

CareFirst Exchange Formulary

2021

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

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

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

Introduction

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

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

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

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

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

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

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier eff 12/01/2021

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

COX-2 INHIBITORS

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

GOUT

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

NON-OPIOID ANALGESICS§

<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 25 days)

NSAIDS, COMBINATIONS§

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

NSAIDS§

<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	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

1

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

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	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>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 units / day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 tabs / day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 tabs / day); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units / day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units / day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units / day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units / day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units / day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit / day)
OPIOID ANALGESICS§		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs / 25 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>	1	ST, QL (360 tabs / 25 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>	1	ST, QL (180 tabs / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<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>	1	QL (2 bottles / 25 days)
CODEINE SULF TAB 60MG	3	ST, QL (42 tabs / 25 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>	1	ST, QL (42 tabs / 25 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>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	1	ST, QL (360 tabs / 25 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>	1	ST, QL (240 tabs / 25 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>	1	ST, QL (180 tabs / 25 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>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL (120 lozenges / 25 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

4

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs / 25 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

5

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs / 25 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>	1	ST, QL (180 tabs / 25 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>	1	ST, QL (50 tabs / 25 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>	1	ST, QL (180 tabs / 25 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>	1	ST, QL (150 tabs / 25 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>	1	ST, QL (60 tabs / 25 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>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	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

6

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

Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate tab 2 mg</i>	3	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>levorphanol tartrate tab 3 mg</i>	3	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>methadone con 10mg/ml</i>	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL / 25 days)
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps / 25 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

7

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 10 mg/ml</i>	M	M
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	ST, QL (900 ml / 25 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>	1	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 5 mg</i>	1	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 10 mg</i>	1	ST, QL (180 suppositories / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppos 20 mg</i>	1	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 30 mg</i>	1	ST, QL (90 supp / 25 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>	1	ST, QL (180 tabs / 25 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>	1	ST, QL (90 tabs / 25 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>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	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	3	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 100MG	3	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 150MG	3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	3	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

9

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

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 250MG	3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	2	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	2	ST, QL (60 tabs / 25 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>	1	ST, QL (180 caps / 25 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>	1	ST, QL (90 mL / 25 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>	1	ST, QL (900 ml / 25 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>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	1	ST, QL (180 tabs / 25 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

10

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 15 mg</i>	1	ST, QL (120 tabs / 25 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>	1	ST, QL (90 tabs / 25 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>	1	ST, QL (60 tabs / 25 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>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 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>	1	ST, QL (360 tabs / 25 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

11

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 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>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
OXYCONTIN TAB 10MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 15MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 20MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 30MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 40MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 60MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 80MG CR	3	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	ST, QL (180 tabs / 25 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

12

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 10 mg</i>	1	ST, QL (90 tabs / 25 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>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	1	ST, QL (180 tabs / 25 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>	1	ST, QL (30 tabs / 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 13.5MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 18MG	2	ST, QL (60 caps / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 36MG	2	ST, PA; High Strength Requires Prior Auth

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 150MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 300MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 450MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 600MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	M
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, QL (4 patches / 25 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, QL (4 patches / 25 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, QL (4 patches / 25 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	M	M
SUBLOCADE INJ 300/1.5	M	M

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

14

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

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin chw 81mg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin low tab 81mg ec</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	1	

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M

ANTI-INFECTIVES

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>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	M	M
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	4	PA, QL (224 mL / 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

15

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA, QL (280 mL / 28 days)
<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

ANTI-INFECTIVES - MISCELLANEOUS

<i>ALINIA SUS 100/5ML</i>	3	QL (540mL / 25 days)
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
<i>CAYSTON INH 75MG</i>	4	PA, QL (84 vials / 28 days)
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	M	M
<i>clindamycin phosphate inj 300 mg/2ml</i>	M	M
<i>clindamycin phosphate inj 600 mg/4ml</i>	M	M
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>EMVERM CHW 100MG</i>	3	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	M	M
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	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>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	M	M
<i>metronidazole tab 250 mg</i>	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

16

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 500 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	QL (20 tabs / 25 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>pentamidine isethionate for soln 300 mg</i>	M	M
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML	2	
<i>pyrimethamine tab 25 mg</i>	3	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	M	M
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
<i>bio-statin pow</i>	1	
CRESEMBA CAP 186 MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
NOXAFIL SUS 40MG/ML	2	PA
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	3	PA
<i>terbinafine hcl tab 250 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg</i>	3	PA
<i>voriconazole tab 200 mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	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

18

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

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

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine caps 200 mg</i>	1	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>etravirine tab 100 mg</i>	1	QL (120 tabs / 30 days)
<i>etravirine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	PA, QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 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

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL / 28 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	3	QL (180 tabs / 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG	2	QL (360 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (240 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)

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

20

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	M	M
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	2	PA, QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs / 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

21

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 tabs / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	M	M
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	M	M
RIFATER TAB	2	
SIRTURO TAB 20MG	5	PA
SIRTURO TAB 100MG	5	PA
TRECTOR TAB 250MG	2	

ANTIVIRALS§

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

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

22

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	
BARACLUDE SOL	3	QL (630 mL / 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>entecavir tab 0.5 mg</i>	4	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	4	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>ribavirin for inhal soln 6 gm</i>	1	
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	4	PA, QL (1000 mL / 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	4	PA, QL (120 tabs / 30 days)
VEMLIDY TAB 25MG	3	PA, QL (30 tabs / 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin sodium for inj 1 gm</i>	M	M
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	M	M
<i>cefepime hcl for inj 2 gm</i>	M	M
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	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>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin tab 500 mg</i>	1	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	M	M

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FLUOROQUINOLONES

BAXDELA TAB 450MG	3	
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	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

25

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin iv soln 25 mg/ml</i>	M	M
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

HEPATITIS C

EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs / 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs / 28 days)
HARVONI PAK	4	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	4	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs / 28 days)
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	ST, PA, QL (28 pellets / 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (28 pellets / 28 days)
SOVALDI TAB 200MG	5	ST, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs / 28 days)
VOSEVI TAB	4	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	5	ST, PA, QL (28 tabs / 28 days)

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	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

26

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	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>	1	
<i>dicloxacillin sodium cap 500 mg</i>	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>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	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

27

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen inj 20000000</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 tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	M	M
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	M	M
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	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

28

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

Drug Name	Drug Tier	Requirements/Limits
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>	0	
<i>cyclophosphamide cap 50 mg</i>	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	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	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	0	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	M	M
<i>melphalan tab 2 mg</i>	0	
TEMODAR INJ 100MG	M	M
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTHRACYCLINES		
<i>adriamycin inj 10mg</i>	M	M
<i>adriamycin inj 50mg</i>	M	M
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	M	M
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	M	M
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	M	M

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	M	M

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	M	M
<i>bleomycin sulfate for inj 30 unit</i>	M	M
<i>mitomycin for iv soln 5 mg</i>	M	M
<i>mitomycin for iv soln 20 mg</i>	M	M
<i>mitomycin for iv soln 40 mg</i>	M	M

ANTIMETABOLITES

<i>ALIMTA INJ 100MG</i>	M	M
<i>ALIMTA INJ 500MG</i>	M	M
<i>azacitidine for inj 100 mg</i>	M	M
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 tabs / 30 days)
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>clofarabine iv soln 1 mg/ml</i>	M	M
<i>cytarabine inj 20 mg/ml</i>	M	M
<i>cytarabine inj pf 20 mg/ml</i>	M	M
<i>cytarabine inj pf 100 mg/ml</i>	M	M
<i>decitabine for inj 50 mg</i>	M	M
<i>floxuridine for inj 0.5 gm</i>	M	M
<i>fludarabine phosphate for inj 50 mg</i>	M	M
<i>fludarabine phosphate inj 25 mg/ml</i>	M	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M

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

30

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

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>	0	
<i>methotrexate sodium for inj 1 gm</i>	M	M
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	M	M
NIPENT INJ 10MG	M	M
TABLOID TAB 40MG	0	

ANTIMITOTIC, TAXOIDS

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

ANTIMITOTIC, VINCA ALKALOIDS

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

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

31

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

Drug Name	Drug Tier	Requirements/Limits
BIOLGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	0	PA, QL (30 caps / 30 days)
FARYDAK CAP 10MG	0	PA, QL (6 caps / 21 days)
FARYDAK CAP 15MG	0	PA, QL (6 caps / 21 days)
FARYDAK CAP 20MG	0	PA, QL (6 caps / 21 days)
GAZYVA INJ 25MG/ML	M	M
IBRANCE CAP 75MG	0	PA, QL (21 caps / 28 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps / 28 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps / 28 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs / 28 days)
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M
KISQALI TAB 200DOSE	0	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TAB 400DOSE	0	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TAB 600DOSE	0	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA TAB 100MG	0	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG	0	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	0	PA, QL (224 caps / 28 days)
ZEJULA CAP 100MG	0	PA, QL (90 caps / 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

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

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAP 100MG	0	PA, QL (120 caps / 30 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	0	
DEPO-PROVERA INJ 400/ML	M	M
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	0	PA, QL (120 tabs / 30 days)
<i>exemestane tab 25 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	0	
<i>fulvestrant inj 250 mg/5ml</i>	M	M
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
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
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 tabs / 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	
XTANDI CAP 40MG	0	PA, QL (120 caps / 30 days)
XTANDI TAB 40MG	0	PA, QL (120 tabs / 30 days)
XTANDI TAB 80MG	0	PA, QL (60 tabs / 30 days)
YONSA TAB 125MG	0	PA, QL (120 tabs / 30 days)

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	0	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	0	PA, QL (90 tabs / 30 days)
AFINITOR DIS TAB 5MG	0	PA, QL (60 tabs / 30 days)
AFINITOR TAB 10MG	0	PA, QL (30 tabs / 30 days)
ALECENSA CAP 150MG	0	PA, QL (240 caps / 30 days)
BOSULIF TAB 100MG	0	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	0	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 20MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 40MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 60MG	0	PA, QL (30 tabs / 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

34

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

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAP 100MG	0	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 tabs / 30 days)
CAPRELSA TAB 300MG	0	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 60MG	0	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	0	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	0	PA, QL (1 kit / 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 10MG	0	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 15MG	0	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 30MG	0	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 45MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 50MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 100MG	0	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	0	PA, QL (30 caps / 30 days)
IMBRUVICA CAP 140MG	0	PA, QL (90 caps / 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

35

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 140MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	0	PA, QL (30 tabs / 30 days)
INLYTA TAB 1MG	0	PA, QL (240 tabs / 30 days)
INLYTA TAB 5MG	0	PA, QL (120 tabs / 30 days)
JAKAFI TAB 5MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 10MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 15MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 20MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 25MG	0	PA, QL (60 tabs / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 tabs / 30 days)
LENVIMA CAP 4MG	0	PA, QL (30 caps / 30 days)
LENVIMA CAP 8 MG	0	PA, QL (60 caps / 30 days)
LENVIMA CAP 10 MG	0	PA, QL (30 caps / 30 days)
LENVIMA CAP 12MG	0	PA, QL (90 caps / 30 days)
LENVIMA CAP 14 MG	0	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	0	PA, QL (90 caps / 30 days)
LENVIMA CAP 20 MG	0	PA, QL (60 caps / 30 days)
LENVIMA CAP 24 MG	0	PA, QL (90 caps / 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

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TAB 25MG	0	PA, QL (90 tabs / 30 days)
LORBRENA TAB 100MG	0	PA, QL (30 tabs / 30 days)
MEKINIST TAB 0.5MG	0	PA, QL (90 tabs / 30 days)
MEKINIST TAB 2MG	0	PA, QL (30 tabs / 30 days)
NEXAVAR TAB 200MG	0	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG	0	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	0	PA, QL (30 tabs / 30 days)
STIVARGA TAB 40MG	0	PA, QL (84 tabs / 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 caps / 30 days)
SUTENT CAP 12.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	0	PA, QL (30 caps / 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

37

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAP 50MG	0	PA, QL (120 caps / 30 days)
TAFINLAR CAP 75MG	0	PA, QL (120 caps / 30 days)
TUKYSA TAB 50MG	0	PA, QL (120 tabs / 30 days)
TUKYSA TAB 150MG	0	PA, QL (120 tabs / 30 days)
VITRAKVI CAP 25MG	0	PA, QL (180 caps / 30 days)
VITRAKVI CAP 100MG	0	PA, QL (60 caps / 30 days)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 mL / 30 days)
VOTRIENT TAB 200MG	0	PA, QL (120 tabs / 30 days)
XALKORI CAP 200MG	0	PA, QL (120 caps / 30 days)
XALKORI CAP 250MG	0	PA, QL (120 caps / 30 days)
ZELBORAF TAB 240MG	0	PA, QL (240 tabs / 30 days)
ZYDELIG TAB 100MG	0	PA, QL (60 tabs / 30 days)
ZYDELIG TAB 150MG	0	PA, QL (60 tabs / 30 days)
ZYKADIA TAB 150MG	0	PA, QL (90 tabs / 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>	0	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	M	M

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

38

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

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	M	M
ODOMZO CAP 200MG	0	PA, QL (30 caps / 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
QUADRAMET INJ 1850MBQ	M	M
TICE BCG INJ	M	M
<i>tretinoin cap 10 mg</i>	0	
VISTOGARD PAK 10GM	4	QL (20 packets / 5 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	M	M
<i>carboplatin iv soln 150 mg/15ml</i>	M	M
<i>carboplatin iv soln 450 mg/45ml</i>	M	M
<i>carboplatin iv soln 600 mg/60ml</i>	M	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	M	M
<i>oxaliplatin for iv inj 50 mg</i>	M	M
<i>oxaliplatin for iv inj 100 mg</i>	M	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	M	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	M	M
<i>paraplatin inj 1000mg</i>	1	

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
<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>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	

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

39

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesna inj 100 mg/ml</i>	M	M
MESNEX TAB 400MG	0	

TOPOISOMERASE INHIBITORS

<i>etoposide cap 50 mg</i>	0	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M
TENIPOSIDE INJ 50MG/5ML	M	M
<i>toposar inj 1gm/50ml</i>	M	M
<i>toposar inj 100/5ml</i>	M	M
<i>toposar inj 500/25ml</i>	M	M
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	0	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	0	PA, QL (1 pack / 28 days)

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	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

40

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trando/verap tab 2-180 er</i>	1	
<i>trando/verap tab 2-240 er</i>	1	
<i>trando/verap tab 4-240 er</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	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

41

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	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

44

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	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

45

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

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	M	M
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**

ANTILIPEMICS, MISCELLANEOUS

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	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

48

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

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	4	PA, QL (2 pens / 28 days)
PRALUENT INJ 150MG/ML	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	

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

49

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	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

50

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	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

51

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

Drug Name	Drug Tier	Requirements/Limits	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1		
CARDIZEM LA TAB 120MG	3		
<i>cartia xt cap 120/24hr</i>	1		
<i>cartia xt cap 180/24hr</i>	1		
<i>cartia xt cap 240/24hr</i>	1		
<i>cartia xt cap 300/24hr</i>	1		
<i>dilt-xr cap 120mg</i>	1		
<i>dilt-xr cap 180mg</i>	1		
<i>dilt-xr cap 240mg</i>	1		
<i>diltiazem hcl cap er 12hr 60 mg</i>	1		
<i>diltiazem hcl cap er 12hr 90 mg</i>	1		
<i>diltiazem hcl cap er 12hr 120 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	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>	1		
<i>diltiazem hcl tab 60 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox tab 0.25mg</i>	1	
<i>digox tab 0.125mg</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>ethacrynic acid tab 25 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj 10 mg/ml</i>	M	M
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>mannitol iv soln 20%</i>	M	M
<i>mannitol iv soln 25%</i>	M	M
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>osmitrol inj 5%</i>	M	M
<i>osmitrol inj 10%</i>	M	M
<i>osmitrol inj 15%</i>	M	M
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250mg</i>	1	
<i>methyldopa tab 500mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	PA, QL (360 caps / 25 days)
<i>ranolazine tab er 12hr 500 mg</i>	1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	1	ST; PA**
NITRATES		
DILATRATE SR CAP 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	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

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

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG	5	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG	5	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG	5	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG	5	PA, QL (90 tabs / 30 days)
<i>ambrisentan tab 5 mg</i>	4	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	4	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	4	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	4	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG	4	PA, QL (30 tabs / 30 days)
ORENITRAM TAB 0.25MG	4	PA

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

57

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

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
REMODULIN INJ 10MG/ML	5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	4	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tabs / 30 days)
TRACLEER TAB 32MG	4	PA, QL (112 tabs / 28 days)
TYVASO START SOL 0.6MG/ML	4	PA, QL (28 ampules / 28 days)
UPTRAVI INJ 1800MCG	M	M
UPTRAVI TAB 200/800	4	PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	4	PA, QL (60 tabs / 30 days)
VENTAVIS SOL 10MCG/ML	4	PA, QL (270 ampules / 30 days)
VENTAVIS SOL 20MCG/ML	4	PA, QL (270 ampules / 30 days)

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

58

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

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY§

ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)

ANTI-CONVULSANTS§

APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BRIVIACT INJ 50MG/5ML	M	M
BRIVIACT SOL 10MG/ML	3	PA
BRIVIACT TAB 10MG	3	PA
BRIVIACT TAB 25MG	3	PA
BRIVIACT TAB 50MG	3	PA
BRIVIACT TAB 75MG	3	PA
BRIVIACT TAB 100MG	3	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	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

59

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	M	M
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 mL / 30 days)
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	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

61

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 300 mg</i>	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>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	M	M
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg</i>	1	ST; PA**
<i>pregabalin cap 50 mg</i>	1	ST; PA**
<i>pregabalin cap 75 mg</i>	1	ST; 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 100 mg</i>	1	ST; PA**
<i>pregabalin cap 150 mg</i>	1	ST; PA**
<i>pregabalin cap 200 mg</i>	1	ST; PA**
<i>pregabalin cap 225 mg</i>	1	ST; PA**
<i>pregabalin cap 300 mg</i>	1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	1	ST; PA**
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	M	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	4	PA, QL (180 tabs / 30 days)
VIMPAT INJ 200MG/20	M	M
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	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

63

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

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies for members less than 30 years of age

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

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	PA
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 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

66

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

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	ST, QL (30 tabs / 25 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	ST, QL (30 tabs / 25 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	ST, QL (30 tabs / 25 days); (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	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

67

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP 40MG	3	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP 80MG	3	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP 120MG	3	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP TITRATIO	3	ST, QL (30 caps / 25 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 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

68

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 125 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	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

70

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	PA, QL (20 cartridges / 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	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

71

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	M	M
ARISTADA INJ 662MG/2	M	M
ARISTADA INJ 882MG/3	M	M
ARISTADA INJ 1064MG	M	M
ARISTADA INJ INITIO	M	M
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
CHLORPROMAZINE HCL INJ 25 MG/ML	M	M
CHLORPROMAZINE HCL INJ 50 MG/2ML	M	M
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	M	M
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	M	M
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	M	M
<i>haloperidol decanoate im soln 100 mg/ml</i>	M	M
<i>haloperidol lactate inj 5 mg/ml</i>	M	M
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
LATUDA TAB 20MG	2	ST; 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

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	M	M
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; 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

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

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
------------------	------------------	----------------------------

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 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 77

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 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 78

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG	5	PA, QL (30 caps / 30 days)
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 25 days)
<i>sleep-aid tab 25mg</i>	1	OTC
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)
MIGRAINES§		
AIMOVIG INJ 70MG/ML	2	ST, QL (2 injections / 25 days); PA**
AIMOVIG INJ 140MG/ML	2	ST, QL (1 injection / 25 days); PA**
AJOVY INJ 225/1.5	2	ST, QL (3 injections / 75 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 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

80

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

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 injections / 25 days); PA**
EMGALITY INJ 120MG/ML	2	ST, QL (2 injections / 25 days); PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 sprays / 25 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 sprays / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)

MISCELLANEOUS

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
EVRYSDI SOL	5	PA, QL (2 bottles / 24 days)
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
GUANIDINE TAB 125MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	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

82

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	ST; PA**
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	4	PA, QL (60 tabs / 30 days)

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	4	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	4	PA, QL (30 tabs / 30 days)
AVONEX PEN KIT 30MCG	5	ST, PA, QL (4 injections / 28 days)
AVONEX PREFL KIT 30MCG	5	ST, PA, QL (4 injections / 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML	4	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	4	PA, QL (12 syringes / 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA, QL (14 caps / 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

83

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

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG	4	PA, QL (30 caps / 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	PA, QL (12 syringes / 28 days)
<i>glatopa inj 20mg/ml</i>	2	PA, QL (30 injections / 30 days)
PLEGRIDY INJ	5	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ PEN	5	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	5	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	5	ST, PA, QL (1 pack / 28 days)
REBIF INJ 22/0.5	4	PA, QL (12 syringes / 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box / 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box / 28 days)
TYSABRI INJ 300/15ML	M	M

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	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

84

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	1	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>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs / 25 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>modafinil tab 100 mg</i>	1	PA, QL (60 tabs / 25 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

85

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tab 200 mg</i>	1	PA, QL (60 tabs / 25 days)

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	\$0 copay
NARCAN SPR	2	
<i>nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine gum 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

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

86

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
VARENICLINE TAB 1MG	0	\$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	M	M

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ACERFLEX POW	3	OTC; Coverage is subject to your plan/benefits
BCAD 2 POW	3	OTC; Coverage is subject to your plan/benefits
BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	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

87

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

Drug Name	Drug Tier	Requirements/Limits
CRUCIAL LIQ UNFLAVOR	3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	3	PA, OTC; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	OTC; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA, OTC; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	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 88

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

Drug Name	Drug Tier	Requirements/Limits
GA-1 ANAMIX POW ERLY YRS	3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	3	OTC; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA, OTC; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	3	OTC; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	3	OTC; Coverage is subject to your plan/benefits
HOM 2 POW	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

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

Drug Name	Drug Tier	Requirements/Limits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
HOMINEX-2 POW	3	OTC; Coverage is subject to your plan/benefits
I-VALEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
I-VALEX-2 POW	3	OTC; Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA, OTC; Coverage is subject to your plan/benefits
KETONEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	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

90

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

Drug Name	Drug Tier	Requirements/Limits
LANAFLEX PAK	3	OTC; Coverage is subject to your plan/benefits
LIPISTART POW	3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	3	OTC; Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	3	OTC; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA, OTC; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	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

91

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

Drug Name	Drug Tier	Requirements/Limits
NUTRAMINE PAK	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
OS 2 POW	3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	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

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

Drug Name	Drug Tier	Requirements/Limits
OSMOLITE HN LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	3	OTC; Coverage is subject to your plan/benefits
PFD 2 POW	3	OTC; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	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

93

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

Drug Name	Drug Tier	Requirements/Limits
PHENEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
PHENEX-2 POW	3	OTC; Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	3	OTC; Coverage is subject to your plan/benefits
PHENYLADE60 POW	3	OTC; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA, OTC; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	OTC; Coverage is subject to your plan/benefits
PORTAGEN POW	3	OTC; Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	OTC; Coverage is subject to your plan/benefits
PRO-PHREE POW	3	OTC; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	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

94

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

Drug Name	Drug Tier	Requirements/Limits
PROMOTE/ LIQ FIBER	3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	3	OTC; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	3	OTC; Coverage is subject to your plan/benefits
RENASTART POW	3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	OTC; Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	3	PA, OTC; Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	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 95

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

Drug Name	Drug Tier	Requirements/Limits
TWOCAL HN LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	3	OTC; Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	3	PA, OTC; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	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

96

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

Drug Name	Drug Tier	Requirements/Limits
WND 2 POW	3	OTC; Coverage is subject to your plan/benefits
XLEU MAXAMUM POW	3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	3	OTC; Coverage is subject to your plan/benefits
XMTVI MAXAMU POW	3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	3	OTC; Coverage is subject to your plan/benefits

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	3	PA
INTRAROSA SUP 6.5MG	3	
<i>methyltestosterone cap 10 mg</i>	1	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

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

97

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST; PA**
JANUVIA TAB 25MG	2	ST; PA**
JANUVIA TAB 50MG	2	ST; PA**
JANUVIA TAB 100MG	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST; PA**
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
JENTADUETO TAB XR	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	ST; PA**
OZEMPIC INJ 4MG/3ML	2	ST; PA**
TRULICITY INJ 0.75/0.5	2	ST; PA**
TRULICITY INJ 1.5/0.5	2	ST; 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

98

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 3/0.5	2	ST; PA**
TRULICITY INJ 4.5/0.5	2	ST; PA**
VICTOZA INJ 18MG/3ML	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN N INJ U-100	2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN R INJ U-100	2	OTC; RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	

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

99

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
XIGDUO XR TAB 2.5-1000	2	ST; PA**
XIGDUO XR TAB 5-500MG	2	ST; PA**
XIGDUO XR TAB 5-1000MG	2	ST; PA**
XIGDUO XR TAB 10-500MG	2	ST; PA**
XIGDUO XR TAB 10-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; 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

100

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG	2	ST; PA**
FARXIGA TAB 10MG	2	ST; PA**
JARDIANCE TAB 10MG	2	ST; PA**
JARDIANCE TAB 25MG	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	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

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

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

Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferiprone tab 500 mg</i>	4	PA
FERPRX 2-DAY TAB 1000MG	4	PA
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 1000MG	4	PA
<i>penicillamine tab 250 mg</i>	1	PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>sps sus 15gm/60</i>	1	
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 / 300 days)
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
BALCOLTRA TAB 0.1-20	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	

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

102

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

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gemmily cap 1/20</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>heather tab 0.35mg</i>	0	
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe 24 tab 1/20</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	M	M
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	

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

103

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	M	M
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD SYSTEM	M	M
<i>mono-linyah tab 0.25-35</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
NEXPLANON IMP 68MG	M	M
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	

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

104

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	M	M
<i>pirmella tab 1/35</i>	0	
<i>pirmella tab 7/7/7</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	M	M
SLYND TAB 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tab 1.5mg</i>	0	OTC
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trivora-28 tab</i>	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>vyfemla tab 0.4-35</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zovia 1/35e tab</i>	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
ORILISSA TAB 150MG	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
ORLISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	5	PA
ENZYME REPLACEMENTS		
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	4	PA, QL (60 caps / 30 days)
CYSTADANE POW	4	PA
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
MYALEPT INJ 11.3MG	4	PA, QL (30 vials / 30 days)
<i>nitisinone cap 2 mg</i>	4	PA
<i>nitisinone cap 5 mg</i>	4	PA
<i>nitisinone cap 10 mg</i>	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	PA, QL (600g / 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA, QL (1200 tabs / 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	M	M
DIVIGEL GEL 0.5MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG	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

106

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

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	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

107

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	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>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	M	M
<i>estradiol valerate im in oil 40 mg/ml</i>	M	M
ESTROGEL GEL	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

108

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

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	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

109

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

Drug Name	Drug Tier	Requirements/Limits
<i>yuvaferm tab 10mcg</i>	1	
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	M	M
<i>clomiphene citrate tab 50 mg</i>	1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA
GONAL-F INJ 450UNIT	4	PA, QL (10 vials / 28 days)
GONAL-F INJ 1050UNIT	4	PA, QL (6 vials / 28 days)
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 vials / 28 days)
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 cartridges / 28 days)
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 cartridges / 28 days)
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 cartridges / 28 days)
OVIDREL INJ	4	PA
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	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 soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	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

110

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	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>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	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

111

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	M	M
SOLU-CORTEF INJ 250MG	M	M
SOLU-CORTEF INJ 500MG	M	M
SOLU-CORTEF INJ 1000MG	M	M
SOLU-MEDROL INJ 2GM	M	M

GLUCOSE ELEVATING AGENTS

<i>glucagon (rdna) for inj kit 1 mg</i>	1	
INSTA-GLUCOS GEL 77.4%	2	OTC

HUMAN GROWTH HORMONES

HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
INCRELEX INJ 40MG/4ML	4	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (225 ml / 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, QL (90 ml / 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

112

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (45 ml / 30 days)
<i>octreotide inj 50mcg/ml</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide inj 100mcg</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide inj 500mcg</i>	4	PA, QL (90 ml / 30 days)
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules / 30 days)
SOMATULINE INJ 60/0.2ML	4	PA, QL (1 injection / 28 days)
SOMATULINE INJ 90/0.3ML	4	PA, QL (1 injection / 28 days)
SOMATULINE INJ 120/.5ML	4	PA, QL (1 injection / 28 days)
SOMAVERT INJ 10MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 15MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 20MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 25MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 30MG	4	PA, QL (30 vials / 30 days)
<i>tolvaptan tab 15 mg</i>	4	PA
<i>tolvaptan tab 30 mg</i>	4	PA
TYMLOS INJ	4	PA, QL (1 pen / 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

113

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

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
PHOSLYRA SOL	2	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	
PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	M	M
LUPANETA KIT 11.25-5	M	M
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	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

114

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	M	M
<i>desmopressin acetate nasal spray soln 0.01%</i>	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

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

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

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sul inj 0.1mg/ml</i>	M	M
<i>atropine sul inj 0.05mg/1</i>	M	M
CUVPOSA SOL 1MG/5ML	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	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 tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 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

116

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
<i>granisetron hcl inj 1 mg/ml</i>	M	M
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	M	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	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 oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	M	M
<i>promethazine hcl inj 50 mg/ml</i>	M	M
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	

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

117

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI TAB 90MG	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine inj 20 mg/2ml</i>	M	M
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	M	M

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

118

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

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
DIPENTUM CAP 250MG	3	PA
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosectron hcl tab 1 mg (base equiv)</i>	1	PA
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	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

119

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 50 through 74; Tier 1 for all others
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 50 through 74, otherwise not covered
PLENVU SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	OTC
PREPOPIK PAK	0	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74; Tier 2 for all others
SUTAB TAB	0	\$0 copay for members age 50 through 74, otherwise not covered

MISCELLANEOUS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	PA, QL (354 mL / 25 days)
<i>sucrafate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	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

120

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

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	3	ST, QL (90 caps / 365 days); PA**
DEXILANT CAP 60MG DR	3	ST, QL (90 caps / 365 days); PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days)
NEXIUM GRA 2.5MG DR	3	QL (90 packets / 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	3	QL (90 packets / 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 121

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days)
RECTAL,CORTICOSTEROIDS		
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-pak cre 1%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tadalafil tab 5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	
CONTRACEPTIVES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs per month)
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	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

