CareFirst
Family of health care plans

CareFirst Exchange Formulary

2026

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

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

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

Introduction

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

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

Using Your Formulary

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

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

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

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

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

Tier 0: $0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib cap 50 mg	Tier 1	
celecoxib cap 100 mg	Tier 1	
celecoxib cap 200 mg	Tier 1	
GOUT		
allopurinol tab 100 mg	Tier 1	
allopurinol tab 300 mg	Tier 1	
colchicine tab 0.6 mg	Tier 1	
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
febuxostat tab 40 mg	Tier 1	ST; PA**
febuxostat tab 80 mg	Tier 1	ST; PA**
probenecid tab 500 mg	Tier 1	
NSAIDS		
diclofenac potassium tab 50 mg	Tier 1	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	Tier 1	QL (300g every 30 days), OTC
diclofenac sodium tab delayed release 25 mg	Tier 1	
diclofenac sodium tab delayed release 50 mg	Tier 1	
diclofenac sodium tab delayed release 75 mg	Tier 1	
diclofenac sodium tab er 24hr 100 mg	Tier 1	
etodolac cap 200 mg	Tier 1	
etodolac cap 300 mg	Tier 1	
etodolac tab 400 mg	Tier 1	
etodolac tab 500 mg	Tier 1	
etodolac tab er 24hr 400 mg	Tier 1	
etodolac tab er 24hr 500 mg	Tier 1	
etodolac tab er 24hr 600 mg	Tier 1	
flurbiprofen tab 50 mg	Tier 1	
ibuprofen susp 100 mg/5ml	Tier 1	
ibuprofen tab 400 mg	Tier 1	
ibuprofen tab 600 mg	Tier 1	
ibuprofen tab 800 mg	Tier 1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	M	M

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Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine inj 15 mg/ml	M	M
ketorolac tromethamine inj 30 mg/ml	M	M
ketorolac tromethamine tab 10 mg	Tier 1	QL (20 tabs every 30 days)
meclofenamate sodium cap 50 mg	Tier 1	
meclofenamate sodium cap 100 mg	Tier 1	
mefenamic acid cap 250 mg	Tier 1	
meloxicam tab 7.5 mg	Tier 1	
meloxicam tab 15 mg	Tier 1	
nabumetone tab 500 mg	Tier 1	
nabumetone tab 750 mg	Tier 1	
naproxen tab 250 mg	Tier 1	
naproxen tab 375 mg	Tier 1	
naproxen tab 500 mg	Tier 1	
oxaprozin tab 600 mg	Tier 1	
piroxicam cap 10 mg	Tier 1	
piroxicam cap 20 mg	Tier 1	
sulindac tab 150 mg	Tier 1	
sulindac tab 200 mg	Tier 1	
voltaren arthritis pain	Tier 1	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	Tier 1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	Tier 1	
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-15 mg	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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

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Drug Name	Drug Tier	Requirements/Limits
endocet tab 7.5-325	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
endocet tab 10-325mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
fentanyl td patch 72hr 12 mcg/hr	Tier 1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 25 mcg/hr	Tier 1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 37.5 mcg/hr	Tier 1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 50 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 62.5 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 87.5 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 20 mg	Tier 2	ST, PA, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	Tier 2	ST, PA, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	Tier 2	ST, PA, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	Tier 2	ST, PA, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	Tier 2	ST, PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 100 mg	Tier 2	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 120 mg	Tier 2	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 2.5-325 mg	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-ibuprofen tab 10-200 mg	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl inj 2 mg/ml	M	M
hydromorphone hcl tab 2 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab 4 mg	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl tab 8 mg	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl tab er 24hr 8 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 12 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 16 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 32 mg	Tier 1	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 20 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	Tier 2	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 120 MG	Tier 2	ST, PA; High Strength Requires PA
methadone hcl conc 10 mg/ml	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
methadone hcl soln 5 mg/5ml	Tier 1	ST, QL (450 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 10 mg/5ml	Tier 1	ST, QL (225 mL every 30 days)
methadone hcl tab 5 mg	Tier 1	ST, QL (90 tabs every 30 days)
methadone hcl tab 10 mg	Tier 1	ST, QL (30 tabs every 30 days)
methadone hydrochloride i	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
methadose	Tier 1	QL (9 tabs every 30 days)
morphine sulfate beads cap er 24hr 30 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 45 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 60 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 75 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 90 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 120 mg	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate cap er 24hr 10 mg	Tier 1	ST, QL (60 caps every 30 days)
morphine sulfate cap er 24hr 20 mg	Tier 1	ST, QL (60 caps every 30 days)
morphine sulfate cap er 24hr 30 mg	Tier 1	ST, QL (60 caps every 30 days)
morphine sulfate cap er 24hr 50 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate cap er 24hr 60 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate cap er 24hr 80 mg	Tier 1	ST, QL (30 caps every 30 days)
morphine sulfate cap er 24hr 100 mg	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
morphine sulfate iv soln 4 mg/ml	M	M
morphine sulfate iv soln 10 mg/ml	M	M
morphine sulfate oral soln 10 mg/5ml	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate oral soln 20 mg/5ml	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab 15 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab 30 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab er 15 mg	Tier 1	ST, QL (90 tabs every 30 days)
morphine sulfate tab er 30 mg	Tier 1	ST, QL (90 tabs every 30 days)
morphine sulfate tab er 60 mg	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate tab er 100 mg	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate tab er 200 mg	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
nalbuphine hcl inj 10 mg/ml	M	M
nalbuphine hcl inj 20 mg/ml	M	M
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 3	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 3	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl cap 5 mg	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl soln 5 mg/5ml	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 5 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 10 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 15 mg	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 20 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 30 mg	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab 5 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab 10 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab er 12hr 5 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 7.5 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 10 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 15 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 20 mg	Tier 1	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tab er 12hr 40 mg	Tier 1	ST, PA; High Strength Requires PA
tapentadol hcl tab 50 mg	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tapentadol hcl tab 75 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tapentadol hcl tab 100 mg	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tramadol hcl tab 50 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tramadol hcl tab er 24hr 100 mg	Tier 1	ST, QL (30 tabs every 30 days)
tramadol hcl tab er 24hr 200 mg	Tier 1	ST, PA; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	Tier 1	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, PA, QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 18MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days); $0 copay
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days); $0 copay
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days); $0 copay
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days); $0 copay
BELBUCA MIS 600MCG	Tier 2	ST, PA; $0 copay; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; $0 copay; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; $0 copay; High Strength Requires Prior Auth
buprenorphine hcl inj 0.3 mg/ml (base equiv)	M	$0 copay; M
buprenorphine td patch weekly 5 mcg/hr	Tier 1	ST, QL (4 patches every 30 days); $0 copay
buprenorphine td patch weekly 7.5 mcg/hr	Tier 1	ST, QL (4 patches every 30 days); $0 copay
buprenorphine td patch weekly 10 mcg/hr	Tier 1	ST, QL (4 patches every 30 days); $0 copay
buprenorphine td patch weekly 15 mcg/hr	Tier 1	ST, PA; $0 copay; High Strength Requires Prior Auth
buprenorphine td patch weekly 20 mcg/hr	Tier 1	ST, PA; $0 copay; High Strength Requires Prior Auth

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Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE INJ 100/0.5	M	$0 copay; M
SUBLOCADE INJ 300/1.5	M	$0 copay; M
SALICYLATES		
aspirin ec adult low dose	Tier 0	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
diflunisal tab 500 mg	Tier 1	
goodsense aspirin	Tier 0	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	M	M
lidocaine hcl local inj 1%	M	M
lidocaine hcl local inj 2%	M	M
lidocaine hcl local preservative free (pf) inj 0.5%	M	M
lidocaine hcl local preservative free (pf) inj 1%	M	M
lidocaine hcl local preservative free (pf) inj 2%	M	M
lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)	Tier 1	
ANTI-INFECTIVES		
ANTHELMINTICS		
albendazole tab 200 mg	Tier 3	QL (336 tabs every 365 days)
EMVERM CHW 100MG	Tier 3	QL (12 tabs every 365 days)
ivermectin tab 3 mg	Tier 1	
praziquantel tab 600 mg	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	M	M

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Drug Name	Drug Tier	Requirements/Limits
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	M	M
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 1	
gentamicin sulfate inj 40 mg/ml	M	M
neomycin sulfate tab 500 mg	Tier 1	
sulfadiazine tab 500 mg	Tier 1	
tinidazole tab 250 mg	Tier 1	
tinidazole tab 500 mg	Tier 1	
tobramycin sulfate for inj 1.2 gm	M	M
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	M	M
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	M	M
ANTIFUNGALS		
amphotericin b for iv soln 50 mg	M	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186MG	Tier 3	
fluconazole for susp 10 mg/ml	Tier 1	
fluconazole for susp 40 mg/ml	Tier 1	
fluconazole tab 50 mg	Tier 1	
fluconazole tab 100 mg	Tier 1	
fluconazole tab 150 mg	Tier 1	
fluconazole tab 200 mg	Tier 1	
griseofulvin microsize susp 125 mg/5ml	Tier 1	
griseofulvin microsize tab 500 mg	Tier 1	
griseofulvin ultramicrosize tab 125 mg	Tier 1	
griseofulvin ultramicrosize tab 250 mg	Tier 1	
itraconazole cap 100 mg	Tier 1	PA
itraconazole oral soln 10 mg/ml	Tier 1	PA
nystatin tab 500000 unit	Tier 1	
posaconazole susp 40 mg/ml	Tier 1	PA
posaconazole tab delayed release 100 mg	Tier 3	PA
terbinafine hcl tab 250 mg	Tier 1	
voriconazole for susp 40 mg/ml	Tier 3	PA
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate tab 250 mg	Tier 1	
chloroquine phosphate tab 500 mg	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
KRINTAFEL TAB 150MG	Tier 3	
mefloquine hcl tab 250 mg	Tier 1	
primaquine phosphate tab 26.3 mg (15 mg base)	Tier 1	
quinine sulfate cap 324 mg	Tier 1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 1	QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	Tier 1	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	Tier 0	QL (2 vials every 90 days)
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	QL (30 caps every 30 days)
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps every 30 days)
darunavir tab 600 mg	Tier 1	QL (60 tabs every 30 days)
darunavir tab 800 mg	Tier 1	QL (30 tabs every 30 days)
EDURANT PED TAB 2.5MG	Tier 2	QL (180 tabs every 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
etravirine tab 100 mg	Tier 1	QL (120 tabs every 30 days)
etravirine tab 200 mg	Tier 1	QL (60 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (960 ml every 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs every 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs every 30 days)
maraviroc tab 150 mg	Tier 1	QL (60 tabs every 30 days)
maraviroc tab 300 mg	Tier 1	QL (120 tabs every 30 days)
nevirapine susp 50 mg/5ml	Tier 1	QL (1200 mL every 30 days)
nevirapine tab 200 mg	Tier 1	QL (60 tabs every 30 days)
nevirapine tab er 24hr 400 mg	Tier 1	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
rilpivirine hcl tab 25 mg (base equivalent)	Tier 1	QL (60 tabs every 30 days)
ritonavir tab 100 mg	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	Tier 2	
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
YEZTUGO INJ 463.5MG	Tier 2	QL (4 vials every 168 days)
YEZTUGO TAB 300MG	Tier 2	QL (8 tabs every 4 days)
zidovudine cap 100 mg	Tier 1	QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	Tier 1	QL (1920 ml every 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	QL (30 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	Tier 3	QL (1 kit every 30 days)
CABENUVA SUS 600-900	Tier 3	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DELSTRIGO TAB	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
KALETRA SOL	Tier 2	QL (480 ml every 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs every 30 days)
lopinavir-ritonavir tab 100-25 mg	Tier 1	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	Tier 3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 3	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 3	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine cap 250 mg	Tier 1	
ethambutol hcl tab 100 mg	Tier 1	
ethambutol hcl tab 400 mg	Tier 1	
isoniazid inj 100 mg/ml	M	M
isoniazid syrup 50 mg/5ml	Tier 1	
isoniazid tab 100 mg	Tier 1	
isoniazid tab 300 mg	Tier 1	
PRETOMANID TAB 200MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TAB 150MG	Tier 2	
pyrazinamide tab 500 mg	Tier 1	
rifabutin cap 150 mg	Tier 1	
rifampin cap 150 mg	Tier 1	
rifampin cap 300 mg	Tier 1	
rifampin for inj 600 mg	M	M
SIRTURO TAB 20MG	Tier 3	
SIRTURO TAB 100MG	Tier 3	
TRECATOR TAB 250MG	Tier 2	
ANTIVIRALS		
acyclovir cap 200 mg	Tier 1	
acyclovir susp 200 mg/5ml	Tier 1	
acyclovir tab 400 mg	Tier 1	
acyclovir tab 800 mg	Tier 1	
cidofovir iv inj 75 mg/ml	M	M
famciclovir tab 125 mg	Tier 1	
famciclovir tab 250 mg	Tier 1	
famciclovir tab 500 mg	Tier 1	
oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (360 mL every 90 days)
PAXLOVID PAK	Tier 2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	Tier 2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	Tier 2	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	Tier 1	
valacyclovir hcl tab 1 gm	Tier 1	
valacyclovir hcl tab 500 mg	Tier 1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 4	PA, QL (1144 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl tab 450 mg (base equivalent)	Tier 4	PA, QL (120 tabs every 30 days)
XERESE CRE 5-1%	Tier 3	PA
CEPHALOSPORINS		
cefaclor cap 250 mg	Tier 1	
cefaclor cap 500 mg	Tier 1	
cefaclor for susp 250 mg/5ml	Tier 1	
cefadroxil cap 500 mg	Tier 1	
cefadroxil for susp 250 mg/5ml	Tier 1	
cefadroxil for susp 500 mg/5ml	Tier 1	
cefadroxil tab 1 gm	Tier 1	
cefazolin sodium for inj 1 gm	M	M
cefdinir cap 300 mg	Tier 1	
cefdinir for susp 125 mg/5ml	Tier 1	
cefdinir for susp 250 mg/5ml	Tier 1	
cefepime hcl for inj 1 gm	M	M
cefepime hcl for iv soln 2 gm	M	M
cefixime cap 400 mg	Tier 1	
cefixime for susp 100 mg/5ml	Tier 1	
cefixime for susp 200 mg/5ml	Tier 1	
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
cefprozil for susp 125 mg/5ml	Tier 1	
cefprozil for susp 250 mg/5ml	Tier 1	
cefprozil tab 250 mg	Tier 1	
cefprozil tab 500 mg	Tier 1	
ceftazidime for iv soln 2 gm	M	M
ceftriaxone sodium for inj 1 gm	M	M
ceftriaxone sodium for inj 2 gm	M	M
ceftriaxone sodium for inj 10 gm	M	M
ceftriaxone sodium for inj 250 mg	M	M
ceftriaxone sodium for inj 500 mg	M	M
ceftriaxone sodium for iv soln 1 gm	M	M
ceftriaxone sodium for iv soln 2 gm	M	M

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Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil tab 250 mg	Tier 1	
cefuroxime axetil tab 500 mg	Tier 1	
cephalexin cap 250 mg	Tier 1	
cephalexin cap 500 mg	Tier 1	
cephalexin cap 750 mg	Tier 1	
cephalexin for susp 125 mg/5ml	Tier 1	
cephalexin for susp 250 mg/5ml	Tier 1	
cephalexin tab 250 mg	Tier 1	
cephalexin tab 500 mg	Tier 1	
tazicef	M	M
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	Tier 1	
azithromycin for susp 200 mg/5ml	Tier 1	
azithromycin tab 250 mg	Tier 1	
azithromycin tab 500 mg	Tier 1	
azithromycin tab 600 mg	Tier 1	
clarithromycin for susp 125 mg/5ml	Tier 1	
clarithromycin for susp 250 mg/5ml	Tier 1	
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	
clarithromycin tab er 24hr 500 mg	Tier 1	
DIFICID SUS	Tier 2	PA
e.e.s. 400	Tier 1	
erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 1	
erythromycin ethylsuccinate for susp 400 mg/5ml	Tier 1	
erythromycin tab 250 mg	Tier 1	
erythromycin tab 500 mg	Tier 1	
erythromycin tab delayed release 250 mg	Tier 1	
erythromycin tab delayed release 333 mg	Tier 1	
erythromycin tab delayed release 500 mg	Tier 1	
erythromycin w/ delayed release particles cap 250 mg	Tier 1	
fidaxomicin tab 200 mg	Tier 1	PA
ZITHROMAX POW 1GM PAK	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	
levofloxacin iv soln 25 mg/ml	M	M
levofloxacin oral soln 25 mg/ml	Tier 1	
levofloxacin tab 250 mg	Tier 1	
levofloxacin tab 500 mg	Tier 1	
levofloxacin tab 750 mg	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 1	
ofloxacin tab 300 mg	Tier 1	
ofloxacin tab 400 mg	Tier 1	
HEPATITIS B		
adefovir dipivoxil tab 10 mg	Tier 4	
BARACLUDE SOL	Tier 4	PA, QL (630 mL every 30 days)
entecavir tab 0.5 mg	Tier 4	PA, QL (30 tabs every 30 days)
entecavir tab 1 mg	Tier 4	PA, QL (30 tabs every 30 days)
lamivudine tab 100 mg (hbv)	Tier 1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (56 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 4	PA, QL (56 pellets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	Tier 4	PA, QL (56 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
ribavirin cap 200 mg	Tier 1	
ribavirin tab 200 mg	Tier 1	
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (56 tabs every 28 days)
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
atovaquone susp 750 mg/5ml	Tier 1	
aztreonam for inj 1 gm	M	M
aztreonam for inj 2 gm	M	M
clindamycin hcl cap 75 mg	Tier 1	
clindamycin hcl cap 150 mg	Tier 1	
clindamycin hcl cap 300 mg	Tier 1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 1	
dapsone tab 25 mg	Tier 1	
dapsone tab 100 mg	Tier 1	
ertapenem sodium for inj 1 gm (base equivalent)	M	M
linezolid for susp 100 mg/5ml	Tier 1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	M	M
linezolid tab 600 mg	Tier 1	
meropenem iv for soln 1 gm	M	M
meropenem iv for soln 500 mg	M	M
methenamine hippurate tab 1 gm	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
metronidazole cap 375 mg	Tier 1	
metronidazole iv soln 500 mg/100ml	M	M
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
nitazoxanide tab 500 mg	Tier 1	QL (20 tabs every 30 days)
nitrofurantoin macrocrystalline cap 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin susp 25 mg/5ml	Tier 1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate for inj soln 300 mg	M	M
pentamidine isethionate for nebulization soln 300 mg	M	M
polymyxin b sulfate for inj 500000 unit	M	M
pyrimethamine tab 25 mg	Tier 3	PA
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
trimethoprim tab 100 mg	Tier 1	
vancomycin hcl cap 125 mg (base equivalent)	Tier 1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	Tier 1	QL (80 caps every 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	M	M
vancomycin hcl for iv soln 5 gm (base equivalent)	M	M

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Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for iv soln 10 gm (base equivalent)	M	M
vancomycin hcl for iv soln 500 mg (base equivalent)	M	M
vancomycin hcl for iv soln 750 mg (base equivalent)	M	M
PENICILLINS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	
amoxicillin (trihydrate) tab 500 mg	Tier 1	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	
ampicillin sodium for inj 1 gm	M	M
ampicillin sodium for inj 2 gm	M	M
dicloxacillin sodium cap 250 mg	Tier 1	
dicloxacillin sodium cap 500 mg	Tier 1	
penicillin g potassium for inj 5000000 unit	M	M

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Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium for inj 20000000 unit	M	M
penicillin g sodium for inj 5000000 unit	M	M
penicillin v potassium for soln 125 mg/5ml	Tier 1	
penicillin v potassium for soln 250 mg/5ml	Tier 1	
penicillin v potassium tab 250 mg	Tier 1	
penicillin v potassium tab 500 mg	Tier 1	
pfizerpen	M	M
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	M	M
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	M	M
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	M	M
TETRACYCLINES		
avidoxy	Tier 1	
demeclocycline hcl tab 150 mg	Tier 1	
demeclocycline hcl tab 300 mg	Tier 1	
doxy 100	M	M
doxycycline hyclate cap 50 mg	Tier 1	
doxycycline hyclate cap 100 mg	Tier 1	
doxycycline hyclate for inj 100 mg	M	M
doxycycline hyclate tab 20 mg	Tier 1	
doxycycline hyclate tab 100 mg	Tier 1	
doxycycline monohydrate cap 50 mg	Tier 1	
doxycycline monohydrate cap 100 mg	Tier 1	
doxycycline monohydrate for susp 25 mg/5ml	Tier 1	
doxycycline monohydrate tab 50 mg	Tier 1	
doxycycline monohydrate tab 75 mg	Tier 1	
doxycycline monohydrate tab 150 mg	Tier 1	
minocycline hcl cap 50 mg	Tier 1	
minocycline hcl cap 75 mg	Tier 1	
minocycline hcl cap 100 mg	Tier 1	
minocycline hcl tab 50 mg	Tier 1	
minocycline hcl tab 75 mg	Tier 1	
minocycline hcl tab 100 mg	Tier 1	
tetracycline hcl cap 250 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 500 mg	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan inj 6 mg/ml	M	M
carmustine for inj 100 mg	M	M
cyclophosphamide cap 25 mg	Tier 0	
cyclophosphamide cap 50 mg	Tier 0	
cyclophosphamide for inj 1 gm	M	M
cyclophosphamide for inj 2 gm	M	M
cyclophosphamide for inj 500 mg	M	M
dacarbazine for inj 100 mg	M	M
dacarbazine for inj 200 mg	M	M
GLIADEL WAF 7.7MG	M	M
ifosfamide for inj 1 gm	M	M
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	M	M
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	M	M
LEUKERAN TAB 2MG	Tier 0	
lomustine cap 10 mg	Tier 0	
lomustine cap 40 mg	Tier 0	
lomustine cap 100 mg	Tier 0	
MATULANE CAP 50MG	Tier 0	
melphalan hcl for inj 50 mg (base equiv)	M	M
TEMODAR INJ 100MG	M	M
temozolomide cap 5 mg	Tier 0	PA
temozolomide cap 20 mg	Tier 0	PA
temozolomide cap 100 mg	Tier 0	PA
temozolomide cap 140 mg	Tier 0	PA
temozolomide cap 180 mg	Tier 0	PA
temozolomide cap 250 mg	Tier 0	PA
ANTIBIOTICS		
adriamycin	M	M
bleomycin sulfate for inj 15 unit	M	M
bleomycin sulfate for inj 30 unit	M	M
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	M	M
doxorubicin hcl for inj 10 mg	M	M
doxorubicin hcl inj 2 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	M	M
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	M	M
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	M	M
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	M	M
mitomycin for iv soln 5 mg	M	M
mitomycin for iv soln 20 mg	M	M
mitomycin for iv soln 40 mg	M	M
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	M	M
ANTIMETABOLITES		
azacitidine for inj 100 mg	M	M
capecitabine tab 150 mg	Tier 0	PA
capecitabine tab 500 mg	Tier 0	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	M	M
clofarabine iv soln 1 mg/ml	M	M
cytarabine inj 20 mg/ml	M	M
cytarabine inj pf 20 mg/ml	M	M
cytarabine inj pf 100 mg/ml	M	M
decitabine for inj 50 mg	M	M
fludarabine phosphate for inj 50 mg	M	M
fludarabine phosphate inj 25 mg/ml	M	M
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	M	M
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	M	M
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	M	M
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	M	M
gemcitabine hcl for inj 1 gm	M	M
gemcitabine hcl for inj 2 gm	M	M
gemcitabine hcl for inj 200 mg	M	M
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	M	M

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Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	M	M
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	M	M
mercaptopurine tab 50 mg	Tier 0	
methotrexate sodium for inj 1 gm	Tier 1	$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	$0 copay based on your plan/benefit
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	$0 copay based on your plan/benefit
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Tier 1	$0 copay based on your plan/benefit
NIPENT INJ 10MG	M	M
pemetrexed disodium for iv soln 100 mg (base equiv)	M	M
pemetrexed disodium for iv soln 500 mg (base equiv)	M	M
TABLOID TAB 40MG	Tier 0	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M
lenalidomide cap 5 mg	Tier 0	PA, QL (28 caps every 28 days)
lenalidomide cap 10 mg	Tier 0	PA, QL (28 caps every 28 days)
lenalidomide cap 15 mg	Tier 0	PA, QL (28 caps every 28 days)
lenalidomide cap 20 mg	Tier 0	PA, QL (21 caps every 28 days)
lenalidomide cap 25 mg	Tier 0	PA, QL (21 caps every 28 days)
lenalidomide caps 2.5 mg	Tier 0	PA, QL (28 caps every 28 days)
PADCEV INJ 20MG	M	M
PADCEV INJ 30MG	M	M
pomalidomide cap 1 mg	Tier 0	PA, QL (21 caps every 28 days)
pomalidomide cap 2 mg	Tier 0	PA, QL (21 caps every 28 days)
pomalidomide cap 3 mg	Tier 0	PA, QL (21 caps every 28 days)
pomalidomide cap 4 mg	Tier 0	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (112 caps every 28 days)
TICE BCG INJ	M	M
BIOSIMILARS		
GAZYVA INJ 25MG/ML	M	M
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	Tier 0	PA, QL (120 tabs every 30 days)
abiraterone acetate tab 500 mg	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
anastrozole tab 1 mg	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	Tier 0	
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 0	PA, QL (30 tabs every 30 days)
exemestane tab 25 mg	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
fulvestrant inj soln pref syr 250 mg/5ml	M	M
letrozole tab 2.5 mg	Tier 0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	Tier 4	PA
LYSODREN TAB 500MG	Tier 0	
megestrol acetate tab 20 mg	Tier 0	
megestrol acetate tab 40 mg	Tier 0	
nilutamide tab 150 mg	Tier 0	
NUBEQA TAB 300MG	Tier 0	PA, QL (120 tabs every 30 days)
tamoxifen citrate tab 10 mg (base equivalent)	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	Tier 0	
XTANDI CAP 40MG	Tier 0	PA, QL (120 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 40MG	Tier 0	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 0	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	Tier 0	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAP 150MG	Tier 0	PA, QL (240 caps every 30 days)
BRAFTOVI CAP 75MG	Tier 0	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	Tier 0	PA, QL (120 caps every 30 days)
BRUKINSA TAB 160MG	Tier 0	PA, QL (60 tabs every 30 days)
CABOMETYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)
dasatinib tab 20 mg	Tier 0	PA, QL (90 tabs every 30 days)
dasatinib tab 50 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 70 mg	Tier 0	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dasatinib tab 80 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 100 mg	Tier 0	PA, QL (30 tabs every 30 days)
dasatinib tab 140 mg	Tier 0	PA, QL (30 tabs every 30 days)
erlotinib hcl tab 25 mg (base equivalent)	Tier 0	PA, QL (60 tabs every 30 days)
erlotinib hcl tab 100 mg (base equivalent)	Tier 0	PA, QL (30 tabs every 30 days)
erlotinib hcl tab 150 mg (base equivalent)	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 2.5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 7.5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 10 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab for oral susp 2 mg	Tier 0	PA, QL (60 tabs every 30 days)
everolimus tab for oral susp 3 mg	Tier 0	PA, QL (90 tabs every 30 days)
everolimus tab for oral susp 5 mg	Tier 0	PA, QL (60 tabs every 30 days)
IBTROZI CAP 200MG	Tier 0	PA, QL (90 caps every 30 days)
imatinib mesylate tab 100 mg (base equivalent)	Tier 0	PA, QL (120 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent)	Tier 0	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	Tier 0	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	Tier 0	PA, QL (90 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA SUS 70MG/ML	Tier 0	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	Tier 0	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
ITOVEBI TAB 3MG	Tier 0	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	Tier 0	PA, QL (30 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
lapatinib ditosylate tab 250 mg (base equiv)	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKTOVI TAB 15MG	Tier 0	PA, QL (180 tabs every 30 days)
nilotinib hcl cap 50 mg (base equivalent)	Tier 0	PA, QL (120 caps every 30 days)
nilotinib hcl cap 150 mg (base equivalent)	Tier 0	PA, QL (120 caps every 30 days)
nilotinib hcl cap 200 mg (base equivalent)	Tier 0	PA, QL (120 caps every 30 days)
pazopanib hcl tab 200 mg (base equiv)	Tier 0	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	Tier 0	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
sorafenib tosylate tab 200 mg (base equivalent)	Tier 0	PA, QL (120 tabs every 30 days)
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
sunitinib malate cap 12.5 mg (base equivalent)	Tier 0	PA, QL (30 caps every 30 days)
sunitinib malate cap 25 mg (base equivalent)	Tier 0	PA, QL (30 caps every 30 days)
sunitinib malate cap 37.5 mg (base equivalent)	Tier 0	PA, QL (30 caps every 30 days)
sunitinib malate cap 50 mg (base equivalent)	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 0	PA, QL (4 bottles every 28 days)
TAGRISSO TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	Tier 0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	Tier 0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	Tier 0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	Tier 0	PA, QL (64 tabs every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	Tier 0	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	Tier 0	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	M	M
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	M	M

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Drug Name	Drug Tier	Requirements/Limits
bexarotene cap 75 mg	Tier 0	PA
hydroxyurea cap 500 mg	Tier 0	
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
POLIVY INJ 30MG	M	M
POLIVY INJ 140MG	M	M
tretinoin cap 10 mg	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	M	M
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	M	M
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	M	M
docetaxel soln for iv infusion 20 mg/2ml	M	M
docetaxel soln for iv infusion 80 mg/8ml	M	M
docetaxel soln for iv infusion 160 mg/16ml	M	M
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	M	M
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	M	M
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	M	M

