MG	84
		UCD ANAMIX POW JUNIOR	100
		ULTRACAL HN LIQ PLUS	100
		ULTRACAL LIQ	101
		ULTRAMINO POW SOY PROT	101
		ULTRIENT 1.5 LIQ SAFE-T	101
		<i>unithroid</i>	124
		UPTRAVI INJ 1800MCG	59
		UPTRAVI PACK TAB 200/800	59

UPTRAVI TAB 1000MCG.....	59	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	26
UPTRAVI TAB 1200MCG.....	59	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	26
UPTRAVI TAB 1400MCG.....	59	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	26
UPTRAVI TAB 1600MCG.....	59	VAQTA INJ 25/0.5ML.....	151
UPTRAVI TAB 200MCG	59	VAQTA INJ 50UNT/ML	151
UPTRAVI TAB 400MCG	59	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	91
UPTRAVI TAB 600MCG	59	.....
UPTRAVI TAB 800MCG	59	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	92
<i>ursodiol cap 300 mg</i>	130	<i>varenicline tartrate tab 1 mg (base equiv)</i>	92
<i>ursodiol tab 250 mg</i>	130	VARIVAX INJ.....	151
<i>ursodiol tab 500 mg</i>	130	VARUBI TAB 90MG	128
V		VAXELIS INJ.....	151
<i>valacyclovir hcl tab 1 gm</i>	21	VAXNEUVANCE INJ.....	151
<i>valacyclovir hcl tab 500 mg</i>	21	VCF VAGINAL GEL CONTRACE	132
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	21	VCF VAGINAL MIS CONTRACP.....	132
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	21	<i>velivet</i>	111
<i>valproate sodium inj 100 mg/ml</i>	78	VELPHORO CHW 500MG	123
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	78	VELSIPITY TAB 2MG	145
<i>valproic acid cap 250 mg</i>	78	VENCLEXTA TAB 100MG.....	31
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	44	VENCLEXTA TAB 10MG	31
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	44	VENCLEXTA TAB 50MG	31
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	44	VENCLEXTA TAB START PK	31
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	44	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	68
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	44	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	68
<i>valsartan tab 160 mg</i>	45	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	68
<i>valsartan tab 320 mg</i>	45	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	68
<i>valsartan tab 40 mg</i>	45	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	68
<i>valsartan tab 80 mg</i>	45	.....
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	26	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	68
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	26	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	68
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<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	26	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	68
		
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SUM7277-1S (12/25)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
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>.

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic):- ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀናትን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወቅት ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndị dị óké mkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ ọbụla. Ndi ọtù ga akpọ ọnuogugụ ekwenti di na àzụ Kààdị njirimara ndi ọtù ha. Ndi ọzọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínizin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkálí dóó bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíihgíí biyi'. Díí bee baa dahane'í dóó t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaah béésh bee hane'í námboo biká'ígíí yee dahalne' dooleel. Nááná ła' 855-258-6518 yee dahalne' dóó yáfti'í biba' asdáago niléí ó bii adíłchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad níníníngíí bee bii hodíilnih dóó ata' yáfti'í bich'í' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaoiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se tofogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'aילו atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poledini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhả số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.