122

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

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>urinary pain tab 95mg</i>	1	OTC

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 sup 200mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	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

123

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

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	M	M
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	M	M
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 150MCG	5	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

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

Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJ 200MCG	5	PA
NEULASTA INJ 6MG/0.6M	4	PA, QL (2 injections / 28 days)
NEULASTA KIT 6MG/0.6M	4	PA, QL (2 injections / 28 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA TAB 12.5MG	5	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG	5	PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG	5	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG	5	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA, QL (2 injections / 28 days)

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	4	PA, QL (45 syringes / 90 days)
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	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

126

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

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (10 vials / 14 days)
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes / 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (4 vials / 14 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (2 vials / 14 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

127

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25/0.5ML	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	PA, QL (4 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 10MG/0.2	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 20/0.2ML	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 40/0.4ML	4	PA, QL (4 injections / 28 days)
HUMIRA KIT 20MG/0.4	4	PA, QL (2 injections / 28 days)
HUMIRA KIT 40MG/0.8	4	PA, QL (4 injections / 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 128

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 injections / 28 days)
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (6 pens / 28 days)
HUMIRA PEN INJ PS/UV	4	PA, QL (4 pens / 28 days)
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (1 kit / 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit / 28 days)
KEVZARA INJ 150/1.14	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	M	M
SIMPONI INJ 50/0.5ML	5	ST, PA, QL (1 injection / 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

129

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 100MG/ML	5	ST, PA, QL (1 injection / 28 days)
SKYRIZI INJ 150DOSE	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis
STELARA INJ 45MG/0.5	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	4	PA, QL (240 mL / 24 days)
XELJANZ TAB 5MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG	4	PA, QL (30 tabs / 30 days); 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

130

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 22MG	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	4	PA
ARCALYST INJ 220MG	4	PA, QL (8 vials / 28 days)
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
POMALYST CAP 1MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 2MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 3MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 4MG	0	PA, QL (21 caps / 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

131

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 2.5MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 5MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 10MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 15MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 20MG	0	PA, QL (21 caps / 28 days)
REVLIMID CAP 25MG	0	PA, QL (21 caps / 28 days)
THALOMID CAP 50MG	4	PA, QL (28 caps / 28 days)
THALOMID CAP 100MG	4	PA, QL (28 caps / 28 days)
THALOMID CAP 150MG	4	PA, QL (56 caps / 28 days)
THALOMID CAP 200MG	4	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

AZASAN TAB 75 MG	3	
AZASAN TAB 100MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine iv soln 50 mg/ml</i>	M	M
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	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

132

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
PROGRAF INJ 5MG/ML	M	M
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 1MG	2	

VACCINES

ACTHIB INJ	M	M
ADACEL INJ	M	M
AFLURIA QUAD INJ 2021-22	M	M
BEXSERO INJ	M	M
BOOSTRIX INJ	M	M
DAPTACEL INJ	M	M
DIP/TET PED INJ 25-5LFU	M	M
ENGERIX-B INJ 10/0.5ML	M	M
ENGERIX-B INJ 20MCG/ML	M	M
FLUAD QUADRI INJ 2021-22	M	M
FLUARIX QUAD INJ 2021-22	M	M
FLUBLOK QUAD INJ 2021-22	M	M
FLUCLVX QUAD INJ 2021-22	M	M
FLULAVAL QUA INJ 2021-22	M	M
FLUMIST QUAD SUS 2021-22	M	M
FLUZONE HD INJ 2021-22	M	M
FLUZONE QUAD INJ 2021-22	M	M
GARDASIL 9 INJ	M	M
HAVRIX INJ 720UNIT	M	M
HAVRIX INJ 1440UNIT	M	M
HEPLISAV-B INJ 20/0.5ML	M	M

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

133

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

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOL 10MCG	M	M
INFANRIX INJ	M	M
IPOL INJ INACTIVE	M	M
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	M	M
MENACTRA INJ	M	M
MENQUADFI INJ	M	M
MENVEO INJ	M	M
PEDIARIX INJ 0.5ML	M	M
PEDVAX HIB INJ	M	M
PENTACEL INJ	M	M
PNEUMOVAX 23 INJ 25/0.5	M	M
PREVNAR 13 INJ	M	M
PREVNAR 20 INJ	M	M
PROQUAD INJ	M	M
QUADRACEL INJ	M	M
RECOMBIVA HB INJ 5MCG/0.5	M	M
RECOMBIVA HB INJ 10MCG/ML	M	M
RECOMBIVA-HB INJ 40MCG/ML	M	M
ROTARIX SUS	M	M
ROTATEQ SOL	M	M
SHINGRIX INJ 50/0.5ML	M	M
TDVAX INJ 2-2 LF	M	M
TENIVAC INJ 5-2LF	M	M
TRUMENBA INJ	M	M
TWINRIX INJ	M	M
VAQTA INJ 25/0.5ML	M	M
VAQTA INJ 50UNT/ML	M	M
VARIVAX INJ	M	M
VAXELIS INJ	M	M
VAXNEUVANCE INJ	M	M
ZOSTAVAX INJ	M	M

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 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

134

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

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT COMPACT	M	OTC; M
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT NANO	M	OTC; M
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK MIS AVIVA	M	OTC; M
ACCU-CHEK MIS MLTICLIX	0	OTC
ACCU-CHEK TES AVIVA PL	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK TES COMPACT	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK TES GUIDE	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK TES SMART	0	QL (204 Test Strips / 25 days), OTC
ALCOHOL PREP PAD	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
CAREFINE MIS 32GX6MM	0	OTC
CHEMSTRIP 9 TES STRIPS	2	OTC
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DIASCREEN 10 MIS	0	OTC
DIASTIX TES STRIPS	0	OTC

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

135

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

Drug Name	Drug Tier	Requirements/Limits
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
INSULIN SYRG MIS 1ML/31G	0	OTC
KETO-DIASTIX TES	0	OTC
LANCING DEVI MIS	0	OTC
NOVOFINE MIS 32GX6MM	0	OTC
OMNIPOD KIT STARTER	2	
OMNIPOD MIS 5 PACK	2	
SHARPS CONT MIS 2QUART	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	

MISCELLANEOUS

AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
OPTICHAMBER MIS FACE MAS	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effer-k tab 25meq ef</i>	1	
FLUORABON DRO	0	\$0 applies for ages 5 and under, otherwise not covered
<i>floritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>floritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>floritab chw 2.2mg</i>	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

136

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoritab dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 1mg f</i>	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>nafrinse chw 1mg f</i>	1	
<i>nafrinse dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>sod chloride inj 0.9%</i>	M	M

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

137

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	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>	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>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	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>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IV REPLACEMENT SOLUTIONS

<i>potassium chloride inj 2 meq/ml</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>	1	

VITAMINS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	M	M

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

138

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>folic acid cap 0.8 mg</i>	0	QL (100 caps / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vit/fe dro /fl 0.25</i>	1	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro /fe 0.25</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	
<i>multivit/fl dro 0.25mg</i>	1	
<i>mvc-fluoride chw 1mg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>phytonadione tab 5 mg</i>	1	
<i>prenatabs rx tab</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC
<i>pyridoxine hcl tab 50 mg</i>	1	OTC
<i>tri-vit/fluo dro 0.5mg</i>	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

139

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vit/fluoro dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	
<i>westab max tab 2.5-25-2</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	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

140

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

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOL 0.45%	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	

ANTIALLERGICS

ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	2	

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

141

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOL 1% OP	3	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015%	3	ST; 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

142

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles / 28 days)
LACRISERT MIS 5MG OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte sol</i>	M	M
<i>physiosol sol irrigat</i>	M	M
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (4 auto-injectors / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (4 auto-injectors / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (4 auto-injectors / 25 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	QL (4 auto-injectors / 25 days)
EPIPEN-JR INJ 0.15MG	2	QL (4 auto-injectors / 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)
TRELEGY AER ELLIPTA	2	QL (1 package / 25 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

143

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS§		
INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA AER 1.25MCG	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package / 25 days)
ANTI-HISTAMINES§		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	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

144

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl inj 50 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	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>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container / 25 days)
BETA AGONISTS§		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 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

145

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
PERFOROMIST NEB 20MCG	2	QL (60 vials / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG	M	M
NUCALA INJ 100MG/ML	4	PA, QL (3 injections / 28 days)
XOLAIR INJ 75/0.5	M	M
XOLAIR INJ 150MG/ML	M	M
XOLAIR SOL 150MG	M	M
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	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

146

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

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin syp 100-10/5</i>	1	OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet syp 5-1.5/5</i>	1	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>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	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>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUZISTRA XR SUS	3	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	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

147

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

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	4	PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG	4	PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG	4	PA, QL (90 tabs / 30 days)
KALYDECO PAK 25MG	4	PA, QL (56 packets / 28 days)
KALYDECO PAK 50MG	4	PA, QL (56 packets / 28 days)
KALYDECO PAK 75MG	4	PA, QL (56 packets / 28 days)
KALYDECO TAB 150MG	4	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TAB 150MG	4	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets / 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

148

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

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	4	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs / 28 days)
PROLASTIN-C INJ 1000MG	M	M
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs / 28 days)
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
OMNARIS SPR	3	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (1 package / 25 days), OTC
STEROID INHALANTS§		
ARNUITY ELPT INH 50MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 100MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 200MCG	2	QL (1 package / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 25 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages / 25 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

149

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

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (3 packages / 25 days)
SYMBICORT AER 160-4.5	2	QL (3 packages / 25 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	M	M
ELIXOPHYLLIN ELX 80/15ML	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 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

150

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

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>BENZIQ GEL 5.25%</i>	2	
<i>BENZIQ LS GEL 2.75%</i>	2	
<i>benziq wash liq 5.25%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp wash liq 2.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75g / 25 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60g / 25 days)
<i>erythromycin soln 2%</i>	1	QL (60mL / 25 days)
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 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

151

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

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

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g / 25 days)
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	1	QL (120g / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120g / 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120mL / 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120mL / 25 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 152

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	QL (120g / 25 days)
<i>clotrimazole soln 1%</i>	1	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60g / 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (60mL / 25 days)
<i>econazole nitrate cream 1%</i>	1	QL (60g / 25 days)
ERTACZO CRE 2%	3	QL (60g / 25 days)
JUBLIA SOL 10%	3	PA, QL (4mL / 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120g / 25 days)
MENTAX CRE 1%	3	QL (60g / 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60g / 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60g / 25 days)
<i>nyamyc pow 100000</i>	1	QL (120g / 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystop pow 100000</i>	1	QL (120g / 25 days)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60g / 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60g / 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60mL / 25 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	3	ST, QL (45 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	4	PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 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

154

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120mL / 25 days)
<i>clocortolone pivalate cream 0.1%</i>	3	QL (120g / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate cream 0.05%</i>	3	QL (120g / 25 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

155

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

Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate oint 0.05%</i>	3	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120mL / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120mL / 25 days)
<i>hydrocortisone cream 1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120mL / 25 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 25 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 25 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>triderm cre 0.1%</i>	1	QL (120g / 25 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

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50gm / 25 days)
<i>lidocaine pa pad 4%</i>	1	QL (30 patches / 25 days), OTC
<i>lidocaine patch 5%</i>	1	PA, QL (90 patches / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days)
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days), OTC
EUCRISA OIN 2%	2	ST, QL (60 grams / 25 days); PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lactic acid lot 10%</i>	1	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4%	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
TARGRETIN GEL 1%	4	PA
VOLTAREN GEL 1%	1	QL (300g / 25 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	
FINACEA AER 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	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

157

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

Drug Name	Drug Tier	Requirements/Limits
MIRVASO GEL 0.33%	3	PA
rosadan cre 0.75%	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan lot 10%	1	
EURAX CRE 10%	3	
ivermectin lotion 0.5%	1	ST; PA**
lice treatmt lot 1%	1	OTC
lice trtmnt liq 1%	1	OTC
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	3	PA, QL (30g / 25 days)
sodium chloride irrigation soln 0.9%	M	M
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
oralone dent pst 0.1%	1	
ORAVIG TAB 50MG	3	QL (14 tabs / 25 days)
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC		
acetic acid otic soln 2%	1	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	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 158

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	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

159

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

Index

A	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	21
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	21
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	19
<i>abacavir sulfate tab 300 mg (base equiv)</i>	19
<i>abiraterone acetate tab 250 mg</i>	33
<i>abiraterone acetate tab 500 mg</i>	33
ABRAXANE INJ 100MG	31
<i>acamprosate calcium tab delayed release 333 mg</i>	86
<i>acarbose tab 100 mg</i>	97
<i>acarbose tab 25 mg</i>	97
<i>acarbose tab 50 mg</i>	97
ACCU-CHECK KIT GUIDE ME	135
ACCU-CHEK KIT AVIVA PL	135
ACCU-CHEK KIT COMPACT.....	135
ACCU-CHEK KIT GUIDE	135
ACCU-CHEK KIT NANO.....	135
ACCU-CHEK LIQ SMART	135
ACCU-CHEK MIS AVIVA	135
ACCU-CHEK MIS MLTICLIX	135
ACCU-CHEK TES AVIVA PL.....	135
ACCU-CHEK TES COMPACT	135
ACCU-CHEK TES GUIDE	135
ACCU-CHEK TES SMART.....	135
<i>acebutolol hcl cap 200 mg</i>	49
<i>acebutolol hcl cap 400 mg</i>	49
ACERFLEX POW	87
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide cap er 12hr 500 mg</i> ...	54
<i>acetazolamide tab 125 mg</i>	54
<i>acetazolamide tab 250 mg</i>	54
<i>acetic acid otic soln 2%</i>	158
<i>acetylcysteine inhal soln 10%</i>	148
<i>acetylcysteine inhal soln 20%</i>	148
<i>acitretin cap 10 mg</i>	153
<i>acitretin cap 17.5 mg</i>	153
<i>acitretin cap 25 mg</i>	153
ACTEMRA INJ 162/0.9.....	127
ACTEMRA INJ 200/10ML.....	127
ACTEMRA INJ 400/20ML.....	127
ACTEMRA INJ 80MG/4ML.....	127
ACTHIB INJ	133
ACTIMMUNE INJ 2MU/0.5	131
ACUVAIL SOL 0.45%	141
<i>acyclovir cap 200 mg</i>	22
<i>acyclovir susp 200 mg/5ml</i>	22
<i>acyclovir tab 400 mg</i>	23
<i>acyclovir tab 800 mg</i>	23
ADACEL INJ.....	133
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	151
<i>adapalene cream 0.1%</i>	150
<i>adapalene gel 0.1%</i>	150
<i>adapalene gel 0.3%</i>	150
<i>adefovir dipivoxil tab 10 mg</i>	23
ADEMPAS TAB 0.5MG	57
ADEMPAS TAB 1.5MG	57
ADEMPAS TAB 1MG	57
ADEMPAS TAB 2.5MG	57
ADEMPAS TAB 2MG	57
<i>adriamycin inj 10mg</i>	29
<i>adriamycin inj 50mg</i>	29
ADVAIR DISKU AER 100/50	150
ADVAIR DISKU AER 250/50	150
ADVAIR DISKU AER 500/50	150
ADVAIR HFA AER 115/21.....	150
ADVAIR HFA AER 230/21.....	150
ADVAIR HFA AER 45/21	150
AEROCHAMBER MIS PLUS.....	136
AFINITOR DIS TAB 2MG.....	34
AFINITOR DIS TAB 3MG.....	34
AFINITOR DIS TAB 5MG.....	34
AFINITOR TAB 10MG	34
AFLURIA QUAD INJ 2021-22	133
AIMOVIG INJ 140MG/ML	80
AIMOVIG INJ 70MG/ML	80
AJOVY INJ 225/1.5	80
AKYNZEO CAP 300-0.5.....	116
<i>ala-cort cre 1%</i>	154

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	145	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	98
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	146	<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	98
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	145	<i>ALOMIDE SOL 0.1% OP</i>	141
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	146	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	119
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	146	<i>alose tron hcl tab 1 mg (base equiv)</i>	119
<i>albuterol sulfate syrup 2 mg/5ml</i>	146	<i>ALPHAGAN P SOL 0.1%</i>	142
<i>albuterol sulfate tab 2 mg</i>	146	<i>ALPRAZOLAM CON 1 MG/ML</i>	59
<i>albuterol sulfate tab 4 mg</i>	146	<i>alprazolam orally disintegrating tab 0.25 mg</i>	59
<i>albuterol sulfate tab er 12hr 4 mg</i> ..	146	<i>alprazolam orally disintegrating tab 0.5 mg</i>	59
<i>albuterol sulfate tab er 12hr 8 mg</i> ..	146	<i>alprazolam orally disintegrating tab 1 mg</i>	59
<i>alclometasone dipropionate cream 0.05%</i>	154	<i>alprazolam orally disintegrating tab 2 mg</i>	59
<i>alclometasone dipropionate oint 0.05%</i>	154	<i>alprazolam tab 0.25 mg</i>	59
<i>ALCOHOL PREP PAD</i>	135	<i>alprazolam tab 0.5 mg</i>	59
<i>ALDACTAZIDE TAB 50/50</i>	54	<i>alprazolam tab 1 mg</i>	59
<i>ALECENSA CAP 150MG</i>	34	<i>alprazolam tab 2 mg</i>	59
<i>alendronate sodium oral soln 70 mg/75ml</i>	101	<i>altavera tab</i>	102
<i>alendronate sodium tab 10 mg</i>	101	<i>alyacen tab 1/35</i>	102
<i>alendronate sodium tab 35 mg</i>	101	<i>alyacen tab 7/7/7</i>	102
<i>alendronate sodium tab 5 mg</i>	101	<i>amantadine hcl cap 100 mg</i>	71
<i>alendronate sodium tab 70 mg</i>	101	<i>amantadine hcl soln 50 mg/5ml</i>	71
<i>alfuzosin hcl tab er 24hr 10 mg</i>	122	<i>amantadine hcl tab 100 mg</i>	71
<i>ALIMTA INJ 100MG</i>	30	<i>ambrisentan tab 10 mg</i>	57
<i>ALIMTA INJ 500MG</i>	30	<i>ambrisentan tab 5 mg</i>	57
<i>ALINIA SUS 100/5ML</i>	16	<i>amcinonide cream 0.1%</i>	154
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	54	<i>amcinonide lotion 0.1%</i>	154
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	54	<i>AMCINONIDE OIN 0.1%</i>	154
<i>allopurinol tab 100 mg</i>	1	<i>amethia tab</i>	102
<i>allopurinol tab 300 mg</i>	1	<i>amethyst tab 90-20mcg</i>	102
<i>almotriptan malate tab 12.5 mg</i>	80	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	15
<i>almotriptan malate tab 6.25 mg</i>	80	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	15
<i>ALOCRI L SOL 2%</i>	141	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	54
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	98	<i>amiloride hcl tab 5 mg</i>	54
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	98	<i>aminophylline inj 25 mg/ml</i>	150
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	98	<i>amiodarone hcl tab 200 mg</i>	45
		<i>amiodarone hcl tab 400 mg</i>	45
		<i>amitriptyline hcl tab 100 mg</i>	65
		<i>amitriptyline hcl tab 10 mg</i>	65

<i>amitriptyline hcl tab 150 mg</i>	65	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	52
<i>amitriptyline hcl tab 25 mg</i>	65	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	51
<i>amitriptyline hcl tab 50 mg</i>	65	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	51
<i>amitriptyline hcl tab 75 mg</i>	65	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	51	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	51	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	51	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	51	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	51	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	51	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	51	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	51	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	51	<i>amoxapine tab 100 mg</i>	66
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	51	<i>amoxapine tab 150 mg</i>	66
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	51	<i>amoxapine tab 25 mg</i>	65
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	40	<i>amoxapine tab 50 mg</i>	65
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	40	<i>amoxicillin (trihydrate) cap 250 mg</i> ..	27
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	40	<i>amoxicillin (trihydrate) cap 500 mg</i> ..	27
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	40	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	40	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	40	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	43	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	43	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	43	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	27
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	43		

<i>amoxicillin (trihydrate) tab 500 mg</i> ..27	<i>amphetamine-dextroamphetamine tab</i>
<i>amoxicillin (trihydrate) tab 875 mg</i> ..27	<i>7.5 mg</i>.....77
<i>amoxicillin & k clavulanate chew tab</i>	<i>amphotericin b for iv soln 50 mg</i> .....18
<i>200-28.5 mg</i> .....26	<i>ampicillin cap 500 mg</i> .....27
<i>amoxicillin & k clavulanate chew tab</i>	<i>ampicillin sodium for inj 1 gm</i> .....27
<i>400-57 mg</i> .....27	<i>ampicillin sodium for inj 2 gm</i> .....27
<i>amoxicillin & k clavulanate for susp</i>	<i>ANADROL-50 TAB 50MG</i> .....97
<i>200-28.5 mg/5ml</i> .....27	<i>anagrelide hcl cap 0.5 mg</i> .....126
<i>amoxicillin & k clavulanate for susp</i>	<i>anagrelide hcl cap 1 mg</i> .....126
<i>250-62.5 mg/5ml</i> .....27	<i>anastrozole tab 1 mg</i>.....33
<i>amoxicillin & k clavulanate for susp</i>	<i>ANNOVERA MIS</i> .....102
<i>400-57 mg/5ml</i>.....27	<i>ANORO ELLIPT AER 62.5-25</i> .....143
<i>amoxicillin & k clavulanate for susp</i>	<i>APOKYN INJ 10MG/ML</i> .....71
<i>600-42.9 mg/5ml</i> .....27	<i>apraclonidine hcl ophth soln 0.5%</i>
<i>amoxicillin & k clavulanate tab 250-125</i>	<i>(base equivalent)</i> .....142
<i>mg</i> .....27	<i>aprepitant capsule 125 mg</i> .....117
<i>amoxicillin & k clavulanate tab 500-125</i>	<i>aprepitant capsule 40 mg</i> .....116
<i>mg</i> .....27	<i>aprepitant capsule 80 mg</i> .....116
<i>amoxicillin & k clavulanate tab 875-125</i>	<i>aprepitant capsule therapy pack 80 &</i>
<i>mg</i> .....27	<i>125 mg</i> .....117
<i>amoxicillin & k clavulanate tab er 12hr</i>	<i>apri tab</i>.....102
<i>1000-62.5 mg</i>.....27	<i>APTIOM TAB 200MG</i> .....59
<i>amphetamine-dextroamphetamine cap</i>	<i>APTIOM TAB 400MG</i> .....59
<i>er 24hr 10 mg</i> .....77	<i>APTIOM TAB 600MG</i> .....59
<i>amphetamine-dextroamphetamine cap</i>	<i>APTIOM TAB 800MG</i> .....59
<i>er 24hr 15 mg</i> .....77	<i>APTIVUS CAP 250MG</i> .....19
<i>amphetamine-dextroamphetamine cap</i>	<i>APTIVUS SOL</i> .....19
<i>er 24hr 20 mg</i> .....77	<i>aranelle tab</i> .....102
<i>amphetamine-dextroamphetamine cap</i>	<i>ARANESP INJ 100MCG</i> .....125
<i>er 24hr 25 mg</i> .....77	<i>ARANESP INJ 10MCG</i> .....125
<i>amphetamine-dextroamphetamine cap</i>	<i>ARANESP INJ 150MCG</i> .....125
<i>er 24hr 30 mg</i> .....77	<i>ARANESP INJ 200MCG</i> .....125
<i>amphetamine-dextroamphetamine cap</i>	<i>ARANESP INJ 25MCG</i> .....125
<i>er 24hr 5 mg</i> .....77	<i>ARANESP INJ 300MCG</i> .....125
<i>amphetamine-dextroamphetamine tab</i>	<i>ARANESP INJ 40MCG</i> .....125
<i>10 mg</i>.....77	<i>ARANESP INJ 500MCG</i> .....125
<i>amphetamine-dextroamphetamine tab</i>	<i>ARANESP INJ 60MCG</i> .....125
<i>12.5 mg</i>.....77	<i>ARCALYST INJ 220MG</i>.....131
<i>amphetamine-dextroamphetamine tab</i>	<i>aripiprazole orally disintegrating tab 10</i>
<i>15 mg</i>.....77	<i>mg</i> .....73
<i>amphetamine-dextroamphetamine tab</i>	<i>aripiprazole orally disintegrating tab 15</i>
<i>20 mg</i>.....77	<i>mg</i> .....73
<i>amphetamine-dextroamphetamine tab</i>	<i>aripiprazole oral solution 1 mg/ml</i> ...73
<i>30 mg</i>.....77	<i>aripiprazole tab 10 mg</i> .....73
<i>amphetamine-dextroamphetamine tab</i>	<i>aripiprazole tab 15 mg</i> .....73
<i>5 mg</i> .....77	<i>aripiprazole tab 20 mg</i> .....73
	<i>aripiprazole tab 2 mg</i>.....73

<i>aripiprazole tab 30 mg</i>	73	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	77
<i>aripiprazole tab 5 mg</i>	73	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	77
ARISTADA INJ 1064MG.....	73	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	77
ARISTADA INJ 441MG/1.....	73	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	77
ARISTADA INJ 662MG/2.....	73	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	77
ARISTADA INJ 882MG/3.....	73	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	47
ARISTADA INJ INITIO.....	73	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	47
<i>armodafinil tab 150 mg</i>	85	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	48
<i>armodafinil tab 200 mg</i>	85	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	48
<i>armodafinil tab 250 mg</i>	85	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	19
<i>armodafinil tab 50 mg</i>	85	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	18
ARNUITY ELPT INH 100MCG.....	149	<i>atovaquone susp 750 mg/5ml</i>	16
ARNUITY ELPT INH 200MCG.....	149	<i>atropine sul inj 0.05mg/1</i>	116
ARNUITY ELPT INH 50MCG.....	149	<i>atropine sul inj 0.1mg/ml</i>	116
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	38	ATROPINE SUL SOL 1% OP.....	143
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	38	AUBAGIO TAB 14MG.....	83
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	74	AUBAGIO TAB 7MG.....	83
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	73	AUTOLET PLAT MIS 1.8MM.....	135
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	74	<i>aviane tab</i>	102
<i>ashlyna tab</i>	102	<i>avidoxy tab 100mg</i>	28
<i>aspirin chw 81mg</i>	15	<i>avita cre 0.025%</i>	151
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	127	<i>avita gel 0.025%</i>	151
<i>aspirin low tab 81mg ec</i>	15	AVONEX PEN KIT 30MCG.....	83
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	19	AVONEX PREFL KIT 30MCG.....	83
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	19	<i>azacitidine for inj 100 mg</i>	30
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	19	AZASAN TAB 100MG.....	132
<i>atenolol & chlorthalidone tab 100-25 mg</i>	49	AZASAN TAB 75 MG.....	132
<i>atenolol & chlorthalidone tab 50-25 mg</i>	49	AZASITE SOL 1%.....	140
<i>atenolol tab 100 mg</i>	49	<i>azathioprine tab 50 mg</i>	132
<i>atenolol tab 25 mg</i>	49	<i>azelaic acid gel 15%</i>	157
<i>atenolol tab 50 mg</i>	49	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	144
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	77	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	144
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	77	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	144

<i>azelastine hcl ophth soln 0.05%</i>	141	<i>benazepril hcl tab 5 mg</i>	41
<i>azithromycin for susp 100 mg/5ml</i> ...	25	BENZIQL GEL 5.25%	151
<i>azithromycin for susp 200 mg/5ml</i> ...	25	BENZIQL LS GEL 2.75%	151
<i>azithromycin powd pack for susp 1 gm</i>	25	<i>benziq wash liq 5.25%</i>	151
<i>azithromycin tab 250 mg</i>	25	<i>benzonatate cap 100 mg</i>	146
<i>azithromycin tab 500 mg</i>	25	<i>benzonatate cap 200 mg</i>	146
<i>azithromycin tab 600 mg</i>	25	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	151
<i>aztreonam for inj 1 gm</i>	16	<i>benztropine mesylate inj 1 mg/ml</i>	71
<i>aztreonam for inj 2 gm</i>	16	<i>benztropine mesylate tab 0.5 mg</i>	71
<i>azurette tab 28 day</i>	102	<i>benztropine mesylate tab 1 mg</i>	71
B		<i>benztropine mesylate tab 2 mg</i>	71
<i>bacitracin ophth oint 500 unit/gm</i> ...	140	<i>bepotastine besilate ophth soln 1.5%</i>	141
<i>bacitracin-polymyxin b ophth oint</i> ...	140	BEPREVE DRO 1.5%	141
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	140	BESIVANCE SUS 0.6%	140
<i>baclofen tab 10 mg</i>	84	<i>betamethasone dipropionate</i> <i>augmented cream 0.05%</i>	155
<i>baclofen tab 20 mg</i>	84	<i>betamethasone dipropionate</i> <i>augmented gel 0.05%</i>	155
<i>baclofen tab 5 mg</i>	84	<i>betamethasone dipropionate</i> <i>augmented lotion 0.05%</i>	155
BALCOLTRA TAB 0.1-20	102	<i>betamethasone dipropionate</i> <i>augmented oint 0.05%</i>	155
<i>balsalazide disodium cap 750 mg</i> ...	119	<i>betamethasone dipropionate cream</i> <i>0.05%</i>	155
BARACLUDGE SOL	23	<i>betamethasone dipropionate lotion</i> <i>0.05%</i>	155
BASAGLAR INJ 100UNIT	99	<i>betamethasone dipropionate oint</i> <i>0.05%</i>	155
BAXDELA TAB 450MG	25	<i>betamethasone valerate aerosol foam</i> <i>0.12%</i>	155
BCAD 2 POW	87	<i>betamethasone valerate cream 0.1%</i> <i>(base equivalent)</i>	155
BELBUCA MIS 150MCG	14	<i>betamethasone valerate lotion 0.1%</i> <i>(base equivalent)</i>	155
BELBUCA MIS 300MCG	14	<i>betamethasone valerate oint 0.1%</i> <i>(base equivalent)</i>	155
BELBUCA MIS 450MCG	14	BETASERON INJ 0.3MG	83
BELBUCA MIS 600MCG	14	<i>betaxolol hcl ophth soln 0.5%</i>	142
BELBUCA MIS 750MCG	14	<i>betaxolol hcl tab 10 mg</i>	49
BELBUCA MIS 75MCG	14	<i>betaxolol hcl tab 20 mg</i>	49
BELBUCA MIS 900MCG	14	<i>bethanechol chloride tab 10 mg</i>	123
BELSOMRA TAB 10MG	80	<i>bethanechol chloride tab 25 mg</i>	123
BELSOMRA TAB 15MG	80	<i>bethanechol chloride tab 50 mg</i>	123
BELSOMRA TAB 20MG	80	<i>bethanechol chloride tab 5 mg</i>	122
BELSOMRA TAB 5MG	80	BETIMOL SOL 0.25%	142
<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	41		
<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	41		
<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 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		