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Drug Name	Drug Tier	Requirements/Limits
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	M	M
vinblastine sulfate inj 1 mg/ml	M	M
vincristine sulfate iv soln 1 mg/ml	M	M
vinorelbine tartrate inj 10 mg/ml (base equiv)	M	M
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	M	M
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	M	M
carboplatin iv soln 150 mg/15ml	M	M
carboplatin iv soln 450 mg/45ml	M	M
carboplatin iv soln 600 mg/60ml	M	M
cisplatin inj 50 mg/50ml (1 mg/ml)	M	M
cisplatin inj 100 mg/100ml (1 mg/ml)	M	M
cisplatin inj 200 mg/200ml (1 mg/ml)	M	M
oxaliplatin for iv inj 50 mg	M	M
oxaliplatin for iv inj 100 mg	M	M
oxaliplatin iv soln 50 mg/10ml	M	M
oxaliplatin iv soln 100 mg/20ml	M	M
paraplatin	M	M
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	M	M
dexrazoxane hcl for inj 500 mg (base equivalent)	M	M
leucovorin calcium for inj 50 mg	M	M
leucovorin calcium for inj 100 mg	M	M
leucovorin calcium for inj 200 mg	M	M
leucovorin calcium for inj 350 mg	M	M
leucovorin calcium for inj 500 mg	M	M
leucovorin calcium tab 5 mg	Tier 0	
leucovorin calcium tab 10 mg	Tier 0	
leucovorin calcium tab 15 mg	Tier 0	
leucovorin calcium tab 25 mg	Tier 0	
mesna inj 100 mg/ml	M	M
mesna tab 400 mg	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE INHIBITORS		
etoposide cap 50 mg	Tier 0	
etoposide inj 1 gm/50ml (20 mg/ml)	M	M
etoposide inj 100 mg/5ml (20 mg/ml)	M	M
etoposide inj 500 mg/25ml (20 mg/ml)	M	M
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	M	M
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	M	M
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	M	M
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	M	M
topotecan hcl for inj 4 mg (base equiv)	M	M
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	
trandolapril-verapamil hcl tab er 1-240 mg	Tier 1	
trandolapril-verapamil hcl tab er 2-180 mg	Tier 1	
trandolapril-verapamil hcl tab er 2-240 mg	Tier 1	
trandolapril-verapamil hcl tab er 4-240 mg	Tier 1	
ACE INHIBITORS		
benazepril hcl tab 5 mg	Tier 1	
benazepril hcl tab 10 mg	Tier 1	
benazepril hcl tab 20 mg	Tier 1	
benazepril hcl tab 40 mg	Tier 1	
captopril tab 12.5 mg	Tier 1	
captopril tab 25 mg	Tier 1	
captopril tab 50 mg	Tier 1	
captopril tab 100 mg	Tier 1	
enalapril maleate tab 2.5 mg	Tier 1	
enalapril maleate tab 5 mg	Tier 1	
enalapril maleate tab 10 mg	Tier 1	
enalapril maleate tab 20 mg	Tier 1	
fosinopril sodium tab 10 mg	Tier 1	
fosinopril sodium tab 20 mg	Tier 1	
fosinopril sodium tab 40 mg	Tier 1	
lisinopril tab 2.5 mg	Tier 1	
lisinopril tab 5 mg	Tier 1	
lisinopril tab 10 mg	Tier 1	
lisinopril tab 20 mg	Tier 1	
lisinopril tab 30 mg	Tier 1	
lisinopril tab 40 mg	Tier 1	
moexipril hcl tab 7.5 mg	Tier 1	
moexipril hcl tab 15 mg	Tier 1	
perindopril erbumine tab 2 mg	Tier 1	
perindopril erbumine tab 4 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tab 8 mg	Tier 1	
quinapril hcl tab 5 mg	Tier 1	
quinapril hcl tab 10 mg	Tier 1	
quinapril hcl tab 20 mg	Tier 1	
quinapril hcl tab 40 mg	Tier 1	
ramipril cap 1.25 mg	Tier 1	
ramipril cap 2.5 mg	Tier 1	
ramipril cap 5 mg	Tier 1	
ramipril cap 10 mg	Tier 1	
trandolapril tab 1 mg	Tier 1	
trandolapril tab 2 mg	Tier 1	
trandolapril tab 4 mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	Tier 1	
eplerenone tab 50 mg	Tier 1	
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
KERENDIA TAB 40MG	Tier 3	PA
spironolactone tab 25 mg	Tier 1	
spironolactone tab 50 mg	Tier 1	
spironolactone tab 100 mg	Tier 1	
ALPHA BLOCKERS		
prazosin hcl cap 1 mg	Tier 1	
prazosin hcl cap 2 mg	Tier 1	
prazosin hcl cap 5 mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	Tier 1	
candesartan cilexetil tab 8 mg	Tier 1	
candesartan cilexetil tab 16 mg	Tier 1	
candesartan cilexetil tab 32 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
irbesartan tab 75 mg	Tier 1	
irbesartan tab 150 mg	Tier 1	
irbesartan tab 300 mg	Tier 1	
losartan potassium tab 25 mg	Tier 1	
losartan potassium tab 50 mg	Tier 1	
losartan potassium tab 100 mg	Tier 1	
olmesartan medoxomil tab 5 mg	Tier 1	
olmesartan medoxomil tab 20 mg	Tier 1	
olmesartan medoxomil tab 40 mg	Tier 1	
telmisartan tab 20 mg	Tier 1	
telmisartan tab 40 mg	Tier 1	
telmisartan tab 80 mg	Tier 1	
valsartan tab 40 mg	Tier 1	
valsartan tab 80 mg	Tier 1	
valsartan tab 160 mg	Tier 1	
valsartan tab 320 mg	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl tab 200 mg	Tier 1	
amiodarone hcl tab 400 mg	Tier 1	
disopyramide phosphate cap 100 mg	Tier 1	
disopyramide phosphate cap 150 mg	Tier 1	
dofetilide cap 125 mcg (0.125 mg)	Tier 1	
dofetilide cap 250 mcg (0.25 mg)	Tier 1	
dofetilide cap 500 mcg (0.5 mg)	Tier 1	
flecainide acetate tab 50 mg	Tier 1	
flecainide acetate tab 100 mg	Tier 1	
flecainide acetate tab 150 mg	Tier 1	
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	M	M
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	M	M
MULTAQ TAB 400MG	Tier 2	PA
NORPACE CAP 100MG CR	Tier 2	
NORPACE CAP 150MG CR	Tier 2	
pacerone	Tier 1	
procainamide hcl inj 100 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
propafenone hcl cap er 12hr 225 mg	Tier 1	
propafenone hcl cap er 12hr 325 mg	Tier 1	
propafenone hcl cap er 12hr 425 mg	Tier 1	
propafenone hcl tab 150 mg	Tier 1	
propafenone hcl tab 225 mg	Tier 1	
propafenone hcl tab 300 mg	Tier 1	
sotalol hcl (afib/afl) tab 80 mg	Tier 1	
sotalol hcl (afib/afl) tab 120 mg	Tier 1	
sotalol hcl (afib/afl) tab 160 mg	Tier 1	
sotalol hcl tab 80 mg	Tier 1	
sotalol hcl tab 120 mg	Tier 1	
sotalol hcl tab 160 mg	Tier 1	
sotalol hcl tab 240 mg	Tier 1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TAB 180MG	Tier 3	PA
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	Tier 1	
cholestyramine light powder packets 4 gm	Tier 1	
cholestyramine powder 4 gm/dose	Tier 1	
cholestyramine powder packets 4 gm	Tier 1	
colesevelam hcl packet for susp 3.75 gm	Tier 1	
colesevelam hcl tab 625 mg	Tier 1	
colestipol hcl granule packets 5 gm	Tier 1	
colestipol hcl granules 5 gm	Tier 1	
colestipol hcl tab 1 gm	Tier 1	
prevalite	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	Tier 1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Tier 1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Tier 1	
fenofibrate cap 150 mg	Tier 1	
fenofibrate micronized cap 43 mg	Tier 1	
fenofibrate micronized cap 67 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 134 mg	Tier 1	
fenofibrate micronized cap 200 mg	Tier 1	
fenofibrate tab 48 mg	Tier 1	
fenofibrate tab 54 mg	Tier 1	
fenofibrate tab 145 mg	Tier 1	
fenofibrate tab 160 mg	Tier 1	
gemfibrozil tab 600 mg	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	Tier 1	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium cap 20 mg (base equivalent)	Tier 1	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	Tier 1	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 1	$0 copay for members age 40 through 75
lovastatin tab 10 mg	Tier 1	$0 copay for members age 40 through 75
lovastatin tab 20 mg	Tier 1	$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
lovastatin tab 40 mg	Tier 1	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	Tier 1	$0 copay for members age 40 through 75
pitavastatin calcium tab 2 mg	Tier 1	$0 copay for members age 40 through 75
pitavastatin calcium tab 4 mg	Tier 1	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	Tier 1	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	Tier 1	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	Tier 1	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	Tier 1	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	Tier 1	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	Tier 1	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	Tier 1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
rosuvastatin calcium tab 40 mg	Tier 1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
simvastatin tab 5 mg	Tier 1	$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 10 mg	Tier 1	$0 copay for members age 40 through 75
simvastatin tab 20 mg	Tier 1	$0 copay for members age 40 through 75
simvastatin tab 40 mg	Tier 1	$0 copay for members age 40 through 75
simvastatin tab 80 mg	Tier 1	ST; PA**; Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	Tier 1	
ezetimibe-simvastatin tab 10-20 mg	Tier 1	
ezetimibe-simvastatin tab 10-40 mg	Tier 1	
ezetimibe-simvastatin tab 10-80 mg	Tier 1	
ANTILIPEMICS, MISCELLANEOUS		
niacin tab er 500 mg (antihyperlipidemic)	Tier 1	
niacin tab er 750 mg (antihyperlipidemic)	Tier 1	
niacin tab er 1000 mg (antihyperlipidemic)	Tier 1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	Tier 1	
VASCEPA CAP 0.5GM	Tier 1	
VASCEPA CAP 1GM	Tier 1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	Tier 2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Tier 2	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	Tier 2	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	Tier 1	
acebutolol hcl cap 400 mg	Tier 1	
atenolol tab 25 mg	Tier 1	
atenolol tab 50 mg	Tier 1	
atenolol tab 100 mg	Tier 1	
betaxolol hcl tab 10 mg	Tier 1	
betaxolol hcl tab 20 mg	Tier 1	
bisoprolol fumarate tab 5 mg	Tier 1	
bisoprolol fumarate tab 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 20 mg	Tier 1	
carvedilol phosphate cap er 24hr 40 mg	Tier 1	
carvedilol phosphate cap er 24hr 80 mg	Tier 1	
carvedilol tab 3.125 mg	Tier 1	
carvedilol tab 6.25 mg	Tier 1	
carvedilol tab 12.5 mg	Tier 1	
carvedilol tab 25 mg	Tier 1	
labetalol hcl tab 100 mg	Tier 1	
labetalol hcl tab 200 mg	Tier 1	
labetalol hcl tab 300 mg	Tier 1	
labetalol hcl tab 400 mg	Tier 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	Tier 1	
amlodipine besylate tab 5 mg (base equivalent)	Tier 1	
amlodipine besylate tab 10 mg (base equivalent)	Tier 1	
cartia xt	Tier 1	
dilt-xr	Tier 1	
diltiazem hcl cap er 12hr 60 mg	Tier 1	
diltiazem hcl cap er 12hr 90 mg	Tier 1	
diltiazem hcl cap er 12hr 120 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 300 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 360 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 180 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 420 mg	Tier 1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	M	M
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	M	M
diltiazem hcl tab 30 mg	Tier 1	
diltiazem hcl tab 60 mg	Tier 1	
diltiazem hcl tab 90 mg	Tier 1	
diltiazem hcl tab 120 mg	Tier 1	
diltiazem hcl tab er 24hr 120 mg	Tier 1	
felodipine tab er 24hr 2.5 mg	Tier 1	
felodipine tab er 24hr 5 mg	Tier 1	
felodipine tab er 24hr 10 mg	Tier 1	
isradipine cap 2.5 mg	Tier 1	
isradipine cap 5 mg	Tier 1	
matzim la	Tier 1	
nicardipine hcl cap 20 mg	Tier 1	
nicardipine hcl cap 30 mg	Tier 1	
nifedipine tab er 24hr 30 mg	Tier 1	
nifedipine tab er 24hr 60 mg	Tier 1	
nifedipine tab er 24hr 90 mg	Tier 1	
nifedipine tab er 24hr osmotic release 30 mg	Tier 1	
nifedipine tab er 24hr osmotic release 60 mg	Tier 1	
nifedipine tab er 24hr osmotic release 90 mg	Tier 1	
nimodipine cap 30 mg	Tier 1	
nisoldipine tab er 24hr 8.5 mg	Tier 1	
nisoldipine tab er 24hr 17 mg	Tier 1	
nisoldipine tab er 24hr 20 mg	Tier 1	
nisoldipine tab er 24hr 25.5 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 30 mg	Tier 1	
nisoldipine tab er 24hr 34 mg	Tier 1	
nisoldipine tab er 24hr 40 mg	Tier 1	
verapamil hcl cap er 24hr 100 mg	Tier 1	
verapamil hcl cap er 24hr 120 mg	Tier 1	
verapamil hcl cap er 24hr 180 mg	Tier 1	
verapamil hcl cap er 24hr 200 mg	Tier 1	
verapamil hcl cap er 24hr 240 mg	Tier 1	
verapamil hcl cap er 24hr 300 mg	Tier 1	
verapamil hcl cap er 24hr 360 mg	Tier 1	
verapamil hcl tab 40 mg	Tier 1	
verapamil hcl tab 80 mg	Tier 1	
verapamil hcl tab 120 mg	Tier 1	
verapamil hcl tab er 120 mg	Tier 1	
verapamil hcl tab er 180 mg	Tier 1	
verapamil hcl tab er 240 mg	Tier 1	
DIGITALIS GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	Tier 1	
digoxin tab 62.5 mcg (0.0625 mg)	Tier 1	
digoxin tab 125 mcg (0.125 mg)	Tier 1	
digoxin tab 250 mcg (0.25 mg)	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	Tier 1	
acetazolamide tab 125 mg	Tier 1	
acetazolamide tab 250 mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl tab 5 mg	Tier 1	
bumetanide tab 0.5 mg	Tier 1	
bumetanide tab 1 mg	Tier 1	
bumetanide tab 2 mg	Tier 1	
chlorthalidone tab 25 mg	Tier 1	
chlorthalidone tab 50 mg	Tier 1	
DIURIL SUS 250/5ML	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
ethacrynic acid tab 25 mg	Tier 3	
furosemide inj 10 mg/ml	M	M
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	
furosemide tab 40 mg	Tier 1	
furosemide tab 80 mg	Tier 1	
hydrochlorothiazide cap 12.5 mg	Tier 1	
hydrochlorothiazide tab 12.5 mg	Tier 1	
hydrochlorothiazide tab 25 mg	Tier 1	
hydrochlorothiazide tab 50 mg	Tier 1	
indapamide tab 1.25 mg	Tier 1	
indapamide tab 2.5 mg	Tier 1	
mannitol iv soln 25%	Tier 1	
methazolamide tab 25 mg	Tier 1	
methazolamide tab 50 mg	Tier 1	
metolazone tab 2.5 mg	Tier 1	
metolazone tab 5 mg	Tier 1	
metolazone tab 10 mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide tab 5 mg	Tier 1	
torsemide tab 10 mg	Tier 1	
torsemide tab 20 mg	Tier 1	
torsemide tab 100 mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
triamterene cap 50 mg	Tier 1	
triamterene cap 100 mg	Tier 1	
HEART FAILURE		
CORLANOR SOL 5MG/5ML	Tier 2	
ENTRESTO CAP 6-6MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO CAP 15-16MG	Tier 3	
ENTRESTO TAB 24-26MG	Tier 3	
ENTRESTO TAB 49-51MG	Tier 3	
ENTRESTO TAB 97-103MG	Tier 3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	Tier 1	
ivabradine hcl tab 5 mg (base equiv)	Tier 1	
ivabradine hcl tab 7.5 mg (base equiv)	Tier 1	
sacubitril-valsartan tab 24-26 mg	Tier 1	
sacubitril-valsartan tab 49-51 mg	Tier 1	
sacubitril-valsartan tab 97-103 mg	Tier 1	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	Tier 1	
clonidine hcl tab 0.2 mg	Tier 1	
clonidine hcl tab 0.3 mg	Tier 1	
clonidine td patch weekly 0.1 mg/24hr	Tier 1	
clonidine td patch weekly 0.2 mg/24hr	Tier 1	
clonidine td patch weekly 0.3 mg/24hr	Tier 1	
guanfacine hcl tab 1 mg	Tier 1	
guanfacine hcl tab 2 mg	Tier 1	
hydralazine hcl tab 10 mg	Tier 1	
hydralazine hcl tab 25 mg	Tier 1	
hydralazine hcl tab 50 mg	Tier 1	
hydralazine hcl tab 100 mg	Tier 1	
methyldopa tab 250 mg	Tier 1	
methyldopa tab 500 mg	Tier 1	
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
minoxidil tab 2.5 mg	Tier 1	
minoxidil tab 10 mg	Tier 1	
phenoxybenzamine hcl cap 10 mg	Tier 4	PA, QL (360 caps every 30 days)
ranolazine tab er 12hr 500 mg	Tier 1	
ranolazine tab er 12hr 1000 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate tab 5 mg	Tier 1	
isosorbide dinitrate tab 10 mg	Tier 1	
isosorbide dinitrate tab 20 mg	Tier 1	
isosorbide dinitrate tab 30 mg	Tier 1	
isosorbide mononitrate tab er 24hr 30 mg	Tier 1	
isosorbide mononitrate tab er 24hr 60 mg	Tier 1	
isosorbide mononitrate tab er 24hr 120 mg	Tier 1	
nitro-bid	Tier 1	
NITRO-DUR DIS 0.3MG/HR	Tier 2	
NITRO-DUR DIS 0.8MG/HR	Tier 2	
nitroglycerin sl tab 0.3 mg	Tier 1	
nitroglycerin sl tab 0.4 mg	Tier 1	
nitroglycerin sl tab 0.6 mg	Tier 1	
nitroglycerin td patch 24hr 0.1 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.2 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.4 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr	Tier 1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	Tier 4	PA, QL (90 tabs every 30 days)
ambrisentan tab 5 mg	Tier 4	PA, QL (30 tabs every 30 days)
ambrisentan tab 10 mg	Tier 4	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
bosentan tab 62.5 mg	Tier 4	PA, QL (60 tabs every 30 days)
bosentan tab 125 mg	Tier 4	PA, QL (60 tabs every 30 days)
bosentan tab for oral susp 32 mg	Tier 4	PA, QL (112 tabs every 28 days)
macitentan tab 10 mg	Tier 4	PA, QL (30 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	M	M
sildenafil citrate tab 20 mg	Tier 4	PA, QL (360 tabs every 30 days)
tadalafil tab 20 mg (pah)	Tier 4	PA, QL (60 tabs every 30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml)	M	M
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	M	M
treprostinil inj soln 100 mg/20ml (5 mg/ml)	M	M
treprostinil inj soln 200 mg/20ml (10 mg/ml)	M	M
TYVASO RF KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	M	M
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tab delayed release 333 mg	Tier 1	
disulfiram tab 250 mg	Tier 1	
disulfiram tab 500 mg	Tier 1	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
riluzole tab 50 mg	Tier 1	
ANTIANXIETY		
ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
alprazolam orally disintegrating tab 0.5 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 0.25 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 1 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 2 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 0.5 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 0.25 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 1 mg	Tier 1	QL (150 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 2 mg	Tier 1	QL (150 tabs every 30 days)
buspirone hcl tab 5 mg	Tier 1	
buspirone hcl tab 7.5 mg	Tier 1	
buspirone hcl tab 10 mg	Tier 1	
buspirone hcl tab 15 mg	Tier 1	
buspirone hcl tab 30 mg	Tier 1	
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (360 caps every 30 days)
clomipramine hcl cap 25 mg	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl cap 50 mg	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl cap 75 mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
fluvoxamine maleate cap er 24hr 100 mg	Tier 1	
fluvoxamine maleate cap er 24hr 150 mg	Tier 1	
fluvoxamine maleate tab 25 mg	Tier 1	
fluvoxamine maleate tab 50 mg	Tier 1	
fluvoxamine maleate tab 100 mg	Tier 1	
lorazepam conc 2 mg/ml	Tier 1	QL (150 mL every 30 days)
lorazepam tab 0.5 mg	Tier 1	QL (150 tabs every 30 days)
lorazepam tab 1 mg	Tier 1	QL (150 tabs every 30 days)
lorazepam tab 2 mg	Tier 1	QL (150 tabs every 30 days)
meprobamate tab 200 mg	Tier 1	
meprobamate tab 400 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
oxazepam cap 10 mg	Tier 1	QL (120 caps every 30 days)
oxazepam cap 15 mg	Tier 1	QL (120 caps every 30 days)
oxazepam cap 30 mg	Tier 1	QL (120 caps every 30 days)
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 1	
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 1	
donepezil hydrochloride tab 5 mg	Tier 1	
donepezil hydrochloride tab 10 mg	Tier 1	
donepezil hydrochloride tab 23 mg	Tier 1	
galantamine hydrobromide cap er 24hr 8 mg	Tier 1	
galantamine hydrobromide cap er 24hr 16 mg	Tier 1	
galantamine hydrobromide cap er 24hr 24 mg	Tier 1	
galantamine hydrobromide oral soln 4 mg/ml	Tier 1	
galantamine hydrobromide tab 4 mg	Tier 1	
galantamine hydrobromide tab 8 mg	Tier 1	
galantamine hydrobromide tab 12 mg	Tier 1	
memantine hcl cap er 24hr 7 mg	Tier 1	
memantine hcl cap er 24hr 14 mg	Tier 1	
memantine hcl cap er 24hr 21 mg	Tier 1	
memantine hcl cap er 24hr 28 mg	Tier 1	
memantine hcl oral solution 2 mg/ml	Tier 1	
memantine hcl tab 5 mg	Tier 1	
memantine hcl tab 10 mg	Tier 1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
rivastigmine td patch 24hr 4.6 mg/24hr	Tier 1	
rivastigmine td patch 24hr 9.5 mg/24hr	Tier 1	
rivastigmine td patch 24hr 13.3 mg/24hr	Tier 1	
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tab 25 mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tab 50 mg	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tab 75 mg	Tier 1	PA; High strength requires PA for members age 65 and older
amitriptyline hcl tab 100 mg	Tier 1	PA; High strength requires PA for members age 65 and older
amitriptyline hcl tab 150 mg	Tier 1	PA; High strength requires PA for members age 65 and older
amoxapine tab 25 mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 50 mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 100 mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 150 mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
bupropion hcl tab 75 mg	Tier 1	
bupropion hcl tab 100 mg	Tier 1	
bupropion hcl tab er 12hr 100 mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
doxepin hcl cap 10 mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 25 mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 50 mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 75 mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 100 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 150 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl conc 10 mg/ml	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	Tier 1	
EMSAM DIS 6MG/24HR	Tier 3	PA
EMSAM DIS 9MG/24HR	Tier 3	PA
EMSAM DIS 12MG/24H	Tier 3	PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	Tier 1	
escitalopram oxalate tab 5 mg (base equiv)	Tier 1	
escitalopram oxalate tab 10 mg (base equiv)	Tier 1	
escitalopram oxalate tab 20 mg (base equiv)	Tier 1	
FETZIMA CAP 20MG	Tier 3	
FETZIMA CAP 40MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 80MG	Tier 3	
FETZIMA CAP 120MG	Tier 3	
FETZIMA CAP TITRATIO	Tier 3	
fluoxetine hcl cap 10 mg	Tier 1	
fluoxetine hcl cap 20 mg	Tier 1	
fluoxetine hcl cap 40 mg	Tier 1	
fluoxetine hcl cap delayed release 90 mg	Tier 1	
fluoxetine hcl solution 20 mg/5ml	Tier 1	
fluoxetine hcl tab 10 mg	Tier 1	(generic Sarafem not covered)
fluoxetine hcl tab 20 mg	Tier 1	(generic Sarafem not covered)
imipramine hcl tab 10 mg	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tab 25 mg	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tab 50 mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 75 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 100 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 125 mg	Tier 1	PA; High strength requires PA for members age 65 and older
imipramine pamoate cap 150 mg	Tier 1	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	Tier 3	
mirtazapine orally disintegrating tab 15 mg	Tier 1	
mirtazapine orally disintegrating tab 30 mg	Tier 1	
mirtazapine orally disintegrating tab 45 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
mirtazapine tab 7.5 mg	Tier 1	
mirtazapine tab 15 mg	Tier 1	
mirtazapine tab 30 mg	Tier 1	
mirtazapine tab 45 mg	Tier 1	
nefazodone hcl tab 50 mg	Tier 1	
nefazodone hcl tab 100 mg	Tier 1	
nefazodone hcl tab 150 mg	Tier 1	
nefazodone hcl tab 200 mg	Tier 1	
nefazodone hcl tab 250 mg	Tier 1	
nortriptyline hcl cap 10 mg	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 25 mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 50 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 75 mg	Tier 1	PA; High strength requires PA for members age 65 and older
nortriptyline hcl soln 10 mg/5ml	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older
paroxetine hcl tab 10 mg	Tier 1	
paroxetine hcl tab 20 mg	Tier 1	
paroxetine hcl tab 30 mg	Tier 1	
paroxetine hcl tab 40 mg	Tier 1	
paroxetine hcl tab er 24hr 12.5 mg	Tier 1	
paroxetine hcl tab er 24hr 25 mg	Tier 1	
paroxetine hcl tab er 24hr 37.5 mg	Tier 1	
phenelzine sulfate tab 15 mg	Tier 1	
protriptyline hcl tab 5 mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older

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Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tab 10 mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
sertraline hcl oral concentrate for solution 20 mg/ml	Tier 1	
sertraline hcl tab 25 mg	Tier 1	
sertraline hcl tab 50 mg	Tier 1	
sertraline hcl tab 100 mg	Tier 1	
SPRAVATO SOL 56MG DOS	Tier 4	PA
SPRAVATO SOL 84MG DOS	Tier 4	PA
tranylcypromine sulfate tab 10 mg	Tier 1	
trazodone hcl tab 50 mg	Tier 1	
trazodone hcl tab 100 mg	Tier 1	
trazodone hcl tab 150 mg	Tier 1	
trazodone hcl tab 300 mg	Tier 1	
trimipramine maleate cap 25 mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
trimipramine maleate cap 50 mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
trimipramine maleate cap 100 mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 3	ST; PA**
TRINTELLIX TAB 10MG	Tier 3	ST; PA**
TRINTELLIX TAB 20MG	Tier 3	ST; PA**
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	Tier 1	
vilazodone hcl tab 10 mg	Tier 1	
vilazodone hcl tab 20 mg	Tier 1	
vilazodone hcl tab 40 mg	Tier 1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	Tier 1	
amantadine hcl soln 50 mg/5ml	Tier 1	
amantadine hcl tab 100 mg	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	ST, PA, QL (20 cartridges every 30 days)
benztropine mesylate inj 1 mg/ml	M	M
benztropine mesylate tab 0.5 mg	Tier 1	
benztropine mesylate tab 1 mg	Tier 1	
benztropine mesylate tab 2 mg	Tier 1	
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa tab 25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone tab 200 mg	Tier 1	
INBRIJA CAP 42MG	Tier 4	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	Tier 2	
NEUPRO DIS 8MG/24HR	Tier 2	
ONGENTYS CAP 25MG	Tier 3	PA
ONGENTYS CAP 50MG	Tier 3	PA
pramipexole dihydrochloride tab 0.5 mg	Tier 1	
pramipexole dihydrochloride tab 0.25 mg	Tier 1	
pramipexole dihydrochloride tab 0.75 mg	Tier 1	
pramipexole dihydrochloride tab 0.125 mg	Tier 1	
pramipexole dihydrochloride tab 1 mg	Tier 1	
pramipexole dihydrochloride tab 1.5 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 3 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 3.75 mg	Tier 1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	Tier 1	
rasagiline mesylate tab 0.5 mg (base equiv)	Tier 1	
rasagiline mesylate tab 1 mg (base equiv)	Tier 1	
ropinirole hydrochloride tab 0.5 mg	Tier 1	
ropinirole hydrochloride tab 0.25 mg	Tier 1	
ropinirole hydrochloride tab 1 mg	Tier 1	
ropinirole hydrochloride tab 2 mg	Tier 1	
ropinirole hydrochloride tab 3 mg	Tier 1	
ropinirole hydrochloride tab 4 mg	Tier 1	
ropinirole hydrochloride tab 5 mg	Tier 1	
selegiline hcl cap 5 mg	Tier 1	
selegiline hcl tab 5 mg	Tier 1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl tab 2 mg	Tier 1	
trihexyphenidyl hcl tab 5 mg	Tier 1	
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole orally disintegrating tab 10 mg	Tier 1	
aripiprazole orally disintegrating tab 15 mg	Tier 1	
aripiprazole tab 2 mg	Tier 1	
aripiprazole tab 5 mg	Tier 1	
aripiprazole tab 10 mg	Tier 1	
aripiprazole tab 15 mg	Tier 1	
aripiprazole tab 20 mg	Tier 1	
aripiprazole tab 30 mg	Tier 1	
ARISTADA INJ 441MG/1.	Tier 2	
ARISTADA INJ 662MG/2	Tier 2	
ARISTADA INJ 882MG/3	Tier 2	
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
asenapine maleate sl tab 2.5 mg (base equiv)	Tier 1	
asenapine maleate sl tab 5 mg (base equiv)	Tier 1	
asenapine maleate sl tab 10 mg (base equiv)	Tier 1	
chlorpromazine hcl inj 25 mg/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl inj 50 mg/2ml	Tier 1	
chlorpromazine hcl tab 10 mg	Tier 1	
chlorpromazine hcl tab 25 mg	Tier 1	
chlorpromazine hcl tab 50 mg	Tier 1	
chlorpromazine hcl tab 100 mg	Tier 1	
chlorpromazine hcl tab 200 mg	Tier 1	
clozapine orally disintegrating tab 12.5 mg	Tier 1	
clozapine orally disintegrating tab 25 mg	Tier 1	
clozapine orally disintegrating tab 100 mg	Tier 1	
clozapine orally disintegrating tab 150 mg	Tier 1	
clozapine orally disintegrating tab 200 mg	Tier 1	
clozapine tab 25 mg	Tier 1	
clozapine tab 50 mg	Tier 1	
clozapine tab 100 mg	Tier 1	
clozapine tab 200 mg	Tier 1	
COBENFY CAP 50-20MG	Tier 3	
COBENFY CAP 100-20MG	Tier 3	
COBENFY CAP 125-30MG	Tier 3	
COBENFY STRT CAP PACK	Tier 3	
ERZOFRI INJ 39/0.25	Tier 2	
ERZOFRI INJ 78/0.5ML	Tier 2	
ERZOFRI INJ 117/0.75	Tier 2	
ERZOFRI INJ 156MG/ML	Tier 2	
ERZOFRI INJ 234/1.5	Tier 2	
ERZOFRI INJ 351/2.25	Tier 2	
fluphenazine decanoate inj 25 mg/ml	Tier 1	
fluphenazine hcl elixir 2.5 mg/5ml	Tier 1	
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl oral conc 5 mg/ml	Tier 1	
fluphenazine hcl tab 1 mg	Tier 1	
fluphenazine hcl tab 2.5 mg	Tier 1	
fluphenazine hcl tab 5 mg	Tier 1	
fluphenazine hcl tab 10 mg	Tier 1	
haloperidol decanoate im soln 50 mg/ml	Tier 1	
haloperidol decanoate im soln 100 mg/ml	Tier 1	
haloperidol lactate inj 5 mg/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate oral conc 2 mg/ml	Tier 1	
haloperidol tab 0.5 mg	Tier 1	
haloperidol tab 1 mg	Tier 1	
haloperidol tab 2 mg	Tier 1	
haloperidol tab 5 mg	Tier 1	
haloperidol tab 10 mg	Tier 1	
haloperidol tab 20 mg	Tier 1	
INVEGA HAFYE INJ 1092MG	Tier 2	
INVEGA HAFYE INJ 1560MG	Tier 2	
INVEGA SUST INJ 39/0.25	Tier 2	
INVEGA SUST INJ 78/0.5ML	Tier 2	
INVEGA SUST INJ 117/0.75	Tier 2	
INVEGA SUST INJ 156MG/ML	Tier 2	
INVEGA SUST INJ 234/1.5	Tier 2	
INVEGA TRINZ INJ 273MG	Tier 2	
INVEGA TRINZ INJ 410MG	Tier 2	
INVEGA TRINZ INJ 546MG	Tier 2	
INVEGA TRINZ INJ 819MG	Tier 2	
loxapine succinate cap 5 mg	Tier 1	
loxapine succinate cap 10 mg	Tier 1	
loxapine succinate cap 25 mg	Tier 1	
loxapine succinate cap 50 mg	Tier 1	
lurasidone hcl tab 20 mg	Tier 1	
lurasidone hcl tab 40 mg	Tier 1	
lurasidone hcl tab 60 mg	Tier 1	
lurasidone hcl tab 80 mg	Tier 1	
lurasidone hcl tab 120 mg	Tier 1	
olanzapine for im inj 10 mg	Tier 1	
olanzapine orally disintegrating tab 5 mg	Tier 1	
olanzapine orally disintegrating tab 10 mg	Tier 1	
olanzapine orally disintegrating tab 15 mg	Tier 1	
olanzapine orally disintegrating tab 20 mg	Tier 1	
olanzapine tab 2.5 mg	Tier 1	
olanzapine tab 5 mg	Tier 1	
olanzapine tab 7.5 mg	Tier 1	
olanzapine tab 10 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 15 mg	Tier 1	
olanzapine tab 20 mg	Tier 1	
paliperidone tab er 24hr 1.5 mg	Tier 1	
paliperidone tab er 24hr 3 mg	Tier 1	
paliperidone tab er 24hr 6 mg	Tier 1	
paliperidone tab er 24hr 9 mg	Tier 1	
perphenazine tab 2 mg	Tier 1	
perphenazine tab 4 mg	Tier 1	
perphenazine tab 8 mg	Tier 1	
perphenazine tab 16 mg	Tier 1	
quetiapine fumarate tab 25 mg	Tier 1	
quetiapine fumarate tab 50 mg	Tier 1	
quetiapine fumarate tab 100 mg	Tier 1	
quetiapine fumarate tab 200 mg	Tier 1	
quetiapine fumarate tab 300 mg	Tier 1	
quetiapine fumarate tab 400 mg	Tier 1	
quetiapine fumarate tab er 24hr 50 mg	Tier 1	
quetiapine fumarate tab er 24hr 150 mg	Tier 1	
quetiapine fumarate tab er 24hr 200 mg	Tier 1	
quetiapine fumarate tab er 24hr 300 mg	Tier 1	
quetiapine fumarate tab er 24hr 400 mg	Tier 1	
risperidone orally disintegrating tab 0.5 mg	Tier 1	
risperidone orally disintegrating tab 0.25 mg	Tier 1	
risperidone orally disintegrating tab 1 mg	Tier 1	
risperidone orally disintegrating tab 2 mg	Tier 1	
risperidone orally disintegrating tab 3 mg	Tier 1	
risperidone orally disintegrating tab 4 mg	Tier 1	
risperidone soln 1 mg/ml	Tier 1	
risperidone tab 0.5 mg	Tier 1	
risperidone tab 0.25 mg	Tier 1	
risperidone tab 1 mg	Tier 1	
risperidone tab 2 mg	Tier 1	
risperidone tab 3 mg	Tier 1	
risperidone tab 4 mg	Tier 1	
RYKINDO INJ 25MG	Tier 2	
RYKINDO INJ 37.5MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
RYKINDO INJ 50MG	Tier 2	
thioridazine hcl tab 10 mg	Tier 1	
thioridazine hcl tab 25 mg	Tier 1	
thioridazine hcl tab 50 mg	Tier 1	
thioridazine hcl tab 100 mg	Tier 1	
thiothixene cap 1 mg	Tier 1	
thiothixene cap 2 mg	Tier 1	
thiothixene cap 5 mg	Tier 1	
thiothixene cap 10 mg	Tier 1	
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	
VRAYLAR CAP 0.5MG	Tier 2	ST; PA**
VRAYLAR CAP 0.75MG	Tier 2	ST; PA**
VRAYLAR CAP 1.5MG	Tier 2	ST; PA**
VRAYLAR CAP 3MG	Tier 2	ST; PA**
VRAYLAR CAP 4.5MG	Tier 2	ST; PA**
VRAYLAR CAP 6MG	Tier 2	ST; PA**
ziprasidone hcl cap 20 mg	Tier 1	
ziprasidone hcl cap 40 mg	Tier 1	
ziprasidone hcl cap 60 mg	Tier 1	
ziprasidone hcl cap 80 mg	Tier 1	
ANTISEIZURE AGENTS		
carbamazepine cap er 12hr 100 mg	Tier 1	
carbamazepine cap er 12hr 200 mg	Tier 1	
carbamazepine cap er 12hr 300 mg	Tier 1	
carbamazepine chew tab 100 mg	Tier 1	
carbamazepine chew tab 200 mg	Tier 1	
carbamazepine susp 100 mg/5ml	Tier 1	
carbamazepine tab 200 mg	Tier 1	
carbamazepine tab er 12hr 100 mg	Tier 1	
carbamazepine tab er 12hr 200 mg	Tier 1	
carbamazepine tab er 12hr 400 mg	Tier 1	
clobazam suspension 2.5 mg/ml	Tier 1	
clobazam tab 10 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
clobazam tab 20 mg	Tier 1	
clonazepam tab 0.5 mg	Tier 1	
clonazepam tab 1 mg	Tier 1	
clonazepam tab 2 mg	Tier 1	
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 15 mg	Tier 1	QL (180 tabs every 30 days)
diazepam inj 5 mg/ml	Tier 1	
diazepam intensol	Tier 1	QL (240 mL every 30 days)
diazepam oral soln 1 mg/ml	Tier 1	QL (1200 mL every 30 days)
diazepam tab 2 mg	Tier 1	QL (120 tabs every 30 days)
diazepam tab 5 mg	Tier 1	QL (120 tabs every 30 days)
diazepam tab 10 mg	Tier 1	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	Tier 3	
divalproex sodium cap delayed release sprinkle 125 mg	Tier 1	
divalproex sodium tab delayed release 125 mg	Tier 1	
divalproex sodium tab delayed release 250 mg	Tier 1	
divalproex sodium tab delayed release 500 mg	Tier 1	
divalproex sodium tab er 24 hr 250 mg	Tier 1	
divalproex sodium tab er 24 hr 500 mg	Tier 1	
ethosuximide cap 250 mg	Tier 1	
ethosuximide soln 250 mg/5ml	Tier 1	
felbamate susp 600 mg/5ml	Tier 1	
felbamate tab 400 mg	Tier 1	
felbamate tab 600 mg	Tier 1	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	M	M
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	M	M

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Drug Name	Drug Tier	Requirements/Limits
gabapentin cap 100 mg	Tier 1	QL (6 caps every day)
gabapentin cap 300 mg	Tier 1	QL (6 caps every day)
gabapentin cap 400 mg	Tier 1	QL (6 caps every day)
gabapentin oral soln 250 mg/5ml	Tier 1	QL (72 mL every day)
gabapentin tab 600 mg	Tier 1	QL (6 tabs every day)
gabapentin tab 800 mg	Tier 1	QL (4 tabs every day)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	M	M
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide tab 50 mg	Tier 1	
lacosamide tab 100 mg	Tier 1	
lacosamide tab 150 mg	Tier 1	
lacosamide tab 200 mg	Tier 1	
lamotrigine orally disintegrating tab 25 mg	Tier 1	
lamotrigine orally disintegrating tab 50 mg	Tier 1	
lamotrigine orally disintegrating tab 100 mg	Tier 1	
lamotrigine orally disintegrating tab 200 mg	Tier 1	
lamotrigine tab 25 mg	Tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Tier 1	
lamotrigine tab 35 x 25 mg starter kit	Tier 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	Tier 1	
lamotrigine tab 100 mg	Tier 1	
lamotrigine tab 150 mg	Tier 1	
lamotrigine tab 200 mg	Tier 1	
lamotrigine tab chewable dispersible 5 mg	Tier 1	
lamotrigine tab chewable dispersible 25 mg	Tier 1	
lamotrigine tab er 24hr 25 mg	Tier 1	
lamotrigine tab er 24hr 50 mg	Tier 1	
lamotrigine tab er 24hr 100 mg	Tier 1	
lamotrigine tab er 24hr 200 mg	Tier 1	
lamotrigine tab er 24hr 250 mg	Tier 1	
lamotrigine tab er 24hr 300 mg	Tier 1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride iv soln 1000 mg/100ml	M	M
levetiracetam in sodium chloride iv soln 1500 mg/100ml	M	M
levetiracetam inj 500 mg/5ml (100 mg/ml)	M	M
levetiracetam oral soln 100 mg/ml	Tier 1	
levetiracetam tab 250 mg	Tier 1	
levetiracetam tab 500 mg	Tier 1	
levetiracetam tab 750 mg	Tier 1	
levetiracetam tab 1000 mg	Tier 1	
levetiracetam tab er 24hr 500 mg	Tier 1	
levetiracetam tab er 24hr 750 mg	Tier 1	
methsuximide cap 300 mg	Tier 1	
NAYZILAM SPR 5MG	Tier 2	QL (10 units every 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	
oxcarbazepine tab 150 mg	Tier 1	
oxcarbazepine tab 300 mg	Tier 1	
oxcarbazepine tab 600 mg	Tier 1	
perampanel susp 0.5 mg/ml	Tier 1	
perampanel tab 2 mg	Tier 1	
perampanel tab 4 mg	Tier 1	
perampanel tab 6 mg	Tier 1	
perampanel tab 8 mg	Tier 1	
perampanel tab 10 mg	Tier 1	
perampanel tab 12 mg	Tier 1	
phenobarbital elixir 20 mg/5ml	Tier 1	
phenobarbital tab 15 mg	Tier 1	
phenobarbital tab 16.2 mg	Tier 1	
phenobarbital tab 30 mg	Tier 1	
phenobarbital tab 32.4 mg	Tier 1	
phenobarbital tab 60 mg	Tier 1	
phenobarbital tab 64.8 mg	Tier 1	
phenobarbital tab 97.2 mg	Tier 1	
phenobarbital tab 100 mg	Tier 1	
phenytoin infatabs	Tier 1	
phenytoin sodium extended cap 100 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended cap 200 mg	Tier 1	
phenytoin sodium extended cap 300 mg	Tier 1	
phenytoin sodium inj 50 mg/ml	M	M
phenytoin susp 125 mg/5ml	Tier 1	
pregabalin cap 25 mg	Tier 1	ST; PA**
pregabalin cap 50 mg	Tier 1	ST; PA**
pregabalin cap 75 mg	Tier 1	ST; PA**
pregabalin cap 100 mg	Tier 1	ST; PA**
pregabalin cap 150 mg	Tier 1	ST; PA**
pregabalin cap 200 mg	Tier 1	ST; PA**
pregabalin cap 225 mg	Tier 1	ST; PA**
pregabalin cap 300 mg	Tier 1	ST; PA**
pregabalin soln 20 mg/ml	Tier 1	ST; PA**
primidone tab 50 mg	Tier 1	
primidone tab 250 mg	Tier 1	
rufinamide susp 40 mg/ml	Tier 1	
rufinamide tab 200 mg	Tier 1	
rufinamide tab 400 mg	Tier 1	
tiagabine hcl tab 2 mg	Tier 1	
tiagabine hcl tab 4 mg	Tier 1	
tiagabine hcl tab 12 mg	Tier 1	
tiagabine hcl tab 16 mg	Tier 1	
topiramate sprinkle cap 15 mg	Tier 1	
topiramate sprinkle cap 25 mg	Tier 1	
topiramate sprinkle cap 50 mg	Tier 1	
topiramate tab 25 mg	Tier 1	
topiramate tab 50 mg	Tier 1	
topiramate tab 100 mg	Tier 1	
topiramate tab 200 mg	Tier 1	
valproate sodium inj 100 mg/ml	M	M
valproate sodium oral soln 250 mg/5ml (base equiv)	Tier 1	
valproic acid cap 250 mg	Tier 1	
vigabatrin powd pack 500 mg	Tier 4	PA, QL (180 packets every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
vigabatrin tab 500 mg	Tier 4	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	Tier 2	
XCOPRI PAK 50-100MG	Tier 2	
XCOPRI PAK 100-150	Tier 2	
XCOPRI PAK 150-200	Tier 2	
XCOPRI TAB 25MG	Tier 2	
XCOPRI TAB 50MG	Tier 2	
XCOPRI TAB 100MG	Tier 2	
XCOPRI TAB 150MG	Tier 2	
XCOPRI TAB 200MG	Tier 2	
zonisamide cap 25 mg	Tier 1	
zonisamide cap 50 mg	Tier 1	
zonisamide cap 100 mg	Tier 1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine tab extended release disintegrating 3.1 mg	Tier 1	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 6.3 mg	Tier 1	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 9.4 mg	Tier 1	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 12.5 mg	Tier 1	QL (30 tabs every 30 days)
amphetamine tab extended release disintegrating 15.7 mg	Tier 1	QL (30 tabs every 30 days)
amphetamine tab extended release disintegrating 18.8 mg	Tier 1	QL (30 tabs every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 40 mg	Tier 1	QL (30 caps every 30 days)
dexmethylphenidate hcl tab 2.5 mg	Tier 1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 5 mg	Tier 1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 10 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	Tier 1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	Tier 1	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 1	QL (1,200 mL every 30 days)
dextroamphetamine sulfate tab 5 mg	Tier 1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 10 mg	Tier 1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 15 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 20 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 30 mg	Tier 1	QL (30 tabs every 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 1	
lisdexamfetamine dimesylate cap 10 mg	Tier 1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 20 mg	Tier 1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 30 mg	Tier 1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 40 mg	Tier 1	QL (30 caps every 30 days)
lisdexamfetamine dimesylate cap 50 mg	Tier 1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate cap 60 mg	Tier 1	QL (30 caps every 30 days)
lisdexamfetamine dimesylate cap 70 mg	Tier 1	QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew tab 10 mg	Tier 1	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 20 mg	Tier 1	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 30 mg	Tier 1	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 40 mg	Tier 1	QL (30 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 50 mg	Tier 1	QL (30 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 60 mg	Tier 1	QL (30 chew tabs every 30 days)
methamphetamine hcl tab 5 mg	Tier 1	QL (150 tabs every 30 days)
methylphenidate hcl cap er 10 mg (cd)	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cap er 20 mg (cd)	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	Tier 1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	Tier 1	QL (30 caps every 30 days)
methylphenidate hcl cap er 30 mg (cd)	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cap er 40 mg (cd)	Tier 1	QL (30 caps every 30 days)
methylphenidate hcl cap er 50 mg (cd)	Tier 1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 60 mg (cd)	Tier 1	QL (30 caps every 30 days)
methylphenidate hcl chew tab 2.5 mg	Tier 1	QL (180 chew tabs every 30 days)
methylphenidate hcl chew tab 5 mg	Tier 1	QL (180 chew tabs every 30 days)
methylphenidate hcl chew tab 10 mg	Tier 1	QL (180 chew tabs every 30 days)
methylphenidate hcl soln 5 mg/5ml	Tier 1	QL (1800 mL every 30 days)
methylphenidate hcl soln 10 mg/5ml	Tier 1	QL (900 mL every 30 days)
methylphenidate hcl tab 5 mg	Tier 1	QL (180 tabs every 30 days)
methylphenidate hcl tab 10 mg	Tier 1	QL (180 tabs every 30 days)
methylphenidate hcl tab 20 mg	Tier 1	QL (90 tabs every 30 days)
methylphenidate hcl tab er 10 mg	Tier 1	QL (90 tabs every 30 days)
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	Tier 1	QL (30 tabs every 30 days)
zenzedi	Tier 1	QL (120 tabs every 30 days)
FIBROMYALGIA		
milnacipran hcl tab 12.5 mg	Tier 1	ST; PA**
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	Tier 1	ST; PA**
milnacipran hcl tab 25 mg	Tier 1	ST; PA**
milnacipran hcl tab 50 mg	Tier 1	ST; PA**
milnacipran hcl tab 100 mg	Tier 1	ST; PA**
HYPNOTICS		
BELSOMRA TAB 5MG	Tier 2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
cvs sleep-aid nighttime	Tier 1	OTC
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
estazolam tab 1 mg	Tier 3	QL (15 tabs every 30 days)
estazolam tab 2 mg	Tier 3	QL (15 tabs every 30 days)
eszopiclone tab 1 mg	Tier 1	QL (15 tabs every 30 days)
eszopiclone tab 2 mg	Tier 1	QL (15 tabs every 30 days)
eszopiclone tab 3 mg	Tier 1	QL (15 tabs every 30 days)
ramelteon tab 8 mg	Tier 1	QL (15 tabs every 30 days)
tasimelteon capsule 20 mg	Tier 4	PA, QL (30 caps every 30 days)
temazepam cap 7.5 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 15 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 22.5 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 30 mg	Tier 1	QL (15 caps every 30 days)
triazolam tab 0.25 mg	Tier 3	QL (10 tabs every 30 days)
triazolam tab 0.125 mg	Tier 3	QL (10 tabs every 30 days)
zaleplon cap 5 mg	Tier 1	QL (15 caps every 30 days)
zaleplon cap 10 mg	Tier 1	QL (15 caps every 30 days)
zolpidem tartrate tab 5 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab 10 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 6.25 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 12.5 mg	Tier 1	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
dihydroergotamine mesylate inj 1 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
ERGOMAR SUB 2MG	Tier 3	
ergotamine w/ caffeine tab 1-100 mg	Tier 3	
MIGRAINE - MISCELLANEOUS		
QULIPTA TAB 10MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
almotriptan malate tab 6.25 mg	Tier 1	QL (12 tabs every 30 days)
almotriptan malate tab 12.5 mg	Tier 1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	Tier 1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	Tier 1	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	Tier 1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	Tier 1	QL (12 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Tier 1	QL (18 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Tier 1	QL (18 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (18 tabs every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	Tier 1	QL (18 tabs every 30 days)
sumatriptan nasal spray 5 mg/act	Tier 1	QL (24 sprays every 30 days)
sumatriptan nasal spray 20 mg/act	Tier 1	QL (12 sprays every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	Tier 1	QL (12 vials every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	Tier 1	QL (18 syringes every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	Tier 1	QL (12 units every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	Tier 1	QL (18 syringes every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	Tier 1	QL (12 units every 30 days)
sumatriptan succinate tab 25 mg	Tier 1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	Tier 1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	Tier 1	QL (12 tabs every 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	Tier 3	ST, QL (9 tabs every 30 days); PA**
zolmitriptan nasal spray 5 mg/spray unit	Tier 1	QL (12 sprays every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	Tier 1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	Tier 1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	Tier 1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	Tier 1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	Tier 5	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	Tier 5	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
lithium carbonate cap 150 mg	Tier 1	
lithium carbonate cap 300 mg	Tier 1	
lithium carbonate cap 600 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab 300 mg	Tier 1	
lithium carbonate tab er 300 mg	Tier 1	
lithium carbonate tab er 450 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
MOVEMENT DISORDERS		
AUSTEDO TAB 6MG	Tier 4	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	Tier 4	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	Tier 4	PA, QL (120 tabs every 30 days)
tetrabenazine tab 12.5 mg	Tier 4	PA, QL (120 tabs every 30 days)
tetrabenazine tab 25 mg	Tier 4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
dalfampridine tab er 12hr 10 mg	Tier 4	PA, QL (60 tabs every 30 days)
dimethyl fumarate capsule delayed release 120 mg	Tier 4	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	Tier 4	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Tier 4	PA, QL (1 kit every 30 days)
fingolimod hcl cap 0.5 mg (base equiv)	Tier 4	PA, QL (30 caps every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 2	PA, QL (12 syringes every 28 days)
glatopa	Tier 2	PA, QL (30 injections every 30 days)
KESIMPTA INJ 20/.4ML	Tier 4	PA, QL (1 pen every 28 days)
teriflunomide tab 7 mg	Tier 4	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
teriflunomide tab 14 mg	Tier 4	PA, QL (30 tabs every 30 days)
TYRUKO CON 300/15ML	M	M
TYSABRI INJ 300/15ML	M	M
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 5 mg	Tier 1	
baclofen tab 10 mg	Tier 1	
baclofen tab 20 mg	Tier 1	
carisoprodol tab 350 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone tab 500 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 10 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
metaxalone tab 800 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 500 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 750 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
norgesic	Tier 3	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate inj 30 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate tab er 12hr 100 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	
MYASTHENIA GRAVIS		
pyridostigmine bromide oral soln 60 mg/5ml	Tier 1	
pyridostigmine bromide tab 60 mg	Tier 1	
pyridostigmine bromide tab er 180 mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	Tier 1	PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	Tier 1	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	Tier 1	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	Tier 1	PA, QL (30 tabs every 30 days)
modafinil tab 100 mg	Tier 1	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	Tier 1	PA, QL (60 tabs every 30 days)
sodium oxybate oral solution 500 mg/ml	Tier 4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)
XYWAV SOL 0.5GM/ML	Tier 4	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (3 units every day); $0 copay
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (3 units every day); $0 copay
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (3 films every day); $0 copay

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (2 units every day); $0 copay
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 0	QL (3 tabs every day); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 0	QL (3 tabs every day); $0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day); $0 copay
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day); $0 copay
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day); $0 copay
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 tabs every day); $0 copay
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day); $0 copay
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 tab every day); $0 copay
OPIOID ANTAGONIST		
naloxone hcl inj 0.4 mg/ml	Tier 1	$0 copay
naloxone hcl inj 4 mg/10ml	Tier 1	$0 copay
naloxone hcl nasal spray 4 mg/0.1ml	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days); $0 copay
naloxone hcl nasal spray 4 mg/0.1ml	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days), OTC; $0 copay
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	$0 copay
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	$0 copay
naltrexone hcl tab 50 mg	Tier 0	$0 copay
VIVITROL INJ 380MG	Tier 2	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 0	QL (90 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 0	QL (120 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
chlordiazepoxide-amitriptyline tab 10-25 mg	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
lofexidine hcl tab 0.18 mg (base equivalent)	Tier 1	
NUEDEXTA CAP 20-10MG	Tier 2	PA
perphenazine-amitriptyline tab 2-10 mg	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 2-25 mg	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-10 mg	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-25 mg	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-50 mg	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
pimozide tab 1 mg	Tier 1	
pimozide tab 2 mg	Tier 1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 0	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	Tier 0	OTC; $0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 4 mg	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	Tier 0	OTC; $0 limited to 2 treatment cycles/year
nicotine transdermal syst	Tier 0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
varenicline tartrate tab 0.5 mg (base equiv)	Tier 0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 1 mg (base equiv)	Tier 0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 0	$0 limited to 2 treatment cycles/year

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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Drug Name	Drug Tier	Requirements/Limits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	Tier 3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERATIVE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Tier 4	PA, QL (225 ml every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 4	PA, QL (45 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	M	M
SOMATULINE INJ 90/0.3ML	M	M
SOMATULINE INJ 120/.5ML	M	M
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)
ANDROGENS		
testosterone cypionate im inj in oil 100 mg/ml	Tier 1	PA
testosterone cypionate im inj in oil 200 mg/ml	Tier 1	PA
testosterone enanthate im inj in oil 200 mg/ml	Tier 1	PA
testosterone td gel 10mg/act (2%)	Tier 1	PA
testosterone td gel 25 mg/2.5gm (1%)	Tier 1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	Tier 1	
acarbose tab 50 mg	Tier 1	
acarbose tab 100 mg	Tier 1	
miglitol tab 25 mg	Tier 1	
miglitol tab 50 mg	Tier 1	
miglitol tab 100 mg	Tier 1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	Tier 3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	Tier 3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	Tier 1	
metformin hcl tab 850 mg	Tier 1	$0 copay for members age 35-70 for prevention of diabetes
metformin hcl tab 1000 mg	Tier 1	
metformin hcl tab er 24hr 500 mg	Tier 1	
metformin hcl tab er 24hr 750 mg	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	
glipizide-metformin hcl tab 5-500 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	Tier 1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 2	ST; PA**
JANUMET TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 50-500MG	Tier 2	ST; PA**
JANUMET XR TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 100-1000	Tier 2	ST; PA**
sitagliptin phosphate-metformin hcl tab 50-500 mg	Tier 1	ST; PA**
sitagliptin phosphate-metformin hcl tab 50-1000 mg	Tier 1	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	Tier 1	ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 1	ST; PA**
alogliptin benzoate tab 25 mg (base equiv)	Tier 1	ST; PA**
JANUVIA TAB 25MG	Tier 2	ST; PA**
JANUVIA TAB 50MG	Tier 2	ST; PA**
JANUVIA TAB 100MG	Tier 2	ST; PA**
sitagliptin phosphate tab 25 mg (base equiv)	Tier 1	ST; PA**
sitagliptin phosphate tab 50 mg (base equiv)	Tier 1	ST; PA**
sitagliptin phosphate tab 100 mg (base equiv)	Tier 1	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	Tier 1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 5MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 7.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 10MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 12.5/0.5	Tier 2	PA, QL (4 pens every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 15MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
OZEMPIC INJ 2MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC TAB 1.5MG	Tier 2	PA, QL (30 tabs every 30 days)
OZEMPIC TAB 4MG	Tier 2	PA, QL (30 tabs every 30 days)
OZEMPIC TAB 9MG	Tier 2	PA, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	Tier 2	
XULTOPHY INJ 100/3.6	Tier 2	
ANTIDIABETICS, INSULIN		
BASAGLAR KWP INJ 100/ML	Tier 2	
BASAGLAR TMP INJ 100/ML	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
FIASP PMPCRT INJ U-100	Tier 2	
GLARGIN YFGN INJ 100U/ML	Tier 2	
GLARGIN YFGN SOL 100U/ML	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	
HUMULIN R INJ U-500KWP	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	Tier 1	
pioglitazone hcl tab 30 mg (base equiv)	Tier 1	
pioglitazone hcl tab 45 mg (base equiv)	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	Tier 1	
pioglitazone hcl-glimepiride tab 30-4 mg	Tier 1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	Tier 1	
nateglinide tab 120 mg	Tier 1	
repaglinide tab 0.5 mg	Tier 1	
repaglinide tab 1 mg	Tier 1	
repaglinide tab 2 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	Tier 1	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	Tier 1	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	Tier 1	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	Tier 1	ST; PA**
SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY TAB 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY TAB XR 24HR 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	Tier 1	ST; PA**; Indicated for Diabetes and Heart Failure
dapagliflozin tab 10 mg	Tier 1	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 10MG	Tier 2	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 25MG	Tier 2	ST; PA**; Indicated for Diabetes and Heart Failure
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	Tier 1	
glimepiride tab 2 mg	Tier 1	
glimepiride tab 4 mg	Tier 1	
glipizide tab 5 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
glipizide tab 10 mg	Tier 1	
glipizide tab er 24hr 2.5 mg	Tier 1	
glipizide tab er 24hr 5 mg	Tier 1	
glipizide tab er 24hr 10 mg	Tier 1	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	Tier 4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	Tier 4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	Tier 4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	Tier 1	
alendronate sodium tab 10 mg	Tier 1	
alendronate sodium tab 35 mg	Tier 1	
alendronate sodium tab 70 mg	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	
FOSAMAX + D TAB 70-5600	Tier 3	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	M	M
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	
pamidronate disodium iv soln 3 mg/ml	M	M
risedronate sodium tab 5 mg	Tier 1	
risedronate sodium tab 30 mg	Tier 1	
risedronate sodium tab 35 mg	Tier 1	
risedronate sodium tab 150 mg	Tier 1	
risedronate sodium tab delayed release 35 mg	Tier 1	
zoledronic acid inj conc for iv infusion 4 mg/5ml	M	M
zoledronic acid iv soln 5 mg/100ml	M	M
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon) nasal soln 200 unit/act	Tier 1	
OSPOMYV INJ 60MG/ML	M	M
PROLIA INJ 60MG/ML	M	M
STOBOCLO INJ 60MG/ML	M	M

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	M	M
LUPR DEP-PED INJ 7.5MG	M	M
LUPR DEP-PED INJ 11.25MG	M	M
LUPR DEP-PED INJ 15MG	M	M
LUPRON DEPOT INJ 45MG	M	M
SUPPRELIN LA KIT 50MG	M	M
TRIPTODUR SUS 22.5MG	M	M
CHELATING AGENTS		
CHEMET CAP 100MG	Tier 3	
deferiprone tab 500 mg	Tier 4	PA
deferiprone tab 1000 mg	Tier 4	PA
FERPRX 2-DAY TAB 1000MG	Tier 4	PA
FERRIPROX SOL 100MG/ML	Tier 4	PA
penicillamine tab 250 mg	Tier 4	
CONTRACEPTIVES		
altavera	Tier 0	
alyacen 1/35	Tier 0	
alyacen 7/7/7	Tier 0	
amethyst	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
apri	Tier 0	
aranelle	Tier 0	
ashlyna	Tier 0	
AVERI TAB	Tier 0	
aviane	Tier 0	
azurette	Tier 0	
camila	Tier 0	
camrese	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)
chateal eq	Tier 0	
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC

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

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Drug Name	Drug Tier	Requirements/Limits
kelnor 1/35	Tier 0	
kurvelo	Tier 0	
KYLEENA IUD 19.5MG	Tier 0	QL (1 every 300 days)
larin 1.5/30	Tier 0	
lessina	Tier 0	
levonest	Tier 0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Tier 0	
LILETTA IUD 52MG	Tier 0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	Tier 0	
loryna	Tier 0	
low-ogestrel	Tier 0	
marlissa	Tier 0	
medroxyprogesterone acetate im susp 150 mg/ml	Tier 0	QL (4 inj every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 0	QL (4 inj every 300 days)
microgestin 1.5/30	Tier 0	
MIRENA IUD SYSTEM	Tier 0	QL (1 every 300 days)
MIUDELLA IUD	Tier 0	QL (1 unit every 300 days)
mono-linyah	Tier 0	
NATAZIA TAB	Tier 0	
necon 0.5/35-28	Tier 0	
NEXPLANON IMP 68MG	Tier 0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
nikki	Tier 0	
nora-be	Tier 0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 0	
norethindrone tab 0.35 mg	Tier 0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 0	
nortrel 0.5/35 (28)	Tier 0	
nortrel 1/35	Tier 0	
nortrel 7/7/7	Tier 0	
nylia 1/35	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
OPILL TAB 0.075MG	Tier 0	OTC
PARAGARD IUD T380A	Tier 0	QL (1 unit every 300 days)
portia-28	Tier 0	
reclipsen	Tier 0	
rivelsa	Tier 0	
SKYLA IUD 13.5MG	Tier 0	QL (1 every 300 days)
SLYND TAB 4MG	Tier 0	
sprintec 28	Tier 0	
syeda	Tier 0	
take action	Tier 0	OTC
tilia fe	Tier 0	
tri-linyah	Tier 0	
tri-sprintec	Tier 0	
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
valtya 1/50	Tier 0	
velivet	Tier 0	
viorele	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
vyfemla	Tier 0	
wera	Tier 0	
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)
xelria fe	Tier 0	
xulane	Tier 0	
zovia 1/35	Tier 0	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT FASTCLIX	Tier 0	OTC
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT SOFTCLIX	Tier 0	OTC
ACCU-CHEK LIQ COMPACT	Tier 0	OTC
ACCU-CHEK LIQ GUIDE	Tier 0	OTC
ACCU-CHEK LIQ SMART	Tier 0	OTC
ACCU-CHEK SOL	Tier 0	OTC
ACCU-CHEK SOL COMPACT	Tier 0	OTC
ACCU-CHEK TES AVIVA PL	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	Tier 0	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC
CHEMSTRIP 2 TES GP	Tier 0	OTC
CHEMSTRIP 5 TES OB	Tier 0	OTC
CHEMSTRIP 7 TES	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP 10 TES MD	Tier 0	OTC
CHEMSTRIP K TES	Tier 0	OTC
CHEMSTRIP TES -10 SG	Tier 0	OTC
CHEMSTRIP TES UGK	Tier 0	OTC
CVS KETONE TES CARE	Tier 0	OTC
DEXCOM G5 MIS RECEIVER	Tier 0	PA
DEXCOM G5 MIS TRANSMIT	Tier 0	PA
DEXCOM G6 MIS RECEIVER	Tier 0	PA
DEXCOM G6 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 0	PA
DEXCOM G7 MIS RECEIVER	Tier 0	PA
DEXCOM G7 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	Tier 0	PA, QL (2 sensors every 30 days)
DIASCREEN 3 MIS	Tier 0	OTC
DIASCREEN 5 MIS	Tier 0	OTC
DIASCREEN 6 MIS	Tier 0	OTC
DIASCREEN 7 MIS	Tier 0	OTC
DIASCREEN 8 MIS	Tier 0	OTC
DIASCREEN 9 MIS	Tier 0	OTC
DIASCREEN 10 MIS	Tier 0	OTC
DIASCREEN MIS 1B	Tier 0	OTC
DIASCREEN MIS 1G	Tier 0	OTC
DIASCREEN MIS 1K	Tier 0	OTC
DIASCREEN MIS 2GK	Tier 0	OTC
DIASCREEN MIS 2GP	Tier 0	OTC
DIASCREEN MIS 4NL	Tier 0	OTC
DIASCREEN MIS 4OBL	Tier 0	OTC
DIASCREEN MIS 4PH	Tier 0	OTC
DIASCREEN MIS CONTROL	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
FASTCLIX MIS LANCETS	Tier 0	OTC
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETONE TES	Tier 0	OTC

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Drug Name	Drug Tier	Requirements/Limits
KETONE TEST TES	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 DX KIT INT G7G6	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD 5 DX MIS POD G7G6	Tier 0	PA, QL (10 pods per month)
OMNIPOD 5 G7 KIT INTRO	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD 5 G7 MIS PODS	Tier 0	PA, QL (10 pods per month)
OMNIPOD DASH KIT INTRO	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD DASH KIT PDM	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD DASH MIS PODS	Tier 0	PA, QL (10 pods per month)
OMNIPOD MIS CLASSIC	Tier 0	PA, QL (10 pods per month)
OMNIPOD PDM KIT CLASSIC	Tier 0	PA, QL (1 kit per 999 days)
SHARPS CONT MIS 2QUART	Tier 0	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
TWIIST KIT REFILL	Tier 0	PA, QL (1 Kit every 30 days)
TWIIST KIT STARTER	Tier 0	PA, QL (1 Kit every 999 days)
TWIIST REFIL KIT INFUSION	Tier 0	PA, QL (1 Kit every 30 days)
ENDOMETRIOSIS		
danazol cap 50 mg	Tier 1	
danazol cap 100 mg	Tier 1	
danazol cap 200 mg	Tier 1	
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	
SYNAREL SOL 2MG/ML	Tier 5	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 5	PA
clomid	Tier 1	
GANIRELIX AC INJ 250/0.5	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.48	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.72	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.44	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA
GLUCOCORTICOIDS		
deflazacort susp 22.75 mg/ml	Tier 4	PA, QL (52 mL every 30 days)
deflazacort tab 6 mg	Tier 4	PA, QL (60 tabs every 30 days)
deflazacort tab 18 mg	Tier 4	PA, QL (30 tabs every 30 days)
deflazacort tab 30 mg	Tier 4	PA, QL (30 tabs every 30 days)
deflazacort tab 36 mg	Tier 4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	Tier 2	
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	M	M
dexamethasone sodium phosphate inj 4 mg/ml	M	M
dexamethasone sodium phosphate inj 10 mg/ml	M	M
dexamethasone sodium phosphate inj 20 mg/5ml	M	M
dexamethasone sodium phosphate inj 100 mg/10ml	M	M
dexamethasone sodium phosphate inj 120 mg/30ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	M	M
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	
dexamethasone tab 2 mg	Tier 1	
dexamethasone tab 4 mg	Tier 1	
dexamethasone tab 6 mg	Tier 1	
fludrocortisone acetate tab 0.1 mg	Tier 1	
hydrocortisone sodium succinate pf for inj 100 mg	Tier 1	
hydrocortisone tab 5 mg	Tier 1	
hydrocortisone tab 10 mg	Tier 1	
hydrocortisone tab 20 mg	Tier 1	
MEDROL TAB 2MG	Tier 2	
methylprednisolone acetate inj susp 40 mg/ml	M	M
methylprednisolone acetate inj susp 80 mg/ml	M	M
methylprednisolone sod succ for inj 125 mg (base equiv)	M	M
methylprednisolone sod succ for inj 1000 mg (base equiv)	M	M
methylprednisolone tab 4 mg	Tier 1	
methylprednisolone tab 8 mg	Tier 1	
methylprednisolone tab 16 mg	Tier 1	
methylprednisolone tab 32 mg	Tier 1	
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	Tier 1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	Tier 1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	Tier 1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Tier 1	
prednisolone soln 15 mg/5ml	Tier 1	
PREDNISONE CON 5MG/ML	Tier 2	
prednisone oral soln 5 mg/5ml	Tier 1	
prednisone tab 1 mg	Tier 1	
prednisone tab 2.5 mg	Tier 1	
prednisone tab 5 mg	Tier 1	
prednisone tab 10 mg	Tier 1	
prednisone tab 20 mg	Tier 1	
prednisone tab 50 mg	Tier 1	
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	
SOLU-CORTEF INJ 250MG	Tier 3	
SOLU-CORTEF INJ 500MG	Tier 3	
SOLU-CORTEF INJ 1000MG	Tier 3	
SOLU-MEDROL INJ 2GM	M	M
GLUCOSE ELEVATING AGENTS		
glucagon for inj 1 mg	Tier 1	
GVOKE HYPO 1 INJ 0.5/.1ML	Tier 2	
GVOKE HYPO 1 INJ 1/0.2ML	Tier 2	
GVOKE KIT SOL 1/0.2ML	Tier 2	
GVOKE PFS INJ 1/0.2ML	Tier 2	
INSTA-GLUCOS GEL 77.4%	Tier 2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone cap 2 mg	Tier 4	PA
nitisinone cap 5 mg	Tier 4	PA
nitisinone cap 10 mg	Tier 4	PA
nitisinone cap 20 mg	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
NORDIPEN DEL MIS SYSTEM	Tier 0	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	Tier 3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	Tier 3	
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 0.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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