BETIMOL SOL 0.5%	142	<i>bromfenac sodium ophth soln 0.09%</i>	
BETOPTIC-S SUS 0.25% OP.....	142	<i>(base equiv) (once-daily).....</i>	141
BETTERMILK15 POW GLYTACTN	87	<i>bromocriptine mesylate cap 5 mg (base</i>	
BETTERMILK PAK GLYACTI	87	<i>equivalent).....</i>	71
BEVESPI AER 9-4.8MCG	143	<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>bexarotene cap 75 mg</i>	38	<i>(base equivalent)</i>	71
BEXSERO INJ.....	133	<i>brompheniramine tannate chew tab 12</i>	
<i>bicalutamide tab 50 mg</i>	33	<i>mg</i>	144
BIKTARVY TAB.....	21	<i>budesonide delayed release particles</i>	
BIO-STATIN CAP 1000000.....	18	<i>cap 3 mg.....</i>	119
BIO-STATIN CAP 500000	18	<i>budesonide inhalation susp 0.25</i>	
<i>bio-statin pow</i>	18	<i>mg/2ml.....</i>	149
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>10-6.25 mg</i>	49	<i>.....</i>	149
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 1 mg/2ml</i>	
<i>2.5-6.25 mg</i>	49	<i>.....</i>	149
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>bumetanide tab 0.5 mg.....</i>	54
<i>6.25 mg</i>	49	<i>bumetanide tab 1 mg</i>	54
<i>bisoprolol fumarate tab 10 mg</i>	50	<i>bumetanide tab 2 mg</i>	54
<i>bisoprolol fumarate tab 5 mg</i>	49	<i>buprenorphine hcl inj 0.3 mg/ml (base</i>	
<i>bleomycin sulfate for inj 15 unit.....</i>	30	<i>equiv).....</i>	14
<i>bleomycin sulfate for inj 30 unit.....</i>	30	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BLEPHAMIDE OIN S.O.P.	140	<i>12-3 mg (base equiv)</i>	3
BLEPHAMIDE SUS OP.....	140	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BOOSTRIX INJ	133	<i>2-0.5 mg (base equiv)</i>	3
<i>bosentan tab 125 mg</i>	57	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bosentan tab 62.5 mg</i>	57	<i>4-1 mg (base equiv).....</i>	3
BOSULIF TAB 100MG.....	34	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BOSULIF TAB 400MG.....	34	<i>8-2 mg (base equiv).....</i>	3
BOSULIF TAB 500MG.....	34	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bp wash liq 2.5%</i>	151	<i>2-0.5 mg (base equiv)</i>	3
BREO ELLIPTA INH 100-25	150	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BREO ELLIPTA INH 200-25	150	<i>8-2 mg (base equiv).....</i>	3
BRILINTA TAB 60MG.....	127	<i>buprenorphine hcl sl tab 2 mg (base</i>	
BRILINTA TAB 90MG.....	127	<i>equiv).....</i>	14
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>.....</i>	142	<i>equiv).....</i>	14
<i>brimonidine tartrate ophth soln 0.2%</i>		<i>buprenorphine td patch weekly 10</i>	
<i>.....</i>	142	<i>mcg/hr</i>	14
<i>brinzolamide ophth susp 1%.....</i>	142	<i>buprenorphine td patch weekly 15</i>	
BRIVIACT INJ 50MG/5ML	59	<i>mcg/hr</i>	14
BRIVIACT SOL 10MG/ML.....	59	<i>buprenorphine td patch weekly 20</i>	
BRIVIACT TAB 100MG.....	59	<i>mcg/hr</i>	14
BRIVIACT TAB 10MG	59	<i>buprenorphine td patch weekly 5</i>	
BRIVIACT TAB 25MG	59	<i>mcg/hr</i>	14
BRIVIACT TAB 50MG	59	<i>buprenorphine td patch weekly 7.5</i>	
BRIVIACT TAB 75MG	59	<i>mcg/hr</i>	14

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	86	<i>calcitriol oral soln 1 mcg/ml</i>	138
<i>bupropion hcl tab 100 mg</i>	66	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	114
<i>bupropion hcl tab 75 mg</i>	66	<i>calcium acetate (phosphate binder) tab 667 mg</i>	114
<i>bupropion hcl tab er 12hr 100 mg</i>	66	CALQUENCE CAP 100MG.....	35
<i>bupropion hcl tab er 12hr 150 mg</i>	66	<i>camila tab 0.35mg</i>	102
<i>bupropion hcl tab er 12hr 200 mg</i>	66	CAMINO PRO LIQ 15PE.....	87
<i>bupropion hcl tab er 24hr 150 mg</i>	66	<i>candesartan cilexetil-</i>	
<i>bupropion hcl tab er 24hr 300 mg</i>	66	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>bupirone hcl tab 10 mg</i>	82	.....	44
<i>bupirone hcl tab 15 mg</i>	82	<i>candesartan cilexetil-</i>	
<i>bupirone hcl tab 30 mg</i>	82	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>bupirone hcl tab 5 mg</i>	82	.....	44
<i>bupirone hcl tab 7.5 mg</i>	82	<i>candesartan cilexetil-</i>	
<i>busulfan inj 6 mg/ml</i>	29	<i>hydrochlorothiazide tab 32-25 mg</i>	.44
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	<i>candesartan cilexetil tab 16 mg</i>	45
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	<i>candesartan cilexetil tab 32 mg</i>	45
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	<i>candesartan cilexetil tab 4 mg</i>	45
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	4	<i>candesartan cilexetil tab 8 mg</i>	45
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	<i>capecitabine tab 150 mg</i>	30
<i>butorphanol tartrate inj 1 mg/ml</i>	4	<i>capecitabine tab 500 mg</i>	30
<i>butorphanol tartrate inj 2 mg/ml</i>	4	CAPRELSA TAB 100MG.....	35
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	CAPRELSA TAB 300MG.....	35
BYSTOLIC TAB 10MG.....	50	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	41
BYSTOLIC TAB 2.5MG.....	50	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	41
BYSTOLIC TAB 20MG.....	50	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	41
BYSTOLIC TAB 5MG.....	50	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	41
C		<i>captopril tab 100 mg</i>	42
<i>cabergoline tab 0.5 mg</i>	112	<i>captopril tab 12.5 mg</i>	42
CABOMETYX TAB 20MG.....	34	<i>captopril tab 25 mg</i>	42
CABOMETYX TAB 40MG.....	34	<i>captopril tab 50 mg</i>	42
CABOMETYX TAB 60MG.....	34	CARBAGLU TAB 200MG.....	106
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> ..	155	<i>carbamazepine cap er 12hr 100 mg</i> ..	59
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	153	<i>carbamazepine cap er 12hr 200 mg</i> ..	59
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	112	<i>carbamazepine cap er 12hr 300 mg</i> ..	59
<i>calcitriol cap 0.25 mcg</i>	138	<i>carbamazepine chew tab 100 mg</i>	59
<i>calcitriol cap 0.5 mcg</i>	138	<i>carbamazepine susp 100 mg/5ml</i>	59
<i>calcitriol oint 3 mcg/gm</i>	153	<i>carbamazepine tab 200 mg</i>	59
		<i>carbamazepine tab er 12hr 100 mg</i> ..	60
		<i>carbamazepine tab er 12hr 200 mg</i> ..	60
		<i>carbamazepine tab er 12hr 400 mg</i> ..	60

<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>	71
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i>	71
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>	71
<i>carbidopa & levodopa tab 10-100 mg</i>	72
<i>carbidopa & levodopa tab 25-100 mg</i>	72
<i>carbidopa & levodopa tab 25-250 mg</i>	72
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	72
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	72
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	72
<i>carbidopa tab 25 mg</i>	72
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
.....	144
<i>carbinoxamine maleate tab 4 mg</i>	144
<i>carboplatin iv soln 150 mg/15ml</i>	39
<i>carboplatin iv soln 450 mg/45ml</i>	39
<i>carboplatin iv soln 50 mg/5ml</i>	39
<i>carboplatin iv soln 600 mg/60ml</i>	39
CARDIZEM LA TAB 120MG.....	52
CARDURA XL TAB 4MG.....	122
CARDURA XL TAB 8MG.....	122
CAREFINE MIS 32GX6MM	135
<i>carisoprodol tab 350 mg</i>	84
<i>carmustine for inj 100 mg</i>	29
<i>carteolol hcl ophth soln 1%</i>	142
<i>cartia xt cap 120/24hr</i>	52
<i>cartia xt cap 180/24hr</i>	52
<i>cartia xt cap 240/24hr</i>	52
<i>cartia xt cap 300/24hr</i>	52
<i>carvedilol phosphate cap er 24hr 10</i>	
<i>mg</i>	50
<i>carvedilol phosphate cap er 24hr 20</i>	
<i>mg</i>	50
<i>carvedilol phosphate cap er 24hr 40</i>	
<i>mg</i>	50
<i>carvedilol phosphate cap er 24hr 80</i>	
<i>mg</i>	50
<i>carvedilol tab 12.5 mg</i>	50
<i>carvedilol tab 25 mg</i>	50
<i>carvedilol tab 3.125 mg</i>	50
<i>carvedilol tab 6.25 mg</i>	50
CAYA DPR	134
CAYSTON INH 75MG.....	16
<i>caziant pak</i>	102
<i>cefaclor cap 250 mg</i>	23
<i>cefaclor cap 500 mg</i>	23
<i>cefaclor for susp 125 mg/5ml</i>	23
<i>cefaclor for susp 250 mg/5ml</i>	23
<i>cefaclor for susp 375 mg/5ml</i>	23
<i>cefadroxil cap 500 mg</i>	23
<i>cefadroxil for susp 250 mg/5ml</i>	23
<i>cefadroxil for susp 500 mg/5ml</i>	24
<i>cefadroxil tab 1 gm</i>	24
<i>cefazolin sodium for inj 1 gm</i>	24
<i>cefdinir cap 300 mg</i>	24
<i>cefdinir for susp 125 mg/5ml</i>	24
<i>cefdinir for susp 250 mg/5ml</i>	24
<i>cefditoren pivoxil tab 200 mg (base</i>	
<i>equivalent)</i>	24
<i>cefditoren pivoxil tab 400 mg (base</i>	
<i>equivalent)</i>	24
<i>cefepime hcl for inj 1 gm</i>	24
<i>cefepime hcl for inj 2 gm</i>	24
<i>cefixime cap 400 mg</i>	24
<i>cefixime for susp 100 mg/5ml</i>	24
<i>cefixime for susp 200 mg/5ml</i>	24
<i>cefpodoxime proxetil for susp 100</i>	
<i>mg/5ml</i>	24
<i>cefpodoxime proxetil for susp 50</i>	
<i>mg/5ml</i>	24
<i>cefpodoxime proxetil tab 100 mg</i>	24
<i>cefpodoxime proxetil tab 200 mg</i>	24
<i>cefprozil for susp 125 mg/5ml</i>	24
<i>cefprozil for susp 250 mg/5ml</i>	24
<i>cefprozil tab 250 mg</i>	24
<i>cefprozil tab 500 mg</i>	24
<i>ceftazidime for iv soln 2 gm</i>	24
<i>ceftriaxone sodium for inj 10 gm</i>	24

<i>ceftriaxone sodium for inj 1 gm</i>	24	<i>cholestyramine light powder 4 gm/dose</i>	47
<i>ceftriaxone sodium for inj 250 mg</i>	24	<i>cholestyramine light powder packets 4</i> <i>gm</i>	47
<i>ceftriaxone sodium for inj 2 gm</i>	24	<i>cholestyramine powder 4 gm/dose</i> ...	47
<i>ceftriaxone sodium for inj 500 mg</i>	24	<i>cholestyramine powder packets 4 gm</i>	47
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	24	<i>choline fenofibrate cap dr 135 mg</i> (<i>fenofibric acid equiv</i>)	47
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	24	<i>choline fenofibrate cap dr 45 mg</i> (<i>fenofibric acid equiv</i>)	47
<i>cefuroxime axetil tab 250 mg</i>	24	CHOR GONADOT INJ 10000UNT	110
<i>cefuroxime axetil tab 500 mg</i>	24	<i>ciclopirox gel 0.77%</i>	152
<i>celecoxib cap 100 mg</i>	1	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	152
<i>celecoxib cap 200 mg</i>	1	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	152
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox shampoo 1%</i>	152
CELONTIN CAP 300MG.....	60	<i>ciclopirox solution 8%</i>	153
<i>cephalexin cap 250 mg</i>	24	<i>cidofovir iv inj 75 mg/ml</i>	23
<i>cephalexin cap 500 mg</i>	24	<i>cilostazol tab 100 mg</i>	126
<i>cephalexin cap 750 mg</i>	24	<i>cilostazol tab 50 mg</i>	126
<i>cephalexin for susp 125 mg/5ml</i>	24	CIMDUO TAB 300-300	21
<i>cephalexin for susp 250 mg/5ml</i>	24	<i>cimetidine hcl soln 300 mg/5ml</i>	118
<i>cephalexin tab 250 mg</i>	24	<i>cimetidine tab 200 mg</i>	118
<i>cephalexin tab 500 mg</i>	25	<i>cimetidine tab 300 mg</i>	118
CERDELGA CAP 84MG	106	<i>cimetidine tab 400 mg</i>	118
<i>cevimeline hcl cap 30 mg</i>	158	<i>cimetidine tab 800 mg</i>	118
CHANTIX PAK 0.5& 1MG	86	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	102
CHANTIX PAK 1MG.....	86	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	102
CHANTIX TAB 0.5MG	86	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	102
CHANTIX TAB 1MG.....	86	CIPRO (10%) SUS 500MG/5	25
<i>chateal tab 0.15/30</i>	102	<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	158
CHEMET CAP 100MG.....	102	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	140
CHEMSTRIP 9 TES STRIPS	135	<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	158
<i>chlorhexidine gluconate soln 0.12%</i>	158	<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i>	25
<i>chloroquine phosphate tab 250 mg</i> ...19		<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i>	25
<i>chloroquine phosphate tab 500 mg</i> ...19		<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i>	25
<i>chlorothiazide tab 250 mg</i>	54		
<i>chlorothiazide tab 500 mg</i>	54		
CHLORPROMAZINE HCL INJ 25 MG/ML	74		
CHLORPROMAZINE HCL INJ 50 MG/2ML	74		
<i>chlorpromazine hcl tab 100 mg</i>	74		
<i>chlorpromazine hcl tab 10 mg</i>	74		
<i>chlorpromazine hcl tab 200 mg</i>	74		
<i>chlorpromazine hcl tab 25 mg</i>	74		
<i>chlorpromazine hcl tab 50 mg</i>	74		
<i>chlorthalidone tab 25 mg</i>	54		
<i>chlorthalidone tab 50 mg</i>	54		
<i>chlorzoxazone tab 500 mg</i>	84		
<i>cholecalciferol cap 1.25 mg (50000</i> <i>unit)</i>	138		

<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	25	<i>clindamycin phosphate inj 300 mg/2ml</i>	16
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	39	<i>clindamycin phosphate inj 600 mg/4ml</i>	16
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	39	<i>clindamycin phosphate inj 9 gm/60ml</i>	16
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	39	<i>clindamycin phosphate lotion 1%</i> ...	151
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	66	<i>clindamycin phosphate soln 1%</i>	151
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	66	<i>clindamycin phosphate swab 1%</i>	151
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	66	<i>clindamycin phosphate vaginal cream 2%</i>	123
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	66	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	151
CITRANATAL CAP HARMONY	138	<i>clobazam suspension 2.5 mg/ml</i>	60
CITRANATAL CAP MEDLEY	138	<i>clobazam tab 10 mg</i>	60
CITRANATAL MIS	138	<i>clobazam tab 20 mg</i>	60
CITRANATAL MIS 90 DHA	138	<i>clobetasol propionate cream 0.05%</i> 155	
CITRANATAL MIS B-CALM.....	138	<i>clobetasol propionate emollient base cream 0.05%</i>	155
CITRANATAL PAK ASSURE	138	<i>clobetasol propionate foam 0.05%</i> ..	155
CITRANATAL PAK DHA	138	<i>clobetasol propionate gel 0.05%</i>	155
CITRANATAL TAB BLOOM	138	<i>clobetasol propionate lotion 0.05%</i> .	155
CITRANATAL TAB RX.....	138	<i>clobetasol propionate oint 0.05%</i> ...	155
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	30	<i>clobetasol propionate shampoo 0.05%</i>	155
<i>clarithromycin for susp 125 mg/5ml</i> .	25	<i>clobetasol propionate soln 0.05%</i> ...	155
<i>clarithromycin for susp 250 mg/5ml</i> .	25	<i>clobetasol propionate spray 0.05%</i> .	155
<i>clarithromycin tab 250 mg</i>	25	<i>clocortolone pivalate cream 0.1%</i> ...	155
<i>clarithromycin tab 500 mg</i>	25	<i>clofarabine iv soln 1 mg/ml</i>	30
<i>clarithromycin tab er 24hr 500 mg</i> ...	25	<i>clomiphene citrate tab 50 mg</i>	110
<i>clemastine fumarate tab 2.68 mg</i> ...	144	<i>clomipramine hcl cap 25 mg</i>	82
CLENPIQ SOL.....	119	<i>clomipramine hcl cap 50 mg</i>	82
CLEOCIN SUP 100MG.....	123	<i>clomipramine hcl cap 75 mg</i>	82
CLIMARA PRO DIS WEEKLY.....	106	<i>clonazepam tab 0.5 mg</i>	60
<i>clindamycin hcl cap 150 mg</i>	16	<i>clonazepam tab 1 mg</i>	60
<i>clindamycin hcl cap 300 mg</i>	16	<i>clonazepam tab 2 mg</i>	60
<i>clindamycin hcl cap 75 mg</i>	16	<i>clonidine hcl tab 0.1 mg</i>	56
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	16	<i>clonidine hcl tab 0.2 mg</i>	56
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	151	<i>clonidine hcl tab 0.3 mg</i>	56
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	151	<i>clonidine td patch weekly 0.1 mg/24hr</i>	56
<i>clindamycin phosphate foam 1%</i> ...	151	<i>clonidine td patch weekly 0.2 mg/24hr</i>	56
<i>clindamycin phosphate gel 1%</i>	151	<i>clonidine td patch weekly 0.3 mg/24hr</i>	56
		<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	127

<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	127	<i>CORLANOR TAB 7.5MG</i>	56
<i>clorazepate dipotassium tab 15 mg</i> ..	60	<i>cortisone acetate tab 25 mg</i>	110
<i>clorazepate dipotassium tab 3.75 mg</i>	60	<i>CORTISPORIN SUS -TC OTIC</i>	158
<i>clorazepate dipotassium tab 7.5 mg</i> ..	60	<i>COSENTYX INJ 150MG/ML</i>	154
<i>clotrimazole cream 1%</i>	153	<i>COSENTYX INJ 300DOSE</i>	154
<i>clotrimazole soln 1%</i>	153	<i>COSENTYX INJ 75MG/0.5</i>	154
<i>clotrimazole troche 10 mg</i>	158	<i>COSENTYX PEN INJ 150MG/ML</i>	154
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	153	<i>COSENTYX PEN INJ 300DOSE</i>	154
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	153	<i>CREON CAP 12000UNT</i>	121
<i>clozapine orally disintegrating tab 100 mg</i>	74	<i>CREON CAP 24000UNT</i>	121
<i>clozapine orally disintegrating tab 12.5 mg</i>	74	<i>CREON CAP 3000UNIT</i>	121
<i>clozapine orally disintegrating tab 150 mg</i>	74	<i>CREON CAP 36000UNT</i>	121
<i>clozapine orally disintegrating tab 200 mg</i>	74	<i>CREON CAP 6000UNIT</i>	121
<i>clozapine orally disintegrating tab 25 mg</i>	74	<i>CRESEMBA CAP 186 MG</i>	18
<i>clozapine tab 100 mg</i>	74	<i>CRINONE GEL 4% VAG</i>	114
<i>clozapine tab 200 mg</i>	74	<i>CRINONE GEL 8% VAG</i>	114
<i>clozapine tab 25 mg</i>	74	<i>CRIXIVAN CAP 200MG</i>	19
<i>clozapine tab 50 mg</i>	74	<i>CRIXIVAN CAP 400MG</i>	19
<i>COARTEM TAB 20-120MG</i>	19	<i>cromolyn sodium ophth soln 4%</i>	141
<i>codeine sulfate tab 30 mg</i>	4	<i>cromolyn sodium oral conc 100 mg/5ml</i>	120
<i>CODEINE SULF TAB 60MG</i>	4	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	148
<i>colchicine tab 0.6 mg</i>	1	<i>crotan lot 10%</i>	158
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>CRUCIAL LIQ UNFLAVOR</i>	88
<i>colestipol hcl granule packets 5 gm</i> ..	47	<i>cryselle-28 tab 28 tabs</i>	102
<i>colestipol hcl granules 5 gm</i>	47	<i>CUVPOSA SOL 1MG/5ML</i>	116
<i>colestipol hcl tab 1 gm</i>	47	<i>cyanocobalamin inj 1000 mcg/ml</i> ...	138
<i>COMBIGAN SOL 0.2/0.5%</i>	142	<i>cyclafem tab 1/35</i>	102
<i>COMETRIQ KIT 100MG</i>	35	<i>cyclafem tab 7/7/7</i>	102
<i>COMETRIQ KIT 140MG</i>	35	<i>CYCLINEX-1 POW</i>	88
<i>COMETRIQ KIT 60MG</i>	35	<i>CYCLINEX-2 POW</i>	88
<i>COMPLEAT LIQ CLS SYS</i>	87	<i>cyclobenzaprine hcl tab 10 mg</i>	85
<i>COMPLEAT PED LIQ ORG BLND</i>	87	<i>cyclobenzaprine hcl tab 5 mg</i>	85
<i>compro sup 25mg</i>	117	<i>cyclophosphamide cap 25 mg</i>	29
<i>CONDYLOX GEL 0.5%</i>	157	<i>cyclophosphamide cap 50 mg</i>	29
<i>COPAXONE INJ 20MG/ML</i>	83	<i>cyclophosphamide for inj 1 gm</i>	29
<i>COPAXONE INJ 40MG/ML</i>	83	<i>cyclophosphamide for inj 2 gm</i>	29
<i>CORLANOR SOL 5MG/5ML</i>	56	<i>cyclophosphamide for inj 500 mg</i>	29
<i>CORLANOR TAB 5MG</i>	56	<i>cycloserine cap 250 mg</i>	22
		<i>CYCLOSET TAB 0.8MG</i>	98
		<i>cyclosporine cap 100 mg</i>	132
		<i>cyclosporine cap 25 mg</i>	132
		<i>cyclosporine iv soln 50 mg/ml</i>	132
		<i>cyclosporine modified cap 100 mg</i> ..	132
		<i>cyclosporine modified cap 25 mg</i>	132
		<i>cyclosporine modified cap 50 mg</i>	132

<i>cyclosporine modified oral soln 100 mg/ml</i>	132	<i>desipramine hcl tab 150 mg</i>	66
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	144	<i>desipramine hcl tab 25 mg</i>	66
<i>cyproheptadine hcl tab 4 mg</i>	144	<i>desipramine hcl tab 50 mg</i>	66
CYSTADANE POW	106	<i>desipramine hcl tab 75 mg</i>	66
CYSTAGON CAP 150MG	106	<i>desloratadine tab 5 mg</i>	144
CYSTAGON CAP 50MG.....	106	<i>desloratadine tab orally disintegrating 2.5 mg</i>	144
CYSTARAN SOL 0.44%.....	143	<i>desloratadine tab orally disintegrating 5 mg</i>	144
<i>cytarabine inj 20 mg/ml</i>	30	<i>desmopressin acetate inj 4 mcg/ml</i>	115
<i>cytarabine inj pf 100 mg/ml</i>	30	<i>desmopressin acetate nasal spray soln 0.01%</i>	115
<i>cytarabine inj pf 20 mg/ml</i>	30	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	116
D		<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	116
<i>dacarbazine for inj 100 mg</i>	29	<i>desmopressin acetate tab 0.1 mg</i> ...116	
<i>dacarbazine for inj 200 mg</i>	29	<i>desmopressin acetate tab 0.2 mg</i> ...116	
<i>dalfampridine tab er 12hr 10 mg</i>	83	<i>desonide cream 0.05%</i>	155
DALIRESP TAB 250MCG	148	<i>desonide lotion 0.05%</i>	155
DALIRESP TAB 500MCG	148	<i>desonide oint 0.05%</i>	155
<i>danazol cap 100 mg</i>	105	<i>desoximetasone cream 0.05%</i>	155
<i>danazol cap 200 mg</i>	105	<i>desoximetasone cream 0.25%</i>	155
<i>danazol cap 50 mg</i>	105	<i>desoximetasone gel 0.05%</i>	155
<i>dantrolene sodium cap 100 mg</i>	85	<i>desoximetasone oint 0.25%</i>	155
<i>dantrolene sodium cap 25 mg</i>	85	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	67
<i>dantrolene sodium cap 50 mg</i>	85	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	67
<i>dapsone tab 100 mg</i>	16	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	67
<i>dapsone tab 25 mg</i>	16	DEXAMETHASON CON 1MG/ML.....	110
DAPTACEL INJ.....	133	<i>dexamethasone elixir 0.5 mg/5ml</i> ...110	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	123	<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	110
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	123	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	110
<i>dasetta tab 1/35</i>	102	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	110
<i>dasetta tab 7/7/7</i>	103	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	110
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	29	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	110
<i>decitabine for inj 50 mg</i>	30	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	141
<i>deferiprone tab 500 mg</i>	102	<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	110
<i>delyla tab 0.1-0.02</i>	103		
<i>demeclocycline hcl tab 150 mg</i>	28		
<i>demeclocycline hcl tab 300 mg</i>	28		
DENAVIR CRE 1%	157		
DEPO-ESTRADI INJ 5MG/ML	106		
DEPO-MEDROL INJ 20MG/ML	110		
DEPO-PROVERA INJ 400/ML	33		
DEPO-SQ PROV INJ 104	103		
DESCOVY TAB 200/25MG	21		
<i>desipramine hcl tab 100 mg</i>	66		
<i>desipramine hcl tab 10 mg</i>	66		

<i>dexamethasone soln 0.5 mg/5ml</i>	110	<i>dextroamphetamine sulfate tab 10 mg</i>	78
<i>dexamethasone tab 0.5 mg</i>	110	.....	78
<i>dexamethasone tab 0.75 mg</i>	110	<i>dextroamphetamine sulfate tab 5 mg</i>	78
<i>dexamethasone tab 1.5 mg</i>	111	DIABETIC TF LIQ.....	88
<i>dexamethasone tab 1 mg</i>	110	DIABETISOURC LIQ.....	88
<i>dexamethasone tab 2 mg</i>	111	DIASCREEN 10 MIS	135
<i>dexamethasone tab 4 mg</i>	111	DIASTIX TES STRIPS	135
<i>dexamethasone tab 6 mg</i>	111	<i>diazepam con 5mg/ml</i>	60
DEXCOM G5 MIS RECEIVER	135	<i>diazepam inj 5 mg/ml</i>	60
DEXCOM G5 MIS TRANSMIT.....	135	<i>diazepam oral soln 1 mg/ml</i>	60
DEXCOM G6 MIS RECEIVER	135	<i>diazepam tab 10 mg</i>	60
DEXCOM G6 MIS SENSOR	135	<i>diazepam tab 2 mg</i>	60
DEXCOM G6 MIS TRANSMIT.....	135	<i>diazepam tab 5 mg</i>	60
DEXILANT CAP 30MG DR.....	121	<i>diclofenac potassium tab 50 mg</i>	1
DEXILANT CAP 60MG DR.....	121	<i>diclofenac sodium gel 1%</i>	157
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac sodium ophth soln 0.1%</i> .141	
10 mg.....	77	<i>diclofenac sodium tab delayed release</i>	
<i>dexmethylphenidate hcl cap er 24 hr</i>		25 mg	1
15 mg.....	77	<i>diclofenac sodium tab delayed release</i>	
<i>dexmethylphenidate hcl cap er 24 hr</i>		50 mg	1
20 mg.....	77	<i>diclofenac sodium tab delayed release</i>	
<i>dexmethylphenidate hcl cap er 24 hr</i>		75 mg	1
25 mg.....	78	<i>diclofenac sodium tab er 24hr 100 mg</i> 1	
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac w/ misoprostol tab delayed</i>	
30 mg.....	78	release 50-0.2 mg.....	1
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac w/ misoprostol tab delayed</i>	
35 mg.....	78	release 75-0.2 mg.....	1
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>dicloxacillin sodium cap 250 mg</i>	27
40 mg.....	78	<i>dicloxacillin sodium cap 500 mg</i>	27
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>dicyclomine hcl cap 10 mg</i>	116
5 mg	77	<i>dicyclomine hcl inj 10 mg/ml</i>	116
<i>dexmethylphenidate hcl tab 10 mg</i> ...78		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..78		.....	116
<i>dexmethylphenidate hcl tab 5 mg</i>....78		<i>dicyclomine hcl tab 20 mg</i>	116
<i>dexrazoxane hcl for inj 250 mg (base</i>		<i>didanosine delayed release capsule 200</i>	
<i>equivalent)</i>	39	mg	19
<i>dexrazoxane hcl for inj 500 mg (base</i>		<i>didanosine delayed release capsule 250</i>	
<i>equivalent)</i>	39	mg	19
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>didanosine delayed release capsule 400</i>	
10 mg.....	78	mg	19
<i>dextroamphetamine sulfate cap er 24hr</i>		DIFICID SUS	25
15 mg.....	78	DIFICID TAB 200MG.....	25
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>diflorasone diacetate cream 0.05%</i> .155	
5 mg	78	<i>diflorasone diacetate oint 0.05%</i> ....156	
<i>dextroamphetamine sulfate oral</i>		<i>diflunisal tab 500 mg</i>	15
<i>solution 5 mg/5ml</i>	78	<i>difluprednate ophth emulsion 0.05%</i>	
		.....	141