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Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.06 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.025 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.075 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol vaginal cream 0.01%	Tier 1	
estradiol valerate im in oil 20 mg/ml	Tier 1	
estradiol valerate im in oil 40 mg/ml	Tier 1	
estrogens, conjugated tab 0.3 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estrogens, conjugated tab 0.9 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estrogens, conjugated tab 0.45 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estrogens, conjugated tab 0.625 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estrogens, conjugated tab 1.25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
jinteli	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
PREMARIN VAG CRE 0.625MG	Tier 3	
yuvafem	Tier 1	
MISCELLANEOUS		
betaine powder for oral solution	Tier 4	PA
cabergoline tab 0.5 mg	Tier 1	
CORTROPHIN INJ 40/0.5ML	Tier 4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	Tier 4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	Tier 4	PA, QL (35 mL every 21 days)
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
INCRELEX INJ 40MG/4ML	Tier 4	PA
INTRAROSA SUP 6.5MG	Tier 3	
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl tab 60 mg	Tier 1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
sapropterin dihydrochloride powder packet 100 mg	Tier 4	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 4	PA
sapropterin dihydrochloride tab 100 mg	Tier 4	PA
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
tolvaptan (hyponatremia) tab 15 mg	Tier 4	PA
tolvaptan (hyponatremia) tab 30 mg	Tier 4	PA
tolvaptan tab 15 mg	Tier 4	PA
tolvaptan tab 30 mg	Tier 4	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	Tier 1	
calcium acetate (phosphate binder) tab 667 mg	Tier 1	
lanthanum carbonate chew tab 500 mg (elemental)	Tier 1	
lanthanum carbonate chew tab 750 mg (elemental)	Tier 1	
lanthanum carbonate chew tab 1000 mg (elemental)	Tier 1	
sevelamer carbonate packet 0.8 gm	Tier 1	
sevelamer carbonate packet 2.4 gm	Tier 1	
sevelamer carbonate tab 800 mg	Tier 1	
VELPHORO CHW 500MG	Tier 3	ST; PA**
POTASSIUM-REMOVING AGENTS		
sps	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
CRINONE GEL 4% VAG	Tier 2	
CRINONE GEL 8% VAG	Tier 2	
medroxyprogesterone acetate tab 2.5 mg	Tier 1	
medroxyprogesterone acetate tab 5 mg	Tier 1	
medroxyprogesterone acetate tab 10 mg	Tier 1	
megestrol acetate susp 40 mg/ml	Tier 0	
megestrol acetate susp 625 mg/5ml	Tier 1	
norethindrone acetate tab 5 mg	Tier 1	
progesterone cap 100 mg	Tier 1	
progesterone cap 200 mg	Tier 1	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	Tier 1	
levothyroxine sodium tab 50 mcg	Tier 1	
levothyroxine sodium tab 75 mcg	Tier 1	
levothyroxine sodium tab 88 mcg	Tier 1	
levothyroxine sodium tab 100 mcg	Tier 1	
levothyroxine sodium tab 112 mcg	Tier 1	
levothyroxine sodium tab 125 mcg	Tier 1	
levothyroxine sodium tab 137 mcg	Tier 1	
levothyroxine sodium tab 150 mcg	Tier 1	
levothyroxine sodium tab 175 mcg	Tier 1	
levothyroxine sodium tab 200 mcg	Tier 1	
levothyroxine sodium tab 300 mcg	Tier 1	
levoxyl	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	
liothyronine sodium tab 25 mcg	Tier 1	
liothyronine sodium tab 50 mcg	Tier 1	
methimazole tab 5 mg	Tier 1	
methimazole tab 10 mg	Tier 1	
propylthiouracil tab 50 mg	Tier 1	
SYNTHROID TAB 25MCG	Tier 2	
SYNTHROID TAB 50MCG	Tier 2	
SYNTHROID TAB 75MCG	Tier 2	
SYNTHROID TAB 88MCG	Tier 2	
SYNTHROID TAB 100MCG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 112MCG	Tier 2	
SYNTHROID TAB 125MCG	Tier 2	
SYNTHROID TAB 137MCG	Tier 2	
SYNTHROID TAB 150MCG	Tier 2	
SYNTHROID TAB 175MCG	Tier 2	
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
unithroid	Tier 1	
UREA CYCLE DISORDER		
carglumic acid soluble tab 200 mg	Tier 4	PA
PHEBURANE MIS 483/GM	Tier 4	PA, QL (672g every 30 days)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 4	PA, QL (798g every 30 days)
sodium phenylbutyrate tab 500 mg	Tier 4	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
desmopressin acetate inj 4 mcg/ml	Tier 1	
desmopressin acetate nasal spray soln 0.01%	Tier 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	Tier 1	
desmopressin acetate tab 0.1 mg	Tier 1	
desmopressin acetate tab 0.2 mg	Tier 1	
VITAMIN D ANALOGS		
calcitriol cap 0.5 mcg	Tier 1	
calcitriol cap 0.25 mcg	Tier 1	
calcitriol oral soln 1 mcg/ml	Tier 1	
doxercalciferol cap 0.5 mcg	Tier 1	
doxercalciferol cap 1 mcg	Tier 1	
doxercalciferol cap 2.5 mcg	Tier 1	
paricalcitol cap 1 mcg	Tier 1	
paricalcitol cap 2 mcg	Tier 1	
paricalcitol cap 4 mcg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	Tier 1	$0 copay based on your plan/benefit
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	M	M
dicyclomine hcl cap 10 mg	Tier 1	
dicyclomine hcl inj 10 mg/ml	M	M
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	
dicyclomine hcl tab 20 mg	Tier 1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	M	M
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	M	M
glycopyrrolate oral soln 1 mg/5ml	Tier 1	
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
methscopolamine bromide tab 2.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
methscopolamine bromide tab 5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
loperamide hcl cap 2 mg	Tier 1	
MOTOFEN TAB 1-0.025	Tier 3	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	Tier 3	QL (2 caps every 28 days)
aprepitant capsule 40 mg	Tier 1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	Tier 1	QL (4 caps every 28 days)
aprepitant capsule 125 mg	Tier 1	QL (2 caps every 28 days)
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	QL (2 packs every 28 days)
compro	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 2.5 mg	Tier 1	QL (60 caps every 30 days)
dronabinol cap 5 mg	Tier 1	QL (60 caps every 30 days)
dronabinol cap 10 mg	Tier 1	QL (60 caps every 30 days)
granisetron hcl inj 1 mg/ml	M	M
granisetron hcl tab 1 mg	Tier 1	
meclizine hcl tab 12.5 mg	Tier 1	
meclizine hcl tab 25 mg	Tier 1	
metoclopramide hcl inj 5 mg/ml (base equivalent)	M	M
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	Tier 1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Tier 1	
metoclopramide hcl tab 5 mg (base equivalent)	Tier 1	
metoclopramide hcl tab 10 mg (base equivalent)	Tier 1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	M	M
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	M	M
ondansetron hcl inj soln pref syr 4 mg/2ml	M	M
ondansetron hcl oral soln 4 mg/5ml	Tier 1	
ondansetron hcl tab 4 mg	Tier 1	
ondansetron hcl tab 8 mg	Tier 1	
ondansetron hcl tab 24 mg	Tier 1	
ondansetron orally disintegrating tab 4 mg	Tier 1	
ondansetron orally disintegrating tab 8 mg	Tier 1	
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	
prochlorperazine suppos 25 mg	Tier 1	
promethazine hcl inj 25 mg/ml	M	M
promethazine hcl inj 50 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
promethazine hcl oral soln 6.25 mg/5ml	Tier 1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl suppos 12.5 mg	Tier 1	
promethazine hcl suppos 25 mg	Tier 1	
promethazine hcl tab 12.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
promethegan	Tier 1	
SANCUSO DIS 3.1MG	Tier 2	
scopolamine td patch 72hr 1 mg/3days	Tier 1	
trimethobenzamide hcl cap 300 mg	Tier 1	
VARUBI TAB 90MG	Tier 2	
H2-RECEPTOR ANTAGONISTS		
cimetidine tab 200 mg	Tier 1	
cimetidine tab 300 mg	Tier 1	
cimetidine tab 400 mg	Tier 1	
cimetidine tab 800 mg	Tier 1	
famotidine for susp 40 mg/5ml	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	M	M
famotidine preservative free inj 20 mg/2ml	M	M
famotidine tab 20 mg	Tier 1	
famotidine tab 40 mg	Tier 1	
nizatidine cap 150 mg	Tier 1	
nizatidine cap 300 mg	Tier 1	
ranitidine hcl tab 150 mg	Tier 1	
ranitidine hcl tab 300 mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	Tier 1	
budesonide delayed release particles cap 3 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
budesonide tab er 24hr 9 mg	Tier 1	
CORTIFOAM AER 90MG	Tier 2	
DIPENTUM CAP 250MG	Tier 3	
hydrocortisone enema 100 mg/60ml	Tier 1	
mesalamine cap dr 400 mg	Tier 1	
mesalamine cap er 24hr 0.375 gm	Tier 1	
mesalamine enema 4 gm	Tier 1	
mesalamine rectal enema 4 gm & cleanser wipe kit	Tier 1	
mesalamine suppos 1000 mg	Tier 1	
mesalamine tab delayed release 1.2 gm	Tier 1	
mesalamine tab delayed release 800 mg	Tier 1	
sulfasalazine tab 500 mg	Tier 1	
sulfasalazine tab delayed release 500 mg	Tier 1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	Tier 2	
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
lubiprostone cap 8 mcg	Tier 1	
lubiprostone cap 24 mcg	Tier 1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	Tier 1	PA
alosetron hcl tab 1 mg (base equiv)	Tier 1	PA
VIBERZI TAB 75MG	Tier 2	PA
VIBERZI TAB 100MG	Tier 2	PA
LAXATIVES		
CLENPIQ SOL	Tier 0	$0 copay for members age 45 through 75, Tier 2 for all others
enulose	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
lactulose solution 10 gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PEG-PREP KIT	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	Tier 0	$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
cromolyn sodium oral conc 100 mg/5ml	Tier 1	
IQIRVO TAB 80MG	Tier 4	PA, QL (30 tabs every 30 days)
misoprostol tab 100 mcg	Tier 1	$0 copay based on your plan/benefit
misoprostol tab 200 mcg	Tier 1	$0 copay based on your plan/benefit
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
sucralfate tab 1 gm	Tier 1	
ursodiol cap 300 mg	Tier 1	
ursodiol tab 250 mg	Tier 1	
ursodiol tab 500 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VOWST CAP	Tier 5	PA, QL (12 caps every 30 days)
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNT	Tier 2	PA
CREON CAP 24000UNT	Tier 2	PA
CREON CAP 36000UNT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNT	Tier 2	PA
ZENPEP CAP 15000UNT	Tier 2	PA
ZENPEP CAP 20000UNT	Tier 2	PA
ZENPEP CAP 25000UNT	Tier 2	PA
ZENPEP CAP 40000UNT	Tier 2	PA
ZENPEP CAP 60000UNT	Tier 2	PA
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	Tier 1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	Tier 1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	Tier 1	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 5 mg	Tier 1	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 10 mg	Tier 1	Covered for age less than 1 year only
lansoprazole cap delayed release 15 mg	Tier 1	
lansoprazole cap delayed release 30 mg	Tier 1	
omeprazole cap delayed release 10 mg	Tier 1	
omeprazole cap delayed release 20 mg	Tier 1	
omeprazole cap delayed release 40 mg	Tier 1	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	Tier 3	
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	
rabeprazole sodium ec tab 20 mg	Tier 1	
RECTAL, CORTICOSTEROIDS		
hydrocortisone perianal cream 1%	Tier 1	
hydrocortisone perianal cream 2.5%	Tier 1	
proctozone-hc	Tier 1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	Tier 1	
HELIDAC MIS THERAPY	Tier 3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	
CARDURA XL TAB 4MG	Tier 3	
CARDURA XL TAB 8MG	Tier 3	
doxazosin mesylate tab 1 mg	Tier 1	
doxazosin mesylate tab 2 mg	Tier 1	
doxazosin mesylate tab 4 mg	Tier 1	
doxazosin mesylate tab 8 mg	Tier 1	
dutasteride cap 0.5 mg	Tier 1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	
finasteride tab 5 mg	Tier 1	
silodosin cap 4 mg	Tier 1	
silodosin cap 8 mg	Tier 1	
tadalafil tab 2.5 mg	Tier 1	PA, QL (30 tabs every 30 days)
tadalafil tab 5 mg	Tier 1	PA, QL (30 tabs every 30 days)
tamsulosin hcl cap 0.4 mg	Tier 1	
terazosin hcl cap 1 mg (base equivalent)	Tier 1	
terazosin hcl cap 2 mg (base equivalent)	Tier 1	
terazosin hcl cap 5 mg (base equivalent)	Tier 1	
terazosin hcl cap 10 mg (base equivalent)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXX GEL	Tier 0	
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC
ERECTILE DYSFUNCTION		
avanafil tab 50 mg	Tier 1	QL (6 tabs every 30 days)
avanafil tab 100 mg	Tier 1	QL (6 tabs every 30 days)
avanafil tab 200 mg	Tier 1	QL (6 tabs every 30 days)
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate tab 25 mg	Tier 1	QL (6 tabs per month)
sildenafil citrate tab 50 mg	Tier 1	QL (6 tabs per month)
sildenafil citrate tab 100 mg	Tier 1	QL (6 tabs per month)
tadalafil tab 10 mg	Tier 1	QL (6 tabs per month)
tadalafil tab 20 mg	Tier 1	QL (6 tabs per month)
MISCELLANEOUS		
bethanechol chloride tab 5 mg	Tier 1	
bethanechol chloride tab 10 mg	Tier 1	
bethanechol chloride tab 25 mg	Tier 1	
bethanechol chloride tab 50 mg	Tier 1	
ELMIRON CAP 100MG	Tier 3	
eq urinary pain relief	Tier 1	OTC
potassium citrate tab er 5 meq (540 mg)	Tier 1	
potassium citrate tab er 10 meq (1080 mg)	Tier 1	
potassium citrate tab er 15 meq (1620 mg)	Tier 1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	Tier 1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	Tier 1	
fesoterodine fumarate tab er 24hr 4 mg	Tier 1	
fesoterodine fumarate tab er 24hr 8 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
mirabegron granules for oral extended release susp 8 mg/ml	Tier 1	
mirabegron tab er 24 hr 25 mg	Tier 1	
mirabegron tab er 24 hr 50 mg	Tier 1	
MYRBETRIQ SUS 8MG/ML	Tier 2	ST
oxybutynin chloride solution 5 mg/5ml	Tier 1	
oxybutynin chloride tab 5 mg	Tier 1	
oxybutynin chloride tab er 24hr 5 mg	Tier 1	
oxybutynin chloride tab er 24hr 10 mg	Tier 1	
oxybutynin chloride tab er 24hr 15 mg	Tier 1	
solifenacin succinate tab 5 mg	Tier 1	
solifenacin succinate tab 10 mg	Tier 1	
tolterodine tartrate cap er 24hr 2 mg	Tier 1	
tolterodine tartrate cap er 24hr 4 mg	Tier 1	
tolterodine tartrate tab 1 mg	Tier 1	
tolterodine tartrate tab 2 mg	Tier 1	
trospium chloride cap er 24hr 60 mg	Tier 1	
trospium chloride tab 20 mg	Tier 1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	Tier 2	
clindamycin phosphate vaginal cream 2%	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
metronidazole vaginal gel 0.75%	Tier 1	
miconazole 3	Tier 1	
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	Tier 1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Tier 1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	Tier 1	
ELIQUIS CAP 0.15MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 0.5MG	Tier 2	
ELIQUIS TAB 1.5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 2MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	
enoxaparin sodium inj 300 mg/3ml	Tier 1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 1	
FRAGMIN INJ 2500/0.2	Tier 3	
FRAGMIN INJ 2500/ML	Tier 3	
FRAGMIN INJ 5000/0.2	Tier 3	
FRAGMIN INJ 7500/0.3	Tier 3	
FRAGMIN INJ 10000/ML	Tier 3	
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
heparin sodium (porcine) inj 1000 unit/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) inj 5000 unit/ml	Tier 1	
heparin sodium (porcine) inj 10000 unit/ml	Tier 1	
heparin sodium (porcine) inj 20000 unit/ml	Tier 1	
heparin sodium (porcine) pf inj 1000 unit/ml	Tier 1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	Tier 1	
rivaroxaban for susp 1 mg/ml	Tier 1	
rivaroxaban tab 2.5 mg	Tier 1	
warfarin sodium tab 1 mg	Tier 1	
warfarin sodium tab 2 mg	Tier 1	
warfarin sodium tab 2.5 mg	Tier 1	
warfarin sodium tab 3 mg	Tier 1	
warfarin sodium tab 4 mg	Tier 1	
warfarin sodium tab 5 mg	Tier 1	
warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
FYLNETRA INJ 6MG/0.6	Tier 4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJ 120MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
NYVEPRIA INJ 6/0.6ML	Tier 4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA
RETACRIT INJ 40000UNT	Tier 4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA
HEMLIBRA INJ 300/2ML	Tier 5	PA
HEMLIBRA SOL 12/0.4ML	Tier 5	PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	Tier 1	
anagrelide hcl cap 1 mg	Tier 1	
cilostazol tab 50 mg	Tier 1	
cilostazol tab 100 mg	Tier 1	
pentoxifylline tab er 400 mg	Tier 1	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	M	M
tranexamic acid tab 650 mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1	
clopidogrel bisulfate tab 300 mg (base equiv)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
dipyridamole tab 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
dipyridamole tab 75 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl tab 5 mg (base equiv)	Tier 1	
prasugrel hcl tab 10 mg (base equiv)	Tier 1	
YOSPRALA TAB 81-40MG	Tier 3	
YOSPRALA TAB 325-40MG	Tier 3	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	Tier 4	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	Tier 4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 36MG	Tier 4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	Tier 4	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	Tier 4	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 4	PA, QL (2 cartons every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	M	M
ACTEMRA INJ 200/10ML	M	M
ACTEMRA INJ 400/20ML	M	M
COSENTYX INJ 125/5ML	M	M
ENTYVIO INJ 300MG	M	M
INFLIXIMAB INJ 100MG	M	M
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	M	M
TREMFYA INJ 200/20ML	M	M
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	Tier 5	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	Tier 4	PA, QL (4 syringes every 28 days)
CIMZIA 1-SYR INJ 200MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA START KIT 200MG/ML	Tier 4	PA, QL (One time use only); Preferred agent for NRAXSPA
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNO INJ 300/2ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENTYVIO PEN INJ 108/0.68	Tier 5	PA, QL (2 pens every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	Tier 4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Tier 4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
LITFULO CAP 50MG	Tier 4	PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 1MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 2MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata

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

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Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	Tier 4	PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ LQ SOL 1MG/ML	Tier 4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	Tier 4	PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 55/0.37	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Psoriasis and Psoriatic Arthritis for pediatric patients
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 20/0.25	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 40/0.5ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	Tier 4	PA, QL (240 mL every 24 days)
tofacitinib citrate tab 5 mg (base equivalent)	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
tofacitinib citrate tab 10 mg (base equivalent)	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TAB 2MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis

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Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tab 200 mg	Tier 1	
leflunomide tab 10 mg	Tier 1	
leflunomide tab 20 mg	Tier 1	
methotrexate sodium tab 2.5 mg (base equiv)	Tier 0	$0 copay based on your plan/benefit
HEREDITARY ANGIOEDEMA		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 4	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 vials every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	M	M
CUTAQUIG SOL 1GM	M	M
CUTAQUIG SOL 2GM	M	M
CUTAQUIG SOL 3.3GM	M	M
CUTAQUIG SOL 4GM	M	M
CUTAQUIG SOL 8GM	M	M
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 5	PA

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Drug Name	Drug Tier	Requirements/Limits
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	Tier 1	
azathioprine tab 75 mg	Tier 1	
azathioprine tab 100 mg	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	M	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
cyclosporine cap 25 mg	Tier 1	
cyclosporine cap 100 mg	Tier 1	
cyclosporine modified cap 25 mg	Tier 1	
cyclosporine modified cap 50 mg	Tier 1	
cyclosporine modified cap 100 mg	Tier 1	
cyclosporine modified oral soln 100 mg/ml	Tier 1	
ENVARSUS XR TAB 0.75MG	Tier 3	
ENVARSUS XR TAB 1MG	Tier 3	
ENVARSUS XR TAB 4MG	Tier 3	
everolimus tab 0.5 mg	Tier 1	
everolimus tab 0.25 mg	Tier 1	
everolimus tab 0.75 mg	Tier 1	
everolimus tab 1 mg	Tier 1	
gengraf	Tier 1	
mycophenolate mofetil cap 250 mg	Tier 1	
mycophenolate mofetil for oral susp 200 mg/ml	Tier 1	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	M	M
mycophenolate mofetil tab 500 mg	Tier 1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	Tier 1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	Tier 1	
MYFORTIC TAB 180MG	Tier 3	
MYFORTIC TAB 360MG	Tier 3	
NEORAL CAP 25MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
NEORAL CAP 100MG	Tier 3	
NEORAL SOL 100MG/ML	Tier 3	
NULOJIX INJ 250MG	M	M
PROGRAF CAP 0.5MG	Tier 3	
PROGRAF CAP 1MG	Tier 3	
PROGRAF CAP 5MG	Tier 3	
PROGRAF GRA 0.2MG	Tier 3	
PROGRAF GRA 1MG	Tier 3	
SANDIMMUNE CAP 25MG	Tier 3	
SANDIMMUNE CAP 100MG	Tier 3	
SANDIMMUNE INJ 50MG/ML	M	M
sirolimus oral soln 1 mg/ml	Tier 1	
sirolimus tab 0.5 mg	Tier 1	
sirolimus tab 1 mg	Tier 1	
sirolimus tab 2 mg	Tier 1	
tacrolimus cap 0.5 mg	Tier 1	
tacrolimus cap 1 mg	Tier 1	
tacrolimus cap 5 mg	Tier 1	
tacrolimus cap er 24hr 0.5 mg	Tier 1	
tacrolimus cap er 24hr 1 mg	Tier 1	
tacrolimus cap er 24hr 5 mg	Tier 1	
tacrolimus inj 5 mg/ml	M	M
ZORTRESS TAB 0.5MG	Tier 3	
ZORTRESS TAB 0.25MG	Tier 3	
ZORTRESS TAB 0.75MG	Tier 3	
ZORTRESS TAB 1MG	Tier 3	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	M	M
BEYFORTUS INJ 100MG/ML	M	M
ENFLONSIA INJ 105MG	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO INJ 120MCG	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
CAPVAXIVE INJ 0.5ML	Tier 0	
COMIRNATY 5- INJ 11/25-26	Tier 0	
COMIRNATY INJ 30/.3ML	Tier 0	
DAPTACEL INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	M	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUAD INJ 2026-27	Tier 0	
FLUMIST NASA LIQ 2026-27	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HEPLISAV-B INJ 20/0.5ML	Tier 0	
HIBERIX SOL 10MCG	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	Tier 0	
JYNNEOS INJ	Tier 0	
KINRIX INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENQUADFI INJ	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MNEXSPIKE INJ 2025-26	Tier 0	
MRESVIA INJ 50MCG	Tier 0	$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2025-26	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
PEDVAXHIB INJ 7.5MCG	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	Tier 0	
PENMENVY INJ	Tier 0	
PENTACEL INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	
PROQUAD INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	Tier 0	
RECOMBIVA HB INJ 10MCG/ML	Tier 0	
RECOMBIVA-HB INJ 40MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	$0 copay for members age 18 and younger, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INJ 50/0.5ML	Tier 0	$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 2025-26	Tier 0	
TENIVAC INJ 5-2LF	Tier 0	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	Tier 0	
TWINRIX INJ	Tier 0	$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	Tier 0	
VAQTA INJ 50UNT/ML	Tier 0	
VARIVAX INJ	Tier 0	
VAXELIS INJ	Tier 0	$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	Tier 0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

EFFER-K TAB 25MEQ EF	Tier 1	
klor-con m15	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	M	M
magnesium sulfate inj 50%	M	M
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	M	M
potassium chloride cap er 8 meq	Tier 1	
potassium chloride cap er 10 meq	Tier 1	
potassium chloride inj 2 meq/ml	M	M
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral soln 20% (40 meq/15ml)	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	
potassium chloride tab er 10 meq	Tier 1	
potassium chloride tab er 15 meq	Tier 1	
potassium chloride tab er 20 meq (1500 mg)	Tier 1	
SOD CHLORIDE INJ 0.9%	M	M
sodium chloride inj 2.5 meq/ml (14.6%)	M	M
sodium chloride iv soln 0.9%	M	M
sodium chloride iv soln 0.45%	M	M
sodium chloride iv soln 3%	M	M
sodium chloride iv soln 5%	M	M
sodium chloride preservative free (pf) inj 0.9%	M	M
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	Tier 1	
PRENATAL VITAMINS		
elite-ob	Tier 1	
INATAL GT TAB	Tier 1	
pnv-dha	Tier 1	
pnv-select	Tier 1	
PRENATAL 19 CHW TAB	Tier 1	
TRINATE TAB	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cyanocobalamin inj 1000 mcg/ml	Tier 1	
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
folic acid cap 0.8 mg	Tier 0	QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 1 mg	Tier 1	
folic acid tab 400 mcg	Tier 0	QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 800 mcg	Tier 0	QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	Tier 1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Tier 1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	Tier 1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	Tier 1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	Tier 1	
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	Tier 1	
phytonadione tab 5 mg	Tier 1	
pyridoxine hcl tab 25 mg	Tier 1	OTC
pyridoxine hcl tab 50 mg	Tier 1	OTC
tri-vite/fluoride	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ANTI-INFECTIVES		
AZASITE SOL 1%	Tier 2	
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	
NATACYN SUS 5% OP	Tier 2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium ophth oint 10%	Tier 1	
sulfacetamide sodium ophth soln 10%	Tier 1	
tobramycin ophth soln 0.3%	Tier 1	
trifluridine ophth soln 1%	Tier 1	
ZIRGAN GEL 0.15%	Tier 3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45% OP	Tier 2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
difluprednate ophth emulsion 0.05%	Tier 1	
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ILEVRO DRO 0.3% OP	Tier 2	
ketorolac tromethamine ophth soln 0.4%	Tier 1	
ketorolac tromethamine ophth soln 0.5%	Tier 1	
loteprednol etabonate ophth susp 0.5%	Tier 1	
NEVANAC SUS 0.1% OP	Tier 2	
PRED SOD PHO SOL 1% OP	Tier 2	
prednisolone acetate ophth susp 1%	Tier 1	
ANTIALLERGICS		
ALOCRIL SOL 2%	Tier 3	
azelastine hcl ophth soln 0.05%	Tier 1	
bepotastine besilate ophth soln 1.5%	Tier 1	
cromolyn sodium ophth soln 4%	Tier 1	
epinastine hcl ophth soln 0.05%	Tier 1	
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 1	
ZERVIATE DRO 0.24%	Tier 3	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl ophth soln 0.5%	Tier 1	
BETOPTIC-S SUS 0.25% OP	Tier 2	
carteolol hcl ophth soln 1%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl ophth soln 0.5%	Tier 1	
timolol maleate ophth gel forming soln 0.5%	Tier 1	
timolol maleate ophth gel forming soln 0.25%	Tier 1	
timolol maleate ophth soln 0.5%	Tier 1	
timolol maleate ophth soln 0.5% (once-daily)	Tier 1	
timolol maleate ophth soln 0.25%	Tier 1	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide ophth susp 1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	
DRY EYE DISEASE		
cyclosporine (ophth) emulsion 0.05% (pf)	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 2	
TRYPTYR SOL 0.003%	Tier 2	
MISCELLANEOUS		
atropine sulfate ophth soln 1%	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
phenylephrine hcl ophth soln 2.5%	Tier 1	
phenylephrine hcl ophth soln 10%	Tier 1	
PHOSPHOLINE SOL 0.125%OP	Tier 3	
pilocarpine hcl ophth soln 1%	Tier 1	
proparacaine hcl ophth soln 0.5%	Tier 1	
tropicamide ophth soln 0.5%	Tier 1	
tropicamide ophth soln 1%	Tier 1	
PROSTAGLANDINS		
bimatoprost ophth soln 0.01%	Tier 1	
latanoprost ophth soln 0.005%	Tier 1	
tafluprost preservative free (pf) ophth soln 0.0015%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 1	
SYMPATHOMIMETICS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 1	
brimonidine tartrate ophth soln 0.1%	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	
brimonidine tartrate ophth soln 0.15%	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	M	M
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Tier 1	QL (6 injections every 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	Tier 1	QL (6 injections every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	Tier 1	QL (6 injections every 300 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (6 injections every 300 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 package every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER 9MCG	Tier 2	QL (1 package every 30 days)
BREZTRI AERO AER 18MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)
ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	Tier 1	QL (5 boxes every 30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	
SPIRIVA RESP AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	Tier 2	QL (1 package every 30 days)
tiotropium bromide inhal cap 18 mcg (base equiv)	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	QL (2 bottles every 30 days)
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 2.68 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	
cyproheptadine hcl tab 4 mg	Tier 1	
desloratadine tab 5 mg	Tier 1	
desloratadine tab orally disintegrating 2.5 mg	Tier 1	
desloratadine tab orally disintegrating 5 mg	Tier 1	
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	PA; High Risk Medications require PA for members age 70 and older
diphenhydramine hcl inj 50 mg/ml	M	M
hydroxyzine hcl im soln 25 mg/ml	M	M
hydroxyzine hcl im soln 50 mg/ml	M	M

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 10 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 100 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	
levocetirizine dihydrochloride tab 5 mg	Tier 1	
olopatadine hcl nasal soln 0.6%	Tier 1	QL (1 container every 30 days)
ryclora	Tier 3	PA; High Risk Medications require PA for members age 70 and older
BETA AGONISTS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers every 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (120 vials every 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (5 boxes every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (5 boxes every 30 days)
albuterol sulfate syrup 2 mg/5ml	Tier 1	
albuterol sulfate tab 2 mg	Tier 1	
albuterol sulfate tab 4 mg	Tier 1	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Tier 1	QL (60 vials every 30 days)
formoterol fumarate soln nebu 20 mcg/2ml	Tier 1	QL (60 vials every 30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	Tier 1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	QL (45 mL every 30 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
terbutaline sulfate tab 2.5 mg	Tier 1	
terbutaline sulfate tab 5 mg	Tier 1	
COLD/COUGH		
benzonatate cap 100 mg	Tier 1	
benzonatate cap 200 mg	Tier 1	
guaifenesin-codeine soln 100-10 mg/5ml	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	
TUXARIN ER TAB 54.3-8MG	Tier 3	QL (2 tabs every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON INH 75MG	Tier 4	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
tobramycin nebu soln 300 mg/4ml	Tier 4	PA, QL (224 mL every 28 days)
tobramycin nebu soln 300 mg/5ml	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	Tier 3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	
montelukast sodium oral granules packet 4 mg (base equiv)	Tier 1	
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
roflumilast tab 250 mcg	Tier 1	PA
roflumilast tab 500 mcg	Tier 1	PA
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3%	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
sodium chloride soln nebu 10%	Tier 1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (3 containers every 30 days)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (1 container every 30 days)
mometasone furoate nasal susp 50 mcg/act	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	QL (1 package every 30 days)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
nintedanib esylate cap 100 mg (base equivalent)	Tier 4	PA, QL (60 caps every 30 days)
nintedanib esylate cap 150 mg (base equivalent)	Tier 4	PA, QL (60 caps every 30 days)
pirfenidone cap 267 mg	Tier 4	PA, QL (270 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pirfenidone tab 267 mg	Tier 4	PA, QL (270 tabs every 30 days)
pirfenidone tab 801 mg	Tier 4	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	Tier 2	
FLEXICHAMBER MIS MASK SM	Tier 2	
HOLD CHAMBER MIS MEDIUM	Tier 2	OTC
PANDA MASK MIS PEDIATRI	Tier 2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200MG	Tier 4	PA, QL (2 pens every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 auto-injector every 28 days)
NUCALA INJ 40MG/0.4	Tier 4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	Tier 4	PA, QL (3 autoinjectors every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	Tier 4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	M	M
STEROID INHALANTS		
ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ASMANEX HFA AER 50MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	Tier 2	QL (1 package every 30 days)
budesonide inhalation susp 0.5 mg/2ml	Tier 1	QL (2 boxes every 30 days)
budesonide inhalation susp 0.25 mg/2ml	Tier 1	QL (3 boxes every 30 days)
budesonide inhalation susp 1 mg/2ml	Tier 1	QL (1 box every 30 days)
fluticasone furoate aerosol powder breath activ 50 mcg/act	Tier 1	QL (1 package every 30 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	Tier 1	QL (1 package every 30 days)
fluticasone furoate aerosol powder breath activ 200 mcg/act	Tier 1	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	Tier 2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)
breyna	Tier 1	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (3 packages every 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL (1 package every 30 days)
XANTHINES		
AMINOPHYLLIN INJ 25MG/ML	M	M
theophylline elixir 80 mg/15ml	Tier 1	
theophylline soln 80 mg/15ml	Tier 1	
theophylline tab er 12hr 300 mg	Tier 1	
theophylline tab er 12hr 450 mg	Tier 1	
theophylline tab er 24hr 400 mg	Tier 1	
theophylline tab er 24hr 600 mg	Tier 1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older

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Drug Name	Drug Tier	Requirements/Limits
adapalene gel 0.1%	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene gel 0.3%	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	Tier 1	
adapalene-benzoyl peroxide gel 0.3-2.5%	Tier 1	
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (47g every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	QL (45g every 30 days)
clindamycin phosphate foam 1%	Tier 1	
clindamycin phosphate gel 1% (twice-daily)	Tier 1	QL (75g every 30 days)
clindamycin phosphate lotion 1%	Tier 1	QL (60 mL every 30 days)
clindamycin phosphate soln 1%	Tier 1	QL (60 mL every 30 days)
clindamycin phosphate swab 1%	Tier 1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Tier 1	QL (50g every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Tier 1	QL (50g every 30 days)
ery	Tier 1	
erythromycin gel 2%	Tier 1	QL (60g every 30 days)
erythromycin soln 2%	Tier 1	QL (60 mL every 30 days)
isotretinoin cap 10 mg	Tier 1	PA
isotretinoin cap 20 mg	Tier 1	PA
isotretinoin cap 30 mg	Tier 1	PA
isotretinoin cap 40 mg	Tier 1	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	
tretinoin cream 0.1%	Tier 1	PA; PA applies for members age 35 and older
tretinoin cream 0.05%	Tier 1	PA; PA applies for members age 35 and older
tretinoin cream 0.025%	Tier 1	PA; PA applies for members age 35 and older
tretinoin gel 0.01%	Tier 1	PA; PA applies for members age 35 and older

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Drug Name	Drug Tier	Requirements/Limits
tretinoin gel 0.05%	Tier 1	PA; PA applies for members age 35 and older
tretinoin gel 0.025%	Tier 1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.1%	Tier 1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.04%	Tier 1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
diclofenac sodium (actinic keratoses) gel 3%	Tier 3	
fluorouracil cream 5%	Tier 1	
fluorouracil soln 2%	Tier 1	
fluorouracil soln 5%	Tier 1	
imiquimod cream 5%	Tier 1	
DERMATOLOGY, ANTIBIOTICS		
antiseptic products misc - pads	Tier 1	OTC
gentamicin sulfate cream 0.1%	Tier 1	
gentamicin sulfate oint 0.1%	Tier 1	
mupirocin oint 2%	Tier 1	QL (30g every 30 days)
silver sulfadiazine cream 1%	Tier 1	
ssd	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	Tier 1	QL (120g every 30 days)
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (120g every 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (120 mL every 30 days)
ciclopirox shampoo 1%	Tier 1	QL (120 mL every 30 days)
ciclopirox solution 8%	Tier 1	
clotrimazole cream 1%	Tier 1	QL (120g every 30 days)
clotrimazole soln 1%	Tier 1	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	QL (60 mL every 30 days)
econazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ketoconazole cream 2%	Tier 1	QL (120g every 30 days)
luliconazole cream 1%	Tier 3	QL (60g every 30 days)
naftifine hcl cream 1%	Tier 1	QL (60g every 30 days)
naftifine hcl cream 2%	Tier 1	QL (60g every 30 days)
nystatin cream 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin topical powder 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 1	QL (60g every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 1	QL (60g every 30 days)
nystop	Tier 1	QL (120g every 30 days)
oxiconazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
sulconazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
sulconazole nitrate solution 1%	Tier 1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	Tier 3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	
acitretin cap 17.5 mg	Tier 1	
acitretin cap 25 mg	Tier 1	
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	ST, QL (60 mL every 30 days); PA**
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Tier 3	ST, QL (60g every 30 days); PA**
calcitriol oint 3 mcg/gm	Tier 3	ST, QL (100g every 30 days); PA**
methoxsalen rapid cap 10 mg	Tier 1	
tazarotene cream 0.1%	Tier 1	PA
tazarotene cream 0.05%	Tier 1	PA
tazarotene gel 0.1%	Tier 1	PA
tazarotene gel 0.05%	Tier 1	PA
ZORYVE CRE 0.3%	Tier 2	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	Tier 1	QL (120 mL every 30 days)
selenium sulfide lotion 2.5%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	Tier 4	PA, QL (2 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 pens every 28 days)
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 syringes every 28 days)
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**
pimecrolimus cream 1%	Tier 3	ST; PA**
tacrolimus oint 0.1%	Tier 3	ST; PA**
tacrolimus oint 0.03%	Tier 3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	QL (120g every 30 days)
alclometasone dipropionate cream 0.05%	Tier 1	QL (120g every 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (120g every 30 days)
amcinonide oint 0.1%	Tier 1	QL (120g every 30 days)
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (120g every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide cream 0.01%	Tier 1	QL (120g every 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (120g every 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 1	QL (120 mL every 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 1	QL (120 mL every 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (120g every 30 days)
fluocinolone acetonide soln 0.01%	Tier 1	QL (120 mL every 30 days)
fluocinonide cream 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide gel 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide oint 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide soln 0.05%	Tier 1	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (120g every 30 days)
fluticasone propionate lotion 0.05%	Tier 1	QL (120 mL every 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (120g every 30 days)
halobetasol propionate cream 0.05%	Tier 1	QL (120g every 30 days)
halobetasol propionate oint 0.05%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate cream 0.1%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate oint 0.1%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate soln 0.1%	Tier 1	QL (120 mL every 30 days)
hydrocortisone cream 1%	Tier 1	QL (120g every 30 days)
hydrocortisone cream 2.5%	Tier 1	QL (120g every 30 days)
hydrocortisone lotion 2.5%	Tier 1	QL (120 mL every 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (120g every 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (120g every 30 days)
hydrocortisone valerate oint 0.2%	Tier 1	QL (120g every 30 days)
mometasone furoate cream 0.1%	Tier 1	QL (120g every 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (120g every 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide cream 0.1%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (120g every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	Tier 1	QL (50 mL every 30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	QL (60 mL every 30 days)
lidocaine oint 5%	Tier 1	QL (50g every 30 days)
lidocaine pain relief pat	Tier 1	QL (30 patches every 30 days), OTC
lidocaine patch 5%	Tier 1	PA, QL (90 patches every 30 days)
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir cream 5%	Tier 3	
bexarotene gel 1%	Tier 4	PA
lactic acid (ammonium lactate) cream 12%	Tier 1	
lactic acid (ammonium lactate) lotion 12%	Tier 1	
nitroglycerin oint 0.4%	Tier 1	
penciclovir cream 1%	Tier 1	
podofilox gel 0.5%	Tier 1	
podofilox soln 0.5%	Tier 1	
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	Tier 1	
brimonidine tartrate gel 0.33% (base equivalent)	Tier 1	PA
FINACEA AER 15%	Tier 2	
ivermectin cream 1%	Tier 1	PA
metronidazole cream 0.75%	Tier 1	
metronidazole gel 0.75%	Tier 1	
metronidazole gel 1%	Tier 1	
metronidazole lotion 0.75%	Tier 1	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
crotan	Tier 1	
cvs ivermectin lice treat	Tier 1	OTC
malathion lotion 0.5%	Tier 1	
permethrin cream 5%	Tier 1	
sb lice treatment	Tier 1	OTC
spinosad susp 0.9%	Tier 1	

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

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Index

A

abacavir sulfate-lamivudine tab 600-300 mg 18
abacavir sulfate soln 20 mg/ml (base equiv) 16
abacavir sulfate tab 300 mg (base equiv) .16
abiraterone acetate tab 250 mg 31
abiraterone acetate tab 500 mg 31
ABRYSVO INJ 120MCG 149
acamprosate calcium tab delayed release 333 mg 59
acarbose tab 100 mg 103
acarbose tab 25 mg 103
acarbose tab 50 mg 103
ACCU-CHEK KIT AVIVA PL 113
ACCU-CHEK KIT FASTCLIX 113
ACCU-CHEK KIT GUIDE 113
ACCU-CHEK KIT GUIDE ME 113
ACCU-CHEK KIT SOFTCLIX 113
ACCU-CHEK LIQ COMPACT 113
ACCU-CHEK LIQ GUIDE 113
ACCU-CHEK LIQ SMART 113
ACCU-CHEK SOL 113
ACCU-CHEK SOL COMPACT 113
ACCU-CHEK TES AVIVA PL 113
ACCU-CHEK TES GUIDE 113
ACCU-CHEK TES SMART 113
acebutolol hcl cap 200 mg 50
acebutolol hcl cap 400 mg 50
ACERFLEX POW 92
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 3
acetaminophen w/ codeine soln 120-12 mg/5ml 2
acetaminophen w/ codeine tab 300-15 mg 2
acetaminophen w/ codeine tab 300-30 mg 3
acetaminophen w/ codeine tab 300-60 mg 3
acetazolamide cap er 12hr 500 mg 54
acetazolamide tab 125 mg 54
acetazolamide tab 250 mg 54
acetic acid otic soln 2% 175
acetylcysteine inhal soln 10% 164
acetylcysteine inhal soln 20% 164
acitretin cap 10 mg 170
acitretin cap 17.5 mg 170
acitretin cap 25 mg 170
ACTEMRA INJ 162/0.9 139
ACTEMRA INJ 200/10ML 139
ACTEMRA INJ 400/20ML 139
ACTEMRA INJ 80MG/4ML 139
ACTEMRA INJ ACTPEN 139
ACTHIB INJ 150
ACTIMMUNE INJ 2MU/0.5 147
ACUVAIL SOL 0.45% OP 156
acyclovir cap 200 mg 20
acyclovir cream 5% 174
acyclovir susp 200 mg/5ml 20
acyclovir tab 400 mg 20
acyclovir tab 800 mg 20
ADACEL INJ 150
ADALIMU-ADAZ INJ 10/0.1ML 139
ADALIMU-ADAZ INJ 20/0.2ML 139
ADALIMU-ADAZ INJ 40/0.4ML 139
ADALIMU-ADAZ INJ 80/0.8ML 139
ADALIMU-FKJP KIT 20/0.4ML 139
ADALIMU-FKJP KIT 40/0.8ML 139
adapalene-benzoyl peroxide gel 0.1-2.5% 168
adapalene-benzoyl peroxide gel 0.3-2.5% 168
adapalene cream 0.1% 167
adapalene gel 0.1% 168
adapalene gel 0.3% 168
adefovir dipivoxil tab 10 mg 23
ADEMPAS TAB 0.5MG 57
ADEMPAS TAB 1.5MG 57
ADEMPAS TAB 1MG 57
ADEMPAS TAB 2.5MG 57
ADEMPAS TAB 2MG 57
adriamycin 28
AEROCHAMBER MIS PLUS 165
AIMOVIG INJ 140MG/ML 85
AIMOVIG INJ 70MG/ML 85
AIRSUPRA AER 90-80MCG 167

AKYNZEO CAP 300-0.5.....126
ala-cort.....171
albendazole tab 200 mg.....14
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....160
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....161
albuterol sulfate soln nebu 0.5% (5 mg/ml).....160
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....160
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....161
albuterol sulfate syrup 2 mg/5ml.....161
albuterol sulfate tab 2 mg.....161
albuterol sulfate tab 4 mg.....161
alclometasone dipropionate cream 0.05%.....171
alclometasone dipropionate oint 0.05%..171
ALCOHOL PREP PAD.....113
ALECENSA CAP 150MG.....33
alendronate sodium oral soln 70 mg/75ml.....108
alendronate sodium tab 10 mg.....108
alendronate sodium tab 35 mg.....108
alendronate sodium tab 70 mg.....108
alfuzosin hcl tab er 24hr 10 mg.....132
aliskiren fumarate tab 150 mg (base equivalent).....54
aliskiren fumarate tab 300 mg (base equivalent).....54
allopurinol tab 100 mg.....1
allopurinol tab 300 mg.....1
almotriptan malate tab 12.5 mg.....85
almotriptan malate tab 6.25 mg.....85
ALOCRIL SOL 2%.....156
alogliptin benzoate tab 12.5 mg (base equiv).....104
alogliptin benzoate tab 25 mg (base equiv).....104
alogliptin benzoate tab 6.25 mg (base equiv).....104
alogliptin-metformin hcl tab 12.5-1000 mg.....104
alogliptin-metformin hcl tab 12.5-500 mg.....104
alosetron hcl tab 0.5 mg (base equiv).....129
alosetron hcl tab 1 mg (base equiv).....129
ALPRAZOLAM CON 1 MG/ML.....59
alprazolam orally disintegrating tab 0.25 mg.....59
alprazolam orally disintegrating tab 0.5 mg.....59
alprazolam orally disintegrating tab 1 mg.59
alprazolam orally disintegrating tab 2 mg 59
alprazolam tab 0.25 mg.....59
alprazolam tab 0.5 mg.....59
alprazolam tab 1 mg.....59
alprazolam tab 2 mg.....60
altavera.....109
ALVAIZ TAB 18MG.....138
ALVAIZ TAB 36MG.....138
ALVAIZ TAB 54MG.....138
ALVAIZ TAB 9MG.....138
ALVESCO AER 160MCG.....166
ALVESCO AER 80MCG.....166
alyacen 1/35.....109
alyacen 7/7/7.....109
amantadine hcl cap 100 mg.....68
amantadine hcl soln 50 mg/5ml.....68
amantadine hcl tab 100 mg.....68
ambrisentan tab 10 mg.....57
ambrisentan tab 5 mg.....57
amcinonide oint 0.1%.....171
amethyst.....109
amikacin sulfate inj 1 gm/4ml (250 mg/ml).....14
amikacin sulfate inj 500 mg/2ml (250 mg/ml).....15
amiloride & hydrochlorothiazide tab 5-50 mg.....54
amiloride hcl tab 5 mg.....54
AMINOPHYLLIN INJ 25MG/ML.....167
amiodarone hcl tab 200 mg.....45
amiodarone hcl tab 400 mg.....45
amitriptyline hcl tab 100 mg.....62
amitriptyline hcl tab 10 mg.....62
amitriptyline hcl tab 150 mg.....62

amitriptyline hcl tab 25 mg 62
amitriptyline hcl tab 50 mg 62
amitriptyline hcl tab 75 mg 62
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....52
amlodipine besylate-atorvastatin calcium tab 10-20 mg 52
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....52
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....52
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg.....51
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 51
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 52
amlodipine besylate-atorvastatin calcium tab 5-10 mg 52
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....52
amlodipine besylate-atorvastatin calcium tab 5-40 mg 52
amlodipine besylate-atorvastatin calcium tab 5-80 mg.....52
amlodipine besylate-benazepril hcl cap 10-20 mg.....41
amlodipine besylate-benazepril hcl cap 10-40 mg 41
amlodipine besylate-benazepril hcl cap 2.5-10 mg 41
amlodipine besylate-benazepril hcl cap 5-10 mg 41
amlodipine besylate-benazepril hcl cap 5-20 mg.....41
amlodipine besylate-benazepril hcl cap 5-40 mg 41
amlodipine besylate tab 10 mg (base equivalent).....52
amlodipine besylate tab 2.5 mg (base equivalent).....52
amlodipine besylate tab 5 mg (base equivalent).....52
amlodipine besylate-valsartan tab 10-160 mg 43
amlodipine besylate-valsartan tab 10-320 mg 43
amlodipine besylate-valsartan tab 5-160 mg 43
amlodipine besylate-valsartan tab 5-320 mg 43
amoxapine tab 100 mg 62
amoxapine tab 150 mg 62
amoxapine tab 25 mg 62
amoxapine tab 50 mg.....62
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 132
amoxicillin (trihydrate) cap 250 mg.....26
amoxicillin (trihydrate) cap 500 mg 26
amoxicillin (trihydrate) chew tab 125 mg ..26
amoxicillin (trihydrate) chew tab 250 mg .26
amoxicillin (trihydrate) for susp 125 mg/5ml 26
amoxicillin (trihydrate) for susp 200 mg/5ml 26
amoxicillin (trihydrate) for susp 250 mg/5ml 26
amoxicillin (trihydrate) for susp 400 mg/5ml 26
amoxicillin (trihydrate) tab 500 mg 26
amoxicillin (trihydrate) tab 875 mg.....26
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....26
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 26
amoxicillin & k clavulanate for susp 400-57 mg/5ml 26
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 26
amoxicillin & k clavulanate tab 250-125 mg 26
amoxicillin & k clavulanate tab 500-125 mg 26
amoxicillin & k clavulanate tab 875-125 mg 26
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....26

amphetamine-dextroamphetamine cap er 24hr 10 mg....79
amphetamine-dextroamphetamine cap er 24hr 15 mg....79
amphetamine-dextroamphetamine cap er 24hr 20 mg....79
amphetamine-dextroamphetamine cap er 24hr 25 mg....79
amphetamine-dextroamphetamine cap er 24hr 30 mg....80
amphetamine-dextroamphetamine cap er 24hr 5 mg....79
amphetamine-dextroamphetamine tab 10 mg....80
amphetamine-dextroamphetamine tab 12.5 mg....80
amphetamine-dextroamphetamine tab 15 mg....80
amphetamine-dextroamphetamine tab 20 mg....80
amphetamine-dextroamphetamine tab 30 mg....80
amphetamine-dextroamphetamine tab 5 mg....80
amphetamine-dextroamphetamine tab 7.5 mg....80
amphetamine tab extended release disintegrating 12.5 mg....79
amphetamine tab extended release disintegrating 15.7 mg....79
amphetamine tab extended release disintegrating 18.8 mg....79
amphetamine tab extended release disintegrating 3.1 mg....79
amphetamine tab extended release disintegrating 6.3 mg....79
amphetamine tab extended release disintegrating 9.4 mg....79
amphotericin b for iv soln 50 mg....15
ampicillin cap 500 mg....26
ampicillin sodium for inj 1 gm....26
ampicillin sodium for inj 2 gm....26
anagrelide hcl cap 0.5 mg....137
anagrelide hcl cap 1 mg....137
anastrozole tab 1 mg....32
ANNOVERA MIS....109
antiseptic products misc - pads....169
APOKYN INJ 10MG/ML....68
apraclonidine hcl ophth soln 0.5% (base equivalent)....158
aprepitant capsule 125 mg....126
aprepitant capsule 40 mg....126
aprepitant capsule 80 mg....126
aprepitant capsule therapy pack 80 & 125 mg....126
APRETUDE SUS 600MG ER....16
apri....109
APTIVUS CAP 250MG....16
aranelle....109
ARANESP INJ 100MCG....136
ARANESP INJ 10MCG....136
ARANESP INJ 150MCG....136
ARANESP INJ 200MCG....136
ARANESP INJ 25MCG....136
ARANESP INJ 300MCG....136
ARANESP INJ 40MCG....136
ARANESP INJ 500MCG....136
ARANESP INJ 60MCG....136
ARCALYST INJ 220MG....148
AREXVY INJ 120MCG....150
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)....161
aripiprazole orally disintegrating tab 10 mg....70
aripiprazole orally disintegrating tab 15 mg....70
aripiprazole oral solution 1 mg/ml....70
aripiprazole tab 10 mg....70
aripiprazole tab 15 mg....70
aripiprazole tab 20 mg....70
aripiprazole tab 2 mg....70
aripiprazole tab 30 mg....70
aripiprazole tab 5 mg....70
ARISTADA INJ 1064MG....70
ARISTADA INJ 441MG/1....70
ARISTADA INJ 662MG/2....70
ARISTADA INJ 882MG/3....70
ARISTADA INJ INITIO....70

armodafinil tab 150 mg.....89
armodafinil tab 200 mg.....89
armodafinil tab 250 mg.....89
armodafinil tab 50 mg.....89
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml).....38
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml).....38
asenapine maleate sl tab 10 mg (base equiv).....70
asenapine maleate sl tab 2.5 mg (base equiv).....70
asenapine maleate sl tab 5 mg (base equiv).....70
ashlyna.....109
ASMANEX HFA AER 100 MCG.....166
ASMANEX HFA AER 200 MCG.....166
ASMANEX HFA AER 50MCG.....166
aspirin-dipyridamole cap er 12hr 25-200 mg.....137
aspirin ec adult low dose.....14
atazanavir sulfate cap 150 mg (base equiv).....16
atazanavir sulfate cap 200 mg (base equiv).....16
atazanavir sulfate cap 300 mg (base equiv).....16
atenolol & chlorthalidone tab 100-25 mg.49
atenolol & chlorthalidone tab 50-25 mg...49
atenolol tab 100 mg.....50
atenolol tab 25 mg.....50
atenolol tab 50 mg.....50
*atomoxetine hcl cap 100 mg (base equiv)*80
atomoxetine hcl cap 10 mg (base equiv)..80
atomoxetine hcl cap 18 mg (base equiv)..80
atomoxetine hcl cap 25 mg (base equiv)..80
atomoxetine hcl cap 40 mg (base equiv).80
atomoxetine hcl cap 60 mg (base equiv).80
atomoxetine hcl cap 80 mg (base equiv).80
atorvastatin calcium tab 10 mg (base equivalent).....47
atorvastatin calcium tab 20 mg (base equivalent).....47
atorvastatin calcium tab 40 mg (base equivalent).....47
atorvastatin calcium tab 80 mg (base equivalent).....47
atovaquone-proguanil hcl tab 250-100 mg.....16
*atovaquone-proguanil hcl tab 62.5-25 mg*16
atovaquone susp 750 mg/5ml.....24
atropine sulfate ophth soln 1%.....157
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml).....126
AUSTEDO TAB 12MG.....87
AUSTEDO TAB 6MG.....87
AUSTEDO TAB 9MG.....87
avanafil tab 100 mg.....133
avanafil tab 200 mg.....133
avanafil tab 50 mg.....133
AVERI TAB.....109
aviane.....109
avidoxy.....27
azacitidine for inj 100 mg.....29
AZASITE SOL 1%.....155
azathioprine tab 100 mg.....148
azathioprine tab 50 mg.....148
azathioprine tab 75 mg.....148
azelaic acid gel 15%.....174
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....159
azelastine hcl nasal spray 0.1% (137 mcg/spray).....159
azelastine hcl ophth soln 0.05%.....156
azithromycin for susp 100 mg/5ml.....22
azithromycin for susp 200 mg/5ml.....22
azithromycin tab 250 mg.....22
azithromycin tab 500 mg.....22
azithromycin tab 600 mg.....22
AZSTARYS CAP 26.1-5.2.....80
AZSTARYS CAP 39.2-7.8.....80
AZSTARYS CAP 52.3-10.....80
aztreonam for inj 1 gm.....24
aztreonam for inj 2 gm.....24
azurette.....109

B

bacitracin ophth oint 500 unit/gm.....155

bacitracin-polymyxin b ophth oint 155
bacitracin-polymyxin-neomycin-hc ophth oint 1% 155
baclofen tab 10 mg 88
baclofen tab 20 mg 88
baclofen tab 5 mg 88
balsalazide disodium cap 750 mg 128
BARACLUDE SOL 23
BASAGLAR KWP INJ 100/ML 105
BASAGLAR TMP INJ 100/ML 105
BAXDELA TAB 450MG 23
BCAD 2 POW 92
BELBUCA MIS 150MCG 13
BELBUCA MIS 300MCG 13
BELBUCA MIS 450MCG 13
BELBUCA MIS 600MCG 13
BELBUCA MIS 750MCG 13
BELBUCA MIS 75MCG 13
BELBUCA MIS 900MCG 13
BELSOMRA TAB 10MG 84
BELSOMRA TAB 15MG 84
BELSOMRA TAB 20MG 84
BELSOMRA TAB 5MG 83
benazepril & hydrochlorothiazide tab 10-12.5 mg 41
benazepril & hydrochlorothiazide tab 20-12.5 mg 41
benazepril & hydrochlorothiazide tab 20-25 mg 41
benazepril & hydrochlorothiazide tab 5-6.25 mg 41
benazepril hcl tab 10 mg 42
benazepril hcl tab 20 mg 42
benazepril hcl tab 40 mg 42
benazepril hcl tab 5 mg 42
benzonatate cap 100 mg 161
benzonatate cap 200 mg 161
benzoyl peroxide-erythromycin gel 5-3% 168
benztropine mesylate inj 1 mg/ml 68
benztropine mesylate tab 0.5 mg 68
benztropine mesylate tab 1 mg 68
benztropine mesylate tab 2 mg 68
bepotastine besilate ophth soln 1.5% 156
BESIVANCE SUS 0.6% 155
betaine powder for oral solution 122
betamethasone dipropionate augmented cream 0.05% 171
betamethasone dipropionate augmented gel 0.05% 172
betamethasone dipropionate augmented lotion 0.05% 172
betamethasone dipropionate augmented oint 0.05% 172
betamethasone dipropionate cream 0.05% 172
betamethasone dipropionate lotion 0.05% 172
betamethasone valerate aerosol foam 0.12% 172
betamethasone valerate cream 0.1% (base equivalent) 172
betamethasone valerate lotion 0.1% (base equivalent) 172
betamethasone valerate oint 0.1% (base equivalent) 172
BETASERON INJ 0.3MG 87
betaxolol hcl ophth soln 0.5% 156
betaxolol hcl tab 10 mg 50
betaxolol hcl tab 20 mg 50
bethanechol chloride tab 10 mg 133
bethanechol chloride tab 25 mg 133
bethanechol chloride tab 50 mg 133
bethanechol chloride tab 5 mg 133
BETOPTIC-S SUS 0.25% OP 156
BEVESPI AER 9-4.8MCG 158
bexarotene cap 75 mg 39
bexarotene gel 1% 174
BEXSERO INJ 150
BEYFORTUS INJ 100MG/ML 149
BEYFORTUS INJ 50/0.5ML 149
bicalutamide tab 50 mg 32
BIJUVA CAP 0.5-100 119
BIJUVA CAP 1-100MG 119
BIKTARVY TAB 18
bimatoprost ophth soln 0.01% 157
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 50

bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....50
bisoprolol & hydrochlorothiazide tab 5-6.25 mg....50
bisoprolol fumarate tab 10 mg....50
bisoprolol fumarate tab 5 mg....50
bleomycin sulfate for inj 15 unit....28
bleomycin sulfate for inj 30 unit....28
BOOSTRIX INJ....150
bosentan tab 125 mg....58
bosentan tab 62.5 mg....58
bosentan tab for oral susp 32 mg....58
BRAFTOVI CAP 75MG....33
BREO ELLIPTA INH 100-25....167
BREO ELLIPTA INH 200-25....167
BREO ELLIPTA INH 50-25MCG....167
breyna....167
BREZTRI AERO AER 18MCG....158
BREZTRI AERO AER 9MCG....158
brimonidine tartrate gel 0.33% (base equivalent)....174
brimonidine tartrate ophth soln 0.1%....158
brimonidine tartrate ophth soln 0.15%....158
brimonidine tartrate ophth soln 0.2%....158
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%....157
brinzolamide ophth susp 1%....157
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)....156
bromocriptine mesylate cap 5 mg (base equivalent)....68
bromocriptine mesylate tab 2.5 mg (base equivalent)....68
BRUKINSA CAP 80MG....33
BRUKINSA TAB 160MG....33
BRYHALI LOT 0.01%....172
budesonide delayed release particles cap 3 mg....128
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act....167
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act....167
budesonide inhalation susp 0.25 mg/2ml....166
budesonide inhalation susp 0.5 mg/2ml....166
budesonide inhalation susp 1 mg/2ml....166
budesonide tab er 24hr 9 mg....129
bumetanide tab 0.5 mg....54
bumetanide tab 1 mg....54
bumetanide tab 2 mg....54
buprenorphine hcl inj 0.3 mg/ml (base equiv)....13
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)....90
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....89
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)....89
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)....89
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)....90
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)....90
buprenorphine hcl sl tab 2 mg (base equiv)....90
buprenorphine hcl sl tab 8 mg (base equiv)....91
buprenorphine td patch weekly 10 mcg/hr....13
buprenorphine td patch weekly 15 mcg/hr....13
buprenorphine td patch weekly 20 mcg/hr....13
buprenorphine td patch weekly 5 mcg/hr....13
buprenorphine td patch weekly 7.5 mcg/hr....13
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....91
bupropion hcl tab 100 mg....62
bupropion hcl tab 75 mg....62
bupropion hcl tab er 12hr 100 mg....62
bupropion hcl tab er 12hr 150 mg....63
bupropion hcl tab er 12hr 200 mg....63
bupropion hcl tab er 24hr 150 mg....63
bupropion hcl tab er 24hr 300 mg....63
buspirone hcl tab 10 mg....60
buspirone hcl tab 15 mg....60

buspirone hcl tab 30 mg 60
buspirone hcl tab 5 mg.....60
buspirone hcl tab 7.5 mg 60
busulfan inj 6 mg/ml.....28
butorphanol tartrate inj 1 mg/ml.....3
butorphanol tartrate inj 2 mg/ml 3
butorphanol tartrate nasal soln 10 mg/ml...3