<i>digoxin oral soln 0.05 mg/ml</i>	54	<i>dimethyl fumarate capsule delayed</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	54	<i>release 240 mg</i>	84
<i>digoxin tab 250 mcg (0.25 mg)</i>	54	<i>dimethyl fumarate capsule dr starter</i>	
<i>digox tab 0.125mg</i>	54	<i>pack 120 mg & 240 mg</i>	84
<i>digox tab 0.25mg</i>	54	DIP/TET PED INJ 25-5LFU.....	133
<i>dihydroergotamine mesylate inj 1</i>		DIPENTUM CAP 250MG.....	119
<i>mg/ml</i>	81	<i>diphenhydramine hcl elixir 12.5</i>	
DILANTIN CAP 30MG	60	<i>mg/5ml</i>	144
DILATRATE SR CAP 40MG	56	<i>diphenhydramine hcl inj 50 mg/ml</i> ..	145
<i>diltiazem hcl cap er 12hr 120 mg</i>	52	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	52	<i>mg/5ml</i>	120
<i>diltiazem hcl cap er 12hr 90 mg</i>	52	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>0.025 mg</i>	120
<i>120 mg</i>	52	<i>dipyridamole tab 25 mg</i>	127
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>dipyridamole tab 50 mg</i>	127
<i>180 mg</i>	52	<i>dipyridamole tab 75 mg</i>	127
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>disopyramide phosphate cap 100 mg</i>	46
<i>240 mg</i>	52	<i>disopyramide phosphate cap 150 mg</i>	46
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>disulfiram tab 250 mg</i>	86
<i>300 mg</i>	52	<i>disulfiram tab 500 mg</i>	86
<i>diltiazem hcl coated beads cap er 24hr</i>		DIURIL SUS 250/5ML	54
<i>360 mg</i>	52	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl extended release beads</i>		<i>sprinkle 125 mg</i>	60
<i>cap er 24hr 120 mg</i>	52	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads</i>		<i>125 mg</i>	60
<i>cap er 24hr 180 mg</i>	52	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads</i>		<i>250 mg</i>	60
<i>cap er 24hr 240 mg</i>	52	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads</i>		<i>500 mg</i>	60
<i>cap er 24hr 300 mg</i>	52	<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>diltiazem hcl extended release beads</i>		.....	60
<i>cap er 24hr 360 mg</i>	52	<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>diltiazem hcl extended release beads</i>		.....	60
<i>cap er 24hr 420 mg</i>	52	DIVIGEL GEL 0.25MG.....	106
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		DIVIGEL GEL 0.5MG	106
<i>mg/ml)</i>	52	DIVIGEL GEL 0.75MG.....	106
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		DIVIGEL GEL 1.25MG.....	107
<i>mg/ml)</i>	52	DIVIGEL GEL 1MG/GM	107
<i>diltiazem hcl tab 120 mg</i>	53	<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>diltiazem hcl tab 30 mg</i>	52	<i>mg/ml)</i>	31
<i>diltiazem hcl tab 60 mg</i>	52	<i>docetaxel for inj conc 20 mg/ml</i>	31
<i>diltiazem hcl tab 90 mg</i>	53	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>dilt-xr cap 120mg</i>	52	<i>mg/ml)</i>	31
<i>dilt-xr cap 180mg</i>	52	<i>docetaxel soln for iv infusion 160</i>	
<i>dilt-xr cap 240mg</i>	52	<i>mg/16ml</i>	31
<i>dimethyl fumarate capsule delayed</i>		<i>docetaxel soln for iv infusion 20</i>	
<i>release 120 mg</i>	83	<i>mg/2ml</i>	31

<i>docetaxel soln for iv infusion 80 mg/8ml</i>	31	<i>doxycycline hyclate tab delayed release 75 mg</i>	28
<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	46	<i>doxycycline monohydrate cap 100 mg</i>	28
<i>dofetilide cap 250 mcg (0.25 mg)</i>	46	<i>doxycycline monohydrate cap 50 mg</i> 28	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	46	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	28
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	64	<i>doxycycline monohydrate tab 150 mg</i>	28
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	63	<i>doxycycline monohydrate tab 50 mg</i> .28	
<i>donepezil hydrochloride tab 10 mg</i> ...	64	<i>doxycycline monohydrate tab 75 mg</i> .28	
<i>donepezil hydrochloride tab 23 mg</i> ...	64	<i>dronabinol cap 10 mg</i>	117
<i>donepezil hydrochloride tab 5 mg</i>	64	<i>dronabinol cap 2.5 mg</i>	117
<i>dorzolamide hcl ophth soln 2%</i>	142	<i>dronabinol cap 5 mg</i>	117
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	142	<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i>	103
DOVATO TAB 50-300MG	21	<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	103
<i>doxazosin mesylate tab 1 mg</i>	43	<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	103
<i>doxazosin mesylate tab 2 mg</i>	43	DROXIA CAP 200MG	38
<i>doxazosin mesylate tab 4 mg</i>	43	DROXIA CAP 300MG	38
<i>doxazosin mesylate tab 8 mg</i>	43	DROXIA CAP 400MG	38
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	80	DUAVEE TAB 0.45-20.....	107
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	80	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	67
<i>doxepin hcl cap 100 mg</i>	67	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	67
<i>doxepin hcl cap 10 mg</i>	67	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	67
<i>doxepin hcl cap 150 mg</i>	67	DUREZOL EMU 0.05%.....	141
<i>doxepin hcl cap 25 mg</i>	67	<i>dutasteride cap 0.5 mg</i>	122
<i>doxepin hcl cap 50 mg</i>	67	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	122
<i>doxepin hcl cap 75 mg</i>	67	E	
<i>doxepin hcl conc 10 mg/ml</i>	67	EAA SUPPLEME POW TROPICAL.....	88
<i>doxepin hcl cream 5%</i>	153	<i>econazole nitrate cream 1%</i>	153
<i>doxercalciferol cap 0.5 mcg</i>	139	EDARBI TAB 40MG	45
<i>doxercalciferol cap 1 mcg</i>	139	EDARBI TAB 80MG	45
<i>doxercalciferol cap 2.5 mcg</i>	139	<i>ed-spaz tab 0.125mg</i>	116
<i>doxorubicin hcl inj 2 mg/ml</i>	29	EDURANT TAB 25MG	19
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	29	<i>efavirenz cap 200 mg</i>	19
<i>doxy 100 inj 100mg</i>	28	<i>efavirenz cap 50 mg</i>	19
<i>doxycycline hyclate cap 100 mg</i>	28	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	21
<i>doxycycline hyclate cap 50 mg</i>	28		
<i>doxycycline hyclate for inj 100 mg</i> ...	28		
<i>doxycycline hyclate tab 100 mg</i>	28		
<i>doxycycline hyclate tab 20 mg</i>	28		
<i>doxycycline hyclate tab delayed release 150 mg</i>	28		

<i>efavirenz-lamivudine-tenofovir df tab</i> 400-300-300 mg.....	21	<i>enalapril maleate tab 10 mg</i>	42
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg.....	21	<i>enalapril maleate tab 2.5 mg</i>	42
<i>efavirenz tab 600 mg</i>	19	<i>enalapril maleate tab 20 mg</i>	42
<i>effer-k tab 25meq ef</i>	136	<i>enalapril maleate tab 5 mg</i>	42
ELECARE DHA/ POW ARA INFA.....	88	ENBREL INJ 25/0.5ML.....	128
ELECARE POW DHA/ARA	88	ENBREL INJ 25MG	128
ELESTRIN GEL 0.06%	107	ENBREL INJ 50MG/ML	128
<i>eletriptan hydrobromide tab 20 mg</i> (base equivalent)	81	ENBREL MINI INJ 50MG/ML	128
<i>eletriptan hydrobromide tab 40 mg</i> (base equivalent)	81	ENBREL SRCLK INJ 50MG/ML	128
ELIGARD INJ 22.5MG.....	33	ENCARE SUP 100MG.....	122
ELIGARD INJ 30MG	33	<i>endocet tab 10-325mg</i>	4
ELIGARD INJ 45MG	33	<i>endocet tab 2.5-325</i>	4
ELIGARD INJ 7.5MG	33	<i>endocet tab 5-325mg</i>	4
<i>elinest tab</i>	103	<i>endocet tab 7.5-325</i>	4
ELIQUIS ST P TAB 5MG	124	ENGERIX-B INJ 10/0.5ML	133
ELIQUIS TAB 2.5MG	124	ENGERIX-B INJ 20MCG/ML	133
ELIQUIS TAB 5MG	124	<i>enoxaparin sodium inj 100 mg/ml</i> ..	124
<i>elite-ob tab</i>	139	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	124
ELIXOPHYLLIN ELX 80/15ML	150	<i>enoxaparin sodium inj 150 mg/ml</i> ..	124
ELLA TAB 30MG	103	<i>enoxaparin sodium inj 300 mg/3ml</i> ..	124
ELMIRON CAP 100MG	123	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	124
EMCYT CAP 140MG.....	29	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	124
EMGALITY INJ 100MG/ML.....	81	<i>enoxaparin sodium subcutaneous soln</i> 60 mg/0.6ml.....	124
EMGALITY INJ 120MG/ML.....	81	<i>enoxaparin sodium subcutaneous soln</i> 80 mg/0.8ml.....	124
<i>emoquette tab</i>	103	<i>enpresse-28 tab</i>	103
EMSAM DIS 12MG/24H	67	<i>enskyce tab</i>	103
EMSAM DIS 6MG/24HR.....	67	ENSURE PLANT LIQ CHOCOLAT	88
EMSAM DIS 9MG/24HR.....	67	<i>entacapone tab 200 mg</i>	72
<i>emtricitabine caps 200 mg</i>	19	<i>entecavir tab 0.5 mg</i>	23
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	21	<i>entecavir tab 1 mg</i>	23
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	21	ENTRESTO TAB 24-26MG	56
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	21	ENTRESTO TAB 49-51MG	56
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	22	ENTRESTO TAB 97-103MG	56
EMTRIVA SOL 10MG/ML.....	19	<i>enulose sol 10gm/15</i>	119
EMVERM CHW 100MG.....	16	EO28 SPLASH LIQ ORANGE	88
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	41	EPCLUSA TAB 200-50MG.....	26
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	41	EPCLUSA TAB 400-100	26
		EPIDIOLEX SOL 100MG/ML.....	60
		EPIDUO FORTE GEL 0.3-2.5%	151
		<i>epinastine hcl ophth soln 0.05%</i>	141
		<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	143
		<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	143

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	143	<i>erythromycin tab 500 mg</i>	25
EPIPEN 2-PAK INJ 0.3MG.....	143	<i>erythromycin w/ delayed release particles cap 250 mg</i>	25
EPIPEN-JR INJ 0.15MG.....	143	ESBRIET CAP 267MG	148
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	30	ESBRIET TAB 267MG	148
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	29	ESBRIET TAB 801MG	148
<i>epitol tab 200mg</i>	60	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	67
EPIVIR HBV SOL 5MG/ML	23	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	68
<i>eplerenone tab 25 mg</i>	42	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	68
<i>eplerenone tab 50 mg</i>	42	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	68
<i>eprosartan mesylate tab 600 mg</i>	45	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	121
ERBITUX INJ 100MG.....	32	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	121
ERBITUX INJ 200MG.....	32	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	121
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	139	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	107
<i>ergoloid mesylates tab 1 mg</i>	64	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	107
<i>ergotamine w/ caffeine tab 1-100 mg</i>	81	<i>estradiol tab 0.5 mg</i>	107
ERIVEDGE CAP 150MG.....	32	<i>estradiol tab 1 mg</i>	107
ERLEADA TAB 60MG	33	<i>estradiol tab 2 mg</i>	107
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	35	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	107
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	35	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	108
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	35	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	107
<i>errin tab 0.35mg</i>	103	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	108
ERTACZO CRE 2%	153	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	107
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	16	<i>estradiol td patch weekly 0.025 mg/24hr</i>	108
<i>ery pad 2%</i>	151	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	108
<i>ery-tab tab 250mg ec</i>	25	<i>estradiol td patch weekly 0.05 mg/24hr</i>	108
<i>ery-tab tab 333mg ec</i>	25	<i>estradiol td patch weekly 0.06 mg/24hr</i>	108
<i>ery-tab tab 500mg ec</i>	25	<i>estradiol td patch weekly 0.075 mg/24hr</i>	108
<i>erythrocin tab 250mg</i>	25	<i>estradiol td patch weekly 0.1 mg/24hr</i>	107
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	25	<i>estradiol td patch weekly 0.025 mg/24hr</i>	108
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	25	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	108
<i>erythromycin ethylsuccinate tab 400 mg</i>	25	<i>estradiol td patch weekly 0.05 mg/24hr</i>	108
<i>erythromycin gel 2%</i>	151	<i>estradiol td patch weekly 0.06 mg/24hr</i>	108
<i>erythromycin ophth oint 5 mg/gm</i> ..	140	<i>estradiol td patch weekly 0.075 mg/24hr</i>	108
<i>erythromycin soln 2%</i>	151		
<i>erythromycin tab 250 mg</i>	25		

<i>estradiol td patch weekly 0.1 mg/24hr</i>		<i>ezetimibe-simvastatin tab 10-80 mg</i>	47
.....	108	<i>ezetimibe tab 10 mg</i>	47
<i>estradiol vaginal cream 0.1 mg/gm</i>	108	F	
<i>estradiol valerate im in oil 20 mg/ml</i>		<i>F.A.A. LIQ</i>	88
.....	108	<i>falmina tab</i>	103
<i>estradiol valerate im in oil 40 mg/ml</i>		<i>famciclovir tab 125 mg</i>	23
.....	108	<i>famciclovir tab 250 mg</i>	23
ESTROGEL GEL	108	<i>famciclovir tab 500 mg</i>	23
<i>eszopiclone tab 1 mg</i>	80	<i>famotidine for susp 40 mg/5ml</i>	118
<i>eszopiclone tab 2 mg</i>	80	<i>famotidine inj 20 mg/2ml</i>	118
<i>eszopiclone tab 3 mg</i>	80	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ethacrynic acid tab 25 mg</i>	54	<i>mg/50ml</i>	118
<i>ethambutol hcl tab 100 mg</i>	22	<i>famotidine tab 20 mg</i>	118
<i>ethambutol hcl tab 400 mg</i>	22	<i>famotidine tab 40 mg</i>	118
<i>ethosuximide cap 250 mg</i>	60	FARXIGA TAB 10MG	101
<i>ethosuximide soln 250 mg/5ml</i>	60	FARXIGA TAB 5MG	101
<i>ethynodiol diacetate & ethinyl estradiol</i>		FARYDAK CAP 10MG	32
<i>tab 1 mg-50 mcg</i>	103	FARYDAK CAP 15MG	32
<i>etodolac cap 200 mg</i>	1	FARYDAK CAP 20MG	32
<i>etodolac cap 300 mg</i>	2	<i>fayosim tab</i>	103
<i>etodolac tab 400 mg</i>	2	FC2 FEMALE MIS CONDOM	134
<i>etodolac tab 500 mg</i>	2	<i>febuxostat tab 40 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	2	<i>febuxostat tab 80 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	2	<i>felbamate susp 600 mg/5ml</i>	60
<i>etodolac tab er 24hr 600 mg</i>	2	<i>felbamate tab 400 mg</i>	60
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>felbamate tab 600 mg</i>	60
<i>0.120-0.015 mg/24hr</i>	103	<i>felodipine tab er 24hr 10 mg</i>	53
<i>etoposide cap 50 mg</i>	40	<i>felodipine tab er 24hr 2.5 mg</i>	53
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	40	<i>felodipine tab er 24hr 5 mg</i>	53
.....	40	FEMCAP MIS 22MM	134
<i>etravirine tab 100 mg</i>	19	FEMCAP MIS 26MM	135
<i>etravirine tab 200 mg</i>	19	FEMCAP MIS 30MM	135
EUCRISA OIN 2%	157	<i>fenofibrate cap 150 mg</i>	47
EURAX CRE 10%	158	<i>fenofibrate micronized cap 134 mg</i>	47
EVAMIST SPR 1.53MG	109	<i>fenofibrate micronized cap 200 mg</i>	47
<i>everolimus tab 0.25 mg</i>	132	<i>fenofibrate micronized cap 43 mg</i>	47
<i>everolimus tab 0.5 mg</i>	132	<i>fenofibrate micronized cap 67 mg</i>	47
<i>everolimus tab 0.75 mg</i>	132	<i>fenofibrate tab 145 mg</i>	47
<i>everolimus tab 2.5 mg</i>	35	<i>fenofibrate tab 160 mg</i>	47
<i>everolimus tab 5 mg</i>	35	<i>fenofibrate tab 48 mg</i>	47
<i>everolimus tab 7.5 mg</i>	35	<i>fenofibrate tab 54 mg</i>	47
EVOTAZ TAB 300-150	22	<i>fenoprofen calcium tab 600 mg</i>	2
EVRYSDI SOL	82	<i>fantanyl citrate lozenge on a handle</i>	
<i>exemestane tab 25 mg</i>	33	<i>1200 mcg</i>	5
<i>ezetimibe-simvastatin tab 10-10 mg</i>	47	<i>fantanyl citrate lozenge on a handle</i>	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	47	<i>1600 mcg</i>	5
<i>ezetimibe-simvastatin tab 10-40 mg</i>	47		

<i>fentanyl citrate lozenge on a handle</i>		FLULAVAL QUA INJ 2021-22	133
200 mcg	4	FLUMIST QUAD SUS 2021-22.....	133
<i>fentanyl citrate lozenge on a handle</i>		<i>flunisolide nasal soln 25 mcg/act</i>	
400 mcg	4	(0.025%)	149
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetamide (otic) oil 0.01%</i>	
600 mcg	4	.....	158
<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetamide cream 0.01%</i>	
800 mcg	5	.....	156
<i>fentanyl td patch 72hr 100 mcg/hr.....</i>	5	<i>fluocinolone acetamide cream 0.025%</i>	
<i>fentanyl td patch 72hr 12 mcg/hr.....</i>	5	.....	156
<i>fentanyl td patch 72hr 25 mcg/hr.....</i>	5	<i>fluocinolone acetamide oil 0.01% (body</i>	
<i>fentanyl td patch 72hr 50 mcg/hr.....</i>	5	<i>oil)</i>	156
<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	5	<i>fluocinolone acetamide oil 0.01% (scalp</i>	
FERPRX 2-DAY TAB 1000MG	102	<i>oil)</i>	156
FERRIPROX SOL 100MG/ML	102	<i>fluocinolone acetamide oint 0.025%</i>	156
FERRIPROX TAB 1000MG.....	102	<i>fluocinolone acetamide soln 0.01% ..</i>	156
FETZIMA CAP 120MG.....	68	<i>fluocinonide cream 0.05%</i>	156
FETZIMA CAP 20MG.....	68	<i>fluocinonide gel 0.05%.....</i>	156
FETZIMA CAP 40MG.....	68	<i>fluocinonide oint 0.05%</i>	156
FETZIMA CAP 80MG.....	68	<i>fluocinonide soln 0.05%</i>	156
FETZIMA CAP TITRATIO	68	FLUORABON DRO	136
FIASP FLEX INJ TOUCH	99	<i>fluoritab chw 0.25mg f.....</i>	136
FIASP INJ 100/ML	99	<i>fluoritab chw 0.5mg f.....</i>	136
FIASP PENFIL INJ U-100	99	<i>fluoritab chw 2.2mg.....</i>	136
FIBERSOURCE LIQ CLS SYS.....	88	<i>fluoritab dro 0.125mg</i>	137
FIBERSOUR HN LIQ CLS SYS	88	<i>fluorouracil cream 5%.....</i>	152
FINACEA AER 15%	157	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
<i>finasteride tab 5 mg</i>	122	<i>mg/ml)</i>	30
<i>flavoxate hcl tab 100 mg.....</i>	123	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
<i>flecainide acetate tab 100 mg.....</i>	46	<i>mg/ml)</i>	30
<i>flecainide acetate tab 150 mg.....</i>	46	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
<i>flecainide acetate tab 50 mg.....</i>	46	<i>mg/ml)</i>	30
FLEXICHAMBER MIS MASK SM	136	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
<i>floxuridine for inj 0.5 gm.....</i>	30	<i>mg/ml)</i>	30
FLUAD QUADRI INJ 2021-22	133	<i>fluorouracil soln 2%.....</i>	152
FLUARIX QUAD INJ 2021-22	133	<i>fluorouracil soln 5%.....</i>	152
FLUBLOK QUAD INJ 2021-22	133	<i>fluoxetine hcl cap 10 mg</i>	68
FLUCLVX QUAD INJ 2021-22.....	133	<i>fluoxetine hcl cap 20 mg</i>	68
<i>fluconazole for susp 10 mg/ml</i>	18	<i>fluoxetine hcl cap 40 mg</i>	68
<i>fluconazole for susp 40 mg/ml</i>	18	<i>fluoxetine hcl cap delayed release 90</i>	
<i>fluconazole tab 100 mg.....</i>	18	<i>mg</i>	68
<i>fluconazole tab 150 mg.....</i>	18	<i>fluoxetine hcl solution 20 mg/5ml.....</i>	68
<i>fluconazole tab 200 mg.....</i>	18	<i>fluoxetine hcl tab 10 mg</i>	68
<i>fluconazole tab 50 mg</i>	18	<i>fluoxetine hcl tab 20 mg</i>	68
<i>fludarabine phosphate for inj 50 mg .30</i>		<i>fluphenazine decanoate inj 25 mg/ml</i>	74
<i>fludarabine phosphate inj 25 mg/ml .30</i>		<i>fluphenazine hcl elixir 2.5 mg/5ml....</i>	74
<i>fludrocortisone acetate tab 0.1 mg .111</i>		<i>fluphenazine hcl inj 2.5 mg/ml.....</i>	74

<i>fluphenazine hcl oral conc 5 mg/ml</i> ...	74	<i>formoterol fumarate soln nebu 20</i>	
<i>fluphenazine hcl tab 10 mg</i>	74	<i>mcg/2ml</i>	146
<i>fluphenazine hcl tab 1 mg</i>	74	FOSAMAX + D TAB 70-2800	101
<i>fluphenazine hcl tab 2.5 mg</i>	74	FOSAMAX + D TAB 70-5600	101
<i>fluphenazine hcl tab 5 mg</i>	74	<i>fosamprenavir calcium tab 700 mg</i>	
<i>flura-drops dro 0.25mg f</i>	137	<i>(base equiv)</i>	19
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosfomycin tromethamine powd pack 3</i>	
.....	141	<i>gm (base equivalent)</i>	15
<i>flurbiprofen tab 100 mg</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flurbiprofen tab 50 mg</i>	2	<i>tab 10-12.5 mg</i>	41
<i>flutamide cap 125 mg</i>	33	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone propionate cream 0.05%</i>		<i>tab 20-12.5 mg</i>	41
.....	156	<i>fosinopril sodium tab 10 mg</i>	42
<i>fluticasone propionate lotion 0.05%</i>	156	<i>fosinopril sodium tab 20 mg</i>	42
<i>fluticasone propionate nasal susp 50</i>		<i>fosinopril sodium tab 40 mg</i>	42
<i>mcg/act</i>	149	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>fluticasone propionate oint 0.005%</i>	156	<i>(phenytoin equiv)</i>	61
<i>fluvastatin sodium cap 20 mg (base</i>		<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>equivalent)</i>	48	<i>(phenytoin equiv)</i>	61
<i>fluvastatin sodium cap 40 mg (base</i>		FOSRENOL POW 1000MG	114
<i>equivalent)</i>	48	FOSRENOL POW 750MG	114
<i>fluvastatin sodium tab er 24 hr 80 mg</i>		FRAGMIN INJ 10000/ML	124
<i>(base equivalent)</i>	48	FRAGMIN INJ 12500UNT	124
<i>fluvoxamine maleate cap er 24hr 100</i>		FRAGMIN INJ 15000UNT	124
<i>mg</i>	82	FRAGMIN INJ 18000UNT	124
<i>fluvoxamine maleate cap er 24hr 150</i>		FRAGMIN INJ 2500/0.2	124
<i>mg</i>	82	FRAGMIN INJ 5000/0.2	124
<i>fluvoxamine maleate tab 100 mg</i>	82	FRAGMIN INJ 7500/0.3	124
<i>fluvoxamine maleate tab 25 mg</i>	82	FRAGMIN INJ 95000UNT	124
<i>fluvoxamine maleate tab 50 mg</i>	82	<i>frovatriptan succinate tab 2.5 mg (base</i>	
FLUZONE HD INJ 2021-22	133	<i>equivalent)</i>	81
FLUZONE QUAD INJ 2021-22	133	<i>fulvestrant inj 250 mg/5ml</i>	33
FML FORTE SUS 0.25% OP	141	<i>furosemide inj 10 mg/ml</i>	55
FML OIN 0.1% OP	141	<i>furosemide oral soln 10 mg/ml</i>	55
<i>folic acid cap 0.8 mg</i>	139	<i>furosemide oral soln 8 mg/ml</i>	55
<i>folic acid tab 1 mg</i>	139	<i>furosemide tab 20 mg</i>	55
<i>folic acid tab 400 mcg</i>	139	<i>furosemide tab 40 mg</i>	55
<i>folic acid tab 800 mcg</i>	139	<i>furosemide tab 80 mg</i>	55
<i>fondaparinux sodium subcutaneous inj</i>		FUZEON INJ 90MG	19
<i>10 mg/0.8ml</i>	124	FYCOMPA SUS 0.5MG/ML	61
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 10MG	61
<i>2.5 mg/0.5ml</i>	124	FYCOMPA TAB 12MG	61
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 2MG	61
<i>5 mg/0.4ml</i>	124	FYCOMPA TAB 4MG	61
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 6MG	61
<i>7.5 mg/0.6ml</i>	124	FYCOMPA TAB 8MG	61

G	
G4 PLATINUM MIS PEDIATRC.....	136
G4 PLATINUM MIS RCV/SHAR.....	136
G4 PLATINUM MIS RECEIVER.....	136
G4 PLATINUM MIS TRANSMIT.....	136
G4 PLAT PED MIS RVC/SHAR.....	136
G4 SENSOR MIS.....	136
G5/G4 MIS SENSOR.....	136
GA-1 ANAMIX POW ERLY YRS.....	89
<i>gabapentin cap 100 mg</i>	61
<i>gabapentin cap 300 mg</i>	61
<i>gabapentin cap 400 mg</i>	61
<i>gabapentin oral soln 250 mg/5ml</i>	61
<i>gabapentin tab 600 mg</i>	61
<i>gabapentin tab 800 mg</i>	61
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	64
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	64
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	64
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	64
<i>galantamine hydrobromide tab 12 mg</i>	64
<i>galantamine hydrobromide tab 4 mg</i>	64
<i>galantamine hydrobromide tab 8 mg</i>	64
<i>ganirelix acetate soln prefilled syringe</i> <i>250 mcg/0.5ml</i>	110
GA POW.....	88
GARDASIL 9 INJ.....	133
<i>gatifloxacin ophth soln 0.5%</i>	140
<i>gavilyte-c sol</i>	119
<i>gavilyte-g sol</i>	119
<i>gavilyte-n sol flav pk</i>	119
GAZYVA INJ 25MG/ML.....	32
<i>gemcitabine hcl for inj 1 gm</i>	30
<i>gemcitabine hcl for inj 200 mg</i>	30
<i>gemcitabine hcl for inj 2 gm</i>	30
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i> <i>mg/ml) (base equiv)</i>	30
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i>	31
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	31
<i>gemfibrozil tab 600 mg</i>	47
<i>gemmily cap 1/20</i>	103
<i>generlac sol 10gm/15</i>	119
<i>gengraf cap 100mg</i>	132
<i>gengraf cap 25mg</i>	132
<i>gengraf sol 100mg/ml</i>	132
<i>gentak oin 0.3% op</i>	140
<i>gentamicin sulfate cream 0.1%</i>	152
<i>gentamicin sulfate inj 40 mg/ml</i>	15
<i>gentamicin sulfate oint 0.1%</i>	152
<i>gentamicin sulfate ophth soln 0.3%</i>	140
GENVOYA TAB.....	22
<i>gianvi tab 3-0.02mg</i>	103
GILENYA CAP 0.5MG.....	84
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	84
<i>glatopa inj 20mg/ml</i>	84
GLEOSTINE CAP 100MG.....	29
GLEOSTINE CAP 10MG.....	29
GLEOSTINE CAP 40MG.....	29
GLIADEL WAF 7.7MG.....	29
<i>glimepiride tab 1 mg</i>	101
<i>glimepiride tab 2 mg</i>	101
<i>glimepiride tab 4 mg</i>	101
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	98
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	98
<i>glipizide-metformin hcl tab 5-500 mg</i>	98
<i>glipizide tab 10 mg</i>	101
<i>glipizide tab 5 mg</i>	101
<i>glipizide tab er 24hr 10 mg</i>	101
<i>glipizide tab er 24hr 2.5 mg</i>	101
<i>glipizide tab er 24hr 5 mg</i>	101
<i>glucagon (rdna) for inj kit 1 mg</i>	112
GLUCERNA 1.0 LIQ CARB VAN.....	89
GLUCERNA LIQ 1.2 CAL.....	89
GLUCERNA SEL LIQ VANILLA.....	89
GLUTAREX-1 POW.....	89
GLUTAREX-2 POW.....	89
<i>glycopyrrolate inj 1 mg/5ml (0.2</i> <i>mg/ml)</i>	116
<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i>	116
<i>glycopyrrolate tab 1 mg</i>	116
<i>glycopyrrolate tab 2 mg</i>	116
GLYROL LIQ PREBIO1.....	89
GLYTACTIN POW RESTOR10.....	89
GLYTROL LIQ PREBIO1.....	89

GLYXAMBI TAB 10-5 MG.....	100
GLYXAMBI TAB 25-5 MG.....	100
GOLYTELY SOL.....	119
GONAL-F INJ 1050UNIT	110
GONAL-F INJ 450UNIT	110
GONAL-F RFF INJ 300/0.5	110
GONAL-F RFF INJ 450/0.75.....	110
GONAL-F RFF INJ 75UNIT	110
GONAL-F RFF INJ 900/1.5	110
<i>granisetron hcl inj 1 mg/ml.....</i>	<i>117</i>
<i>granisetron hcl tab 1 mg</i>	<i>117</i>
<i>griseofulvin microsize susp 125 mg/5ml</i> <i>.....</i>	<i>18</i>
<i>griseofulvin microsize tab 500 mg</i>	<i>18</i>
<i>griseofulvin ultramicrosize tab 125 mg</i> <i>.....</i>	<i>18</i>
<i>griseofulvin ultramicrosize tab 250 mg</i> <i>.....</i>	<i>18</i>
<i>guaifenesin syp 100-10/5.....</i>	<i>147</i>
<i>guanfacine hcl tab 1 mg.....</i>	<i>56</i>
<i>guanfacine hcl tab 2 mg.....</i>	<i>56</i>
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv).....</i>	<i>78</i>
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv).....</i>	<i>78</i>
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv).....</i>	<i>78</i>
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv).....</i>	<i>78</i>
GUANIDINE TAB 125MG.....	82
GYNAZOLE-1 CRE 2%	123
GYNOL II GEL 3%	122

H

<i>halobetasol propionate cream 0.05%</i> <i>.....</i>	<i>156</i>
<i>halobetasol propionate oint 0.05% .</i>	<i>156</i>
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	<i>74</i>
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	<i>74</i>
<i>haloperidol lactate inj 5 mg/ml</i>	<i>74</i>
<i>haloperidol lactate oral conc 2 mg/ml</i>	<i>74</i>
<i>haloperidol tab 0.5 mg.....</i>	<i>74</i>
<i>haloperidol tab 10 mg.....</i>	<i>74</i>
<i>haloperidol tab 1 mg</i>	<i>74</i>
<i>haloperidol tab 20 mg.....</i>	<i>74</i>
<i>haloperidol tab 2 mg</i>	<i>74</i>

<i>haloperidol tab 5 mg</i>	<i>74</i>
HARVONI PAK.....	26
HARVONI PAK 45-200MG	26
HARVONI TAB 45-200MG	26
HARVONI TAB 90-400MG	26
HAVRIX INJ 1440UNIT	133
HAVRIX INJ 720UNIT	133
HCU ANAMIX POW ERLY YRS	89
HCU EXP20 PAK UNFLAVOR.....	89
HCU EXPRESS PAK	89
HCY 2 POW	89
<i>heather tab 0.35mg.....</i>	<i>103</i>
HEMLIBRA INJ 105/0.7	126
HEMLIBRA INJ 150/ML	126
HEMLIBRA INJ 30MG/ML	126
HEMLIBRA INJ 60/0.4	126
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml.....</i>	<i>124</i>
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml.....</i>	<i>124</i>
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml.....</i>	<i>124</i>
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml.....</i>	<i>124</i>
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	<i>124</i>
HEPLISAV-B INJ 20/0.5ML	133
HETLIOZ CAP 20MG.....	80
HIBERIX SOL 10MCG	134
HOM 2 POW	89
HOMACTIN AA LIQ PLUS	90
HOMINEX-1 POW	90
HOMINEX-2 POW	90
HUMATROPE INJ 12MG.....	112
HUMATROPE INJ 24MG.....	112
HUMATROPE INJ 5MG	112
HUMATROPE INJ 6MG	112
HUMATROPEN MIS FOR 12MG	136
HUMATROPEN MIS FOR 24MG	136
HUMATROPEN MIS FOR 6MG.....	136
HUMIRA INJ 10/0.1ML.....	128
HUMIRA INJ 10MG/0.2.....	128
HUMIRA INJ 20/0.2ML.....	128
HUMIRA INJ 40/0.4ML.....	128
HUMIRA KIT 20MG/0.4.....	128
HUMIRA KIT 40MG/0.8.....	128
HUMIRA PEDIA INJ CROHNS	129

HUMIRA PEN INJ 40/0.4ML	129	<i>hydrocodone polst-chlorphen polst er susp</i>	
HUMIRA PEN INJ CD/UC/HS.....	129	10-8 mg/5ml	147
HUMIRA PEN INJ PS/UV.....	129	<i>hydrocortisone butyrate cream 0.1%</i>	
HUMIRA PEN KIT CD/UC/HS.....	129	.....	156
HUMIRA PEN KIT PS/UV	129	<i>hydrocortisone butyrate oint 0.1%..</i>	156
HUMULIN INJ 70/30	99	<i>hydrocortisone butyrate soln 0.1% .</i>	156
HUMULIN INJ 70/30KWP	99	<i>hydrocortisone cream 1%.....</i>	156
HUMULIN N INJ U-100	99	<i>hydrocortisone cream 2.5%</i>	156
HUMULIN N INJ U-100KWP.....	99	<i>hydrocortisone enema 100 mg/60ml</i>	
HUMULIN R INJ U-100	99	.....	119
HUMULIN R INJ U-500	99	<i>hydrocortisone lotion 2.5%.....</i>	156
<i>hydralazine hcl tab 100 mg</i>	56	<i>hydrocortisone oint 2.5%</i>	156
<i>hydralazine hcl tab 10 mg</i>	56	<i>hydrocortisone perianal cream 2.5%</i>	
<i>hydralazine hcl tab 25 mg</i>	56	.....	122
<i>hydralazine hcl tab 50 mg</i>	56	<i>hydrocortisone tab 10 mg.....</i>	111
<i>hydrochlorothiazide cap 12.5 mg.....</i>	55	<i>hydrocortisone tab 20 mg.....</i>	111
<i>hydrochlorothiazide tab 12.5 mg</i>	55	<i>hydrocortisone tab 5 mg</i>	111
<i>hydrochlorothiazide tab 25 mg.....</i>	55	<i>hydrocortisone valerate cream 0.2%</i>	
<i>hydrochlorothiazide tab 50 mg.....</i>	55	.....	156
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>hydrocortisone valerate oint 0.2% ..</i>	156
325 mg/15ml	5	<i>hydrocortisone w/ acetic acid otic soln</i>	
<i>hydrocodone-acetaminophen tab 10-</i>		1-2%	158
325 mg.....	6	<i>hydromet syp 5-1.5/5</i>	147
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>hydromorphone hcl inj 2 mg/ml</i>	6
mg.....	5	<i>hydromorphone hcl tab 2 mg.....</i>	6
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>hydromorphone hcl tab 4 mg.....</i>	6
325 mg.....	6	<i>hydromorphone hcl tab 8 mg.....</i>	6
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydromorphone hcl tab er 24hr 12 mg</i>	6
deter 100 mg	5	<i>hydromorphone hcl tab er 24hr 16 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydromorphone hcl tab er 24hr 32 mg</i>	6
deter 120 mg	5	<i>hydromorphone hcl tab er 24hr 8 mg .</i>	6
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxychloroquine sulfate tab 200 mg</i>	
deter 20 mg	5	.....	131
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyurea cap 500 mg</i>	38
deter 30 mg	5	<i>hydroxyzine hcl im soln 25 mg/ml ..</i>	145
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl im soln 50 mg/ml ..</i>	145
deter 40 mg	5	<i>hydroxyzine hcl syrup 10 mg/5ml... </i>	145
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 10 mg.....</i>	145
deter 60 mg	5	<i>hydroxyzine hcl tab 25 mg.....</i>	145
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 50 mg.....</i>	145
deter 80 mg	5	<i>hydroxyzine pamoate cap 100 mg ..</i>	145
<i>hydrocodone-ibuprofen tab 10-200 mg</i>		<i>hydroxyzine pamoate cap 25 mg</i>	145
.....	6	<i>hydroxyzine pamoate cap 50 mg</i>	145
<i>hydrocodone w/ homatropine syrup 5-</i>		<i>hyoscyamine sulfate sl tab 0.125 mg</i>	
1.5 mg/5ml	147	.....	116
<i>hydrocodone w/ homatropine tab 5-1.5</i>		<i>hyoscyamine sulfate tab 0.125 mg .</i>	116
mg	147		

<i>hyoscyamine sulfate tab disint 0.125 mg</i>	116	IMBRUVICA CAP 70MG.....	35
HYQVIA INJ 10-800	131	IMBRUVICA TAB 140MG	36
HYQVIA INJ 2.5-200	131	IMBRUVICA TAB 280MG	36
HYQVIA INJ 20-1600	131	IMBRUVICA TAB 420MG	36
HYQVIA INJ 30-2400	131	IMBRUVICA TAB 560MG	36
HYQVIA INJ 5-400	131	<i>imipramine hcl tab 10 mg</i>	68
I		<i>imipramine hcl tab 25 mg</i>	68
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	101	<i>imipramine hcl tab 50 mg</i>	68
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	101	<i>imipramine pamoate cap 100 mg</i>	68
IBRANCE CAP 100MG	32	<i>imipramine pamoate cap 125 mg</i>	69
IBRANCE CAP 125MG	32	<i>imipramine pamoate cap 150 mg</i>	69
IBRANCE CAP 75MG	32	<i>imipramine pamoate cap 75 mg</i>	68
IBRANCE TAB 100MG	32	<i>imiquimod cream 5%</i>	152
IBRANCE TAB 125MG	32	INCRELEX INJ 40MG/4ML	112
IBRANCE TAB 75MG	32	INCRUSE ELPT INH 62.5MCG	144
<i>ibuprofen susp 100 mg/5ml</i>	2	<i>indapamide tab 1.25 mg</i>	55
<i>ibuprofen tab 400 mg</i>	2	<i>indapamide tab 2.5 mg</i>	55
<i>ibuprofen tab 600 mg</i>	2	INFANRIX INJ	134
<i>ibuprofen tab 800 mg</i>	2	INLYTA TAB 1MG.....	36
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	126	INLYTA TAB 5MG.....	36
ICLUSIG TAB 10MG	35	INSTA-GLUCOS GEL 77.4%	112
ICLUSIG TAB 15MG	35	INSULIN SYRG MIS 1ML/31G	136
ICLUSIG TAB 30MG	35	INTELENCE TAB 100MG	19
ICLUSIG TAB 45MG	35	INTELENCE TAB 200MG	19
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	30	INTELENCE TAB 25MG	19
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	30	INTRAROSA SUP 6.5MG	97
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	30	INTRON A INJ 10MU	131
IDHIFA TAB 100MG	35	INTRON A INJ 18MU	131
IDHIFA TAB 50MG.....	35	INTRON A INJ 25MU	131
<i>ifosfamide for inj 1 gm</i>	29	INTRON A INJ 50MU	131
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	29	<i>introvale tab</i>	103
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	29	INVIRASE TAB 500MG	19
ILEVRO DRO 0.3% OP.....	141	IOPIDINE SOL 1% OP	142
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	35	IPOL INJ INACTIVE	134
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	35	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	143
IMBRUVICA CAP 140MG.....	35	<i>ipratropium bromide inhal soln 0.02%</i>	144
		<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	144
		<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	144
		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	44
		<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	44
		<i>irbesartan tab 150 mg</i>	45

<i>irbesartan tab 300 mg</i>	45
<i>irbesartan tab 75 mg</i>	45
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	40
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	40
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	40
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	40
ISENTRESS CHW 100MG	20
ISENTRESS CHW 25MG	19
ISENTRESS HD TAB 600MG	20
ISENTRESS POW 100MG	20
ISENTRESS TAB 400MG	20
<i>isoniazid inj 100 mg/ml</i>	22
<i>isoniazid syrup 50 mg/5ml</i>	22
<i>isoniazid tab 100 mg</i>	22
<i>isoniazid tab 300 mg</i>	22
<i>isosorbide dinitrate tab 10 mg</i>	56
<i>isosorbide dinitrate tab 20 mg</i>	56
<i>isosorbide dinitrate tab 30 mg</i>	56
<i>isosorbide dinitrate tab 5 mg</i>	56
<i>isosorbide mononitrate tab 10 mg</i>	56
<i>isosorbide mononitrate tab 20 mg</i>	56
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	57
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	56
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	57
ISOSOURCE HN LIQ	90
ISOSOURCE LIQ	90
<i>isotretinoin cap 10 mg</i>	151
<i>isotretinoin cap 20 mg</i>	151
<i>isotretinoin cap 30 mg</i>	151
<i>isotretinoin cap 40 mg</i>	151
ISOVACTIN AA LIQ PLUS	90
<i>isradipine cap 2.5 mg</i>	53
<i>isradipine cap 5 mg</i>	53
<i>itraconazole cap 100 mg</i>	18
<i>itraconazole oral soln 10 mg/ml</i>	18
IVA ANAMIX POW ERLY YRS	90
I-VALEX-1 POW	90
I-VALEX-2 POW	90
<i>ivermectin lotion 0.5%</i>	158
<i>ivermectin tab 3 mg</i>	16

IV PREP WIPE PAD	152
J	
JAKAFI TAB 10MG	36
JAKAFI TAB 15MG	36
JAKAFI TAB 20MG	36
JAKAFI TAB 25MG	36
JAKAFI TAB 5MG	36
<i>jantoven tab 10mg</i>	125
<i>jantoven tab 1mg</i>	124
<i>jantoven tab 2.5mg</i>	124
<i>jantoven tab 2mg</i>	125
<i>jantoven tab 3mg</i>	125
<i>jantoven tab 4mg</i>	125
<i>jantoven tab 5mg</i>	125
<i>jantoven tab 6mg</i>	125
<i>jantoven tab 7.5mg</i>	125
JANUMET TAB 50-1000	98
JANUMET TAB 50-500MG	98
JANUMET XR TAB 100-1000	98
JANUMET XR TAB 50-1000	98
JANUMET XR TAB 50-500MG	98
JANUVIA TAB 100MG	98
JANUVIA TAB 25MG	98
JANUVIA TAB 50MG	98
JARDIANCE TAB 10MG	101
JARDIANCE TAB 25MG	101
JENTADUETO TAB XR	98
JEVITY 1.2 LIQ CAL	90
JEVITY 1.5 LIQ CAL	90
JEVITY 1 CAL LIQ	90
<i>jinteli tab 1mg-5mcg</i>	109
<i>jolessa tab</i>	103
JUBLIA SOL 10%	153
<i>junel 1/20 tab</i>	103
<i>junel 1.5/30 tab</i>	103
<i>junel fe 24 tab 1/20</i>	103
<i>junel fe tab 1/20</i>	103
<i>junel fe tab 1.5/30</i>	103
K	
KADCYLA INJ 100MG	32
KADCYLA INJ 160MG	32
KALETRA TAB 100-25MG	22
KALETRA TAB 200-50MG	22
KALYDECO PAK 25MG	148
KALYDECO PAK 50MG	148
KALYDECO PAK 75MG	148
KALYDECO TAB 150MG	148

<i>kariva tab 28 day</i>	103	<i>lamivudine-zidovudine tab 150-300 mg</i>	22
<i>kelnor tab 1/35</i>	103	<i>lamotrigine orally disintegrating tab</i> 100 mg	61
<i>ketoconazole cream 2%</i>	153	<i>lamotrigine orally disintegrating tab</i> 200 mg	61
<i>ketoconazole shampoo 2%</i>	154	<i>lamotrigine orally disintegrating tab 25</i> mg	61
KETO-DIASTIX TES.....	136	<i>lamotrigine orally disintegrating tab 50</i> mg	61
KETONEX-1 POW	90	<i>lamotrigine tab 100 mg</i>	61
KETONEX-2 POW	90	<i>lamotrigine tab 150 mg</i>	61
<i>ketoprofen cap 50 mg</i>	2	<i>lamotrigine tab 200 mg</i>	61
<i>ketoprofen cap 75 mg</i>	2	<i>lamotrigine tab 25 mg</i>	61
<i>ketorolac tromethamine im inj 60</i> <i>mg/2ml (30 mg/ml)</i>	2	<i>lamotrigine tab 25 mg (42) & 100 mg</i> <i>(7) starter kit</i>	61
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	<i>lamotrigine tab 35 x 25 mg starter kit</i>	61
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	61
<i>ketorolac tromethamine ophth soln</i> 0.4%	141	<i>lamotrigine tab chewable dispersible 25</i> mg	61
<i>ketorolac tromethamine ophth soln</i> 0.5%	141	<i>lamotrigine tab chewable dispersible 5</i> mg	61
<i>ketorolac tromethamine tab 10 mg</i>	2	<i>lamotrigine tab er 24hr 100 mg</i>	61
KEVZARA INJ 150/1.14	129	<i>lamotrigine tab er 24hr 200 mg</i>	61
KEVZARA INJ 200/1.14	129	<i>lamotrigine tab er 24hr 250 mg</i>	61
KEYTRUDA INJ 100MG/4M.....	32	<i>lamotrigine tab er 24hr 25 mg</i>	61
KINRIX INJ.....	134	<i>lamotrigine tab er 24hr 300 mg</i>	62
KISQALI TAB 200DOSE.....	32	<i>lamotrigine tab er 24hr 50 mg</i>	61
KISQALI TAB 400DOSE.....	32	LANAFLEX PAK.....	91
KISQALI TAB 600DOSE.....	32	LANCING DEVI MIS	136
<i>klor-con 10 tab 10meq er</i>	137	LANOXIN TAB 0.0625MG.....	54
<i>klor-con 8 tab 8meq er</i>	137	<i>lansoprazole cap delayed release 15</i> mg	121
<i>klor-con m15 tab 15meq er</i>	137	<i>lansoprazole cap delayed release 30</i> mg	121
<i>klor-con m20 tab 20meq er</i>	137	<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	36
<i>kurvelo tab 0.15/30</i>	103	<i>larin tab 1.5/30</i>	103
KYLEENA IUD 19.5MG.....	103	LASTACRAFT SOL 0.25%.....	141
L		<i>latanoprost ophth soln 0.005%</i>	142
<i>labetalol hcl tab 100 mg</i>	50	LATUDA TAB 120MG	75
<i>labetalol hcl tab 200 mg</i>	50	LATUDA TAB 20MG.....	74
<i>labetalol hcl tab 300 mg</i>	50	LATUDA TAB 40MG.....	75
LACRISERT MIS 5MG OP	143	LATUDA TAB 60MG.....	75
<i>lactic acid (ammonium lactate) cream</i> 12%	157	LATUDA TAB 80MG.....	75
<i>lactic acid (ammonium lactate) lotion</i> 12%	157		
<i>lactic acid lot 10%</i>	157		
<i>lactulose solution 10 gm/15ml</i>	119		
<i>lamivudine oral soln 10 mg/ml</i>	20		
<i>lamivudine tab 100 mg (hbv)</i>	23		
<i>lamivudine tab 150 mg</i>	20		
<i>lamivudine tab 300 mg</i>	20		

<i>leena tab</i>	103	<i>levetiracetam tab 500 mg</i>	62
<i>leflunomide tab 10 mg</i>	131	<i>levetiracetam tab 750 mg</i>	62
<i>leflunomide tab 20 mg</i>	131	<i>levetiracetam tab er 24hr 500 mg</i>	62
LENVIMA CAP 10 MG	36	<i>levetiracetam tab er 24hr 750 mg</i>	62
LENVIMA CAP 12MG	36	<i>levobunolol hcl ophth soln 0.5%</i>	142
LENVIMA CAP 14 MG	36	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 18 MG	36	<i>mg/5ml (0.5 mg/ml)</i>	145
LENVIMA CAP 20 MG	36	<i>levocetirizine dihydrochloride tab 5 mg</i>	
LENVIMA CAP 24 MG	36	.....	145
LENVIMA CAP 4MG	36	<i>levofloxacin iv soln 25 mg/ml</i>	26
LENVIMA CAP 8 MG	36	<i>levofloxacin ophth soln 0.5%</i>	140
<i>lessina tab</i>	103	<i>levofloxacin oral soln 25 mg/ml</i>	26
<i>letrozole tab 2.5 mg</i>	33	<i>levofloxacin tab 250 mg</i>	26
<i>leucovorin calcium for inj 100 mg</i>	39	<i>levofloxacin tab 500 mg</i>	26
<i>leucovorin calcium for inj 200 mg</i>	39	<i>levofloxacin tab 750 mg</i>	26
<i>leucovorin calcium for inj 350 mg</i>	39	<i>levonest tab</i>	103
<i>leucovorin calcium for inj 500 mg</i>	39	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>leucovorin calcium for inj 50 mg</i>	39	<i>day) tab 0.15-0.03 mg</i>	104
<i>leucovorin calcium tab 10 mg</i>	39	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>leucovorin calcium tab 15 mg</i>	39	<i>0.15 mg-30 mcg</i>	104
<i>leucovorin calcium tab 25 mg</i>	39	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>leucovorin calcium tab 5 mg</i>	39	<i>eth est tab 0.01mg(7)</i>	104
LEUKERAN TAB 2MG.....	29	<i>levora-28 tab 0.15/30</i>	104
<i>leuprolide acetate inj kit 5 mg/ml</i>	33	<i>levorphanol tartrate tab 2 mg</i>	7
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levorphanol tartrate tab 3 mg</i>	7
<i>(base equiv)</i>	146	<i>levothyroxine sodium tab 100 mcg</i> .	114
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levothyroxine sodium tab 112 mcg</i> .	114
<i>(base equiv)</i>	146	<i>levothyroxine sodium tab 125 mcg</i> .	114
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levothyroxine sodium tab 137 mcg</i> .	114
<i>(base equiv)</i>	146	<i>levothyroxine sodium tab 150 mcg</i> .	114
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 175 mcg</i> .	114
<i>mg/0.5ml (base equiv)</i>	146	<i>levothyroxine sodium tab 200 mcg</i> .	114
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 25 mcg</i> ...	114
<i>mcg/act (base equiv)</i>	146	<i>levothyroxine sodium tab 300 mcg</i> .	114
LEVEMIR INJ	99	<i>levothyroxine sodium tab 50 mcg</i> ...	114
LEVEMIR INJ FLEXTOUC	99	<i>levothyroxine sodium tab 75 mcg</i> ...	114
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levothyroxine sodium tab 88 mcg</i> ...	114
<i>mg/ml)</i>	62	<i>levoxyl tab 100mcg</i>	115
<i>levetiracetam in sodium chloride iv soln</i>		<i>levoxyl tab 112mcg</i>	115
<i>1000 mg/100ml</i>	62	<i>levoxyl tab 125mcg</i>	115
<i>levetiracetam in sodium chloride iv soln</i>		<i>levoxyl tab 137mcg</i>	115
<i>1500 mg/100ml</i>	62	<i>levoxyl tab 150mcg</i>	115
<i>levetiracetam in sodium chloride iv soln</i>		<i>levoxyl tab 175mcg</i>	115
<i>500 mg/100ml</i>	62	<i>levoxyl tab 200mcg</i>	115
<i>levetiracetam oral soln 100 mg/ml</i> ...	62	<i>levoxyl tab 25mcg</i>	114
<i>levetiracetam tab 1000 mg</i>	62	<i>levoxyl tab 50mcg</i>	114
<i>levetiracetam tab 250 mg</i>	62	<i>levoxyl tab 75mcg</i>	114

<i>levoxyl tab 88mcg</i>	115	LIQUID HOPE LIQ.....	91
LEXIVA SUS 50MG/ML	20	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	41
<i>lice treatmt lot 1%</i>	158	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>lice trtmnt liq 1%</i>	158	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	41
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	46	<i>lisinopril tab 10 mg</i>	42
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	46	<i>lisinopril tab 2.5 mg</i>	42
<i>lidocaine hcl laryngotracheal soln 4%</i>	158	<i>lisinopril tab 20 mg</i>	42
<i>lidocaine hcl local inj 0.5%</i>	15	<i>lisinopril tab 30 mg</i>	42
<i>lidocaine hcl local inj 1%</i>	15	<i>lisinopril tab 40 mg</i>	42
<i>lidocaine hcl local inj 2%</i>	15	<i>lisinopril tab 5 mg</i>	42
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	15	<i>lithium carbonate cap 150 mg</i>	82
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	15	<i>lithium carbonate cap 300 mg</i>	82
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	15	<i>lithium carbonate cap 600 mg</i>	82
<i>lidocaine hcl soln 4%</i>	157	<i>lithium carbonate tab 300 mg</i>	82
<i>lidocaine hcl urethral/mucosal gel 2%</i>	157	<i>lithium carbonate tab er 300 mg</i>	83
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	157	<i>lithium carbonate tab er 450 mg</i>	83
<i>lidocaine hcl viscous soln 2%</i>	158	LITHIUM SOL 8MEQ/5ML.....	83
<i>lidocaine oint 5%</i>	157	LMD POW.....	91
<i>lidocaine pa pad 4%</i>	157	LO LOESTRIN TAB 1-10-10	104
<i>lidocaine patch 5%</i>	157	<i>loperamide hcl cap 2 mg</i>	120
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	157	LOPHLEX POW	91
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	157	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	22
LILETTA IUD 52MG	104	<i>lopinavir-ritonavir tab 100-25 mg</i>	22
<i>lindane shampoo 1%</i>	158	<i>lopinavir-ritonavir tab 200-50 mg</i>	22
<i>linezolid for susp 100 mg/5ml</i>	16	<i>lorazepam conc 2 mg/ml</i>	59
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	16	<i>lorazepam tab 0.5 mg</i>	59
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	16	<i>lorazepam tab 1 mg</i>	59
<i>linezolid tab 600 mg</i>	16	<i>lorazepam tab 2 mg</i>	59
LINZESS CAP 145MCG	119	LORBRENA TAB 100MG	37
LINZESS CAP 290MCG	119	LORBRENA TAB 25MG.....	37
LINZESS CAP 72MCG	119	<i>loryna tab 3-0.02mg</i>	104
<i>liothyronine sodium tab 25 mcg</i>	115	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	44
<i>liothyronine sodium tab 50 mcg</i>	115	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	44
<i>liothyronine sodium tab 5 mcg</i>	115	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	44
LIPISTART POW	91	<i>losartan potassium tab 100 mg</i>	45
		<i>losartan potassium tab 25 mg</i>	45
		<i>losartan potassium tab 50 mg</i>	45

<i>loteprednol etabonate ophth susp 0.5%</i>	141
<i>lovastatin tab 10 mg</i>	48
<i>lovastatin tab 20 mg</i>	48
<i>lovastatin tab 40 mg</i>	48
<i>low-ogestrel tab</i>	104
<i>loxapine succinate cap 10 mg</i>	75
<i>loxapine succinate cap 25 mg</i>	75
<i>loxapine succinate cap 50 mg</i>	75
<i>loxapine succinate cap 5 mg</i>	75
<i>lubiprostone cap 24 mcg</i>	119
<i>lubiprostone cap 8 mcg</i>	119
<i>ludent chw 0.25mg f</i>	137
<i>ludent chw 0.5mg f</i>	137
<i>ludent chw 1mg f</i>	137
LUMIGAN SOL 0.01%	142
LUPANETA KIT 11.25-5	114
LUPANETA KIT 3.75-5	114
LUPR DEP-PED INJ 11.25MG	33
LUPR DEP-PED INJ 15MG	33
LUPR DEP-PED INJ 3M 30MG	33
LUPR DEP-PED INJ 7.5MG	33
<i>lutura tab</i>	104
LYNPARZA TAB 100MG	32
LYNPARZA TAB 150MG	32
LYSODREN TAB 500MG	33
M	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	137
<i>magnesium sulfate inj 50%</i>	137
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	137
<i>malathion lotion 0.5%</i>	158
<i>mannitol iv soln 20%</i>	55
<i>mannitol iv soln 25%</i>	55
<i>maprotiline hcl tab 25 mg</i>	69
<i>maprotiline hcl tab 50 mg</i>	69
<i>maprotiline hcl tab 75 mg</i>	69
<i>marlissa tab 0.15/30</i>	104
MARPLAN TAB 10MG	69
MATULANE CAP 50MG	38
<i>matzim la tab 180mg/24</i>	53
<i>matzim la tab 240mg/24</i>	53
<i>matzim la tab 300mg/24</i>	53
<i>matzim la tab 360mg/24</i>	53
<i>matzim la tab 420mg/24</i>	53
MAXIDEX SUS 0.1% OP	141

MCT PRO-CAL PAK	91
<i>meclizine hcl tab 12.5 mg</i>	117
<i>meclizine hcl tab 25 mg</i>	117
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg</i>	2
MEDROL TAB 2MG	111
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	104
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	104
<i>medroxyprogesterone acetate tab 10 mg</i>	114
<i>medroxyprogesterone acetate tab 2.5 mg</i>	114
<i>medroxyprogesterone acetate tab 5 mg</i>	114
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	19
<i>megestrol acetate susp 40 mg/ml</i>	33
<i>megestrol acetate susp 625 mg/5ml</i>	33
<i>megestrol acetate tab 20 mg</i>	33
<i>megestrol acetate tab 40 mg</i>	33
MEKINIST TAB 0.5MG	37
MEKINIST TAB 2MG	37
<i>meloxicam tab 15 mg</i>	2
<i>meloxicam tab 7.5 mg</i>	2
<i>melphalan hcl for inj 50 mg (base equiv)</i>	29
<i>melphalan tab 2 mg</i>	29
<i>memantine hcl cap er 24hr 14 mg</i>	64
<i>memantine hcl cap er 24hr 21 mg</i>	64
<i>memantine hcl cap er 24hr 28 mg</i>	64
<i>memantine hcl cap er 24hr 7 mg</i>	64
<i>memantine hcl oral solution 2 mg/ml</i>	64
<i>memantine hcl tab 10 mg</i>	64
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	64
<i>memantine hcl tab 5 mg</i>	64
MENACTRA INJ	134
MENEST TAB 0.3MG	109
MENEST TAB 0.625MG	109
MENEST TAB 1.25MG	109
MENQUADFI INJ	134
MENTAX CRE 1%	153
MENVEO INJ	134
<i>meprobamate tab 200 mg</i>	59
<i>meprobamate tab 400 mg</i>	59