C

CABENUVA SUS 400-600.....18
CABENUVA SUS 600-900.....18
cabergoline tab 0.5 mg 122
CABOMETYX TAB 20MG 33
CABOMETYX TAB 40MG.....33
CABOMETYX TAB 60MG.....33
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....170
calcipotriene soln 0.005% (50 mcg/ml) .170
calcitonin (salmon) nasal soln 200 unit/act 108
calcitriol cap 0.25 mcg.....125
calcitriol cap 0.5 mcg.....125
calcitriol oint 3 mcg/gm 170
calcitriol oral soln 1 mcg/ml.....125
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....123
calcium acetate (phosphate binder) tab 667 mg 123
CALQUENCE TAB 100MG.....33
camila.....109
CAMINO PRO LIQ 15PE 92
camrese 109
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....43
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 43
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....43
candesartan cilexetil tab 16 mg 44
candesartan cilexetil tab 32 mg 44
candesartan cilexetil tab 4 mg 44
candesartan cilexetil tab 8 mg 44
capecitabine tab 150 mg 29
capecitabine tab 500 mg 29
CAPRELSA TAB 100MG 33
CAPRELSA TAB 300MG.....33
captopril tab 100 mg 42
captopril tab 12.5 mg 42
captopril tab 25 mg.....42
captopril tab 50 mg.....42
CAPVAXIVE INJ 0.5ML.....150
carbamazepine cap er 12hr 100 mg.....74
carbamazepine cap er 12hr 200 mg 74
carbamazepine cap er 12hr 300 mg 74
carbamazepine chew tab 100 mg.....74
carbamazepine chew tab 200 mg 74
carbamazepine susp 100 mg/5ml 74
carbamazepine tab 200 mg.....74
carbamazepine tab er 12hr 100 mg.....74
carbamazepine tab er 12hr 200 mg.....74
carbamazepine tab er 12hr 400 mg.....74
carbidopa & levodopa orally disintegrating tab 10-100 mg 68
carbidopa & levodopa orally disintegrating tab 25-100 mg.....68
carbidopa & levodopa orally disintegrating tab 25-250 mg 68
carbidopa & levodopa tab 10-100 mg 68
carbidopa & levodopa tab 25-100 mg.....68
carbidopa & levodopa tab 25-250 mg 68
carbidopa & levodopa tab er 25-100 mg ..68
carbidopa & levodopa tab er 50-200 mg .68
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 69
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....69
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....69
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 69
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....69
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....69
carbidopa tab 25 mg 68
carbinoxamine maleate soln 4 mg/5ml...159
carbinoxamine maleate tab 4 mg.....159
carboplatin iv soln 150 mg/15ml 40
carboplatin iv soln 450 mg/45ml.....40

carboplatin iv soln 50 mg/5ml 40
carboplatin iv soln 600 mg/60ml 40
CARDURA XL TAB 4MG.....132
CARDURA XL TAB 8MG.....132
CAREFINE MIS 32GX6MM 113
carglumic acid soluble tab 200 mg.....125
carisoprodol tab 350 mg.....88
carmustine for inj 100 mg.....28
carteolol hcl ophth soln 1% 156
cartia xt.....52
carvedilol phosphate cap er 24hr 10 mg...50
carvedilol phosphate cap er 24hr 20 mg..50
carvedilol phosphate cap er 24hr 40 mg..50
carvedilol phosphate cap er 24hr 80 mg..50
carvedilol tab 12.5 mg.....50
carvedilol tab 25 mg 50
carvedilol tab 3.125 mg 50
carvedilol tab 6.25 mg.....50
CAYA DPR 109
CAYSTON INH 75MG.....162
cefaclor cap 250 mg.....21
cefaclor cap 500 mg 21
cefaclor for susp 250 mg/5ml.....21
cefadroxil cap 500 mg 21
cefadroxil for susp 250 mg/5ml.....21
cefadroxil for susp 500 mg/5ml 21
cefadroxil tab 1 gm.....21
cefazolin sodium for inj 1 gm 21
cefdinir cap 300 mg 21
cefdinir for susp 125 mg/5ml.....21
cefdinir for susp 250 mg/5ml.....21
cefepime hcl for inj 1 gm 21
cefepime hcl for iv soln 2 gm.....21
cefixime cap 400 mg.....21
cefixime for susp 100 mg/5ml.....21
cefixime for susp 200 mg/5ml.....21
cefpodoxime proxetil for susp 100 mg/5ml 21
*cefpodoxime proxetil for susp 50 mg/5ml*21
cefpodoxime proxetil tab 100 mg.....21
cefpodoxime proxetil tab 200 mg 21
cefprozil for susp 125 mg/5ml.....21
cefprozil for susp 250 mg/5ml.....21
cefprozil tab 250 mg.....21
cefprozil tab 500 mg 21
ceftazidime for iv soln 2 gm.....21
ceftriaxone sodium for inj 10 gm.....21
ceftriaxone sodium for inj 1 gm 21
ceftriaxone sodium for inj 250 mg.....21
ceftriaxone sodium for inj 2 gm.....21
ceftriaxone sodium for inj 500 mg.....21
ceftriaxone sodium for iv soln 1 gm 21
ceftriaxone sodium for iv soln 2 gm 21
cefuroxime axetil tab 250 mg.....22
cefuroxime axetil tab 500 mg.....22
celecoxib cap 100 mg.....1
celecoxib cap 200 mg 1
celecoxib cap 50 mg 1
CELLCEPT CAP 250MG 148
CELLCEPT IV INJ 500MG 148
CELLCEPT SUS 200MG/ML 148
CELLCEPT TAB 500MG.....148
cephalexin cap 250 mg 22
cephalexin cap 500 mg 22
cephalexin cap 750 mg 22
cephalexin for susp 125 mg/5ml 22
cephalexin for susp 250 mg/5ml 22
cephalexin tab 250 mg 22
cephalexin tab 500 mg.....22
CERDELGA CAP 84MG 119
cevimeline hcl cap 30 mg.....175
chateal eq 109
CHEMET CAP 100MG.....109
CHEMSTRIP 10 TES MD 114
CHEMSTRIP 2 TES GP 113
CHEMSTRIP 5 TES OB.....113
CHEMSTRIP 7 TES 113
CHEMSTRIP 9 TES STRIPS 113
CHEMSTRIP K TES.....114
CHEMSTRIP TES -10 SG.....114
CHEMSTRIP TES UGK 114
chlordiazepoxide-amitriptyline tab 10-25 mg 91
chlordiazepoxide-amitriptyline tab 5-12.5 mg 91
chlordiazepoxide hcl cap 10 mg 60
chlordiazepoxide hcl cap 25 mg.....60
chlordiazepoxide hcl cap 5 mg 60

chlorhexidine gluconate soln 0.12% 175
chloroquine phosphate tab 250 mg 16
chloroquine phosphate tab 500 mg 16
chlorpromazine hcl inj 25 mg/ml 70
chlorpromazine hcl inj 50 mg/2ml 71
chlorpromazine hcl tab 100 mg 71
chlorpromazine hcl tab 10 mg 71
chlorpromazine hcl tab 200 mg 71
chlorpromazine hcl tab 25 mg 71
chlorpromazine hcl tab 50 mg 71
chlorthalidone tab 25 mg 54
chlorthalidone tab 50 mg 54
chlorzoxazone tab 500 mg 88
*cholecalciferol cap 1.25 mg (50000 unit)*154
cholestyramine light powder 4 gm/dose..46
cholestyramine light powder packets 4 gm 46
cholestyramine powder 4 gm/dose 46
cholestyramine powder packets 4 gm.....46
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....46
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....46
CHOR GONADOT INJ 10000UNT 115
ciclopirox gel 0.77% 169
ciclopirox olamine cream 0.77% (base equiv).....169
ciclopirox olamine susp 0.77% (base equiv) 169
ciclopirox shampoo 1%.....169
ciclopirox solution 8% 169
cidofovir iv inj 75 mg/ml.....20
cilostazol tab 100 mg.....137
cilostazol tab 50 mg 137
CIMDUO TAB 300-300 18
cimetidine tab 200 mg.....128
cimetidine tab 300 mg.....128
cimetidine tab 400 mg.....128
cimetidine tab 800 mg.....128
CIMZIA 1-SYR INJ 200MG/ML 139
CIMZIA START KIT 200MG/ML 140
cinacalcet hcl tab 30 mg (base equiv).....108
cinacalcet hcl tab 60 mg (base equiv).....108
cinacalcet hcl tab 90 mg (base equiv).....108
CIPRO (10%) SUS 500MG/5.....23
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 175
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025% 175
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 155
ciprofloxacin hcl otic soln 0.2% (base equivalent) 175
*ciprofloxacin hcl tab 250 mg (base equiv)*23
*ciprofloxacin hcl tab 500 mg (base equiv)*23
*ciprofloxacin hcl tab 750 mg (base equiv)*23
cisplatin inj 100 mg/100ml (1 mg/ml) 40
cisplatin inj 200 mg/200ml (1 mg/ml).....40
cisplatin inj 50 mg/50ml (1 mg/ml) 40
citalopram hydrobromide oral soln 10 mg/5ml 63
citalopram hydrobromide tab 10 mg (base equiv) 63
citalopram hydrobromide tab 20 mg (base equiv) 63
citalopram hydrobromide tab 40 mg (base equiv) 63
cladribine iv soln 10 mg/10ml (1 mg/ml) ...29
clarithromycin for susp 125 mg/5ml.....22
clarithromycin for susp 250 mg/5ml.....22
clarithromycin tab 250 mg.....22
clarithromycin tab 500 mg.....22
clarithromycin tab er 24hr 500 mg 22
clemastine fumarate tab 2.68 mg 159
CLENPIQ SOL.....129
CLEOCIN SUP 100MG.....134
CLIMARA PRO DIS WEEKLY.....119
clindamycin hcl cap 150 mg 24
clindamycin hcl cap 300 mg 24
clindamycin hcl cap 75 mg 24
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....24
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%.....168
clindamycin phosphate-benzoyl peroxide gel 1-5% 168
clindamycin phosphate foam 1% 168

clindamycin phosphate gel 1% (twice-daily) 168
clindamycin phosphate lotion 1% 168
clindamycin phosphate soln 1% 168
clindamycin phosphate swab 1% 168
clindamycin phosphate vaginal cream 2% 134
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 168
clobazam suspension 2.5 mg/ml 74
clobazam tab 10 mg 74
clobazam tab 20 mg 75
clobetasol propionate cream 0.05% 172
clobetasol propionate emo 172
clobetasol propionate foam 0.05% 172
clobetasol propionate gel 0.05% 172
clobetasol propionate lotion 0.05% 172
clobetasol propionate oint 0.05% 172
clobetasol propionate shampoo 0.05% ..172
clobetasol propionate soln 0.05% 172
clobetasol propionate spray 0.05% 172
clocortolone pivalate cream 0.1% 172
clofarabine iv soln 1 mg/ml 29
clomid 115
clomipramine hcl cap 25 mg 60
clomipramine hcl cap 50 mg 60
clomipramine hcl cap 75 mg 60
clonazepam tab 0.5 mg 75
clonazepam tab 1 mg 75
clonazepam tab 2 mg 75
clonidine hcl tab 0.1 mg 56
clonidine hcl tab 0.2 mg 56
clonidine hcl tab 0.3 mg 56
clonidine td patch weekly 0.1 mg/24hr 56
clonidine td patch weekly 0.2 mg/24hr 56
clonidine td patch weekly 0.3 mg/24hr 56
clopidogrel bisulfate tab 300 mg (base equiv) 137
clopidogrel bisulfate tab 75 mg (base equiv) 137
clorazepate dipotassium tab 15 mg 75
clorazepate dipotassium tab 3.75 mg 75
clorazepate dipotassium tab 7.5 mg 75
clotrimazole cream 1% 169
clotrimazole soln 1% 169
clotrimazole troche 10 mg 175
clotrimazole w/ betamethasone cream 1-0.05% 169
clotrimazole w/ betamethasone lotion 1-0.05% 169
clozapine orally disintegrating tab 100 mg 71
clozapine orally disintegrating tab 12.5 mg 71
clozapine orally disintegrating tab 150 mg 71
clozapine orally disintegrating tab 200 mg 71
clozapine orally disintegrating tab 25 mg ..71
clozapine tab 100 mg 71
clozapine tab 200 mg 71
clozapine tab 25 mg 71
clozapine tab 50 mg 71
COARTEM TAB 20-120MG 16
COBENFY CAP 100-20MG 71
COBENFY CAP 125-30MG 71
COBENFY CAP 50-20MG 71
COBENFY STRT CAP PACK 71
codeine sulfate tab 30 mg 3
CODEINE SULF TAB 60MG 3
colchicine tab 0.6 mg 1
colchicine w/ probenecid tab 0.5-500 mg ..1
colesevelam hcl packet for susp 3.75 gm 46
colesevelam hcl tab 625 mg 46
colestipol hcl granule packets 5 gm 46
colestipol hcl granules 5 gm 46
colestipol hcl tab 1 gm 46
COMETRIQ KIT 100MG 33
COMETRIQ KIT 140MG 33
COMETRIQ KIT 60MG 33
COMIRNATY 5- INJ 11/25-26 150
COMIRNATY INJ 30/.3ML 150
COMPLEAT LIQ CLS SYS 92
COMPLEAT PED LIQ ORG BLND 93
compro 126
CONDOMS MIS 109
CORLANOR SOL 5MG/5ML 55
CORTIFOAM AER 90MG 129
CORTISPORIN SUS -TC OTIC 175
CORTROPHIN INJ 40/0.5ML 122

CORTROPHIN INJ 80UNT/ML.....122
COSENTYX INJ 125/5ML.....139
COSENTYX INJ 150MG/ML.....140
COSENTYX INJ 300DOSE.....140
COSENTYX INJ 75MG/0.5.....140
COSENTYX PEN INJ 150MG/ML.....140
COSENTYX PEN INJ 300DOSE.....140
COSENTYX UNO INJ 300/2ML.....141
CREON CAP 12000UNT.....131
CREON CAP 24000UNT.....131
CREON CAP 3000UNIT.....131
CREON CAP 36000UNT.....131
CREON CAP 6000UNIT.....131
CRESEMBA CAP 186MG.....15
CRESEMBA CAP 74.5MG.....15
CRINONE GEL 4% VAG.....124
CRINONE GEL 8% VAG.....124
cromolyn sodium ophth soln 4%.....156
cromolyn sodium oral conc 100 mg/5ml 130
cromolyn sodium soln nebu 20 mg/2ml .164
crotan.....174
CRUCIAL LIQ UNFLAVOR.....93
CUTAQUIG SOL 1.65GM.....147
CUTAQUIG SOL 1GM.....147
CUTAQUIG SOL 2GM.....147
CUTAQUIG SOL 3.3GM.....147
CUTAQUIG SOL 4GM.....147
CUTAQUIG SOL 8GM.....147
cvs ivermectin lice treat.....174
CVS KETONE TES CARE.....114
cvs sleep-aid nighttime.....84
cyanocobalamin inj 1000 mcg/ml.....154
CYCLINEX-1 POW.....93
CYCLINEX-2 POW.....93
cyclobenzaprine hcl tab 10 mg.....88
cyclobenzaprine hcl tab 5 mg.....88
cyclophosphamide cap 25 mg.....28
cyclophosphamide cap 50 mg.....28
cyclophosphamide for inj 1 gm.....28
cyclophosphamide for inj 2 gm.....28
cyclophosphamide for inj 500 mg.....28
cycloserine cap 250 mg.....19
cyclosporine (ophth) emulsion 0.05% (pf).....157
cyclosporine cap 100 mg.....148
cyclosporine cap 25 mg.....148
cyclosporine modified cap 100 mg.....148
cyclosporine modified cap 25 mg.....148
cyclosporine modified cap 50 mg.....148
cyclosporine modified oral soln 100 mg/ml.....148
cyproheptadine hcl syrup 2 mg/5ml.....159
cyproheptadine hcl tab 4 mg.....159
CYSTAGON CAP 150MG.....122
CYSTAGON CAP 50MG.....122
CYSTARAN SOL 0.44%.....157
cytarabine inj 20 mg/ml.....29
cytarabine inj pf 100 mg/ml.....29
cytarabine inj pf 20 mg/ml.....29

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....134
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....134
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....134
dacarbazine for inj 100 mg.....28
dacarbazine for inj 200 mg.....28
dalfampridine tab er 12hr 10 mg.....87
danazol cap 100 mg.....115
danazol cap 200 mg.....115
danazol cap 50 mg.....115
dantrolene sodium cap 100 mg.....88
dantrolene sodium cap 25 mg.....88
dantrolene sodium cap 50 mg.....88
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....107
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....107
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....107
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg.....107
dapagliflozin tab 10 mg.....107
dapagliflozin tab 5 mg.....107
dapsone tab 100 mg.....24
dapsone tab 25 mg.....24
DAPTACEL INJ.....150

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 133
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 133
darunavir tab 600 mg....16
darunavir tab 800 mg....16
dasatinib tab 100 mg 34
dasatinib tab 140 mg 34
dasatinib tab 20 mg 33
dasatinib tab 50 mg 33
dasatinib tab 70 mg 33
dasatinib tab 80 mg....34
dasetta 1/35 110
dasetta 7/7/7 110
daunorubicin hcl iv soln 20 mg/4ml (base equiv) 28
DAYVIGO TAB 10MG 84
DAYVIGO TAB 5MG....84
decitabine for inj 50 mg....29
deferiprone tab 1000 mg....109
deferiprone tab 500 mg 109
deflazacort susp 22.75 mg/ml....116
deflazacort tab 18 mg 116
deflazacort tab 30 mg....116
deflazacort tab 36 mg....116
deflazacort tab 6 mg....116
DELSTRIGO TAB 18
delyla....110
demeclocycline hcl tab 150 mg....27
demeclocycline hcl tab 300 mg....27
DENGVAXIA SUS....150
DEPO-ESTRADI INJ 5MG/ML 119
DEPO-MEDROL INJ 20MG/ML....116
DEPO-SQ PROV INJ 104 110
DESCOVY TAB 120-15MG....18
DESCOVY TAB 200/25MG....18
desipramine hcl tab 100 mg 63
desipramine hcl tab 10 mg....63
desipramine hcl tab 150 mg....63
desipramine hcl tab 25 mg 63
desipramine hcl tab 50 mg 63
desipramine hcl tab 75 mg 63
desloratadine tab 5 mg....159
desloratadine tab orally disintegrating 2.5 mg....159
desloratadine tab orally disintegrating 5 mg 159
desmopressin acetate inj 4 mcg/ml 125
desmopressin acetate nasal spray soln 0.01%....125
desmopressin acetate nasal spray soln 0.01% (refrigerated) 125
desmopressin acetate preservative free (pf) inj 4 mcg/ml....125
desmopressin acetate tab 0.1 mg 125
desmopressin acetate tab 0.2 mg....125
desonide cream 0.05% 172
desonide lotion 0.05%....172
desonide oint 0.05% 172
desoximetasone cream 0.05%....172
desoximetasone cream 0.25%....172
desoximetasone gel 0.05% 172
desoximetasone oint 0.25% 172
desoximetasone spray 0.25% 172
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)....63
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)....63
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)....63
DEXAMETHASON CON 1MG/ML....116
dexamethasone elixir 0.5 mg/5ml....116
dexamethasone sodium phosphate inj 100 mg/10ml....116
dexamethasone sodium phosphate inj 10 mg/ml....116
dexamethasone sodium phosphate inj 120 mg/30ml....116
dexamethasone sodium phosphate inj 20 mg/5ml 116
dexamethasone sodium phosphate inj 4 mg/ml....116
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml 117
dexamethasone sodium phosphate ophth soln 0.1%....156

dexamethasone sod phosphate preservative free inj 10 mg/ml 116
dexamethasone soln 0.5 mg/5ml 117
dexamethasone tab 0.5 mg 117
dexamethasone tab 0.75 mg 117
dexamethasone tab 1.5 mg 117
dexamethasone tab 1 mg 117
dexamethasone tab 2 mg 117
dexamethasone tab 4 mg 117
dexamethasone tab 6 mg 117
DEXCOM G5 MIS RECEIVER 114
DEXCOM G5 MIS TRANSMIT 114
DEXCOM G6 MIS RECEIVER 114
DEXCOM G6 MIS SENSOR 114
DEXCOM G6 MIS TRANSMIT 114
DEXCOM G7 MIS RECEIVER 114
DEXCOM G7 MIS SENSOR 114
DEXCOM G7 MIS SNSR 15D 114
dexmethylphenidate hcl cap er 24 hr 10 mg 80
dexmethylphenidate hcl cap er 24 hr 15 mg 80
dexmethylphenidate hcl cap er 24 hr 20 mg 80
dexmethylphenidate hcl cap er 24 hr 25 mg 80
dexmethylphenidate hcl cap er 24 hr 30 mg 80
dexmethylphenidate hcl cap er 24 hr 35 mg 80
dexmethylphenidate hcl cap er 24 hr 40 mg 81
dexmethylphenidate hcl cap er 24 hr 5 mg 80
dexmethylphenidate hcl tab 10 mg 81
dexmethylphenidate hcl tab 2.5 mg 81
dexmethylphenidate hcl tab 5 mg 81
dexrazoxane hcl for inj 250 mg (base equivalent) 40
dexrazoxane hcl for inj 500 mg (base equivalent) 40
dextroamphetamine sulfate cap er 24hr 10 mg 81
dextroamphetamine sulfate cap er 24hr 15 mg 81
dextroamphetamine sulfate cap er 24hr 5 mg 81
dextroamphetamine sulfate oral solution 5 mg/5ml 81
dextroamphetamine sulfate tab 10 mg 81
dextroamphetamine sulfate tab 15 mg 81
dextroamphetamine sulfate tab 20 mg 81
dextroamphetamine sulfate tab 30 mg 81
dextroamphetamine sulfate tab 5 mg 81
DIABETIC TF LIQ 93
DIABETISOURC LIQ 93
DIASCREEN 10 MIS 114
DIASCREEN 3 MIS 114
DIASCREEN 5 MIS 114
DIASCREEN 6 MIS 114
DIASCREEN 7 MIS 114
DIASCREEN 8 MIS 114
DIASCREEN 9 MIS 114
DIASCREEN MIS 1B 114
DIASCREEN MIS 1G 114
DIASCREEN MIS 1K 114
DIASCREEN MIS 2GK 114
DIASCREEN MIS 2GP 114
DIASCREEN MIS 4NL 114
DIASCREEN MIS 4OBL 114
DIASCREEN MIS 4PH 114
DIASCREEN MIS CONTROL 114
DIASTIX TES STRIPS 114
diazepam inj 5 mg/ml 75
diazepam intensol 75
diazepam oral soln 1 mg/ml 75
diazepam tab 10 mg 75
diazepam tab 2 mg 75
diazepam tab 5 mg 75
diclofenac potassium tab 50 mg 1
diclofenac sodium (actinic keratoses) gel 3% 169
diclofenac sodium gel 1% (1.16% diethylamine equiv) 1
diclofenac sodium ophth soln 0.1% 156
diclofenac sodium tab delayed release 25 mg 1

diclofenac sodium tab delayed release 50 mg 1
diclofenac sodium tab delayed release 75 mg 1
diclofenac sodium tab er 24hr 100 mg....1
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 2
diclofenac w/ misoprostol tab delayed release 75-0.2 mg....2
dicloxacillin sodium cap 250 mg....26
dicloxacillin sodium cap 500 mg 26
dicyclomine hcl cap 10 mg 126
dicyclomine hcl inj 10 mg/ml 126
dicyclomine hcl oral soln 10 mg/5ml 126
dicyclomine hcl tab 20 mg 126
DIFICID SUS 22
diflorasone diacetate cream 0.05% 172
diflorasone diacetate oint 0.05% 172
diflunisal tab 500 mg....14
difluprednate ophth emulsion 0.05%....156
digoxin oral soln 0.05 mg/ml 54
digoxin tab 125 mcg (0.125 mg) 54
digoxin tab 250 mcg (0.25 mg)....54
digoxin tab 62.5 mcg (0.0625 mg) 54
dihydroergotamine mesylate inj 1 mg/ml .84
DILANTIN CAP 30MG....75
diltiazem hcl cap er 12hr 120 mg 52
diltiazem hcl cap er 12hr 60 mg 52
diltiazem hcl cap er 12hr 90 mg 52
diltiazem hcl coated beads cap er 24hr 120 mg....52
diltiazem hcl coated beads cap er 24hr 180 mg....52
diltiazem hcl coated beads cap er 24hr 240 mg....52
diltiazem hcl coated beads cap er 24hr 300 mg....52
diltiazem hcl coated beads cap er 24hr 360 mg....52
diltiazem hcl extended release beads cap er 24hr 120 mg 52
diltiazem hcl extended release beads cap er 24hr 180 mg....53
diltiazem hcl extended release beads cap er 24hr 240 mg 53
diltiazem hcl extended release beads cap er 24hr 300 mg 53
diltiazem hcl extended release beads cap er 24hr 360 mg 53
diltiazem hcl extended release beads cap er 24hr 420 mg 53
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 53
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 53
diltiazem hcl tab 120 mg....53
diltiazem hcl tab 30 mg 53
diltiazem hcl tab 60 mg 53
diltiazem hcl tab 90 mg 53
diltiazem hcl tab er 24hr 120 mg 53
dilt-xr....52
dimethyl fumarate capsule delayed release 120 mg....87
dimethyl fumarate capsule delayed release 240 mg....87
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 87
DIPENTUM CAP 250MG....129
diphenhydramine hcl elixir 12.5 mg/5ml .159
diphenhydramine hcl inj 50 mg/ml 159
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....126
diphenoxylate w/ atropine tab 2.5-0.025 mg 126
dipyridamole tab 25 mg....138
dipyridamole tab 50 mg 138
dipyridamole tab 75 mg....138
disopyramide phosphate cap 100 mg....45
disopyramide phosphate cap 150 mg....45
disulfiram tab 250 mg 59
disulfiram tab 500 mg 59
DIURIL SUS 250/5ML 54
divalproex sodium cap delayed release sprinkle 125 mg....75
divalproex sodium tab delayed release 125 mg....75

divalproex sodium tab delayed release 250 mg.....75
divalproex sodium tab delayed release 500 mg.....75
divalproex sodium tab er 24 hr 250 mg 75
divalproex sodium tab er 24 hr 500 mg 75
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 39
docetaxel for inj conc 20 mg/ml 39
docetaxel for inj conc 80 mg/4ml (20 mg/ml) 39
docetaxel soln for iv infusion 160 mg/16ml 39
docetaxel soln for iv infusion 20 mg/2ml..39
docetaxel soln for iv infusion 80 mg/8ml .39
dofetilide cap 125 mcg (0.125 mg).....45
dofetilide cap 250 mcg (0.25 mg) 45
dofetilide cap 500 mcg (0.5 mg) 45
donepezil hydrochloride orally disintegrating tab 10 mg 61
donepezil hydrochloride orally disintegrating tab 5 mg 61
donepezil hydrochloride tab 10 mg 61
donepezil hydrochloride tab 23 mg.....61
donepezil hydrochloride tab 5 mg.....61
DOPTELET SPR CAP 10MG.....138
DOPTELET TAB 20MG (10 TABLETS) 138
DOPTELET TAB 20MG (15 TABLETS) 138
DOPTELET TAB 20MG (30 TABLETS) 138
dorzolamide hcl ophth soln 2% 157
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....157
DOVATO TAB 50-300MG.....18
doxazosin mesylate tab 1 mg 132
doxazosin mesylate tab 2 mg.....132
doxazosin mesylate tab 4 mg 132
doxazosin mesylate tab 8 mg 132
*doxepin hcl (sleep) tab 3 mg (base equiv)*84
*doxepin hcl (sleep) tab 6 mg (base equiv)*84
doxepin hcl cap 100 mg 64
doxepin hcl cap 10 mg.....64
doxepin hcl cap 150 mg 64
doxepin hcl cap 25 mg 64
doxepin hcl cap 50 mg.....64
doxepin hcl cap 75 mg 64
doxepin hcl conc 10 mg/ml 64
doxepin hcl cream 5%.....170
doxercalciferol cap 0.5 mcg 125
doxercalciferol cap 1 mcg.....125
doxercalciferol cap 2.5 mcg.....125
doxorubicin hcl for inj 10 mg.....28
doxorubicin hcl inj 2 mg/ml 28
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml 29
doxy 100 27
doxycycline hyclate cap 100 mg 27
doxycycline hyclate cap 50 mg.....27
doxycycline hyclate for inj 100 mg.....27
doxycycline hyclate tab 100 mg.....27
doxycycline hyclate tab 20 mg.....27
doxycycline monohydrate cap 100 mg 27
doxycycline monohydrate cap 50 mg.....27
doxycycline monohydrate for susp 25 mg/5ml 27
doxycycline monohydrate tab 150 mg 27
doxycycline monohydrate tab 50 mg.....27
doxycycline monohydrate tab 75 mg.....27
dronabinol cap 10 mg.....127
dronabinol cap 2.5 mg 127
dronabinol cap 5 mg.....127
drospirenone-ethinyl estradiol tab 3-0.02 mg.....110
drospirenone-ethinyl estradiol tab 3-0.03 mg.....110
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 110
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 110
DROXIA CAP 200MG 138
DROXIA CAP 300MG 138
DROXIA CAP 400MG 138
DUAVEE TAB 0.45-20.....119
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....64
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....64
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....64

DUPIXENT INJ 200/1.14 171
DUPIXENT INJ 200MG 165
DUPIXENT INJ 300/2ML 165, 171
DUREX MIS REALFEEL 110
dutasteride cap 0.5 mg 132
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 132

E

e.e.s. 400 22
EAA SUPPLEME POW TROPICAL.....93
EBGLYSS INJ 250/2ML 171
econazole nitrate cream 1%.....169
EDURANT PED TAB 2.5MG 16
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 18
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....18
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....19
efavirenz tab 600 mg 16
EFFER-K TAB 25MEQ EF 152
ELECARE DHA/ POW ARA INFA.....93
ELECARE POW DHA/ARA 93
ELESTRIN GEL 0.06%.....119
eletriptan hydrobromide tab 20 mg (base equivalent).....85
eletriptan hydrobromide tab 40 mg (base equivalent).....85
ELIGARD INJ 22.5MG 32
ELIGARD INJ 30MG 32
ELIGARD INJ 45MG 32
ELIGARD INJ 7.5MG 32
elinest.....110
ELIQUIS CAP 0.15MG.....134
ELIQUIS ST P TAB 5MG 135
ELIQUIS TAB 0.5MG.....135
ELIQUIS TAB 1.5MG.....135
ELIQUIS TAB 2.5MG 135
ELIQUIS TAB 2MG 135
ELIQUIS TAB 5MG 135
elite-ob 153
ELLA TAB 30MG.....110
ELMIRON CAP 100MG 133
EMGALITY INJ 100MG/ML.....85
EMGALITY INJ 120MG/ML 85
EMSAM DIS 12MG/24H.....64
EMSAM DIS 6MG/24HR 64
EMSAM DIS 9MG/24HR 64
emtricitabine caps 200 mg.....16
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....19
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 19
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 19
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 19
EMTRIVA SOL 10MG/ML 16
EMVERM CHW 100MG 14
enalapril maleate & hydrochlorothiazide tab 10-25 mg 41
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....41
enalapril maleate tab 10 mg.....42
enalapril maleate tab 2.5 mg 42
enalapril maleate tab 20 mg 42
enalapril maleate tab 5 mg 42
ENBREL INJ 25/0.5ML 141
ENBREL INJ 25MG.....141
ENBREL INJ 50MG/ML 141
ENBREL MINI INJ 50MG/ML.....141
ENBREL SRCLK INJ 50MG/ML 141
ENCARE SUP 100MG 133
endocet tab 10-325mg 4
endocet tab 2.5-325.....3
endocet tab 5-325mg 3
endocet tab 7.5-325.....4
ENFLONSIA INJ 105MG.....149
ENGERIX-B INJ 10/0.5ML.....150
ENGERIX-B INJ 20MCG/ML.....150
enoxaparin sodium inj 300 mg/3ml.....135
enoxaparin sodium inj soln pref syr 100 mg/ml.....135
enoxaparin sodium inj soln pref syr 120 mg/0.8ml 135
enoxaparin sodium inj soln pref syr 150 mg/ml.....135

enoxaparin sodium inj soln pref syr 30 mg/0.3ml 135
enoxaparin sodium inj soln pref syr 40 mg/0.4ml 135
enoxaparin sodium inj soln pref syr 60 mg/0.6ml 135
enoxaparin sodium inj soln pref syr 80 mg/0.8ml 135
enskyce 110
ENSURE PLANT LIQ CHOCOLAT 93
entacapone tab 200 mg 69
entecavir tab 0.5 mg 23
entecavir tab 1 mg 23
ENTRESTO CAP 15-16MG 56
ENTRESTO CAP 6-6MG 55
ENTRESTO TAB 24-26MG 56
ENTRESTO TAB 49-51MG 56
ENTRESTO TAB 97-103MG 56
ENTYVIO INJ 300MG 139
ENTYVIO PEN INJ 108/0.68 141
enulose 129
ENVARSUS XR TAB 0.75MG 148
ENVARSUS XR TAB 1MG 148
ENVARSUS XR TAB 4MG 148
EO28 SPLASH LIQ ORANGE 93
EPCLUSA PAK 150-37.5 23
EPCLUSA PAK 200-50MG 23
EPCLUSA TAB 200-50MG 23
EPCLUSA TAB 400-100 23
epinastine hcl ophth soln 0.05% 156
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 158
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 158
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 158
EPIPEN 2-PAK INJ 0.3MG 158
eplerenone tab 25 mg 43
eplerenone tab 50 mg 43
eq urinary pain relief 133
ERBITUX INJ 100MG 30
ERBITUX INJ 200MG 30
ergocalciferol cap 1.25 mg (50000 unit) .154
ERGOMAR SUB 2MG 85
ergotamine w/ caffeine tab 1-100 mg 85
ERIVEDGE CAP 150MG 30
ERLEADA TAB 240MG 32
ERLEADA TAB 60MG 32
erlotinib hcl tab 100 mg (base equivalent) 34
erlotinib hcl tab 150 mg (base equivalent) 34
erlotinib hcl tab 25 mg (base equivalent) ..34
errin 110
ERTACZO CRE 2% 169
ertapenem sodium for inj 1 gm (base equivalent) 24
ery 168
erythromycin ethylsuccinate for susp 200 mg/5ml 22
erythromycin ethylsuccinate for susp 400 mg/5ml 22
erythromycin gel 2% 168
erythromycin ophth oint 5 mg/gm 155
erythromycin soln 2% 168
erythromycin tab 250 mg 22
erythromycin tab 500 mg 22
erythromycin tab delayed release 250 mg 22
erythromycin tab delayed release 333 mg 22
erythromycin tab delayed release 500 mg 22
erythromycin w/ delayed release particles cap 250 mg 22
ERZOFRI INJ 117/0.75 71
ERZOFRI INJ 156MG/ML 71
ERZOFRI INJ 234/1.5 71
ERZOFRI INJ 351/2.25 71
ERZOFRI INJ 39/0.25 71
ERZOFRI INJ 78/0.5ML 71
escitalopram oxalate soln 5 mg/5ml (base equiv) 64
escitalopram oxalate tab 10 mg (base equiv) 64
escitalopram oxalate tab 20 mg (base equiv) 64
escitalopram oxalate tab 5 mg (base equiv) 64

esomeprazole magnesium cap delayed release 20 mg (base eq) 131
esomeprazole magnesium cap delayed release 40 mg (base eq) 131
esomeprazole magnesium for delayed release susp pack 2.5 mg 131
esomeprazole magnesium for delayed release susp packet 10 mg 131
esomeprazole magnesium for delayed release susp packet 5 mg.....131
estazolam tab 1 mg 84
estazolam tab 2 mg 84
estradiol & norethindrone acetate tab 0.5-0.1 mg.....119
estradiol & norethindrone acetate tab 1-0.5 mg.....119
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....119
estradiol tab 0.5 mg 119
estradiol tab 1 mg 119
estradiol tab 2 mg.....119
estradiol td gel 0.25 mg/0.25gm (0.1%) .120
estradiol td gel 0.5 mg/0.5gm (0.1%).....120
estradiol td gel 0.75 mg/0.75gm (0.1%) .120
estradiol td gel 1.25 mg/1.25gm (0.1%) ...120
estradiol td gel 1 mg/gm (0.1%) 120
estradiol td patch twice weekly 0.025 mg/24hr 120
estradiol td patch twice weekly 0.0375 mg/24hr 120
estradiol td patch twice weekly 0.05 mg/24hr 120
estradiol td patch twice weekly 0.075 mg/24hr 120
estradiol td patch twice weekly 0.1 mg/24hr 120
*estradiol td patch weekly 0.025 mg/24hr*121
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....121
estradiol td patch weekly 0.05 mg/24hr.120
estradiol td patch weekly 0.06 mg/24hr..121
*estradiol td patch weekly 0.075 mg/24hr*121
estradiol td patch weekly 0.1 mg/24hr 120
estradiol vaginal cream 0.01% 121
estradiol valerate im in oil 20 mg/ml 121
estradiol valerate im in oil 40 mg/ml 121
estrogens, conjugated tab 0.3 mg 121
estrogens, conjugated tab 0.45 mg.....121
estrogens, conjugated tab 0.625 mg.....121
estrogens, conjugated tab 0.9 mg 121
estrogens, conjugated tab 1.25 mg.....121
eszopiclone tab 1 mg 84
eszopiclone tab 2 mg.....84
eszopiclone tab 3 mg 84
ethacrynic acid tab 25 mg 55
ethambutol hcl tab 100 mg.....19
ethambutol hcl tab 400 mg 19
ethosuximide cap 250 mg 75
ethosuximide soln 250 mg/5ml 75
etodolac cap 200 mg.....1
etodolac cap 300 mg.....1
etodolac tab 400 mg 1
etodolac tab 500 mg 1
etodolac tab er 24hr 400 mg.....1
etodolac tab er 24hr 500 mg.....1
etodolac tab er 24hr 600 mg.....1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 110
etoposide cap 50 mg 41
etoposide inj 100 mg/5ml (20 mg/ml) 41
etoposide inj 1 gm/50ml (20 mg/ml) 41
etoposide inj 500 mg/25ml (20 mg/ml) 41
etravirine tab 100 mg.....16
etravirine tab 200 mg 16
EUCRISA OIN 2%.....171
EVAMIST SPR 1.53MG 121
everolimus tab 0.25 mg 148
everolimus tab 0.5 mg 148
everolimus tab 0.75 mg 148
everolimus tab 10 mg 34
everolimus tab 1 mg 148
everolimus tab 2.5 mg 34
everolimus tab 5 mg 34
everolimus tab 7.5 mg 34
everolimus tab for oral susp 2 mg.....34
everolimus tab for oral susp 3 mg.....34
everolimus tab for oral susp 5 mg.....34
EVRYSDI SOL.....86