<i>mercaptopurine tab 50 mg</i>	31	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	31
<i>meropenem iv for soln 1 gm</i>	16	<i>methotrexate sodium inj pf 250</i> <i>mg/10ml (25 mg/ml)</i>	31
<i>meropenem iv for soln 500 mg</i>	16	<i>methotrexate sodium inj pf 50 mg/2ml</i> <i>(25 mg/ml)</i>	31
<i>mesalamine cap dr 400 mg</i>	119	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	131
<i>mesalamine cap er 24hr 0.375 gm</i> ..	119	<i>methoxsalen rapid cap 10 mg</i>	154
<i>mesalamine enema 4 gm</i>	119	<i>methscopolamine bromide tab 2.5 mg</i>	116
<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	119	<i>methscopolamine bromide tab 5 mg</i>	116
<i>mesalamine suppos 1000 mg</i>	119	<i>methyldopa tab 250mg</i>	56
<i>mesalamine tab delayed release 1.2</i> <i>gm</i>	119	<i>methyldopa tab 500mg</i>	56
<i>mesalamine tab delayed release 800</i> <i>mg</i>	119	<i>methylphenidate hcl cap er 10 mg (cd)</i>	78
<i>mesna inj 100 mg/ml</i>	40	<i>methylphenidate hcl cap er 20 mg (cd)</i>	78
MESNEX TAB 400MG	40	<i>methylphenidate hcl cap er 24hr 20 mg</i> <i>(la)</i>	78
<i>metaproterenol sulfate syrup 10</i> <i>mg/5ml</i>	146	<i>methylphenidate hcl cap er 24hr 30 mg</i> <i>(la)</i>	78
<i>metaxalone tab 800 mg</i>	85	<i>methylphenidate hcl cap er 24hr 40 mg</i> <i>(la)</i>	78
<i>metformin hcl tab 1000 mg</i>	98	<i>methylphenidate hcl cap er 24hr 60 mg</i> <i>(la)</i>	78
<i>metformin hcl tab 500 mg</i>	98	<i>methylphenidate hcl cap er 30 mg (cd)</i>	78
<i>metformin hcl tab 850 mg</i>	98	<i>methylphenidate hcl cap er 40 mg (cd)</i>	79
<i>metformin hcl tab er 24hr 500 mg</i>	98	<i>methylphenidate hcl cap er 50 mg (cd)</i>	79
<i>metformin hcl tab er 24hr 750 mg</i>	98	<i>methylphenidate hcl cap er 60 mg (cd)</i>	79
<i>methadone con 10mg/ml</i>	7	<i>methylphenidate hcl chew tab 10 mg</i> 79	
<i>methadone hcl conc 10 mg/ml</i>	7	<i>methylphenidate hcl chew tab 2.5 mg</i>	79
<i>methadone hcl soln 10 mg/5ml</i>	7	<i>methylphenidate hcl chew tab 5 mg</i> ..	79
<i>methadone hcl soln 5 mg/5ml</i>	7	<i>methylphenidate hcl soln 10 mg/5ml</i> 79	
<i>methadone hcl tab 10 mg</i>	7	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	79
<i>methadone hcl tab 5 mg</i>	7	<i>methylphenidate hcl tab 10 mg</i>	79
<i>methadone hcl tab for oral susp 40 mg</i>	7	<i>methylphenidate hcl tab 20 mg</i>	79
<i>methadose tab 40mg</i>	7	<i>methylphenidate hcl tab 5 mg</i>	79
<i>methamphetamine hcl tab 5 mg</i>	78	<i>methylphenidate hcl tab er 10 mg</i>	79
<i>methazolamide tab 25 mg</i>	55	<i>methylphenidate hcl tab er 20 mg</i>	79
<i>methazolamide tab 50 mg</i>	55		
<i>methenamine hippurate tab 1 gm</i>	16		
<i>methimazole tab 10 mg</i>	115		
<i>methimazole tab 5 mg</i>	115		
METHIONAID POW	91		
<i>methocarbamol tab 500 mg</i>	85		
<i>methocarbamol tab 750 mg</i>	85		
<i>methotrexate sodium for inj 1 gm</i>	31		
<i>methotrexate sodium inj 250 mg/10ml</i> <i>(25 mg/ml)</i>	31		
<i>methotrexate sodium inj 50 mg/2ml</i> <i>(25 mg/ml)</i>	31		

<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	79	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	50
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	79	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	50
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	79	<i>metoprolol tartrate tab 100 mg</i>	50
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	79	<i>metoprolol tartrate tab 25 mg</i>	50
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	111	<i>metoprolol tartrate tab 50 mg</i>	50
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	111	<i>metronidazole cap 375 mg</i>	16
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	111	<i>metronidazole cream 0.75%</i>	157
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	111	<i>metronidazole gel 0.75%</i>	157
<i>methylprednisolone tab 16 mg</i>	111	<i>metronidazole gel 1%</i>	157
<i>methylprednisolone tab 32 mg</i>	111	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	16
<i>methylprednisolone tab 4 mg</i>	111	<i>metronidazole lotion 0.75%</i>	157
<i>methylprednisolone tab 8 mg</i>	111	<i>metronidazole tab 250 mg</i>	16
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	111	<i>metronidazole tab 500 mg</i>	17
<i>methyltestosterone cap 10 mg</i>	97	<i>metronidazole vaginal gel 0.75%</i>	123
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	117	<i>mexiletine hcl cap 150 mg</i>	46
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	117	<i>mexiletine hcl cap 200 mg</i>	46
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	117	<i>mexiletine hcl cap 250 mg</i>	46
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	117	<i>mibelas 24 chw fe</i>	104
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	117	<i>miconazole 3 sup 200mg</i>	123
<i>metolazone tab 10 mg</i>	55	<i>microgestin tab 1.5/30</i>	104
<i>metolazone tab 2.5 mg</i>	55	<i>midodrine hcl tab 10 mg</i>	56
<i>metolazone tab 5 mg</i>	55	<i>midodrine hcl tab 2.5 mg</i>	56
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	49	<i>midodrine hcl tab 5 mg</i>	56
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	49	<i>miglitol tab 100 mg</i>	97
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	49	<i>miglitol tab 25 mg</i>	97
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	50	<i>miglitol tab 50 mg</i>	97
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	50	<i>mimvey tab 1-0.5mg</i>	109
		<i>minitrans dis 0.1mg/hr</i>	57
		<i>minitrans dis 0.2mg/hr</i>	57
		<i>minitrans dis 0.4mg/hr</i>	57
		<i>minitrans dis 0.6mg/hr</i>	57
		<i>minocycline hcl cap 100 mg</i>	28
		<i>minocycline hcl cap 50 mg</i>	28
		<i>minocycline hcl cap 75 mg</i>	28
		<i>minocycline hcl tab 100 mg</i>	28
		<i>minocycline hcl tab 50 mg</i>	28
		<i>minocycline hcl tab 75 mg</i>	28
		<i>minoxidil tab 10 mg</i>	56
		<i>minoxidil tab 2.5 mg</i>	56
		<i>MIRCERA INJ 100MCG</i>	125
		<i>MIRCERA INJ 150MCG</i>	125
		<i>MIRCERA INJ 200MCG</i>	126
		<i>MIRCERA INJ 30MCG</i>	125
		<i>MIRCERA INJ 50MCG</i>	125

MIRCERA INJ 75MCG125
MIRENA IUD SYSTEM104
mirtazapine orally disintegrating tab 15 mg69
mirtazapine orally disintegrating tab 30 mg69
mirtazapine orally disintegrating tab 45 mg69
mirtazapine tab 15 mg69
mirtazapine tab 30 mg69
mirtazapine tab 45 mg69
mirtazapine tab 7.5 mg69
MIRVASO GEL 0.33%158
misoprostol tab 100 mcg120
misoprostol tab 200 mcg120
mitomycin for iv soln 20 mg30
mitomycin for iv soln 40 mg30
mitomycin for iv soln 5 mg30
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)38
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)39
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)39
MMA/PA ANAMI POW ERLY YRS91
M-M-R II INJ134
modafinil tab 100 mg85
modafinil tab 200 mg86
MODULEN IBD POW91
moexipril hcl tab 15 mg42
moexipril hcl tab 7.5 mg42
mometasone furoate cream 0.1% ...156
mometasone furoate oint 0.1%156
mometasone furoate solution 0.1% (lotion)156
mono-linyah tab 0.25-35104
montelukast sodium chew tab 4 mg (base equiv)148
montelukast sodium chew tab 5 mg (base equiv)148
montelukast sodium oral granules packet 4 mg (base equiv)148
montelukast sodium tab 10 mg (base equiv)148
morgidox cap 1x100mg28
morphine sulfate beads cap er 24hr 120 mg7

morphine sulfate beads cap er 24hr 30 mg7
morphine sulfate beads cap er 24hr 45 mg7
morphine sulfate beads cap er 24hr 60 mg7
morphine sulfate beads cap er 24hr 75 mg7
morphine sulfate beads cap er 24hr 90 mg7
morphine sulfate cap er 24hr 100 mg .8
morphine sulfate cap er 24hr 10 mg ...7
morphine sulfate cap er 24hr 20 mg ...8
morphine sulfate cap er 24hr 30 mg ...8
morphine sulfate cap er 24hr 50 mg ...8
morphine sulfate cap er 24hr 60 mg ...8
morphine sulfate cap er 24hr 80 mg ...8
morphine sulfate iv soln 4 mg/ml8
morphine sulfate iv soln pf 10 mg/ml .8
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)8
morphine sulfate oral soln 10 mg/5ml .8
morphine sulfate oral soln 20 mg/5ml .8
morphine sulfate suppos 10 mg8
morphine sulfate suppos 20 mg9
morphine sulfate suppos 30 mg9
morphine sulfate suppos 5 mg8
morphine sulfate tab 15 mg9
morphine sulfate tab 30 mg9
morphine sulfate tab er 100 mg9
morphine sulfate tab er 15 mg9
morphine sulfate tab er 200 mg9
morphine sulfate tab er 30 mg9
morphine sulfate tab er 60 mg9
MOTOFEN TAB 1-0.025120
MOVANTIK TAB 12.5MG120
MOVANTIK TAB 25MG120
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)140
moxifloxacin hcl ophth soln 0.5% (base equiv)140
moxifloxacin hcl tab 400 mg (base equiv)26
MSUD AID POW91
MULTAQ TAB 400MG46
multi-vit/fe dro /fl 0.25139
multivit/fl chw 0.25mg139

<i>multivit/fl chw 0.5mg</i>	139	NATAZIA TAB.....	104
<i>multivit/fl chw 1mg</i>	139	<i>nateglinide tab 120 mg</i>	100
<i>multi-vit/fl dro /fe 0.25</i>	139	<i>nateglinide tab 60 mg</i>	100
<i>multivit/fl dro 0.25mg</i>	139	<i>nebivolol hcl tab 10 mg (base</i>	
<i>multi-vit/fl dro 0.5mg/ml</i>	139	<i>equivalent)</i>	50
<i>mupirocin oint 2%</i>	152	<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>mvc-fluoride chw 1mg</i>	139	<i>equivalent)</i>	50
MYALEPT INJ 11.3MG.....	106	<i>nebivolol hcl tab 20 mg (base</i>	
<i>mycophenolate mofetil cap 250 mg</i>	132	<i>equivalent)</i>	50
<i>mycophenolate mofetil for oral susp</i>		<i>nebivolol hcl tab 5 mg (base</i>	
<i>200 mg/ml</i>	132	<i>equivalent)</i>	50
<i>mycophenolate mofetil hcl for iv soln</i>		<i>necon tab 0.5/35</i>	104
<i>500 mg (base equiv)</i>	133	<i>nefazodone hcl tab 100 mg</i>	69
<i>mycophenolate mofetil tab 500 mg</i>	133	<i>nefazodone hcl tab 150 mg</i>	69
<i>mycophenolate sodium tab dr 180 mg</i>		<i>nefazodone hcl tab 200 mg</i>	69
<i>(mycophenolic acid equiv)</i>	133	<i>nefazodone hcl tab 250 mg</i>	69
<i>mycophenolate sodium tab dr 360 mg</i>		<i>nefazodone hcl tab 50 mg</i>	69
<i>(mycophenolic acid equiv)</i>	133	NEOCATE LIQ SPLASH	91
N		NEOKE MCT70 POW.....	91
<i>nabumetone tab 500 mg</i>	2	<i>neomycin-polymy-gramicid op sol</i>	
<i>nabumetone tab 750 mg</i>	2	<i>1.75-10000-0.025mg-unt-mg/ml</i>	140
<i>nadolol tab 20 mg</i>	50	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nadolol tab 40 mg</i>	50	<i>ophth oint 0.1%</i>	140
<i>nadolol tab 80 mg</i>	50	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nafrinse chw 1mg f</i>	137	<i>ophth susp 0.1%</i>	140
<i>nafrinse dro 0.125mg</i>	137	<i>neomycin-polymyxin-hc ophth susp</i>	140
<i>naftifine hcl cream 1%</i>	153	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>naftifine hcl cream 2%</i>	153	.....	158
<i>nalbuphine hcl inj 10 mg/ml</i>	9	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>nalbuphine hcl inj 20 mg/ml</i>	9	<i>mg/ml-10000 unit/ml-1%</i>	159
<i>naloxone hcl inj 0.4 mg/ml</i>	86	<i>neomycin sulfate tab 500 mg</i>	15
<i>naloxone hcl inj 4 mg/10ml</i>	86	NEPRO LIQ VANILLA	91
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>		NEULASTA INJ 6MG/0.6M	126
.....	86	NEULASTA KIT 6MG/0.6M.....	126
<i>naloxone hcl soln prefilled syringe 2</i>		NEUPRO DIS 1MG/24HR.....	72
<i>mg/2ml</i>	86	NEUPRO DIS 2MG/24HR.....	72
<i>naltrexone hcl tab 50 mg</i>	86	NEUPRO DIS 3MG/24HR.....	72
NAMENDA XR CAP TITRATIO.....	65	NEUPRO DIS 4MG/24HR.....	72
<i>naproxen tab 250 mg</i>	2	NEUPRO DIS 6MG/24HR.....	72
<i>naproxen tab 375 mg</i>	2	NEUPRO DIS 8MG/24HR.....	72
<i>naproxen tab 500 mg</i>	2	NEVANAC SUS 0.1%.....	141
<i>naratriptan hcl tab 1 mg (base equiv)</i>		<i>nevirapine susp 50 mg/5ml</i>	20
.....	81	<i>nevirapine tab 200 mg</i>	20
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>nevirapine tab er 24hr 100 mg</i>	20
.....	81	<i>nevirapine tab er 24hr 400 mg</i>	20
NARCAN SPR	86	NEXAVAR TAB 200MG.....	37
NATACYN SUS 5% OP	140	NEXIUM GRA 2.5MG DR	121

NEXIUM GRA 5MG DR	121	NITRO-DUR DIS 0.3MG/HR.....	57
NEXPLANON IMP 68MG	104	NITRO-DUR DIS 0.8MG/HR.....	57
NEXTSTELLIS TAB 3-14.2MG.....	104	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>niacin tab er 1000 mg</i>		<i>mg</i>	17
<i>(antihyperlipidemic).....</i>	49	<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>niacin tab er 500 mg</i>		<i>mg</i>	17
<i>(antihyperlipidemic).....</i>	48	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>niacin tab er 750 mg</i>		<i>mg</i>	17
<i>(antihyperlipidemic).....</i>	49	<i>nitrofurantoin monohydrate</i>	
<i>nicardipine hcl cap 20 mg.....</i>	53	<i>macrocrystalline cap 100 mg</i>	17
<i>nicardipine hcl cap 30 mg.....</i>	53	<i>nitrofurantoin susp 25 mg/5ml.....</i>	17
<i>nicotine dis 7mg/24hr.....</i>	86	<i>nitroglycerin sl tab 0.3 mg</i>	57
<i>nicotine gum 4mg</i>	86	<i>nitroglycerin sl tab 0.4 mg</i>	57
<i>nicotine polacrilex gum 2 mg</i>	86	<i>nitroglycerin sl tab 0.6 mg</i>	57
<i>nicotine polacrilex gum 4 mg</i>	86	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nicotine polacrilex lozenge 2 mg.....</i>	86	<i>.....</i>	57
<i>nicotine pol loz 4mg mint</i>	86	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nicotine td patch 24hr 14 mg/24hr ...</i>	86	<i>.....</i>	57
<i>nicotine td patch 24hr 21 mg/24hr ...</i>	87	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nicotine td patch 24hr 7 mg/24hr</i>	86	<i>.....</i>	57
NICOTROL INH	87	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
NICOTROL NS SPR 10MG/ML	87	<i>.....</i>	57
<i>nifedipine tab er 24hr 30 mg</i>	53	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr 60 mg</i>	53	<i>mcg/spray)</i>	57
<i>nifedipine tab er 24hr 90 mg</i>	53	NIVESTYM INJ 300/0.5.....	126
<i>nifedipine tab er 24hr osmotic release</i>		NIVESTYM INJ 300MCG	126
<i>30 mg.....</i>	53	NIVESTYM INJ 480/0.8.....	126
<i>nifedipine tab er 24hr osmotic release</i>		NIVESTYM INJ 480MCG	126
<i>60 mg.....</i>	53	<i>nizatidine cap 150 mg.....</i>	118
<i>nifedipine tab er 24hr osmotic release</i>		<i>nizatidine cap 300 mg.....</i>	118
<i>90 mg.....</i>	53	<i>nizatidine oral soln 15 mg/ml.....</i>	118
<i>nikki tab 3-0.02mg</i>	104	<i>nora-be tab 0.35mg.....</i>	104
<i>nilutamide tab 150 mg.....</i>	33	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nimodipine cap 30 mg</i>	53	<i>chew tab 0.4 mg-35 mcg.....</i>	104
NIPENT INJ 10MG	31	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nisoldipine tab er 24hr 17 mg</i>	53	<i>chew tab 0.8 mg-25 mcg.....</i>	104
<i>nisoldipine tab er 24hr 20 mg</i>	53	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 25.5 mg</i>	53	<i>tab 1 mg-20 mcg.....</i>	104
<i>nisoldipine tab er 24hr 30 mg</i>	53	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nisoldipine tab er 24hr 34 mg</i>	53	<i>cap 1 mg-20 mcg (24)</i>	104
<i>nisoldipine tab er 24hr 40 mg</i>	53	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 8.5 mg</i>	53	<i>tab 0.5 mg-2.5 mcg.....</i>	109
<i>nitazoxanide tab 500 mg.....</i>	17	<i>norethindrone acetate tab 5 mg</i>	114
<i>nitisinone cap 10 mg</i>	106	<i>norethindrone tab 0.35 mg</i>	104
<i>nitisinone cap 2 mg</i>	106	<i>norgestimate & ethinyl estradiol tab</i>	
<i>nitisinone cap 5 mg</i>	106	<i>0.25 mg-35 mcg</i>	104
NITRO-BID OIN 2%.....	57		

<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	104	NUTREN JR LIQ.....	92
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	105	NUTREN LIQ JUNIOR	92
NORPACE CAP 100MG CR.....	46	NUTREN RENAL LIQ.....	92
NORPACE CAP 150MG CR	46	NUTRIRENAL LIQ	92
<i>nortrel tab 0.5/35</i>	105	<i>nyamyc pow 100000</i>	153
<i>nortrel tab 1/35</i>	105	<i>nystatin cream 100000 unit/gm</i>	153
<i>nortrel tab 7/7/7</i>	105	<i>nystatin oint 100000 unit/gm</i>	153
<i>nortriptyline hcl cap 10 mg</i>	69	<i>nystatin susp 100000 unit/ml</i>	158
<i>nortriptyline hcl cap 25 mg</i>	69	<i>nystatin tab 500000 unit</i>	18
<i>nortriptyline hcl cap 50 mg</i>	69	<i>nystatin topical powder 100000 unit/gm</i>	153
<i>nortriptyline hcl cap 75 mg</i>	69	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	153
<i>nortriptyline hcl soln 10 mg/5ml</i>	69	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	153
NORVIR POW 100MG.....	20	<i>nystop pow 100000</i>	153
NORVIR SOL 80MG/ML	20	●	
NOVASOURCE LIQ RENAL.....	91	OA 2 POW	92
NOVOFINE MIS 32GX6MM	136	<i>ocella tab 3-0.03mg</i>	105
NOVOLIN INJ 70/30	99	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	113
NOVOLIN INJ 70/30 FP	99	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	112
NOVOLIN N INJ 100 UNIT.....	99	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	112
NOVOLIN N INJ U-100	99	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	112
NOVOLIN R INJ 100 UNIT.....	99	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	112
NOVOLIN R INJ U-100	99	<i>octreotide inj 100mcg</i>	113
NOVOLOG INJ 100/ML	99	<i>octreotide inj 500mcg</i>	113
NOVOLOG INJ FLEXPEN	99	<i>octreotide inj 50mcg/ml</i>	113
NOVOLOG INJ PENFILL	99	ODEFSEY TAB.....	22
NOVOLOG MIX INJ 70/30	99	ODOMZO CAP 200MG	39
NOVOLOG MIX INJ FLEXPEN	99	<i>ofloxacin ophth soln 0.3%</i>	141
NOXAFIL SUS 40MG/ML	18	<i>ofloxacin otic soln 0.3%</i>	159
NUBEQA TAB 300MG	33	<i>ofloxacin tab 300 mg</i>	26
NUCALA INJ 100MG.....	146	<i>ofloxacin tab 400 mg</i>	26
NUCALA INJ 100MG/ML.....	146	<i>ogestrel tab</i>	105
NUCYNTA ER TAB 100MG.....	9	<i>olanzapine for im inj 10 mg</i>	75
NUCYNTA ER TAB 150MG.....	9	<i>olanzapine orally disintegrating tab 10 mg</i>	75
NUCYNTA ER TAB 200MG.....	9	<i>olanzapine orally disintegrating tab 15 mg</i>	75
NUCYNTA ER TAB 250MG	10	<i>olanzapine orally disintegrating tab 20 mg</i>	75
NUCYNTA ER TAB 50MG.....	9		
NUCYNTA TAB 100MG.....	10		
NUCYNTA TAB 50MG	10		
NUCYNTA TAB 75MG	10		
NUDEXTA CAP 20-10MG	83		
<i>nulev tab 0.125mg</i>	116		
NUTRAMINE PAK.....	92		
NUTREN 1.0 LIQ UNFLAVOR	92		
NUTREN 1.5 LIQ FIBER	92		
NUTREN 2.0 LIQ VANILLA	92		

<i>olanzapine orally disintegrating tab 5 mg</i>	75	OMNIFLEX DPR	135
<i>olanzapine tab 10 mg</i>	75	OMNIPOD KIT STARTER	136
<i>olanzapine tab 15 mg</i>	75	OMNIPOD MIS 5 PACK	136
<i>olanzapine tab 2.5 mg</i>	75	ONCASPAR INJ 750/ML	39
<i>olanzapine tab 20 mg</i>	75	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	117
<i>olanzapine tab 5 mg</i>	75	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	117
<i>olanzapine tab 7.5 mg</i>	75	<i>ondansetron hcl oral soln 4 mg/5ml</i>	117
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	44	<i>ondansetron hcl tab 24 mg</i>	117
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	44	<i>ondansetron hcl tab 4 mg</i>	117
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	44	<i>ondansetron hcl tab 8 mg</i>	117
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	44	<i>ondansetron orally disintegrating tab 4 mg</i>	117
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	44	<i>ondansetron orally disintegrating tab 8 mg</i>	117
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	44	OPSUMIT TAB 10MG	57
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	44	OPTICHAMBER MIS FACE MAS.....	136
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	44	OPTIMENTAL LIQ	92
<i>olmesartan medoxomil tab 20 mg</i>	45	<i>oralone dent pst 0.1%</i>	158
<i>olmesartan medoxomil tab 40 mg</i>	45	ORAVIG TAB 50MG	158
<i>olmesartan medoxomil tab 5 mg</i>	45	ORENITRAM TAB 0.125MG	58
<i>olopatadine hcl nasal soln 0.6%</i>	145	ORENITRAM TAB 0.25MG	57
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	142	ORENITRAM TAB 1MG.....	58
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	142	ORENITRAM TAB 2.5MG	58
<i>omega-3-acid ethyl esters cap 1 gm</i>	49	ORENITRAM TAB 5MG.....	58
<i>omeprazole cap delayed release 10 mg</i>	121	ORFADIN CAP 20MG	106
<i>omeprazole cap delayed release 20 mg</i>	121	ORFADIN SUS 4MG/ML.....	106
<i>omeprazole cap delayed release 40 mg</i>	121	ORLISSA TAB 150MG.....	105
OMNARIS SPR.....	149	ORLISSA TAB 200MG.....	106
		ORKAMBI GRA 100-125.....	148
		ORKAMBI GRA 150-188.....	148
		ORKAMBI TAB 100-125	149
		ORKAMBI TAB 200-125	149
		<i>orphenadrine citrate inj 30 mg/ml</i>	85
		<i>orphenadrine citrate tab er 12hr 100 mg</i>	85
		<i>orsythia tab</i>	105
		OS 2 POW	92
		<i>oscimin sub 0.125mg</i>	116
		<i>oscimin tab 0.125mg</i>	116
		<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	23
		<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	23
		<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	23

<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	23	<i>oxycodone hcl soln 5 mg/5ml</i>	10
<i>osmitrol inj 10%</i>	55	<i>oxycodone hcl tab 10 mg</i>	10
<i>osmitrol inj 15%</i>	55	<i>oxycodone hcl tab 15 mg</i>	11
<i>osmitrol inj 5%</i>	55	<i>oxycodone hcl tab 20 mg</i>	11
<i>OSMOLITE 1.2 LIQ CAL</i>	92	<i>oxycodone hcl tab 30 mg</i>	11
<i>OSMOLITE 1.5 LIQ CAL</i>	92	<i>oxycodone hcl tab 5 mg</i>	10
<i>OSMOLITE 1 LIQ CAL</i>	92	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	11
<i>OSMOLITE HN LIQ</i>	93	<i>oxycodone hcl tab er 12hr deter 15 mg</i>	11
<i>OSMOLITE LIQ</i>	93	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	11
<i>OSMOPREP TAB 1.5GM</i>	119	<i>oxycodone hcl tab er 12hr deter 30 mg</i>	11
<i>OSPHENA TAB 60MG</i>	113	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	11
<i>OTEZLA TAB 10/20/30</i>	131	<i>oxycodone hcl tab er 12hr deter 60 mg</i>	11
<i>OTEZLA TAB 30MG</i>	131	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	11
<i>OVIDREL INJ</i>	110	<i>oxycodone-ibuprofen tab 5-400 mg</i> ..	12
<i>oxaliplatin for iv inj 100 mg</i>	39	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	12
<i>oxaliplatin for iv inj 50 mg</i>	39	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	11
<i>oxaliplatin iv soln 100 mg/20ml</i>	39	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	11
<i>oxaliplatin iv soln 50 mg/10ml</i>	39	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	12
<i>oxandrolone tab 10 mg</i>	97	<i>OXYCONTIN TAB 10MG CR</i>	12
<i>oxandrolone tab 2.5 mg</i>	97	<i>OXYCONTIN TAB 15MG CR</i>	12
<i>oxaprozin tab 600 mg</i>	2	<i>OXYCONTIN TAB 20MG CR</i>	12
<i>oxazepam cap 10 mg</i>	59	<i>OXYCONTIN TAB 30MG CR</i>	12
<i>oxazepam cap 15 mg</i>	59	<i>OXYCONTIN TAB 40MG CR</i>	12
<i>oxazepam cap 30 mg</i>	59	<i>OXYCONTIN TAB 60MG CR</i>	12
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	62	<i>OXYCONTIN TAB 80MG CR</i>	12
<i>oxcarbazepine tab 150 mg</i>	62	<i>oxymorphone hcl tab 10 mg</i>	13
<i>oxcarbazepine tab 300 mg</i>	62	<i>oxymorphone hcl tab 5 mg</i>	12
<i>oxcarbazepine tab 600 mg</i>	62	<i>oxymorphone hcl tab er 12hr 10 mg</i> ..	13
<i>OXEPA 1.5 LIQ</i>	93	<i>oxymorphone hcl tab er 12hr 15 mg</i> ..	13
<i>OXEPA LIQ</i>	93	<i>oxymorphone hcl tab er 12hr 20 mg</i> ..	13
<i>oxiconazole nitrate cream 1%</i>	153	<i>oxymorphone hcl tab er 12hr 30 mg</i> ..	13
<i>oxybutynin chloride syrup 5 mg/5ml</i>	123	<i>oxymorphone hcl tab er 12hr 40 mg</i> ..	13
<i>oxybutynin chloride tab 5 mg</i>	123	<i>oxymorphone hcl tab er 12hr 5 mg</i> ..	13
<i>oxybutynin chloride tab er 24hr 10 mg</i>	123	<i>oxymorphone hcl tab er 12hr 7.5 mg</i> ..	13
<i>oxybutynin chloride tab er 24hr 15 mg</i>	123	<i>OZEMPIC INJ 2/1.5ML</i>	98
<i>oxybutynin chloride tab er 24hr 5 mg</i>	123	<i>OZEMPIC INJ 4MG/3ML</i>	98
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	12		
<i>oxycodone hcl cap 5 mg</i>	10		
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	10		

P	
<i>pacerone tab 100mg</i>	46
<i>pacerone tab 200mg</i>	46
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	31
<i>paliperidone tab er 24hr 1.5 mg</i>	75
<i>paliperidone tab er 24hr 3 mg</i>	75
<i>paliperidone tab er 24hr 6 mg</i>	75
<i>paliperidone tab er 24hr 9 mg</i>	75
<i>pamidronate disodium iv soln 3 mg/ml</i>	101
PANDA MASK MIS PEDIATRI	136
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	121
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	122
PARAGARD IUD T380A	105
<i>paraplatin inj 1000mg</i>	39
<i>paricalcitol cap 1 mcg</i>	139
<i>paricalcitol cap 2 mcg</i>	139
<i>paricalcitol cap 4 mcg</i>	139
<i>paramomycin sulfate cap 250 mg</i>	15
<i>paroxetine hcl tab 10 mg</i>	69
<i>paroxetine hcl tab 20 mg</i>	69
<i>paroxetine hcl tab 30 mg</i>	70
<i>paroxetine hcl tab 40 mg</i>	70
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	70
<i>paroxetine hcl tab er 24hr 25 mg</i>	70
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	70
PASER GRA 4GM	22
PAZEO DRO 0.7%	142
PEDIARIX INJ 0.5ML	134
PEDIASURE EN LIQ /FIBER	93
PEDIASURE LIQ PEPTIDE	93
PEDVAX HIB INJ	134
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	119
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	120
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	120
PEGANONE TAB 250MG	62
PEGASYS INJ	26
PEGASYS INJ 180MCG/M	26
PEG-PREP KIT	120
<i>penicillamine tab 250 mg</i>	102
<i>penicillin g potassium for inj 2000000 unit</i>	27
<i>penicillin g potassium for inj 5000000 unit</i>	27
<i>penicillin g sodium for inj 5000000 unit</i>	27
<i>penicillin v potassium for soln 125 mg/5ml</i>	27
<i>penicillin v potassium for soln 250 mg/5ml</i>	27
<i>penicillin v potassium tab 250 mg</i>	27
<i>penicillin v potassium tab 500 mg</i>	28
PENTACEL INJ	134
<i>pentamidine isethionate for nebulization soln 300 mg</i>	17
<i>pentamidine isethionate for soln 300 mg</i>	17
<i>pentoxifylline tab er 400 mg</i>	126
PEPTAMEN LIQ PREBIO1	93
PEPTAMEN LIQ UNFLAVOR	93
PEPTINEX DT LIQ	93
PEPTINEX DT LIQ VANILLA	93
PERATIVE LIQ	93
PERFOROMIST NEB 20MCG	146
PERIFLEX POW ADVANCE	93
<i>perindopril erbumine tab 2 mg</i>	42
<i>perindopril erbumine tab 4 mg</i>	42
<i>perindopril erbumine tab 8 mg</i>	42
<i>perio gard sol 0.12%</i>	158
<i>permethrin cream 5%</i>	158
<i>perphenazine tab 16 mg</i>	75
<i>perphenazine tab 2 mg</i>	75
<i>perphenazine tab 4 mg</i>	75
<i>perphenazine tab 8 mg</i>	75
PFD 2 POW	93
<i>pfizerpen inj 20000000</i>	28
PHENACTIN AA LIQ PLUS	93
<i>phenelzine sulfate tab 15 mg</i>	70
PHENEX-1 POW	94
PHENEX-2 POW	94
<i>phenobarbital elixir 20 mg/5ml</i>	62
<i>phenobarbital tab 100 mg</i>	62

<i>phenobarbital tab 15 mg</i>	62	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	100
<i>phenobarbital tab 16.2 mg</i>	62	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	100
<i>phenobarbital tab 30 mg</i>	62	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	28
<i>phenobarbital tab 32.4 mg</i>	62	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	28
<i>phenobarbital tab 60 mg</i>	62	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	28
<i>phenobarbital tab 64.8 mg</i>	62	<i>pirmella tab 1/35</i>	105
<i>phenobarbital tab 97.2 mg</i>	62	<i>pirmella tab 7/7/7</i>	105
<i>phenoxybenzamine hcl cap 10 mg</i> ...	56	<i>piroxicam cap 10 mg</i>	2
PHENYLAD60 POW	94	<i>piroxicam cap 20 mg</i>	2
<i>phenylephrine hcl ophth soln 10%</i> ..	143	PIVOT LIQ 1.5 CAL	94
<i>phenylephrine hcl ophth soln 2.5%</i> ..	143	PKU EXPLORE5 POW UNFLAVOR	94
PHENYL-FREE POW 2	94	PLEGRIDY INJ	84
<i>phenytoin chew tab 50 mg</i>	62	PLEGRIDY INJ PEN	84
<i>phenytoin sodium extended cap 100</i> mg	62	PLEGRIDY INJ STARTER	84
<i>phenytoin sodium extended cap 200</i> mg	62	PLEGRIDY PEN INJ STARTER	84
<i>phenytoin sodium extended cap 300</i> mg	62	PLENVU SOL	120
<i>phenytoin sodium inj 50 mg/ml</i>	62	PNEUMOVAX 23 INJ 25/0.5	134
<i>phenytoin susp 125 mg/5ml</i>	62	<i>podofilox soln 0.5%</i>	157
PHOSLYRA SOL	114	<i>polycin oin op</i>	141
PHOSPHOLINE SOL 0.125%OP	142	<i>polyethylene glycol 3350 oral powder</i> 17 gm/scoop	120
PHOTOFRIN INJ 75MG	39	<i>polymyxin b sulfate for inj 500000 unit</i>	17
<i>physiolyte sol</i>	143	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	141
<i>physiosol sol irrigat</i>	143	POMALYST CAP 1MG	131
<i>phytonadione tab 5 mg</i>	139	POMALYST CAP 2MG	131
PICATO GEL 0.015%	152	POMALYST CAP 3MG	131
PICATO GEL 0.05%	152	POMALYST CAP 4MG	131
<i>pilocarpine hcl ophth soln 1%</i>	142	PORTAGEN POW	94
<i>pilocarpine hcl tab 5 mg</i>	158	<i>portia-28 tab</i>	105
<i>pilocarpine hcl tab 7.5 mg</i>	158	<i>posaconazole tab delayed release 100</i> mg	18
<i>pimozide tab 1 mg</i>	83	<i>potassium chloride cap er 10 meq</i> ..	137
<i>pimozide tab 2 mg</i>	83	<i>potassium chloride cap er 8 meq</i> ...	137
<i>pindolol tab 10 mg</i>	50	<i>potassium chloride inj 2 meq/ml</i>	138
<i>pindolol tab 5 mg</i>	50	<i>potassium chloride microencapsulated</i> crys er tab 10 meq	137
<i>pioglitazone hcl-glimepiride tab 30-2</i> mg	100	<i>potassium chloride microencapsulated</i> crys er tab 20 meq	137
<i>pioglitazone hcl-glimepiride tab 30-4</i> mg	100	<i>potassium chloride oral soln 10% (20</i> meq/15ml)	137
<i>pioglitazone hcl-metformin hcl tab 15-</i> 500 mg	100		
<i>pioglitazone hcl-metformin hcl tab 15-</i> 850 mg	100		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	100		

<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	137	<i>prasugrel hcl tab 5 mg (base equiv)</i>	127
<i>potassium chloride tab er 10 meq</i> ...	137	<i>pravastatin sodium tab 10 mg</i>	48
<i>potassium chloride tab er 20 meq (1500 mg)</i>	137	<i>pravastatin sodium tab 20 mg</i>	48
<i>potassium chloride tab er 8 meq (600 mg)</i>	137	<i>pravastatin sodium tab 40 mg</i>	48
<i>potassium citrate tab er 10 meq (1080 mg)</i>	123	<i>pravastatin sodium tab 80 mg</i>	48
<i>potassium citrate tab er 15 meq (1620 mg)</i>	123	<i>praziquantel tab 600 mg</i>	17
<i>potassium citrate tab er 5 meq (540 mg)</i>	123	<i>prazosin hcl cap 1 mg</i>	43
PPA/MMA POW EXPRESS	94	<i>prazosin hcl cap 2 mg</i>	43
PRADAXA CAP 110MG	125	<i>prazosin hcl cap 5 mg</i>	43
PRADAXA CAP 150MG	125	PRED MILD SUS 0.12% OP	141
PRADAXA CAP 75MG	125	<i>prednicarbate cream 0.1%</i>	156
PRALUENT INJ 150MG/ML	49	<i>prednicarbate oint 0.1%</i>	156
PRALUENT INJ 75MG/ML	49	<i>prednisolone acetate ophth susp 1%</i>	141
<i>pramipexole dihydrochloride tab 0.125 mg</i>	72	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	111
<i>pramipexole dihydrochloride tab 0.25 mg</i>	72	<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	111
<i>pramipexole dihydrochloride tab 0.5 mg</i>	72	<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	111
<i>pramipexole dihydrochloride tab 0.75 mg</i>	72	<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	111
<i>pramipexole dihydrochloride tab 1.5 mg</i>	72	<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	111
<i>pramipexole dihydrochloride tab 1 mg</i>	72	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	111
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	72	<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	111
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	72	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	111
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	72	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	112
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	72	PREDNISONE CON 5MG/ML.....	112
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	73	<i>prednisone oral soln 5 mg/5ml</i>	112
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	73	<i>prednisone tab 10 mg</i>	112
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	73	<i>prednisone tab 1 mg</i>	112
<i>prasugrel hcl tab 10 mg (base equiv)</i>	127	<i>prednisone tab 2.5 mg</i>	112
		<i>prednisone tab 20 mg</i>	112
		<i>prednisone tab 50 mg</i>	112
		<i>prednisone tab 5 mg</i>	112
		<i>prednisone tab therapy pack 10 mg (21)</i>	112
		<i>prednisone tab therapy pack 10 mg (48)</i>	112
		<i>prednisone tab therapy pack 5 mg (21)</i>	112

<i>prednisone tab therapy pack 5 mg (48)</i>	PROGRAF INJ 5MG/ML	133
.....	PROLASTIN-C INJ 1000MG	149
PRED SOD PHO SOL 1% OP	PROLIA SOL 60MG/ML.....	113
<i>pregabalin cap 100 mg</i>	PROMACTA TAB 12.5MG	126
<i>pregabalin cap 150 mg</i>	PROMACTA TAB 25MG.....	126
<i>pregabalin cap 200 mg</i>	PROMACTA TAB 50MG.....	126
<i>pregabalin cap 225 mg</i>	PROMACTA TAB 75MG.....	126
<i>pregabalin cap 25 mg</i>	PROMACTIN AA SUS PLUS	94
<i>pregabalin cap 300 mg</i>	<i>promethazine & phenylephrine syrup</i>	
<i>pregabalin cap 50 mg</i>	6.25-5 mg/5ml.....	147
<i>pregabalin cap 75 mg</i>	<i>promethazine-dm syrup 6.25-15</i>	
<i>pregabalin soln 20 mg/ml</i>	mg/5ml.....	147
PREMARIN TAB 0.3MG	<i>promethazine hcl inj 25 mg/ml</i>	117
PREMARIN TAB 0.45MG.....	<i>promethazine hcl inj 50 mg/ml</i>	117
PREMARIN TAB 0.625MG	<i>promethazine hcl suppos 12.5 mg</i> ..	117
PREMARIN TAB 0.9MG	<i>promethazine hcl suppos 25 mg</i>	117
PREMARIN TAB 1.25MG.....	<i>promethazine hcl syrup 6.25 mg/5ml</i>	
PREMARIN VAG CRE 0.625MG .....	.....	118
<i>prenatabs rx tab</i>	<i>promethazine hcl tab 12.5 mg</i>	118
PREPOPIK PAK	<i>promethazine hcl tab 25 mg</i>	118
<i>prevalite pow 4gm</i>	<i>promethazine hcl tab 50 mg</i>	118
<i>previfem tab</i>	<i>promethazine-phenylephrine-codeine</i>	
PREVNAR 13 INJ	<i>syrup 6.25-5-10 mg/5ml</i>	147
PREVNAR 20 INJ	<i>promethazine w/ codeine syrup 6.25-</i>	
PREZCOBIX TAB 800-150	10 mg/5ml	147
PREZISTA SUS 100MG/ML.....	<i>promethagan sup 12.5mg</i>	118
PREZISTA TAB 150MG	<i>promethagan sup 25mg</i>	118
PREZISTA TAB 600MG	<i>promethagan sup 50mg</i>	118
PREZISTA TAB 75MG	PROMOTE/ LIQ FIBER	95
PREZISTA TAB 800MG	PROMOTE 1.0 LIQ W/ FIBER	94
PRIFTIN TAB 150MG.....	PROMOTE LIQ VANILLA	94
<i>primaquine phosphate tab 26.3 mg (15</i>	PROMOTE W/FB LIQ VANILLA	94
<i>mg base)</i>	PROMOTE W/ LIQ FIBER	94
.....	<i>propafenone hcl cap er 12hr 225 mg</i>	46
<i>primidone tab 250 mg</i>	<i>propafenone hcl cap er 12hr 325 mg</i>	46
<i>primidone tab 50 mg</i>	<i>propafenone hcl cap er 12hr 425 mg</i>	46
PRIMSOL SOL 50MG/5ML	<i>propafenone hcl tab 150 mg</i>	46
<i>probenecid tab 500 mg</i>	<i>propafenone hcl tab 225 mg</i>	46
<i>procainamide hcl inj 100 mg/ml</i>	<i>propafenone hcl tab 300 mg</i>	46
<i>prochlorperazine maleate tab 10 mg</i>	<i>proparacaine hcl ophth soln 0.5%</i> ...143	
<i>(base equivalent)</i>	PRO-PHREE POW.....	94
<i>prochlorperazine maleate tab 5 mg</i>	PROPIMEX-1 POW	95
<i>(base equivalent)</i>	PROPIMEX-2 POW	95
<i>prochlorperazine suppos 25 mg</i>	<i>propranolol & hydrochlorothiazide tab</i>	
<i>procto-pak cre 1%</i>	40-25 mg.....	49
<i>proctozone cre -hc 2.5%</i>	<i>propranolol & hydrochlorothiazide tab</i>	
<i>progesterone cap 100 mg</i>	80-25 mg.....	49
<i>progesterone cap 200 mg</i>		

<i>propranolol hcl cap er 24hr 120 mg</i> ..50	<i>quinapril hcl tab 10 mg</i> .....42
<i>propranolol hcl cap er 24hr 160 mg</i> ..51	<i>quinapril hcl tab 20 mg</i> .....42
<i>propranolol hcl cap er 24hr 60 mg</i> ....50	<i>quinapril hcl tab 40 mg</i> .....42
<i>propranolol hcl cap er 24hr 80 mg</i> ....50	<i>quinapril hcl tab 5 mg</i> .....42
<i>propranolol hcl oral soln 20 mg/5ml</i> ..51	<i>quinapril-hydrochlorothiazide tab 10-</i>
<i>propranolol hcl oral soln 40 mg/5ml</i> ..51	<i>12.5 mg</i> .....41
<i>propranolol hcl tab 10 mg</i> .....51	<i>quinapril-hydrochlorothiazide tab 20-</i>
<i>propranolol hcl tab 20 mg</i> .....51	<i>12.5 mg</i> .....41
<i>propranolol hcl tab 40 mg</i> .....51	<i>quinapril-hydrochlorothiazide tab 20-25</i>
<i>propranolol hcl tab 60 mg</i> .....51	<i>mg</i> .....41
<i>propranolol hcl tab 80 mg</i> .....51	<i>quinidine sulfate tab 200 mg</i> .....46
<i>propylthiouracil tab 50 mg</i> .....115	<i>quinidine sulfate tab 300 mg</i> .....46
PROQUAD INJ .....134	<i>quinine sulfate cap 324 mg</i> .....19
PROSOURCE LIQ TF.....95	QVAR REDIIHA AER 80MCG .....149
<i>protriptyline hcl tab 10 mg</i> .....70	QVAR REDIIHAL AER 40MCG .....149
<i>protriptyline hcl tab 5 mg</i> .....70	R
PROVIMIN POW .....95	<i>rabeprazole sodium ec tab 20 mg</i> ...122
<i>pseudoephed-bromphen-dm syrup 30-</i>	<i>raloxifene hcl tab 60 mg</i>.....113
<i>2-10 mg/5ml</i> .....147	<i>ramelteon tab 8 mg</i>.....80
<i>pyrazinamide tab 500 mg</i> .....22	<i>ramipril cap 1.25 mg</i> .....42
<i>pyridostigmine bromide oral soln 60</i>	<i>ramipril cap 10 mg</i> .....42
<i>mg/5ml</i>.....83	<i>ramipril cap 2.5 mg</i> .....42
<i>pyridostigmine bromide tab 60 mg</i> ...83	<i>ramipril cap 5 mg</i>.....42
<i>pyridostigmine bromide tab er 180 mg</i>	<i>ranitidine hcl inj 50 mg/2ml (25</i>
.....83	<i>mg/ml)</i> .....118
<i>pyridoxine hcl tab 25 mg</i> .....139	<i>ranolazine tab er 12hr 1000 mg</i> .....56
<i>pyridoxine hcl tab 50 mg</i> .....139	<i>ranolazine tab er 12hr 500 mg</i>.....56
<i>pyrimethamine tab 25 mg</i> .....17	<i>rasagiline mesylate tab 0.5 mg (base</i>
Q	<i>equiv)</i>.....73
QUADRACEL INJ .....134	<i>rasagiline mesylate tab 1 mg (base</i>
QUADRAMET INJ 1850MBQ.....39	<i>equiv)</i>.....73
<i>quetiapine fumarate tab 100 mg</i> .....75	REBIF INJ 22/0.5 .....84
<i>quetiapine fumarate tab 200 mg</i> .....75	REBIF INJ 44/0.5 .....84
<i>quetiapine fumarate tab 25 mg</i> .....75	REBIF REBIDO INJ 22/0.5 .....84
<i>quetiapine fumarate tab 300 mg</i> .....75	REBIF REBIDO INJ 44/0.5 .....84
<i>quetiapine fumarate tab 400 mg</i> .....75	REBIF REBIDO INJ TITRATN .....84
<i>quetiapine fumarate tab 50 mg</i> .....75	REBIF TITRTN INJ PACK .....84
<i>quetiapine fumarate tab er 24hr 150</i>	<i>reclipsen tab</i>.....105
<i>mg</i> .....75	RECOMBIVA HB INJ 10MCG/ML .....134
<i>quetiapine fumarate tab er 24hr 200</i>	RECOMBIVA-HB INJ 40MCG/ML .....134
<i>mg</i> .....75	RECOMBIVA HB INJ 5MCG/0.5 .....134
<i>quetiapine fumarate tab er 24hr 300</i>	RECTIV OIN 0.4% .....157
<i>mg</i> .....75	REGANEX GEL 0.01%.....158
<i>quetiapine fumarate tab er 24hr 400</i>	RELENZA MIS DISKHALE .....23
<i>mg</i> .....75	REMODULIN INJ 10MG/ML.....58
<i>quetiapine fumarate tab er 24hr 50 mg</i>	REMODULIN INJ 1MG/ML .....58
.....75	REMODULIN INJ 2.5MG/ML.....58

REMODULIN INJ 5MG/ML	58	<i>risedronate sodium tab delayed release</i>	
RENASTART POW	95	35 mg	101
<i>repaglinide tab 0.5 mg</i>	100	<i>risperidone orally disintegrating tab</i>	
<i>repaglinide tab 1 mg</i>	100	0.25 mg	76
<i>repaglinide tab 2 mg</i>	100	<i>risperidone orally disintegrating tab 0.5</i>	
REPLETE FIBE LIQ 1 CAL	95	mg	76
REPLETE LIQ ULTRAPAK	95	<i>risperidone orally disintegrating tab 1</i>	
RESCRIPTOR TAB 200MG	20	mg	76
RESOURCE DIA LIQ TF	95	<i>risperidone orally disintegrating tab 2</i>	
RESTASIS EMU 0.05%	143	mg	76
RETACRIT INJ 10000UNT	126	<i>risperidone orally disintegrating tab 3</i>	
RETACRIT INJ 20000UNI	126	mg	76
RETACRIT INJ 2000UNIT	126	<i>risperidone orally disintegrating tab 4</i>	
RETACRIT INJ 3000UNIT	126	mg	76
RETACRIT INJ 40000UNT	126	<i>risperidone soln 1 mg/ml</i>	76
RETACRIT INJ 4000UNIT	126	<i>risperidone tab 0.25 mg</i>	76
RETROVIR INJ 10MG/ML	20	<i>risperidone tab 0.5 mg</i>	76
REVLIMID CAP 10MG	132	<i>risperidone tab 1 mg</i>	76
REVLIMID CAP 15MG	132	<i>risperidone tab 2 mg</i>	76
REVLIMID CAP 2.5MG	132	<i>risperidone tab 3 mg</i>	76
REVLIMID CAP 20MG	132	<i>risperidone tab 4 mg</i>	76
REVLIMID CAP 25MG	132	<i>ritonavir tab 100 mg</i>	20
REVLIMID CAP 5MG	132	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
REXULTI TAB 0.25MG	76	equivalent)	65
REXULTI TAB 0.5MG	75	<i>rivastigmine tartrate cap 3 mg (base</i>	
REXULTI TAB 1MG	76	equivalent)	65
REXULTI TAB 2MG	76	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
REXULTI TAB 3MG	76	equivalent)	65
REXULTI TAB 4MG	76	<i>rivastigmine tartrate cap 6 mg (base</i>	
REYATAZ POW 50MG	20	equivalent)	65
<i>ribavirin cap 200 mg</i>	26	<i>rivastigmine td patch 24hr 13.3</i>	
<i>ribavirin for inhal soln 6 gm</i>	23	mg/24hr	65
<i>ribavirin tab 200 mg</i>	26	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>rifabutin cap 150 mg</i>	22	.....	65
RIFAMATE CAP	22	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>rifampin cap 150 mg</i>	22	.....	65
<i>rifampin cap 300 mg</i>	22	<i>rivelsa tab</i>	105
<i>rifampin for inj 600 mg</i>	22	<i>rizatriptan benzoate oral disintegrating</i>	
RIFATER TAB	22	tab 10 mg (base eq)	81
<i>riluzole tab 50 mg</i>	83	<i>rizatriptan benzoate oral disintegrating</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		tab 5 mg (base eq)	81
.....	23	<i>rizatriptan benzoate tab 10 mg (base</i>	
RINVOQ TAB 15MG ER	129	equivalent)	81
<i>risedronate sodium tab 150 mg</i>	101	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>risedronate sodium tab 30 mg</i>	101	equivalent)	81
<i>risedronate sodium tab 35 mg</i>	101	<i>ropinirole hydrochloride tab 0.25 mg</i>	73
<i>risedronate sodium tab 5 mg</i>	101	<i>ropinirole hydrochloride tab 0.5 mg</i> ..	73

<i>ropinirole hydrochloride tab 1 mg</i>	73	SHARPS CONT MIS 2QUART	136
<i>ropinirole hydrochloride tab 2 mg</i>	73	SHINGRIX INJ 50/0.5ML	134
<i>ropinirole hydrochloride tab 3 mg</i>	73	SHUR-SEAL GEL 2%	122
<i>ropinirole hydrochloride tab 4 mg</i>	73	SIGNIFOR INJ 0.3MG/ML	113
<i>ropinirole hydrochloride tab 5 mg</i>	73	SIGNIFOR INJ 0.6MG/ML	113
<i>rosadan cre 0.75%</i>	158	SIGNIFOR INJ 0.9MG/ML	113
<i>rosuvastatin calcium tab 10 mg</i>	48	<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	
<i>rosuvastatin calcium tab 20 mg</i>	48	<i>(base equivalent)</i>	58
<i>rosuvastatin calcium tab 40 mg</i>	48	<i>sildenafil citrate tab 100 mg</i>	122
<i>rosuvastatin calcium tab 5 mg</i>	48	<i>sildenafil citrate tab 20 mg</i>	58
ROTARIX SUS	134	<i>sildenafil citrate tab 25 mg</i>	122
ROTATEQ SOL	134	<i>sildenafil citrate tab 50 mg</i>	122
RYDAPT CAP 25MG	32	<i>silodosin cap 4 mg</i>	122
S		<i>silodosin cap 8 mg</i>	122
S.O.S. 20 POW	95	<i>silver sulfadiazine cream 1%</i>	152
S.O.S. 25 POW	95	SIMBRINZA SUS 1-0.2%	142
SANCUSO DIS 3.1MG	118	SIMPONI ARIA SOL 50MG/4ML	129
SANDIMMUNE SOL 100MG/ML	133	SIMPONI INJ 100MG/ML	130
<i>sapropterin dihydrochloride powder</i>		SIMPONI INJ 50/0.5ML	129
<i>packet 100 mg</i>	106	<i>simvastatin tab 10 mg</i>	48
<i>sapropterin dihydrochloride powder</i>		<i>simvastatin tab 20 mg</i>	48
<i>packet 500 mg</i>	106	<i>simvastatin tab 40 mg</i>	48
<i>sapropterin dihydrochloride tab 100 mg</i>		<i>simvastatin tab 5 mg</i>	48
.....	106	<i>simvastatin tab 80 mg</i>	48
SAVELLA MIS TITR PAK	83	<i>sirolimus oral soln 1 mg/ml</i>	133
SAVELLA TAB 100MG	83	<i>sirolimus tab 0.5 mg</i>	133
SAVELLA TAB 12.5MG	83	<i>sirolimus tab 1 mg</i>	133
SAVELLA TAB 25MG	83	<i>sirolimus tab 2 mg</i>	133
SAVELLA TAB 50MG	83	SIRTURO TAB 100MG	22
<i>scopolamine td patch 72hr 1 mg/3days</i>		SIRTURO TAB 20MG	22
.....	118	SKYLA IUD 13.5MG	105
<i>selegiline hcl cap 5 mg</i>	73	SKYRIZI INJ 150DOSE	130
<i>selegiline hcl tab 5 mg</i>	73	SKYRIZI INJ 150MG/ML	130
<i>selenium sulfide lotion 2.5%</i>	154	SKYRIZI PEN INJ 150MG/ML	130
SELZENTRY SOL 20MG/ML	20	<i>sleep-aid tab 25mg</i>	80
SELZENTRY TAB 150MG	20	SLYND TAB 4MG	105
SELZENTRY TAB 25MG	20	<i>sm nicotine dis 14mg/24h</i>	87
SELZENTRY TAB 300MG	20	<i>sm nicotine dis 21mg/24h</i>	87
SELZENTRY TAB 75MG	20	<i>sm nicotine dis 7mg/24hr</i>	87
<i>sertraline hcl oral concentrate for</i>		<i>sod chloride inj 0.9%</i>	137
<i>solution 20 mg/ml</i>	70	<i>sodium chloride inj 2.5 meq/ml</i>	
<i>sertraline hcl tab 100 mg</i>	70	<i>(14.6%)</i>	138
<i>sertraline hcl tab 25 mg</i>	70	<i>sodium chloride irrigation soln 0.9%</i>	
<i>sertraline hcl tab 50 mg</i>	70	.....	158
<i>sevelamer carbonate packet 0.8 gm</i>	114	<i>sodium chloride iv soln 0.45%</i>	138
<i>sevelamer carbonate packet 2.4 gm</i>	114	<i>sodium chloride iv soln 0.9%</i>	138
<i>sevelamer carbonate tab 800 mg</i> ..	114	<i>sodium chloride iv soln 3%</i>	138

<i>sodium chloride iv soln 5%</i>	138	<i>sotalol hcl (afib/afl) tab 120 mg</i>	46
<i>sodium chloride preservative free (pf)</i>		<i>sotalol hcl (afib/afl) tab 160 mg</i>	46
<i>inj 0.9%</i>	138	<i>sotalol hcl (afib/afl) tab 80 mg</i>	46
<i>sodium chloride soln nebu 0.9%</i>	149	<i>sotalol hcl tab 120 mg</i>	46
<i>sodium chloride soln nebu 10%</i>	149	<i>sotalol hcl tab 160 mg</i>	46
<i>sodium chloride soln nebu 3%</i>	149	<i>sotalol hcl tab 240 mg</i>	47
<i>sodium chloride soln nebu 7%</i>	149	<i>sotalol hcl tab 80 mg</i>	46
<i>sodium fluoride chew tab 0.25 mg f</i>		SOVALDI PAK 150MG	26
<i>(from 0.55 mg naf)</i>	138	SOVALDI PAK 200MG	26
<i>sodium fluoride chew tab 0.5 mg f</i>		SOVALDI TAB 200MG	26
<i>(from 1.1 mg naf)</i>	138	SOVALDI TAB 400MG	26
<i>sodium fluoride chew tab 1 mg f (from</i>		<i>spinosad susp 0.9%</i>	158
<i>2.2 mg naf)</i>	138	SPIRIVA AER 1.25MCG	144
<i>sodium fluoride soln 0.5 mg/ml f (from</i>		SPIRIVA CAP HANDIHLR	144
<i>1.1 mg/ml naf)</i>	138	SPIRIVA SPR 2.5MCG	144
<i>sodium fluoride tab 0.5 mg f (from 1.1</i>		<i>spironolactone & hydrochlorothiazide</i>	
<i>mg naf)</i>	138	<i>tab 25-25 mg</i>	55
<i>sodium fluoride tab 1 mg f (from 2.2</i>		<i>spironolactone tab 100 mg</i>	55
<i>mg naf)</i>	138	<i>spironolactone tab 25 mg</i>	55
<i>sodium phenylbutyrate oral powder 3</i>		<i>spironolactone tab 50 mg</i>	55
<i>gm/teaspoonful</i>	106	<i>sprintec 28 tab 28 day</i>	105
<i>sodium phenylbutyrate tab 500 mg</i>	106	SPRYCEL TAB 100MG	37
<i>sodium polystyrene sulfonate oral susp</i>		SPRYCEL TAB 140MG	37
<i>15 gm/60ml</i>	102	SPRYCEL TAB 20MG	37
<i>sodium polystyrene sulfonate rectal</i>		SPRYCEL TAB 50MG	37
<i>susp 30 gm/120ml</i>	102	SPRYCEL TAB 70MG	37
SOL CARB POW	95	SPRYCEL TAB 80MG	37
<i>solifenacin succinate tab 10 mg</i>	123	<i>sps sus 15gm/60</i>	102
<i>solifenacin succinate tab 5 mg</i>	123	<i>sronyx tab</i>	105
SOLQUA INJ 100/33	99	<i>ssd cre 1%</i>	152
SOLU-CORTEF INJ 1000MG	112	<i>stavudine cap 15 mg</i>	20
SOLU-CORTEF INJ 100MG	112	<i>stavudine cap 20 mg</i>	20
SOLU-CORTEF INJ 250MG	112	<i>stavudine cap 30 mg</i>	20
SOLU-CORTEF INJ 500MG	112	<i>stavudine cap 40 mg</i>	20
SOLU-MEDROL INJ 2GM	112	STELARA INJ 45MG/0.5	130
SOMATULINE INJ 120/.5ML	113	STELARA INJ 90MG/ML	130
SOMATULINE INJ 60/0.2ML	113	STIVARGA TAB 40MG	37
SOMATULINE INJ 90/0.3ML	113	STRIVERDI AER 2.5MCG	146
SOMAVERT INJ 10MG	113	SUBLOCADE INJ 100/0.5	14
SOMAVERT INJ 15MG	113	SUBLOCADE INJ 300/1.5	14
SOMAVERT INJ 20MG	113	SUCRAID SOL 8500/ML	120
SOMAVERT INJ 25MG	113	<i>sucralfate tab 1 gm</i>	120
SOMAVERT INJ 30MG	113	<i>sulconazole nitrate cream 1%</i>	153
<i>sorine tab 120mg</i>	46	<i>sulconazole nitrate solution 1%</i>	153
<i>sorine tab 160mg</i>	46	<i>sulfacetamide sodium lotion 10%</i>	
<i>sorine tab 240mg</i>	46	<i>(acne)</i>	151
<i>sorine tab 80mg</i>	46		