EVRYSDI TAB 5MG 86
exemestane tab 25 mg.....32
ezetimibe-simvastatin tab 10-10 mg 49
ezetimibe-simvastatin tab 10-20 mg.....49
ezetimibe-simvastatin tab 10-40 mg.....49
ezetimibe-simvastatin tab 10-80 mg.....49
ezetimibe tab 10 mg.....46
F
F.A.A. LIQ.....93
falmina 110
famciclovir tab 125 mg 20
famciclovir tab 250 mg 20
famciclovir tab 500 mg 20
famotidine for susp 40 mg/5ml.....128
famotidine in nacl 0.9% iv soln 20 mg/50ml 128
famotidine preservative free inj 20 mg/2ml 128
famotidine tab 20 mg.....128
famotidine tab 40 mg.....128
FASENRA PEN INJ 30MG/ML 165
FASTCLIX MIS LANCETS 114
FC2 FEMALE MIS CONDOM.....110
febuxostat tab 40 mg 1
febuxostat tab 80 mg 1
felbamate susp 600 mg/5ml.....75
felbamate tab 400 mg.....75
felbamate tab 600 mg.....75
felodipine tab er 24hr 10 mg.....53
felodipine tab er 24hr 2.5 mg.....53
felodipine tab er 24hr 5 mg.....53
FEMCAP MIS 22MM 110
FEMCAP MIS 26MM 110
FEMCAP MIS 30MM 110
FEMLYV TAB 1/0.02MG 110
fenofibrate cap 150 mg 46
fenofibrate micronized cap 134 mg 47
fenofibrate micronized cap 200 mg 47
fenofibrate micronized cap 43 mg 46
fenofibrate micronized cap 67 mg.....46
fenofibrate tab 145 mg 47
fenofibrate tab 160 mg 47
fenofibrate tab 48 mg.....47
fenofibrate tab 54 mg.....47
fentanyl td patch 72hr 100 mcg/hr 4
fentanyl td patch 72hr 12 mcg/hr.....4
fentanyl td patch 72hr 25 mcg/hr 4
fentanyl td patch 72hr 37.5 mcg/hr.....4
fentanyl td patch 72hr 50 mcg/hr.....4
fentanyl td patch 72hr 62.5 mcg/hr.....4
fentanyl td patch 72hr 75 mcg/hr 4
fentanyl td patch 72hr 87.5 mcg/hr.....4
FERPRX 2-DAY TAB 1000MG.....109
FERRIPROX SOL 100MG/ML.....109
fesoterodine fumarate tab er 24hr 4 mg .133
fesoterodine fumarate tab er 24hr 8 mg .133
FETZIMA CAP 120MG.....65
FETZIMA CAP 20MG 64
FETZIMA CAP 40MG 64
FETZIMA CAP 80MG 65
FETZIMA CAP TITRATIO 65
FIASP FLEX INJ TOUCH 105
FIASP INJ 100/ML.....105
FIASP PENFIL INJ U-100 105
FIASP PMPCRT INJ U-100 105
FIBERSOURCE LIQ CLS SYS.....94
FIBERSOUR HN LIQ CLS SYS 93
fidaxomicin tab 200 mg.....22
FINACEA AER 15%.....174
finasteride tab 5 mg.....132
fingolimod hcl cap 0.5 mg (base equiv)....87
flecainide acetate tab 100 mg 45
flecainide acetate tab 150 mg 45
flecainide acetate tab 50 mg.....45
FLEXICHAMBER MIS MASK SM.....165
FLUAD INJ 2026-27 150
fluconazole for susp 10 mg/ml.....15
fluconazole for susp 40 mg/ml.....15
fluconazole tab 100 mg.....15
fluconazole tab 150 mg.....15
fluconazole tab 200 mg 15
fluconazole tab 50 mg.....15
fludarabine phosphate for inj 50 mg 29
fludarabine phosphate inj 25 mg/ml 29
fludrocortisone acetate tab 0.1 mg 117
FLUMIST NASA LIQ 2026-27.....150
flunisolide nasal soln 25 mcg/act (0.025%) 164

fluocinolone acetonide (otic) oil 0.01% ...175
fluocinolone acetonide cream 0.01% 173
fluocinolone acetonide cream 0.025% ...173
fluocinolone acetonide oil 0.01% (body oil) 173
fluocinolone acetonide oil 0.01% (scalp oil) 173
fluocinolone acetonide oint 0.025% 173
fluocinolone acetonide soln 0.01% 173
fluocinonide cream 0.05% 173
fluocinonide gel 0.05% 173
fluocinonide oint 0.05% 173
fluocinonide soln 0.05% 173
fluorouracil cream 5% 169
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 29
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 29
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 29
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 29
fluorouracil soln 2% 169
fluorouracil soln 5% 169
fluoxetine hcl cap 10 mg 65
fluoxetine hcl cap 20 mg 65
fluoxetine hcl cap 40 mg 65
fluoxetine hcl cap delayed release 90 mg 65
fluoxetine hcl solution 20 mg/5ml 65
fluoxetine hcl tab 10 mg 65
fluoxetine hcl tab 20 mg 65
fluphenazine decanoate inj 25 mg/ml 71
fluphenazine hcl elixir 2.5 mg/5ml 71
fluphenazine hcl inj 2.5 mg/ml 71
fluphenazine hcl oral conc 5 mg/ml 71
fluphenazine hcl tab 10 mg 71
fluphenazine hcl tab 1 mg 71
fluphenazine hcl tab 2.5 mg 71
fluphenazine hcl tab 5 mg 71
flurbiprofen sodium ophth soln 0.03% 156
flurbiprofen tab 50 mg 1
fluticasone furoate aerosol powder breath activ 100 mcg/act 166
fluticasone furoate aerosol powder breath activ 200 mcg/act 166
fluticasone furoate aerosol powder breath activ 50 mcg/act 166
fluticasone propionate cream 0.05% 173
fluticasone propionate lotion 0.05% 173
fluticasone propionate nasal susp 50 mcg/act 164
fluticasone propionate oint 0.005% 173
fluticasone-salmeterol aer powder ba 100-50 mcg/act 167
fluticasone-salmeterol aer powder ba 250-50 mcg/act 167
fluticasone-salmeterol aer powder ba 500-50 mcg/act 167
fluvastatin sodium cap 20 mg (base equivalent) 47
fluvastatin sodium cap 40 mg (base equivalent) 47
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 47
fluvoxamine maleate cap er 24hr 100 mg 60
fluvoxamine maleate cap er 24hr 150 mg 60
fluvoxamine maleate tab 100 mg 60
fluvoxamine maleate tab 25 mg 60
fluvoxamine maleate tab 50 mg 60
folic acid cap 0.8 mg 154
folic acid tab 1 mg 154
folic acid tab 400 mcg 154
folic acid tab 800 mcg 154
fondaparinux sodium subcutaneous inj 10 mg/0.8ml 135
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 135
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 135
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 135
formoterol fumarate soln nebu 20 mcg/2ml 161
FOSAMAX + D TAB 70-2800 108
FOSAMAX + D TAB 70-5600 108
fosamprenavir calcium tab 700 mg (base equiv) 16

fosfomycin tromethamine powd pack 3 gm (base equivalent)....15
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg....41
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....42
fosinopril sodium tab 10 mg....42
fosinopril sodium tab 20 mg....42
fosinopril sodium tab 40 mg....42
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)....75
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)....75
FRAGMIN INJ 10000/ML....135
FRAGMIN INJ 12500UNT....135
FRAGMIN INJ 15000UNT....135
FRAGMIN INJ 18000UNT....135
FRAGMIN INJ 2500/0.2....135
FRAGMIN INJ 2500/ML....135
FRAGMIN INJ 5000/0.2....135
FRAGMIN INJ 7500/0.3....135
FRAGMIN INJ 95000UNT....135
fulvestrant inj soln pref syr 250 mg/5ml...32
furosemide inj 10 mg/ml....55
furosemide oral soln 10 mg/ml....55
furosemide oral soln 8 mg/ml....55
furosemide tab 20 mg....55
furosemide tab 40 mg....55
furosemide tab 80 mg....55
FYLNETRA INJ 6MG/0.6....136

G

GA-1 ANAMIX POW ERLY YRS....94
gabapentin cap 100 mg....76
gabapentin cap 300 mg....76
gabapentin cap 400 mg....76
gabapentin oral soln 250 mg/5ml....76
gabapentin tab 600 mg....76
gabapentin tab 800 mg....76
galantamine hydrobromide cap er 24hr 16 mg....61
galantamine hydrobromide cap er 24hr 24 mg....61
galantamine hydrobromide cap er 24hr 8 mg....61
galantamine hydrobromide oral soln 4 mg/ml....61
galantamine hydrobromide tab 12 mg....61
galantamine hydrobromide tab 4 mg....61
galantamine hydrobromide tab 8 mg....61
galbriela....110
GANIRELIX AC INJ 250/0.5....115
GA POW....94
GARDASIL 9 INJ....150
gatifloxacin ophth soln 0.5%....155
gavilyte-c....129
gavilyte-g....129
GAZYVA INJ 25MG/ML....31
gemcitabine hcl for inj 1 gm....29
gemcitabine hcl for inj 200 mg....29
gemcitabine hcl for inj 2 gm....29
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)....29
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)....30
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)....30
gemfibrozil tab 600 mg....47
gemmily....110
gengraf....148
gentamicin sulfate cream 0.1%....169
gentamicin sulfate inj 40 mg/ml....15
gentamicin sulfate oint 0.1%....169
gentamicin sulfate ophth soln 0.3%....155
GENVOYA TAB....19
GLARGIN YFGN INJ 100U/ML....105
GLARGIN YFGN SOL 100U/ML....105
glatiramer acetate soln prefilled syringe 40 mg/ml....87
glatopa....87
GLIADEL WAF 7.7MG....28
glimepiride tab 1 mg....107
glimepiride tab 2 mg....107
glimepiride tab 4 mg....107
glipizide-metformin hcl tab 2.5-250 mg..103
glipizide-metformin hcl tab 2.5-500 mg..103
glipizide-metformin hcl tab 5-500 mg....103
glipizide tab 10 mg....108
glipizide tab 5 mg....107

glipizide tab er 24hr 10 mg 108
glipizide tab er 24hr 2.5 mg.....108
glipizide tab er 24hr 5 mg.....108
glucagon for inj 1 mg 118
GLUCERNA 1.0 LIQ CARB VAN 94
GLUCERNA LIQ 1.2 CAL 94
GLUCERNA SEL LIQ VANILLA.....94
GLUTAREX-1 POW 94
GLUTAREX-2 POW 94
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml).126
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml) 126
glycopyrrolate oral soln 1 mg/5ml.....126
glycopyrrolate tab 1 mg 126
glycopyrrolate tab 2 mg.....126
GLYTACTIN PAK BTMK/DLT 94
GLYTACTIN POW BETMLK15 94
GLYTACTIN POW RST LT10 94
GLYTROL LIQ PREBIO1 94
GLYXAMBI TAB 10-5 MG 107
GLYXAMBI TAB 25-5 MG 107
GONAL-F INJ 1050UNIT.....116
GONAL-F INJ 450UNIT 115
GONAL-F RFF INJ 300/0.48.....116
GONAL-F RFF INJ 450/0.72.....116
GONAL-F RFF INJ 75UNIT 116
GONAL-F RFF INJ 900/1.44 116
goodsense aspirin.....14
goodsense nicotine polacr 91
granisetron hcl inj 1 mg/ml 127
granisetron hcl tab 1 mg.....127
griseofulvin microsize susp 125 mg/5ml ...15
griseofulvin microsize tab 500 mg 15
griseofulvin ultramicrosize tab 125 mg 15
griseofulvin ultramicrosize tab 250 mg 15
*guaifenesin-codeine soln 100-10 mg/5ml*161
guanfacine hcl tab 1 mg 56
guanfacine hcl tab 2 mg.....56
guanfacine hcl tab er 24hr 1 mg (base equiv) 81
guanfacine hcl tab er 24hr 2 mg (base equiv) 81
guanfacine hcl tab er 24hr 3 mg (base equiv) 81
guanfacine hcl tab er 24hr 4 mg (base equiv) 81
GVOKE HYPO 1 INJ 0.5/.1ML.....118
GVOKE HYPO 1 INJ 1/0.2ML.....118
GVOKE KIT SOL 1/0.2ML.....118
GVOKE PFS INJ 1/0.2ML.....118
GYNAZOLE-1 CRE 2% 134
GYNOL II GEL 3%.....133

H

halobetasol propionate cream 0.05% 173
halobetasol propionate oint 0.05%.....173
*haloperidol decanoate im soln 100 mg/ml*71
haloperidol decanoate im soln 50 mg/ml..71
haloperidol lactate inj 5 mg/ml 71
haloperidol lactate oral conc 2 mg/ml 72
haloperidol tab 0.5 mg.....72
haloperidol tab 10 mg 72
haloperidol tab 1 mg.....72
haloperidol tab 20 mg.....72
haloperidol tab 2 mg 72
haloperidol tab 5 mg 72
HARVONI PAK 23
HARVONI PAK 45-200MG.....23
HARVONI TAB 45-200MG.....24
HARVONI TAB 90-400MG 24
HAVRIX INJ 1440UNIT 150
HAVRIX INJ 720UNIT.....150
HCU ANAMIX POW ERLY YRS.....94
HCU EXP20 PAK UNFLAVOR.....94
HCU EXPRESS PAK 94
HCY 2 POW.....94
heather.....110
HELIDAC MIS THERAPY 132
HEMLIBRA INJ 105/0.7.....137
HEMLIBRA INJ 150/ML.....137
HEMLIBRA INJ 300/2ML.....137
HEMLIBRA INJ 30MG/ML.....137
HEMLIBRA INJ 60/0.4 137
HEMLIBRA SOL 12/0.4ML 137
heparin sodium (porcine) inj 10000 unit/ml 136
heparin sodium (porcine) inj 1000 unit/ml 135

heparin sodium (porcine) inj 20000 unit/ml 136
heparin sodium (porcine) inj 5000 unit/ml 136
heparin sodium (porcine) pf inj 1000 unit/ml 136
heparin sodium (porcine) pf inj 5000 unit/0.5ml 136
HEPLISAV-B INJ 20/0.5ML 150
HIBERIX SOL 10MCG 150
HOLD CHAMBER MIS MEDIUM 165
HOM 2 POW.....95
HOMACTIN AA LIQ PLUS 95
HOMINEX-1 POW.....95
HOMINEX-2 POW 95
HUMULIN INJ 70/30.....105
HUMULIN INJ 70/30KWP.....105
HUMULIN N INJ U-100 106
HUMULIN N INJ U-100KWP 106
HUMULIN R INJ U-100.....106
HUMULIN R INJ U-500.....106
HUMULIN R INJ U-500KWP 106
hydralazine hcl tab 100 mg 56
hydralazine hcl tab 10 mg 56
hydralazine hcl tab 25 mg.....56
hydralazine hcl tab 50 mg.....56
hydrochlorothiazide cap 12.5 mg.....55
hydrochlorothiazide tab 12.5 mg.....55
hydrochlorothiazide tab 25 mg 55
hydrochlorothiazide tab 50 mg.....55
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....5
hydrocodone-acetaminophen tab 10-325 mg.....5
hydrocodone-acetaminophen tab 2.5-325 mg.....5
hydrocodone-acetaminophen tab 5-325 mg.....5
hydrocodone-acetaminophen tab 7.5-325 mg.....5
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....162
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....162
hydrocodone bitartrate tab er 24hr deter 100 mg 5
hydrocodone bitartrate tab er 24hr deter 120 mg.....5
hydrocodone bitartrate tab er 24hr deter 20 mg.....4
hydrocodone bitartrate tab er 24hr deter 30 mg.....4
hydrocodone bitartrate tab er 24hr deter 40 mg.....4
hydrocodone bitartrate tab er 24hr deter 60 mg.....4
hydrocodone bitartrate tab er 24hr deter 80 mg.....4
hydrocodone-ibuprofen tab 10-200 mg.....5
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 162
hydrocortisone butyrate cream 0.1% 173
hydrocortisone butyrate oint 0.1% 173
hydrocortisone butyrate soln 0.1% 173
hydrocortisone cream 1% 173
hydrocortisone cream 2.5%.....173
hydrocortisone enema 100 mg/60ml.....129
hydrocortisone lotion 2.5% 173
hydrocortisone oint 2.5% 173
hydrocortisone perianal cream 1% 132
hydrocortisone perianal cream 2.5% 132
hydrocortisone sodium succinate pf for inj 100 mg.....117
hydrocortisone tab 10 mg.....117
hydrocortisone tab 20 mg.....117
hydrocortisone tab 5 mg 117
hydrocortisone valerate cream 0.2% 173
hydrocortisone valerate oint 0.2% 173
hydrocortisone w/ acetic acid otic soln 1-2%.....175
hydromorphone hcl inj 2 mg/ml.....5
hydromorphone hcl tab 2 mg 5
hydromorphone hcl tab 4 mg 6
hydromorphone hcl tab 8 mg 6
hydromorphone hcl tab er 24hr 12 mg 6
hydromorphone hcl tab er 24hr 16 mg 6
hydromorphone hcl tab er 24hr 32 mg 6
hydromorphone hcl tab er 24hr 8 mg.....6

hydroxychloroquine sulfate tab 200 mg .147
hydroxyurea cap 500 mg.....39
hydroxyzine hcl im soln 25 mg/ml 159
hydroxyzine hcl im soln 50 mg/ml 159
hydroxyzine hcl syrup 10 mg/5ml 160
hydroxyzine hcl tab 10 mg.....160
hydroxyzine hcl tab 25 mg 160
hydroxyzine hcl tab 50 mg.....160
hydroxyzine pamoate cap 100 mg 160
hydroxyzine pamoate cap 25 mg.....160
hydroxyzine pamoate cap 50 mg.....160
HYRIMOZ CD/ INJ UC/HS SP.....141
HYRIMOZ INJ 20/0.2ML 142
HYRIMOZ INJ 40/0.4ML 142
HYRIMOZ-PLAQ INJ PSORIASI 142
HYRIMOZ SENS INJ 80/0.8ML 142
HYSINGLA ER TAB 100 MG 6
HYSINGLA ER TAB 120 MG.....6
HYSINGLA ER TAB 20 MG 6
HYSINGLA ER TAB 30 MG 6
HYSINGLA ER TAB 40 MG 6
HYSINGLA ER TAB 60 MG 6
HYSINGLA ER TAB 80 MG 6

I

ibandronate sodium iv soln 3 mg/3ml (base equivalent).....108
ibandronate sodium tab 150 mg (base equivalent).....108
IBTROZI CAP 200MG 34
ibuprofen susp 100 mg/5ml.....1
ibuprofen tab 400 mg.....1
ibuprofen tab 600 mg.....1
ibuprofen tab 800 mg.....1
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....147
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml) 29
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml) 29
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)....29
IDHIFA TAB 100MG.....39
IDHIFA TAB 50MG 39
ifosfamide for inj 1 gm.....28
ifosfamide iv inj 1 gm/20ml (50 mg/ml) 28
ifosfamide iv inj 3 gm/60ml (50 mg/ml) ...28
ILEVRO DRO 0.3% OP 156
imatinib mesylate tab 100 mg (base equivalent).....34
imatinib mesylate tab 400 mg (base equivalent).....34
IMBRUVICA CAP 140MG.....34
IMBRUVICA CAP 70MG 34
IMBRUVICA SUS 70MG/ML 35
IMBRUVICA TAB 140MG 35
IMBRUVICA TAB 280MG 35
IMBRUVICA TAB 420MG 35
imipramine hcl tab 10 mg.....65
imipramine hcl tab 25 mg 65
imipramine hcl tab 50 mg 65
imipramine pamoate cap 100 mg 65
imipramine pamoate cap 125 mg.....65
imipramine pamoate cap 150 mg 65
imipramine pamoate cap 75 mg 65
imiquimod cream 5% 169
IMVEXXY MAIN SUP 10MCG 121
IMVEXXY MAIN SUP 4MCG.....121
IMVEXXY STRT SUP 10MCG.....121
IMVEXXY STRT SUP 4MCG.....121
INATAL GT TAB 153
INBRIJA CAP 42MG.....69
INCRELEX INJ 40MG/4ML.....122
indapamide tab 1.25 mg 55
indapamide tab 2.5 mg 55
INFANRIX INJ.....150
INFLIXIMAB INJ 100MG 139
INLYTA TAB 1MG 35
INLYTA TAB 5MG.....35
INSTA-GLUCOS GEL 77.4% 118
INSULIN SYRG MIS 1ML/31G 114
INTELENCE TAB 25MG 17
INTRAROSA SUP 6.5MG.....122
introvale.....110
INVEGA HAFYE INJ 1092MG 72
INVEGA HAFYE INJ 1560MG 72
INVEGA SUST INJ 117/0.75.....72
INVEGA SUST INJ 156MG/ML.....72
INVEGA SUST INJ 234/1.5 72
INVEGA SUST INJ 39/0.25 72
INVEGA SUST INJ 78/0.5ML 72

INVEGA TRINZ INJ 273MG 72
INVEGA TRINZ INJ 410MG.....72
INVEGA TRINZ INJ 546MG.....72
INVEGA TRINZ INJ 819MG.....72
IOPIDINE SOL 1% OP 158
IPOL INJ INACTIVE 150
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....158
ipratropium bromide inhal soln 0.02% 159
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 159
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 159
IQIRVO TAB 80MG 130
irbesartan-hydrochlorothiazide tab 150-12.5 mg 44
irbesartan-hydrochlorothiazide tab 300-12.5 mg 44
irbesartan tab 150 mg.....45
irbesartan tab 300 mg.....45
irbesartan tab 75 mg 45
irinotecan hcl inj 100 mg/5ml (20 mg/ml) .41
irinotecan hcl inj 300 mg/15ml (20 mg/ml) 41
irinotecan hcl inj 40 mg/2ml (20 mg/ml)...41
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 41
ISENTRESS CHW 100MG.....17
ISENTRESS CHW 25MG.....17
ISENTRESS HD TAB 600MG 17
ISENTRESS POW 100MG.....17
ISENTRESS TAB 400MG.....17
isoniazid inj 100 mg/ml 19
isoniazid syrup 50 mg/5ml.....19
isoniazid tab 100 mg.....19
isoniazid tab 300 mg 19
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....56
isosorbide dinitrate tab 10 mg 57
isosorbide dinitrate tab 20 mg 57
isosorbide dinitrate tab 30 mg 57
isosorbide dinitrate tab 5 mg.....57
isosorbide mononitrate tab er 24hr 120 mg 57
isosorbide mononitrate tab er 24hr 30 mg 57
isosorbide mononitrate tab er 24hr 60 mg 57
ISOSOURCE HN LIQ.....95
ISOSOURCE LIQ 95
isotretinoin cap 10 mg.....168
isotretinoin cap 20 mg 168
isotretinoin cap 30 mg 168
isotretinoin cap 40 mg 168
ISOVACTIN AA LIQ PLUS.....95
isradipine cap 2.5 mg 53
isradipine cap 5 mg.....53
ITOVEBI TAB 3MG.....35
ITOVEBI TAB 9MG.....35
itraconazole cap 100 mg.....15
itraconazole oral soln 10 mg/ml.....15
IVA ANAMIX POW ERLY YRS.....95
ivabradine hcl tab 5 mg (base equiv) 56
ivabradine hcl tab 7.5 mg (base equiv) 56
I-VALEX-1 POW 95
I-VALEX-2 POW 95
IVA MAXAMUM POW.....95
ivermectin cream 1% 174
ivermectin tab 3 mg.....14

J

JAKAFI TAB 10MG 35
JAKAFI TAB 15MG.....35
JAKAFI TAB 20MG.....35
JAKAFI TAB 25MG.....35
JAKAFI TAB 5MG 35
JANUMET TAB 50-1000.....104
JANUMET TAB 50-500MG.....104
JANUMET XR TAB 100-1000 104
JANUMET XR TAB 50-1000.....104
JANUMET XR TAB 50-500MG.....104
JANUVIA TAB 100MG.....104
JANUVIA TAB 25MG.....104
JANUVIA TAB 50MG 104
JARDIANCE TAB 10MG 107
JARDIANCE TAB 25MG.....107
JEVITY 1.2 LIQ CAL 95
JEVITY 1.5 LIQ CAL 95
JEVITY 1 CAL LIQ 95

jinteli 122
jolessa 110
JUBLIA SOL 10%.....169
junel 1/20 110
junel 1.5/30.....110
junel fe 1/20.....110
junel fe 1.5/30 110
junel fe 24 110
JYNNEOS INJ 150
K
KADCYLA INJ 100MG 31
KADCYLA INJ 160MG 31
KALETRA SOL 19
KALYDECO GRA 13.4MG.....162
KALYDECO GRA 5.8MG 162
KALYDECO PAK 25MG.....162
KALYDECO PAK 50MG 163
KALYDECO PAK 75MG.....163
KALYDECO TAB 150MG 163
kariva.....110
kelnor 1/35 111
KERENDIA TAB 10MG.....43
KERENDIA TAB 20MG.....43
KERENDIA TAB 40MG.....43
KESIMPTA INJ 20/.4ML.....87
ketoconazole cream 2%.....170
ketoconazole shampoo 2%.....170
KETONE TES 114
KETONE TEST TES 115
KETONEX-1 POW 95
KETONEX-2 POW 95
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml) 1
ketorolac tromethamine inj 15 mg/ml.....2
ketorolac tromethamine inj 30 mg/ml.....2
ketorolac tromethamine ophth soln 0.4% 156
ketorolac tromethamine ophth soln 0.5% 156
ketorolac tromethamine tab 10 mg.....2
KEVZARA INJ 150/1.14.....142
KEVZARA INJ 200/1.14 142
KEYTRUDA INJ 100MG/4M 31
KINRIX INJ.....150
KISQALI TAB 200DOSE.....35
KISQALI TAB 400DOSE.....35
KISQALI TAB 600DOSE.....35
klor-con m15.....152
KRINTAFEL TAB 150MG 16
kurvelo 111
KYLEENA IUD 19.5MG 111
L
labetalol hcl tab 100 mg 50
labetalol hcl tab 200 mg 50
labetalol hcl tab 300 mg 50
labetalol hcl tab 400 mg 50
lacosamide iv inj 200 mg/20ml (10 mg/ml) 76
lacosamide oral solution 10 mg/ml.....76
lacosamide tab 100 mg 76
lacosamide tab 150 mg 76
lacosamide tab 200 mg.....76
lacosamide tab 50 mg.....76
lactic acid (ammonium lactate) cream 12% 174
lactic acid (ammonium lactate) lotion 12% 174
lactulose solution 10 gm/15ml 129
lamivudine oral soln 10 mg/ml 17
lamivudine tab 100 mg (hbv) 23
lamivudine tab 150 mg 17
lamivudine tab 300 mg 17
lamivudine-zidovudine tab 150-300 mg....19
lamotrigine orally disintegrating tab 100 mg 76
lamotrigine orally disintegrating tab 200 mg 76
lamotrigine orally disintegrating tab 25 mg 76
lamotrigine orally disintegrating tab 50 mg 76
lamotrigine tab 100 mg.....76
lamotrigine tab 150 mg.....76
lamotrigine tab 200 mg.....76
lamotrigine tab 25 mg 76
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 76
lamotrigine tab 35 x 25 mg starter kit 76

lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 76
lamotrigine tab chewable dispersible 25 mg 76
lamotrigine tab chewable dispersible 5 mg 76
lamotrigine tab er 24hr 100 mg 76
lamotrigine tab er 24hr 200 mg 76
lamotrigine tab er 24hr 250 mg....76
lamotrigine tab er 24hr 25 mg 76
lamotrigine tab er 24hr 300 mg 76
lamotrigine tab er 24hr 50 mg....76
LANAFLEX PAK....96
lansoprazole cap delayed release 15 mg .131
lansoprazole cap delayed release 30 mg 131
lanthanum carbonate chew tab 1000 mg (elemental)....123
lanthanum carbonate chew tab 500 mg (elemental)....123
lanthanum carbonate chew tab 750 mg (elemental)....123
lapatinib ditosylate tab 250 mg (base equiv) 35
larin 1.5/30....111
latanoprost ophth soln 0.005% 157
leflunomide tab 10 mg....147
leflunomide tab 20 mg 147
lenalidomide cap 10 mg 31
lenalidomide cap 15 mg 31
lenalidomide cap 20 mg....31
lenalidomide cap 25 mg....31
lenalidomide cap 5 mg....31
lenalidomide caps 2.5 mg....31
LENVIMA CAP 10 MG 36
LENVIMA CAP 12MG 36
LENVIMA CAP 14 MG 36
LENVIMA CAP 18 MG 36
LENVIMA CAP 20 MG....36
LENVIMA CAP 24 MG....36
LENVIMA CAP 4MG....35
LENVIMA CAP 8 MG....36
lessina....111
letrozole tab 2.5 mg 32
leucovorin calcium for inj 100 mg....40
leucovorin calcium for inj 200 mg 40
leucovorin calcium for inj 350 mg 40
leucovorin calcium for inj 500 mg 40
leucovorin calcium for inj 50 mg....40
leucovorin calcium tab 10 mg 40
leucovorin calcium tab 15 mg....40
leucovorin calcium tab 25 mg....40
leucovorin calcium tab 5 mg 40
LEUKERAN TAB 2MG 28
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 32
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)....161
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)....161
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)....161
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 161
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)....161
levetiracetam inj 500 mg/5ml (100 mg/ml) 77
levetiracetam in sodium chloride iv soln 1000 mg/100ml....77
levetiracetam in sodium chloride iv soln 1500 mg/100ml....77
levetiracetam in sodium chloride iv soln 500 mg/100ml....76
levetiracetam oral soln 100 mg/ml 77
levetiracetam tab 1000 mg 77
levetiracetam tab 250 mg 77
levetiracetam tab 500 mg....77
levetiracetam tab 750 mg 77
levetiracetam tab er 24hr 500 mg 77
levetiracetam tab er 24hr 750 mg 77
levobunolol hcl ophth soln 0.5% 157
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 160
levocetirizine dihydrochloride tab 5 mg..160
levofloxacin iv soln 25 mg/ml....23
levofloxacin oral soln 25 mg/ml 23
levofloxacin tab 250 mg 23
levofloxacin tab 500 mg....23