<i>sulfacetamide sodium ophth oint 10%</i>	141
<i>sulfacetamide sodium ophth soln 10%</i>	141
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	140
SULFADIAZINE TAB 500MG	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	17
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	17
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	17
SULFAMYLLON CRE 85MG/GM	152
<i>sulfasalazine tab 500 mg</i>	119
<i>sulfasalazine tab delayed release 500 mg</i>	119
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	82
<i>sumatriptan nasal spray 20 mg/act</i>	81
<i>sumatriptan nasal spray 5 mg/act</i>	81
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	81
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	81
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	81
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	81
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	81
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	81
<i>sumatriptan succinate tab 100 mg</i>	81
<i>sumatriptan succinate tab 25 mg</i>	81
<i>sumatriptan succinate tab 50 mg</i>	81
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	37
<i>sunitinib malate cap 25 mg (base equivalent)</i>	37
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	37
<i>sunitinib malate cap 50 mg (base equivalent)</i>	37
SUPLINA LIQ VANILLA	95

SUPRAX CHW 100MG	25
SUPRAX CHW 200MG	25
SUPRAX SUS 500/5ML	25
SUPREP BOWEL SOL PREP KIT	120
SUTAB TAB	120
SUTENT CAP 12.5MG	37
SUTENT CAP 25MG	37
SUTENT CAP 37.5MG	37
SUTENT CAP 50MG	37
<i>syeda tab 3-0.03mg</i>	105
<i>symax-sl sub 0.125mg</i>	116
SYMBICORT AER 160-4.5	150
SYMBICORT AER 80-4.5	150
SYMDEKO TAB 100-150	149
SYMDEKO TAB 50-75MG	149
SYMLINPEN 60 INJ 1000MCG	98
SYMLINPEN 120 INJ 1000MCG	98
SYNAREL SOL 2MG/ML	106
SYNERA DIS 70-70MG	157
SYNJARDY TAB	100
SYNJARDY TAB 12.5-500	100
SYNJARDY TAB 5-1000MG	100
SYNJARDY TAB 5-500MG	100
SYNJARDY XR TAB	100
SYNJARDY XR TAB 10-1000	100
SYNJARDY XR TAB 25-1000	100
SYNJARDY XR TAB 5-1000MG	100
SYNTHROID TAB 100MCG	115
SYNTHROID TAB 112MCG	115
SYNTHROID TAB 125MCG	115
SYNTHROID TAB 137MCG	115
SYNTHROID TAB 150MCG	115
SYNTHROID TAB 175MCG	115
SYNTHROID TAB 200MCG	115
SYNTHROID TAB 25MCG	115
SYNTHROID TAB 300MCG	115
SYNTHROID TAB 50MCG	115
SYNTHROID TAB 75MCG	115
SYNTHROID TAB 88MCG	115
T	
TABLOID TAB 40MG	31
<i>tacrolimus cap 0.5 mg</i>	133
<i>tacrolimus cap 1 mg</i>	133
<i>tacrolimus cap 5 mg</i>	133
<i>tacrolimus oint 0.03%</i>	157
<i>tacrolimus oint 0.1%</i>	157
<i>tadalafil tab 10 mg</i>	122

<i>tadalafil tab 2.5 mg</i>	122	<i>temozolomide cap 140 mg</i>	29
<i>tadalafil tab 20 mg</i>	122	<i>temozolomide cap 180 mg</i>	29
<i>tadalafil tab 20 mg (pah)</i>	58	<i>temozolomide cap 20 mg</i>	29
<i>tadalafil tab 5 mg</i>	122	<i>temozolomide cap 250 mg</i>	29
TAFINLAR CAP 50MG	38	<i>temozolomide cap 5 mg</i>	29
TAFINLAR CAP 75MG	38	<i>tencon tab 50-325mg</i>	1
<i>take action tab 1.5mg</i>	105	TENIPOSIDE INJ 50MG/5ML.....	40
TALTZ INJ 80MG/ML	130	TENIVAC INJ 5-2LF.....	134
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	34	<i>tenofovir disoproxil fumarate tab 300 mg</i>	20
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	34	<i>terazosin hcl cap 10 mg (base equivalent)</i>	43
<i>tamsulosin hcl cap 0.4 mg</i>	122	<i>terazosin hcl cap 1 mg (base equivalent)</i>	43
TARGRETIN GEL 1%	157	<i>terazosin hcl cap 2 mg (base equivalent)</i>	43
<i>tazarotene cream 0.1%</i>	154	<i>terazosin hcl cap 5 mg (base equivalent)</i>	43
<i>tazicef inj 1gm</i>	25	<i>terbinafine hcl tab 250 mg</i>	18
TAZORAC CRE 0.05%	154	<i>terbutaline sulfate tab 2.5 mg</i>	146
TAZORAC GEL 0.05%	154	<i>terbutaline sulfate tab 5 mg</i>	146
TAZORAC GEL 0.1%	154	<i>terconazole vaginal cream 0.4%</i>	123
<i>taztia xt cap 120mg/24</i>	53	<i>terconazole vaginal cream 0.8%</i>	123
<i>taztia xt cap 180mg/24</i>	53	<i>terconazole vaginal suppos 80 mg</i> ..	123
<i>taztia xt cap 240mg/24</i>	53	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	97
<i>taztia xt cap 300mg er</i>	53	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	97
<i>taztia xt cap 360mg/24</i>	53	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	97
TDVAX INJ 2-2 LF.....	134	<i>testosterone td gel 10mg/act (2%)</i> ...97	
<i>telmisartan-amlodipine tab 40-10 mg</i>	44	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	97
<i>telmisartan-amlodipine tab 40-5 mg</i> .44		<i>tetrabenazine tab 12.5 mg</i>	83
<i>telmisartan-amlodipine tab 80-10 mg</i>	44	<i>tetrabenazine tab 25 mg</i>	83
<i>telmisartan-amlodipine tab 80-5 mg</i> .44		<i>tetracycline hcl cap 250 mg</i>	28
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	44	<i>tetracycline hcl cap 500 mg</i>	28
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	44	THALOMID CAP 100MG	132
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	45	THALOMID CAP 150MG	132
<i>telmisartan tab 20 mg</i>	45	THALOMID CAP 200MG	132
<i>telmisartan tab 40 mg</i>	45	THALOMID CAP 50MG	132
<i>telmisartan tab 80 mg</i>	45	<i>theophylline soln 80 mg/15ml</i>	150
<i>temazepam cap 15 mg</i>	80	<i>theophylline tab er 12hr 300 mg</i>	150
<i>temazepam cap 22.5 mg</i>	80	<i>theophylline tab er 12hr 450 mg</i>	150
<i>temazepam cap 30 mg</i>	80	<i>theophylline tab er 24hr 400 mg</i>	150
<i>temazepam cap 7.5 mg</i>	80	<i>theophylline tab er 24hr 600 mg</i>	150
TEMIXYS TAB 300-300.....	22	<i>thioridazine hcl tab 100 mg</i>	76
TEMODAR INJ 100MG	29		
<i>temozolomide cap 100 mg</i>	29		

<i>thioridazine hcl tab 10 mg</i>	76	<i>tolcapone tab 100 mg</i>	73
<i>thioridazine hcl tab 25 mg</i>	76	TOLEREX POW	95
<i>thioridazine hcl tab 50 mg</i>	76	<i>tolmetin sodium cap 400 mg</i>	2
<i>thiothixene cap 10 mg</i>	76	<i>tolmetin sodium tab 600 mg</i>	2
<i>thiothixene cap 1 mg</i>	76	<i>tolterodine tartrate cap er 24hr 2 mg</i>	123
<i>thiothixene cap 2 mg</i>	76	<i>tolterodine tartrate cap er 24hr 4 mg</i>	123
<i>thiothixene cap 5 mg</i>	76	<i>tolterodine tartrate tab 1 mg</i>	123
<i>tiagabine hcl tab 12 mg</i>	63	<i>tolterodine tartrate tab 2 mg</i>	123
<i>tiagabine hcl tab 16 mg</i>	63	<i>tolvaptan tab 15 mg</i>	113
<i>tiagabine hcl tab 2 mg</i>	63	<i>tolvaptan tab 30 mg</i>	113
<i>tiagabine hcl tab 4 mg</i>	63	<i>topiramate sprinkle cap 15 mg</i>	63
TICE BCG INJ	39	<i>topiramate sprinkle cap 25 mg</i>	63
<i>tilia fe tab</i>	105	<i>topiramate tab 100 mg</i>	63
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	142	<i>topiramate tab 200 mg</i>	63
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	142	<i>topiramate tab 25 mg</i>	63
<i>timolol maleate ophth soln 0.25%</i> ..	142	<i>topiramate tab 50 mg</i>	63
<i>timolol maleate ophth soln 0.5%</i>	142	<i>toposar inj 100/5ml</i>	40
<i>timolol maleate ophth soln 0.5%</i> <i>(once-daily)</i>	142	<i>toposar inj 1gm/50ml</i>	40
<i>timolol maleate tab 10 mg</i>	51	<i>toposar inj 500/25ml</i>	40
<i>timolol maleate tab 20 mg</i>	51	<i>topotecan hcl for inj 4 mg (base equiv)</i>	40
<i>timolol maleate tab 5 mg</i>	51	<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34
<i>tinidazole tab 250 mg</i>	15	<i>toremide tab 100 mg</i>	55
<i>tinidazole tab 500 mg</i>	15	<i>toremide tab 10 mg</i>	55
TIVICAY PD TAB 5MG	20	<i>toremide tab 20 mg</i>	55
TIVICAY TAB 10MG	20	<i>toremide tab 5 mg</i>	55
TIVICAY TAB 25MG	20	TOVIAZ TAB 4MG	123
TIVICAY TAB 50MG	21	TOVIAZ TAB 8MG	123
<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	85	TRACLEER TAB 32MG	58
<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	85	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	13
TOBRADEX OIN 0.3-0.1%.....	140	<i>tramadol hcl tab 50 mg</i>	13
TOBRADEX ST SUS 0.3-0.05	140	<i>tramadol hcl tab er 24hr 100 mg</i>	13
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	140	<i>tramadol hcl tab er 24hr 200 mg</i>	13
<i>tobramycin nebu soln 300 mg/4ml</i> ...	15	<i>tramadol hcl tab er 24hr 300 mg</i>	13
<i>tobramycin nebu soln 300 mg/5ml</i> ...	16	<i>trando/verap tab 2-180 er</i>	41
<i>tobramycin ophth soln 0.3%</i>	141	<i>trando/verap tab 2-240 er</i>	41
<i>tobramycin sulfate for inj 1.2 gm</i>	16	<i>trando/verap tab 4-240 er</i>	41
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	16	<i>trandolapril tab 1 mg</i>	42
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	16	<i>trandolapril tab 2 mg</i>	42
TODAY SPONGE MIS	122	<i>trandolapril tab 4 mg</i>	42
		<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	41

<i>tranexamic acid iv soln 1000 mg/10ml</i> (100 mg/ml).....	126	<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg.....	55
<i>tranexamic acid tab 650 mg</i>	126	<i>triamterene cap 100 mg</i>	55
<i>tranylcypromine sulfate tab 10 mg</i> ...	70	<i>triamterene cap 50 mg</i>	55
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)....	142	<i>triderm cre 0.1%</i>	156
<i>trazodone hcl tab 100 mg</i>	70	<i>trifluoperazine hcl tab 10 mg (base</i> equivalent).....	76
<i>trazodone hcl tab 150 mg</i>	70	<i>trifluoperazine hcl tab 1 mg (base</i> equivalent).....	76
<i>trazodone hcl tab 300 mg</i>	70	<i>trifluoperazine hcl tab 2 mg (base</i> equivalent).....	76
<i>trazodone hcl tab 50 mg</i>	70	<i>trifluoperazine hcl tab 5 mg (base</i> equivalent).....	76
TRECTOR TAB 250MG	22	<i>trifluridine ophth soln 1%</i>	141
TRELEGY AER ELLIPTA	143	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	73
TREMFYA INJ 100MG/ML	130	<i>trihexyphenidyl hcl tab 2 mg</i>	73
TRESIBA FLEX INJ 100UNIT.....	99	<i>trihexyphenidyl hcl tab 5 mg</i>	73
TRESIBA FLEX INJ 200UNIT.....	99	TRIKAFTA TAB	149
TRESIBA INJ 100UNIT	99	<i>tri-lynyah tab</i>	105
<i>tretinoin cap 10 mg</i>	39	<i>trimethobenzamide hcl cap 300 mg</i>	118
<i>tretinoin cream 0.025%</i>	152	<i>trimethoprim tab 100 mg</i>	17
<i>tretinoin cream 0.05%</i>	151	<i>trimipramine maleate cap 100 mg</i>	70
<i>tretinoin cream 0.1%</i>	151	<i>trimipramine maleate cap 25 mg</i>	70
<i>tretinoin gel 0.01%</i>	152	<i>trimipramine maleate cap 50 mg</i>	70
<i>tretinoin gel 0.025%</i>	152	TRINTELLIX TAB 10MG	70
<i>tretinoin gel 0.05%</i>	152	TRINTELLIX TAB 20MG	70
<i>tretinoin gel 0.05%</i>	152	TRINTELLIX TAB 5MG	70
<i>tretinoin microsphere gel 0.04%</i>	152	<i>tri-sprintec tab</i>	105
<i>tretinoin microsphere gel 0.1%</i>	152	TRIUMEQ TAB.....	22
<i>triamcinolone acetonide cream 0.025%</i>	156	<i>tri-vit/fluo dro 0.25mg</i>	140
<i>triamcinolone acetonide cream 0.1%</i>	156	<i>tri-vit/fluo dro 0.5mg</i>	139
<i>triamcinolone acetonide cream 0.5%</i>	156	<i>trivora-28 tab</i>	105
<i>triamcinolone acetonide dental paste</i> 0.1%	158	TROGARZO INJ 150MG/ML	21
<i>triamcinolone acetonide lotion 0.025%</i>	156	<i>tropicamide ophth soln 0.5%</i>	143
<i>triamcinolone acetonide lotion 0.1%</i>	156	<i>tropicamide ophth soln 1%</i>	143
<i>triamcinolone acetonide nasal aerosol</i> suspension 55 mcg/act.....	149	<i>trospium chloride cap er 24hr 60 mg</i>	123
<i>triamcinolone acetonide oint 0.025%</i>	156	<i>trospium chloride tab 20 mg</i>	123
<i>triamcinolone acetonide oint 0.1%</i> ..	156	TRULICITY INJ 0.75/0.5	98
<i>triamcinolone acetonide oint 0.5%</i> ..	156	TRULICITY INJ 1.5/0.5.....	98
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	55	TRULICITY INJ 3/0.5	99
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	55	TRULICITY INJ 4.5/0.5.....	99
		TRUMENBA INJ	134
		TUKYSA TAB 150MG	38
		TUKYSA TAB 50MG.....	38
		TUZISTRA XR SUS.....	147

TWINRIX INJ	134
TWIRLA DIS 120-30	105
TWOCAL HN LIQ	96
TYBLUME CHW 0.1-0.02	105
TYBOST TAB 150MG	21
TYLACTIN POW BLD 20PE.....	96
TYMLOS INJ.....	113
TYR ANAMIX POW ERLY YRS	96
TYREX-1 POW.....	96
TYREX-2 POW.....	96
TYROS 2 POW.....	96
TYSABRI INJ 300/15ML.....	84
TYVASO START SOL 0.6MG/ML	58

U

UCD ANAMIX POW JUNIOR.....	96
UDENYCA INJ 6MG/.6ML.....	126
ULTRACAL HN LIQ PLUS.....	96
ULTRACAL LIQ.....	96
ULTRAMINO POW SOY PROT.....	96
ULTRIENT 1.5 LIQ SAFE-T	96
<i>unithroid tab 100mcg.....</i>	<i>115</i>
<i>unithroid tab 112mcg.....</i>	<i>115</i>
<i>unithroid tab 125mcg.....</i>	<i>115</i>
<i>unithroid tab 200mcg.....</i>	<i>115</i>
<i>unithroid tab 25mcg</i>	<i>115</i>
<i>unithroid tab 300mcg.....</i>	<i>115</i>
<i>unithroid tab 50mcg</i>	<i>115</i>
<i>unithroid tab 75mcg</i>	<i>115</i>
<i>unithroid tab 88mcg</i>	<i>115</i>
UPTRAVI INJ 1800MCG	58
UPTRAVI TAB 1000MCG	58
UPTRAVI TAB 1200MCG	58
UPTRAVI TAB 1400MCG	58
UPTRAVI TAB 1600MCG	58
UPTRAVI TAB 200/800	58
UPTRAVI TAB 200MCG.....	58
UPTRAVI TAB 400MCG	58
UPTRAVI TAB 600MCG.....	58
UPTRAVI TAB 800MCG	58
<i>urinary pain tab 95mg</i>	<i>123</i>
<i>ursodiol cap 300 mg</i>	<i>120</i>
<i>ursodiol tab 250 mg</i>	<i>120</i>
<i>ursodiol tab 500 mg</i>	<i>120</i>

V

<i>valacyclovir hcl tab 1 gm.....</i>	<i>23</i>
<i>valacyclovir hcl tab 500 mg</i>	<i>23</i>

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	<i>23</i>
<i>valganciclovir hcl tab 450 mg (base equivalent).....</i>	<i>23</i>
<i>valproate sodium inj 100 mg/ml.....</i>	<i>63</i>
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	<i>63</i>
<i>valproic acid cap 250 mg.....</i>	<i>63</i>
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg.....</i>	<i>45</i>
<i>valsartan-hydrochlorothiazide tab 160- 25 mg.....</i>	<i>45</i>
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg.....</i>	<i>45</i>
<i>valsartan-hydrochlorothiazide tab 320- 25 mg.....</i>	<i>45</i>
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg.....</i>	<i>45</i>
<i>valsartan tab 160 mg</i>	<i>45</i>
<i>valsartan tab 320 mg</i>	<i>45</i>
<i>valsartan tab 40 mg</i>	<i>45</i>
<i>valsartan tab 80 mg</i>	<i>45</i>
<i>vancomycin hcl cap 125 mg (base equivalent).....</i>	<i>17</i>
<i>vancomycin hcl cap 250 mg (base equivalent).....</i>	<i>17</i>
<i>vancomycin hcl for iv soln 10 gm (base equivalent).....</i>	<i>18</i>
<i>vancomycin hcl for iv soln 1 gm (base equivalent).....</i>	<i>18</i>
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	<i>18</i>
<i>vancomycin hcl for iv soln 5 gm (base equivalent).....</i>	<i>18</i>
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	<i>18</i>
<i>vandazole gel 0.75%</i>	<i>123</i>
VAQTA INJ 25/0.5ML	134
VAQTA INJ 50UNT/ML	134
VARENICLINE TAB 0.5MG.....	87
VARENICLINE TAB 1MG.....	87
VARIVAX INJ	134
VARUBI TAB 90MG	118
VASCEPA CAP 0.5GM	49
VASCEPA CAP 1GM.....	49
VAXELIS INJ	134
VAXNEUVANCE INJ	134

VCF VAGINAL AER CONTRACP	122	V-GO 20 KIT	136
VCF VAGINAL GEL CONTRACE	122	V-GO 30 KIT	136
VCF VAGINAL MIS CONTRACP	122	V-GO 40 KIT	136
<i>velivet pak</i>	105	VIBRAMYCIN SYP 50MG/5ML	28
VELPHORO CHW 500MG	114	VICTOZA INJ 18MG/3ML	99
VEMLIDY TAB 25MG	23	VIDEX EC CAP 125MG.....	21
VENCLEXTA TAB 100MG.....	40	VIDEX SOL 2GM.....	21
VENCLEXTA TAB 10MG	40	<i>vigabatrin powd pack 500 mg</i>	63
VENCLEXTA TAB 50MG	40	<i>vigabatrin tab 500 mg</i>	63
VENCLEXTA TAB START PK.....	40	VIIBRYD KIT STARTER.....	71
<i>venlafaxine hcl cap er 24hr 150 mg</i> (base equivalent)	70	VIIBRYD TAB 10MG	71
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> (base equivalent)	70	VIIBRYD TAB 20MG	71
<i>venlafaxine hcl cap er 24hr 75 mg</i> (base equivalent)	70	VIIBRYD TAB 40MG	71
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	71	VILACTIN AA LIQ PLUS	96
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	71	VIMPAT INJ 200MG/20.....	63
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	71	VIMPAT SOL 10MG/ML.....	63
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	71	VIMPAT TAB 100MG	63
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	71	VIMPAT TAB 150MG	63
<i>venlafaxine hcl tab er 24hr 150 mg</i> (base equivalent)	71	VIMPAT TAB 200MG	63
<i>venlafaxine hcl tab er 24hr 37.5 mg</i> (base equivalent)	71	VIMPAT TAB 50MG	63
<i>venlafaxine hcl tab er 24hr 75 mg</i> (base equivalent)	71	<i>vinblastine sulfate inj 1 mg/ml</i>	31
VENTAVIS SOL 10MCG/ML	58	<i>vincristine sulfate iv soln 1 mg/ml</i> ...	31
VENTAVIS SOL 20MCG/ML	58	<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	31
<i>verapamil hcl cap er 24hr 100 mg</i> ...	53	<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	31
<i>verapamil hcl cap er 24hr 120 mg</i> ...	53	VIOKACE TAB 10440.....	121
<i>verapamil hcl cap er 24hr 180 mg</i> ...	53	VIOKACE TAB 20880.....	121
<i>verapamil hcl cap er 24hr 200 mg</i> ...	54	<i>viorele tab</i>	105
<i>verapamil hcl cap er 24hr 240 mg</i> ...	54	VIRACEPT TAB 250MG	21
<i>verapamil hcl cap er 24hr 300 mg</i> ...	54	VIRACEPT TAB 625MG	21
<i>verapamil hcl cap er 24hr 360 mg</i> ...	54	VIREAD POW 40MG/GM	21
<i>verapamil hcl tab 120 mg</i>	54	VIREAD TAB 150MG	21
<i>verapamil hcl tab 40 mg</i>	54	VIREAD TAB 200MG	21
<i>verapamil hcl tab 80 mg</i>	54	VIREAD TAB 250MG	21
<i>verapamil hcl tab er 120 mg</i>	54	VISTOGARD PAK 10GM	39
<i>verapamil hcl tab er 180 mg</i>	54	<i>vit a/c/d/fl dro 0.25mg</i>	140
<i>verapamil hcl tab er 240 mg</i>	54	VITAL HN POW	96
		VITRAKVI CAP 100MG.....	38
		VITRAKVI CAP 25MG	38
		VITRAKVI SOL 20MG/ML	38
		VIVITROL INJ 380MG.....	87
		VIVONEX RTF LIQ	96
		VOLTAREN GEL 1%	157
		<i>voriconazole for susp 40 mg/ml</i>	18
		<i>voriconazole tab 200 mg</i>	18
		<i>voriconazole tab 50 mg</i>	18

VOSEVI TAB	26	XELJANZ TAB 5MG.....	130
VOTRIENT TAB 200MG.....	38	XELJANZ XR TAB 11MG	130
<i>vyfemla tab 0.4-35</i>	105	XELJANZ XR TAB 22MG	131
VYVANSE CAP 10MG.....	79	XIFAXAN TAB 200MG.....	18
VYVANSE CAP 20MG.....	79	XIFAXAN TAB 550MG.....	18
VYVANSE CAP 30MG.....	79	XIGDUO XR TAB 10-1000	100
VYVANSE CAP 40MG.....	79	XIGDUO XR TAB 10-500MG	100
VYVANSE CAP 50MG.....	79	XIGDUO XR TAB 2.5-1000	100
VYVANSE CAP 60MG.....	79	XIGDUO XR TAB 5-1000MG	100
VYVANSE CAP 70MG.....	79	XIGDUO XR TAB 5-500MG	100
VYVANSE CHW 10MG.....	79	XLEU MAXAMUM POW	97
VYVANSE CHW 20MG.....	79	XLYS-XTRP POW MAXAMAID	97
VYVANSE CHW 30MG.....	79	XMET XCYS POW MAXAMAID	97
VYVANSE CHW 40MG.....	79	XMTVI MAXAMU POW	97
VYVANSE CHW 50MG.....	79	XOLAIR INJ 150MG/ML.....	146
VYVANSE CHW 60MG.....	79	XOLAIR INJ 75/0.5	146
W		XOLAIR SOL 150MG.....	146
<i>warfarin sodium tab 10 mg</i>	125	XPHE-XTYR POW MAXAMAID	97
<i>warfarin sodium tab 1 mg</i>	125	XTAMPZA ER CAP 13.5MG	13
<i>warfarin sodium tab 2.5 mg</i>	125	XTAMPZA ER CAP 18MG	13
<i>warfarin sodium tab 2 mg</i>	125	XTAMPZA ER CAP 27MG	14
<i>warfarin sodium tab 3 mg</i>	125	XTAMPZA ER CAP 36MG	14
<i>warfarin sodium tab 4 mg</i>	125	XTAMPZA ER CAP 9MG.....	13
<i>warfarin sodium tab 5 mg</i>	125	XTANDI CAP 40MG	34
<i>warfarin sodium tab 6 mg</i>	125	XTANDI TAB 40MG	34
<i>warfarin sodium tab 7.5 mg</i>	125	XTANDI TAB 80MG	34
<i>wera tab 0.5/35</i>	105	<i>xulane dis 150-35</i>	105
<i>westab max tab 2.5-25-2</i>	140	XULTOPHY INJ 100/3.6	99
WIDE-SEAL DPR KIT 60.....	135	Y	
WIDE-SEAL DPR KIT 65.....	135	YONSA TAB 125MG	34
WIDE-SEAL DPR KIT 70.....	135	YOSPRALA TAB 325-40MG	127
WIDE-SEAL DPR KIT 75.....	135	YOSPRALA TAB 81-40MG.....	127
WIDE-SEAL DPR KIT 80.....	135	<i>yuvaferm tab 10mcg</i>	110
WIDE-SEAL DPR KIT 85.....	135	Z	
WIDE-SEAL DPR KIT 90.....	135	<i>zafirlukast tab 10 mg</i>	148
WIDE-SEAL DPR KIT 95.....	135	<i>zafirlukast tab 20 mg</i>	148
WND 2 POW	97	<i>zaleplon cap 10 mg</i>	80
X		<i>zaleplon cap 5 mg</i>	80
XALKORI CAP 200MG.....	38	<i>zarah tab 3-0.03mg</i>	105
XALKORI CAP 250MG.....	38	ZEJULA CAP 100MG.....	32
XARELTO STAR TAB 15/20MG	125	ZELBORAF TAB 240MG	38
XARELTO TAB 10MG	125	ZENPEP CAP 10000UNT	121
XARELTO TAB 15MG	125	ZENPEP CAP 15000UNT.....	121
XARELTO TAB 2.5MG	125	ZENPEP CAP 20000UNT.....	121
XARELTO TAB 20MG	125	ZENPEP CAP 25000.....	121
XELJANZ SOL 1MG/ML	130	ZENPEP CAP 3000UNIT	121
XELJANZ TAB 10MG.....	130	ZENPEP CAP 40000.....	121

ZENPEP CAP 5000UNIT	121	<i>zolmitriptan orally disintegrating tab</i>	
<i>zenzedi tab 15mg</i>	79	2.5 mg.....	82
<i>zenzedi tab 2.5mg</i>	79	<i>zolmitriptan orally disintegrating tab 5</i>	
<i>zenzedi tab 20mg</i>	80	mg	82
<i>zenzedi tab 30mg</i>	80	<i>zolmitriptan tab 2.5 mg</i>	82
<i>zenzedi tab 7.5mg</i>	79	<i>zolmitriptan tab 5 mg</i>	82
ZEPATIER TAB 50-100MG.....	26	<i>zolpidem tartrate tab 10 mg</i>	80
<i>zidovudine cap 100 mg</i>	21	<i>zolpidem tartrate tab 5 mg</i>	80
<i>zidovudine syrup 10 mg/ml</i>	21	<i>zolpidem tartrate tab er 12.5 mg</i>	80
<i>zidovudine tab 300 mg</i>	21	<i>zolpidem tartrate tab er 6.25 mg</i>	80
<i>zileuton tab er 12hr 600 mg</i>	147	<i>zonisamide cap 100 mg</i>	63
ZIOPTAN DRO 0.0015%	142	<i>zonisamide cap 25 mg</i>	63
<i>ziprasidone hcl cap 20 mg</i>	76	<i>zonisamide cap 50 mg</i>	63
<i>ziprasidone hcl cap 40 mg</i>	76	ZONTIVITY TAB 2.08MG.....	127
<i>ziprasidone hcl cap 60 mg</i>	76	ZORTRESS TAB 1MG.....	133
<i>ziprasidone hcl cap 80 mg</i>	76	ZOSTAVAX INJ.....	134
ZIRGAN GEL 0.15%.....	141	<i>zovia 1/35e tab</i>	105
<i>zoledronic acid inj conc for iv infusion 4</i>		ZUBSOLV SUB 0.7-0.18	3
<i>mg/5ml</i>	101	ZUBSOLV SUB 1.4-0.36	3
<i>zoledronic acid iv soln 5 mg/100ml</i> .	101	ZUBSOLV SUB 11.4-2.9	3
ZOLINZA CAP 100MG	33	ZUBSOLV SUB 2.9-0.71	3
<i>zolmitriptan nasal spray 2.5 mg/spray</i>		ZUBSOLV SUB 5.7-1.4.....	3
<i>unit</i>	82	ZUBSOLV SUB 8.6-2.1.....	3
<i>zolmitriptan nasal spray 5 mg/spray</i>		ZYDELIG TAB 100MG.....	38
<i>unit</i>	82	ZYDELIG TAB 150MG.....	38
		ZYKADIA TAB 150MG.....	38

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



10455 Mill Run Circle
Owings Mills, MD 21117

[carefirst.com/rx](https://www.carefirst.com/rx)

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

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

Foreign Language Assistance

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

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

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésé ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò tí tí a ó fì sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

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

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

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

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

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

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

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

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

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

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

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

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éí bikéé'dóo naasbaqas bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.