levofloxacin tab 750 mg 23
levonest 111
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 111
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....111
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 111
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 111
levothyroxine sodium tab 100 mcg 124
levothyroxine sodium tab 112 mcg 124
levothyroxine sodium tab 125 mcg 124
levothyroxine sodium tab 137 mcg.....124
levothyroxine sodium tab 150 mcg 124
levothyroxine sodium tab 175 mcg.....124
levothyroxine sodium tab 200 mcg 124
levothyroxine sodium tab 25 mcg.....124
levothyroxine sodium tab 300 mcg 124
levothyroxine sodium tab 50 mcg.....124
levothyroxine sodium tab 75 mcg.....124
levothyroxine sodium tab 88 mcg.....124
levoxyl 124
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%) 45
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%).....45
lidocaine hcl laryngotracheal soln 4%.....175
lidocaine hcl local inj 0.5% 14
lidocaine hcl local inj 1% 14
lidocaine hcl local inj 2%.....14
lidocaine hcl local preservative free (pf) inj 0.5% 14
lidocaine hcl local preservative free (pf) inj 1%.....14
lidocaine hcl local preservative free (pf) inj 2%.....14
lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%) 14
lidocaine hcl soln 4% 174
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....174
lidocaine hcl viscous soln 2% 175
lidocaine oint 5% 174
lidocaine pain relief pat.....174
lidocaine patch 5%.....174
lidocaine-prilocaine cream 2.5-2.5% 174
LILETTA IUD 52MG 111
linezolid for susp 100 mg/5ml 24
linezolid iv soln 600 mg/300ml (2 mg/ml) 24
linezolid tab 600 mg 24
LINZESS CAP 145MCG 129
LINZESS CAP 290MCG.....129
LINZESS CAP 72MCG 129
liothyronine sodium tab 25 mcg 124
liothyronine sodium tab 50 mcg.....124
liothyronine sodium tab 5 mcg 124
LIPISTART POW.....96
LIQUID HOPE LIQ.....96
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 104
lisdexamfetamine dimesylate cap 10 mg ..81
lisdexamfetamine dimesylate cap 20 mg .81
lisdexamfetamine dimesylate cap 30 mg .81
lisdexamfetamine dimesylate cap 40 mg .81
lisdexamfetamine dimesylate cap 50 mg .81
lisdexamfetamine dimesylate cap 60 mg.82
lisdexamfetamine dimesylate cap 70 mg.82
lisdexamfetamine dimesylate chew tab 10 mg 82
lisdexamfetamine dimesylate chew tab 20 mg 82
lisdexamfetamine dimesylate chew tab 30 mg 82
lisdexamfetamine dimesylate chew tab 40 mg 82
lisdexamfetamine dimesylate chew tab 50 mg 82
lisdexamfetamine dimesylate chew tab 60 mg 82
lisinopril & hydrochlorothiazide tab 10-12.5 mg 42
lisinopril & hydrochlorothiazide tab 20-12.5 mg 42
lisinopril & hydrochlorothiazide tab 20-25 mg 42
lisinopril tab 10 mg 42

lisinopril tab 2.5 mg 42
lisinopril tab 20 mg 42
lisinopril tab 30 mg 42
lisinopril tab 40 mg 42
lisinopril tab 5 mg 42
LITFULO CAP 50MG 142
lithium carbonate cap 150 mg 86
lithium carbonate cap 300 mg 86
lithium carbonate cap 600 mg 86
lithium carbonate tab 300 mg 87
lithium carbonate tab er 300 mg 87
lithium carbonate tab er 450 mg 87
lithium oral solution 8 meq/5ml 87
LMD POW 96
lofexidine hcl tab 0.18 mg (base equivalent) 91
LO LOESTRIN TAB 1-10-10 111
lomustine cap 100 mg 28
lomustine cap 10 mg 28
lomustine cap 40 mg 28
loperamide hcl cap 2 mg 126
LOPHLEX POW 96
lopinavir-ritonavir tab 100-25 mg 19
lopinavir-ritonavir tab 200-50 mg 19
lorazepam conc 2 mg/ml 60
lorazepam tab 0.5 mg 60
lorazepam tab 1 mg 60
lorazepam tab 2 mg 60
LORBRENA TAB 100MG 36
LORBRENA TAB 25MG 36
loryna 111
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 44
losartan potassium & hydrochlorothiazide tab 100-25 mg 44
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 44
losartan potassium tab 100 mg 45
losartan potassium tab 25 mg 45
losartan potassium tab 50 mg 45
loteprednol etabonate ophth susp 0.5% 156
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 155
lovastatin tab 10 mg 47
lovastatin tab 20 mg 47
lovastatin tab 40 mg 48
low-ogestrel 111
loxapine succinate cap 10 mg 72
loxapine succinate cap 25 mg 72
loxapine succinate cap 50 mg 72
loxapine succinate cap 5 mg 72
lubiprostone cap 24 mcg 129
lubiprostone cap 8 mcg 129
luliconazole cream 1% 170
LUPR DEP-PED INJ 11.25MG 109
LUPR DEP-PED INJ 15MG 109
LUPR DEP-PED INJ 3M 30MG 109
LUPR DEP-PED INJ 7.5MG 109
LUPRON DEPOT INJ 45MG 109
lurasidone hcl tab 120 mg 72
lurasidone hcl tab 20 mg 72
lurasidone hcl tab 40 mg 72
lurasidone hcl tab 60 mg 72
lurasidone hcl tab 80 mg 72
LYNPARZA TAB 100MG 39
LYNPARZA TAB 150MG 39
LYSODREN TAB 500MG 32

M

macitentan tab 10 mg 58
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 152
magnesium sulfate inj 50% 152
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 152
malathion lotion 0.5% 174
mannitol iv soln 25% 55
maraviroc tab 150 mg 17
maraviroc tab 300 mg 17
marlissa 111
MARPLAN TAB 10MG 65
MATULANE CAP 50MG 28
matzim la 53
MCT PRO-CAL PAK 96
meclizine hcl tab 12.5 mg 127
meclizine hcl tab 25 mg 127
meclofenamate sodium cap 100 mg 2
meclofenamate sodium cap 50 mg 2
MEDROL TAB 2MG 117

medroxyprogesterone acetate im susp 150 mg/ml 111
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....111
medroxyprogesterone acetate tab 10 mg 124
medroxyprogesterone acetate tab 2.5 mg 124
medroxyprogesterone acetate tab 5 mg 124
mefenamic acid cap 250 mg 2
mefloquine hcl tab 250 mg....16
megestrol acetate susp 40 mg/ml....124
megestrol acetate susp 625 mg/5ml....124
megestrol acetate tab 20 mg 32
megestrol acetate tab 40 mg 32
MEKINIST SOL 0.05/ML 36
MEKINIST TAB 0.5MG....36
MEKINIST TAB 2MG 36
MEKTOVI TAB 15MG....36
meloxicam tab 15 mg 2
meloxicam tab 7.5 mg 2
melphalan hcl for inj 50 mg (base equiv) ..28
memantine hcl cap er 24hr 14 mg 61
memantine hcl cap er 24hr 21 mg 61
memantine hcl cap er 24hr 28 mg....61
memantine hcl cap er 24hr 7 mg....61
memantine hcl oral solution 2 mg/ml 61
memantine hcl tab 10 mg 61
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack....61
memantine hcl tab 5 mg 61
MENEST TAB 0.3MG....122
MENEST TAB 0.625MG 122
MENEST TAB 1.25MG....122
MENEST TAB 2.5MG 122
MENQUADFI INJ....150
MENVEO INJ....151
MENVEO SOL....151
meprobamate tab 200 mg....60
meprobamate tab 400 mg 60
mercaptopurine tab 50 mg....30
meropenem iv for soln 1 gm....24
meropenem iv for soln 500 mg 24
mesalamine cap dr 400 mg 129
mesalamine cap er 24hr 0.375 gm....129
mesalamine enema 4 gm 129
mesalamine rectal enema 4 gm & cleanser wipe kit 129
mesalamine suppos 1000 mg 129
mesalamine tab delayed release 1.2 gm .129
mesalamine tab delayed release 800 mg 129
mesna inj 100 mg/ml 40
mesna tab 400 mg....40
metaxalone tab 800 mg 88
metformin hcl tab 1000 mg 103
metformin hcl tab 500 mg 103
metformin hcl tab 850 mg....103
metformin hcl tab er 24hr 500 mg 103
metformin hcl tab er 24hr 750 mg 103
methadone hcl conc 10 mg/ml....6
methadone hcl soln 10 mg/5ml 7
methadone hcl soln 5 mg/5ml 6
methadone hcl tab 10 mg 7
methadone hcl tab 5 mg....7
methadone hydrochloride i 7
methadose 7
methamphetamine hcl tab 5 mg 82
methazolamide tab 25 mg 55
methazolamide tab 50 mg 55
methenamine hippurate tab 1 gm 24
methimazole tab 10 mg....124
methimazole tab 5 mg 124
METHIONAID POW....96
methocarbamol tab 500 mg....88
methocarbamol tab 750 mg 88
methotrexate sodium for inj 1 gm 30
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 30
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 30
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 30
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 30
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 30

methotrexate sodium tab 2.5 mg (base equiv) 147
methoxsalen rapid cap 10 mg 170
methscopolamine bromide tab 2.5 mg ... 126
methscopolamine bromide tab 5 mg 126
methsuximide cap 300 mg 77
methyldopa tab 250 mg 56
methyldopa tab 500 mg 56
methylphenidate hcl cap er 10 mg (cd) 82
methylphenidate hcl cap er 20 mg (cd) 82
methylphenidate hcl cap er 24hr 20 mg (la) 82
methylphenidate hcl cap er 24hr 30 mg (la) 82
methylphenidate hcl cap er 24hr 40 mg (la) 82
methylphenidate hcl cap er 24hr 60 mg (la) 82
methylphenidate hcl cap er 30 mg (cd) 82
methylphenidate hcl cap er 40 mg (cd) 82
methylphenidate hcl cap er 50 mg (cd) 82
methylphenidate hcl cap er 60 mg (cd) 83
methylphenidate hcl chew tab 10 mg 83
methylphenidate hcl chew tab 2.5 mg 83
methylphenidate hcl chew tab 5 mg 83
methylphenidate hcl soln 10 mg/5ml 83
methylphenidate hcl soln 5 mg/5ml 83
methylphenidate hcl tab 10 mg 83
methylphenidate hcl tab 20 mg 83
methylphenidate hcl tab 5 mg 83
methylphenidate hcl tab er 10 mg 83
methylphenidate hcl tab er 20 mg 83
methylphenidate hcl tab er osmotic release (osm) 18 mg 83
methylphenidate hcl tab er osmotic release (osm) 27 mg 83
methylphenidate hcl tab er osmotic release (osm) 36 mg 83
methylphenidate hcl tab er osmotic release (osm) 54 mg 83
methylprednisolone acetate inj susp 40 mg/ml 117
methylprednisolone acetate inj susp 80 mg/ml 117
methylprednisolone sod succ for inj 1000 mg (base equiv) 117
methylprednisolone sod succ for inj 125 mg (base equiv) 117
methylprednisolone tab 16 mg 117
methylprednisolone tab 32 mg 117
methylprednisolone tab 4 mg 117
methylprednisolone tab 8 mg 117
methylprednisolone tab therapy pack 4 mg (21) 117
metoclopramide hcl inj 5 mg/ml (base equivalent) 127
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 127
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 127
metoclopramide hcl tab 10 mg (base equivalent) 127
metoclopramide hcl tab 5 mg (base equivalent) 127
metolazone tab 10 mg 55
metolazone tab 2.5 mg 55
metolazone tab 5 mg 55
metoprolol & hydrochlorothiazide tab 100-25 mg 50
metoprolol & hydrochlorothiazide tab 100-50 mg 50
metoprolol & hydrochlorothiazide tab 50-25 mg 50
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 51
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 51
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 50
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 50
metoprolol tartrate tab 100 mg 51
metoprolol tartrate tab 25 mg 51
metoprolol tartrate tab 50 mg 51
metronidazole cap 375 mg 25
metronidazole cream 0.75% 174
metronidazole gel 0.75% 174
metronidazole gel 1% 174

metronidazole iv soln 500 mg/100ml.....25
metronidazole lotion 0.75%.....174
metronidazole tab 250 mg.....25
metronidazole tab 500 mg.....25
metronidazole vaginal gel 0.75%.....134
miconazole 3.....134
microgestin 1.5/30.....111
midodrine hcl tab 10 mg.....56
midodrine hcl tab 2.5 mg.....56
midodrine hcl tab 5 mg.....56
mifepristone tab 200 mg.....126
miglitol tab 100 mg.....103
miglitol tab 25 mg.....103
miglitol tab 50 mg.....103
milnacipran hcl tab 100 mg.....83
milnacipran hcl tab 12.5 mg.....83
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak.....83
milnacipran hcl tab 25 mg.....83
milnacipran hcl tab 50 mg.....83
mimvey.....122
minocycline hcl cap 100 mg.....27
minocycline hcl cap 50 mg.....27
minocycline hcl cap 75 mg.....27
minocycline hcl tab 100 mg.....27
minocycline hcl tab 50 mg.....27
minocycline hcl tab 75 mg.....27
minoxidil tab 10 mg.....56
minoxidil tab 2.5 mg.....56
mirabegron granules for oral extended release susp 8 mg/ml.....134
mirabegron tab er 24 hr 25 mg.....134
mirabegron tab er 24 hr 50 mg.....134
MIRCERA INJ 100MCG.....136
MIRCERA INJ 120MCG.....137
MIRCERA INJ 150MCG.....137
MIRCERA INJ 200MCG.....137
MIRCERA INJ 30MCG.....136
MIRCERA INJ 50MCG.....136
MIRCERA INJ 75MCG.....136
MIRENA IUD SYSTEM.....111
mirtazapine orally disintegrating tab 15 mg.....65
mirtazapine orally disintegrating tab 30 mg.....65
mirtazapine orally disintegrating tab 45 mg.....65
mirtazapine tab 15 mg.....66
mirtazapine tab 30 mg.....66
mirtazapine tab 45 mg.....66
mirtazapine tab 7.5 mg.....66
misoprostol tab 100 mcg.....130
misoprostol tab 200 mcg.....130
mitomycin for iv soln 20 mg.....29
mitomycin for iv soln 40 mg.....29
mitomycin for iv soln 5 mg.....29
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml).....29
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml).....29
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml).....29
MIUDELLA IUD.....111
MMA/PA ANAMI POW ERLY YRS.....96
MMA/PA MAXAM POW.....96
M-M-R II INJ.....150
MNEXSPIKE INJ 2025-26.....151
modafinil tab 100 mg.....89
modafinil tab 200 mg.....89
MODULEN IBD POW.....96
moexipril hcl tab 15 mg.....42
moexipril hcl tab 7.5 mg.....42
mometasone furoate cream 0.1%.....173
mometasone furoate nasal susp 50 mcg/act.....164
mometasone furoate oint 0.1%.....173
mometasone furoate solution 0.1% (lotion).....173
mono-linyah.....111
montelukast sodium chew tab 4 mg (base equiv).....163
montelukast sodium chew tab 5 mg (base equiv).....164
montelukast sodium oral granules packet 4 mg (base equiv).....164
montelukast sodium tab 10 mg (base equiv).....164

morphine sulfate beads cap er 24hr 120 mg 7
*morphine sulfate beads cap er 24hr 30 mg*7
*morphine sulfate beads cap er 24hr 45 mg*7
*morphine sulfate beads cap er 24hr 60 mg*7
*morphine sulfate beads cap er 24hr 75 mg*7
*morphine sulfate beads cap er 24hr 90 mg*7
morphine sulfate cap er 24hr 100 mg 7
morphine sulfate cap er 24hr 10 mg 7
morphine sulfate cap er 24hr 20 mg.....7
morphine sulfate cap er 24hr 30 mg 7
morphine sulfate cap er 24hr 50 mg 7
morphine sulfate cap er 24hr 60 mg 7
morphine sulfate cap er 24hr 80 mg 7
morphine sulfate iv soln 10 mg/ml 8
morphine sulfate iv soln 4 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 tab 15 mg.....8
morphine sulfate tab 30 mg.....8
morphine sulfate tab er 100 mg.....8
morphine sulfate tab er 15 mg 8
morphine sulfate tab er 200 mg.....8
morphine sulfate tab er 30 mg 8
morphine sulfate tab er 60 mg 8
MOTOFEN TAB 1-0.025.....126
MOUNJARO INJ 10MG/0.5 104
MOUNJARO INJ 12.5/0.5.....104
MOUNJARO INJ 15MG/0.5.....105
MOUNJARO INJ 2.5/0.5 104
MOUNJARO INJ 5MG/0.5 104
MOUNJARO INJ 7.5/0.5 104
MOVANTIK TAB 12.5MG 130
MOVANTIK TAB 25MG.....130
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 155
moxifloxacin hcl ophth soln 0.5% (base equiv).....155
*moxifloxacin hcl tab 400 mg (base equiv)*23
MRESVIA INJ 50MCG.....151
MSUD AID POW 96
MULTAQ TAB 400MG.....45
mupirocin oint 2% 169
MYALEPT INJ 11.3MG.....122
mycophenolate mofetil cap 250 mg.....148
mycophenolate mofetil for oral susp 200 mg/ml.....148
mycophenolate mofetil hcl for iv soln 500 mg (base equiv) 148
mycophenolate mofetil tab 500 mg 148
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 148
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 148
MYFORTIC TAB 180MG.....148
MYFORTIC TAB 360MG 148
MYRBETRIQ SUS 8MG/ML 134

N

nabumetone tab 500 mg.....2
nabumetone tab 750 mg 2
nadolol tab 20 mg 51
nadolol tab 40 mg 51
nadolol tab 80 mg 51
naftifine hcl cream 1% 170
naftifine hcl cream 2%.....170
nalbuphine hcl inj 10 mg/ml.....9
nalbuphine hcl inj 20 mg/ml 9
naloxone hcl inj 0.4 mg/ml 90
naloxone hcl inj 4 mg/10ml.....90
naloxone hcl nasal spray 4 mg/0.1ml.....90
naloxone hcl soln cartridge 0.4 mg/ml.....90
naloxone hcl soln prefilled syringe 2 mg/2ml.....90
naltrexone hcl tab 50 mg.....90
naproxen tab 250 mg.....2
naproxen tab 375 mg.....2
naproxen tab 500 mg 2
naratriptan hcl tab 1 mg (base equiv) 85
naratriptan hcl tab 2.5 mg (base equiv) 85
NATACYN SUS 5% OP.....155
NATAZIA TAB 111
nateglinide tab 120 mg 106
nateglinide tab 60 mg.....106
NAYZILAM SPR 5MG.....77
nebivolol hcl tab 10 mg (base equivalent) .51
*nebivolol hcl tab 2.5 mg (base equivalent)*51

nebivolol hcl tab 20 mg (base equivalent) 51
nebivolol hcl tab 5 mg (base equivalent) 51
necon 0.5/35-28 111
nefazodone hcl tab 100 mg 66
nefazodone hcl tab 150 mg 66
nefazodone hcl tab 200 mg 66
nefazodone hcl tab 250 mg 66
nefazodone hcl tab 50 mg 66
NEOCATE SPLA LIQ JR GRAPE 96
NEOKE MCT70 POW 96
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 155
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 155
neomycin-polymyxin-dexamethasone ophth oint 0.1% 155
neomycin-polymyxin-dexamethasone ophth susp 0.1% 155
neomycin-polymyxin-hc ophth susp 155
neomycin-polymyxin-hc otic soln 1% 175
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 175
neomycin sulfate tab 500 mg 15
NEORAL CAP 100MG 149
NEORAL CAP 25MG 148
NEORAL SOL 100MG/ML 149
NEPRO LIQ VANILLA 96
NEUPRO DIS 1MG/24HR 69
NEUPRO DIS 2MG/24HR 69
NEUPRO DIS 3MG/24HR 69
NEUPRO DIS 4MG/24HR 69
NEUPRO DIS 6MG/24HR 69
NEUPRO DIS 8MG/24HR 69
NEVANAC SUS 0.1% OP 156
nevirapine susp 50 mg/5ml 17
nevirapine tab 200 mg 17
nevirapine tab er 24hr 400 mg 17
NEXLETOL TAB 180MG 46
NEXPLANON IMP 68MG 111
NEXTSTELLIS TAB 3-14.2MG 111
niacin tab er 1000 mg (antihyperlipidemic) 49
niacin tab er 500 mg (antihyperlipidemic) 49
niacin tab er 750 mg (antihyperlipidemic) 49
nicardipine hcl cap 20 mg 53
nicardipine hcl cap 30 mg 53
nicotine polacrilex gum 2 mg 91
nicotine polacrilex gum 4 mg 92
nicotine polacrilex lozenge 2 mg 92
nicotine step 3 92
nicotine td patch 24hr 14 mg/24hr 92
nicotine td patch 24hr 21 mg/24hr 92
nicotine transdermal syst 92
NICOTROL INH 92
NICOTROL NS SPR 10MG/ML 92
nifedipine tab er 24hr 30 mg 53
nifedipine tab er 24hr 60 mg 53
nifedipine tab er 24hr 90 mg 53
nifedipine tab er 24hr osmotic release 30 mg 53
nifedipine tab er 24hr osmotic release 60 mg 53
nifedipine tab er 24hr osmotic release 90 mg 53
nikki 111
nilotinib hcl cap 150 mg (base equivalent) 36
nilotinib hcl cap 200 mg (base equivalent) 36
nilotinib hcl cap 50 mg (base equivalent) 36
nilutamide tab 150 mg 32
nimodipine cap 30 mg 53
nintedanib esylate cap 100 mg (base equivalent) 164
nintedanib esylate cap 150 mg (base equivalent) 164
NIPENT INJ 10MG 30
nisoldipine tab er 24hr 17 mg 53
nisoldipine tab er 24hr 20 mg 53
nisoldipine tab er 24hr 25.5 mg 53
nisoldipine tab er 24hr 30 mg 54
nisoldipine tab er 24hr 34 mg 54
nisoldipine tab er 24hr 40 mg 54
nisoldipine tab er 24hr 8.5 mg 53
nitazoxanide tab 500 mg 25
nitisinone cap 10 mg 118
nitisinone cap 20 mg 118
nitisinone cap 2 mg 118

nitisinone cap 5 mg 118
nitro-bid 57
NITRO-DUR DIS 0.3MG/HR 57
NITRO-DUR DIS 0.8MG/HR 57
nitrofurantoin macrocrystalline cap 100 mg 25
nitrofurantoin macrocrystalline cap 25 mg 25
nitrofurantoin macrocrystalline cap 50 mg 25
nitrofurantoin monohydrate macrocrystalline cap 100 mg 25
nitrofurantoin susp 25 mg/5ml 25
nitroglycerin oint 0.4% 174
nitroglycerin sl tab 0.3 mg 57
nitroglycerin sl tab 0.4 mg 57
nitroglycerin sl tab 0.6 mg 57
nitroglycerin td patch 24hr 0.1 mg/hr 57
nitroglycerin td patch 24hr 0.2 mg/hr 57
nitroglycerin td patch 24hr 0.4 mg/hr 57
nitroglycerin td patch 24hr 0.6 mg/hr 57
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 57
NIVESTYM INJ 300/0.5 137
NIVESTYM INJ 300MCG 137
NIVESTYM INJ 480/0.8 137
NIVESTYM INJ 480MCG 137
nizatidine cap 150 mg 128
nizatidine cap 300 mg 128
nora-be 111
NORDIPEN 5 MIS DEVICE 118
NORDIPEN DEL MIS SYSTEM 119
NORDITROPIN INJ 10/1.5ML 119
NORDITROPIN INJ 15/1.5ML 119
NORDITROPIN INJ 30/3ML 119
NORDITROPIN INJ 5/1.5ML 119
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 111
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 111
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 112
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 122
norethindrone acetate tab 5 mg 124
norethindrone tab 0.35 mg 112
norgesic 88
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 112
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 112
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 112
NORPACE CAP 100MG CR 45
NORPACE CAP 150MG CR 45
nortrel 0.5/35 (28) 112
nortrel 1/35 112
nortrel 7/7/7 112
nortriptyline hcl cap 10 mg 66
nortriptyline hcl cap 25 mg 66
nortriptyline hcl cap 50 mg 66
nortriptyline hcl cap 75 mg 66
nortriptyline hcl soln 10 mg/5ml 66
NORVIR POW 100MG 17
NOVASOURCE LIQ RENAL 96
NOVOFINE MIS 32GX6MM 115
NOVOLIN INJ 70/30 106
NOVOLIN INJ 70/30 FP 106
NOVOLIN N INJ 100 UNIT 106
NOVOLIN N INJ U-100 106
NOVOLIN R INJ 100 UNIT 106
NOVOLIN R INJ U-100 106
NOVOLOG INJ 100/ML 106
NOVOLOG INJ FLEXPEN 106
NOVOLOG INJ PENFILL 106
NOVOLOG MIX INJ 70/30 106
NOVOLOG MIX INJ FLEXPEN 106
NUBEQA TAB 300MG 32
NUCALA INJ 100MG/ML 165, 166
NUCALA INJ 40MG/0.4 165
NUCYNTA ER TAB 100MG 9
NUCYNTA ER TAB 150MG 9
NUCYNTA ER TAB 200MG 9
NUCYNTA ER TAB 250MG 9
NUCYNTA ER TAB 50MG 9
NUCYNTA TAB 100MG 9
NUCYNTA TAB 50MG 9
NUCYNTA TAB 75MG 9

NUEDEXTA CAP 20-10MG 91
NULOJIX INJ 250MG.....149
NUTRAMINE PAK.....97
NUTREN 1.0 LIQ UNFLAVOR 97
NUTREN 1.5 LIQ FIBER 97
NUTREN 2.0 LIQ VANILLA 97
NUTREN JR LIQ 97
NUTREN LIQ JUNIOR 97
NUTREN RENAL LIQ 97
NUTRIRENAL LIQ 97
NUVAXOVID INJ 2025-26.....151
nylia 1/35.....112
nystatin cream 100000 unit/gm.....170
nystatin oint 100000 unit/gm 170
nystatin susp 100000 unit/ml 175
nystatin tab 500000 unit 15
*nystatin topical powder 100000 unit/gm*170
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 170
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 170
nystop.....170
NYVEPRIA INJ 6/0.6ML 137
O
OA 2 POW 97
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 102
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 102
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 102
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 102
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 102
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 102
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 102
octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....102
ODEFSEY TAB 19
ODOMZO CAP 200MG.....39
ofloxacin ophth soln 0.3%.....155
ofloxacin otic soln 0.3%.....175
ofloxacin tab 300 mg.....23
ofloxacin tab 400 mg.....23
olanzapine for im inj 10 mg.....72
olanzapine orally disintegrating tab 10 mg 72
*olanzapine orally disintegrating tab 15 mg*72
olanzapine orally disintegrating tab 20 mg 72
olanzapine orally disintegrating tab 5 mg .72
olanzapine tab 10 mg 72
olanzapine tab 15 mg 73
olanzapine tab 2.5 mg.....72
olanzapine tab 20 mg 73
olanzapine tab 5 mg.....72
olanzapine tab 7.5 mg.....72
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ..44
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 44
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg...44
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg..44
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 44
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....44
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 44
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 44
olmesartan medoxomil tab 20 mg.....45
olmesartan medoxomil tab 40 mg 45
olmesartan medoxomil tab 5 mg 45
olopatadine hcl nasal soln 0.6% 160
olopatadine hcl ophth soln 0.2% (base equivalent) 156
OLUMIANT TAB 1MG 142
OLUMIANT TAB 2MG.....142
OLUMIANT TAB 4MG 143
omega-3-acid ethyl esters cap 1 gm 49
omeprazole cap delayed release 10 mg...131
omeprazole cap delayed release 20 mg ..131

omeprazole cap delayed release 40 mg ..131
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg 131
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg 132
OMNARIS SPR 164
OMNIFLEX DPR 112
OMNIPOD 5 DX KIT INT G7G6 115
OMNIPOD 5 DX MIS POD G7G6.....115
OMNIPOD 5 G7 KIT INTRO 115
OMNIPOD 5 G7 MIS PODS 115
OMNIPOD DASH KIT INTRO.....115
OMNIPOD DASH KIT PDM.....115
OMNIPOD DASH MIS PODS 115
OMNIPOD MIS CLASSIC 115
OMNIPOD PDM KIT CLASSIC 115
ONCASPAR INJ 750/ML.....39
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 127
ondansetron hcl inj 4 mg/2ml (2 mg/ml).127
ondansetron hcl inj soln pref syr 4 mg/2ml 127
ondansetron hcl oral soln 4 mg/5ml 127
ondansetron hcl tab 24 mg.....127
ondansetron hcl tab 4 mg.....127
ondansetron hcl tab 8 mg.....127
ondansetron orally disintegrating tab 4 mg 127
ondansetron orally disintegrating tab 8 mg 127
ONGENTYS CAP 25MG.....69
ONGENTYS CAP 50MG 69
OPILL TAB 0.075MG.....112
OPSUMIT TAB 10MG 58
OPTIMENTAL LIQ.....97
oralone dental paste.....175
ORAVIG TAB 50MG.....175
ORFADIN SUS 4MG/ML 118
ORILISSA TAB 150MG 115
ORILISSA TAB 200MG.....115
ORKAMBI GRA 100-125 163
ORKAMBI GRA 150-188 163
ORKAMBI GRA 75-94MG 163
ORKAMBI TAB 100-125.....163
ORKAMBI TAB 200-125 163
orphenadrine citrate inj 30 mg/ml.....88
orphenadrine citrate tab er 12hr 100 mg...89
OS 2 POW.....97
oseltamivir phosphate cap 30 mg (base equiv) 20
oseltamivir phosphate cap 45 mg (base equiv) 20
oseltamivir phosphate cap 75 mg (base equiv) 20
oseltamivir phosphate for susp 6 mg/ml (base equiv) 20
OSMOLITE 1.2 LIQ CAL.....97
OSMOLITE 1.5 LIQ CAL 98
OSMOLITE 1 LIQ CAL.....97
OSMOLITE HN LIQ.....98
OSMOLITE LIQ 98
OSPHENA TAB 60MG.....122
OSPOMYV INJ 60MG/ML.....108
OTEZLA/XR TAB 28 DAY.....143
OTEZLA TAB 10/20 143
OTEZLA TAB 10/20/30 143
OTEZLA TAB 20MG.....143
OTEZLA TAB 30MG.....143
OTEZLA XR TAB 75MG.....143
OVIDREL INJ 116
oxaliplatin for iv inj 100 mg 40
oxaliplatin for iv inj 50 mg 40
oxaliplatin iv soln 100 mg/20ml 40
oxaliplatin iv soln 50 mg/10ml.....40
oxaprozin tab 600 mg.....2
oxazepam cap 10 mg.....61
oxazepam cap 15 mg.....61
oxazepam cap 30 mg.....61
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 77
oxcarbazepine tab 150 mg 77
oxcarbazepine tab 300 mg 77
oxcarbazepine tab 600 mg 77
OXEPA 1.5 LIQ 98
OXEPA LIQ 98
oxiconazole nitrate cream 1%.....170
oxybutynin chloride solution 5 mg/5ml...134
oxybutynin chloride tab 5 mg 134

oxybutynin chloride tab er 24hr 10 mg 134
oxybutynin chloride tab er 24hr 15 mg 134
oxybutynin chloride tab er 24hr 5 mg.....134
oxycodone hcl cap 5 mg 9
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 9
oxycodone hcl soln 5 mg/5ml 10
oxycodone hcl tab 10 mg.....10
oxycodone hcl tab 15 mg.....10
oxycodone hcl tab 20 mg 10
oxycodone hcl tab 30 mg 10
oxycodone hcl tab 5 mg 10
oxycodone w/ acetaminophen tab 10-325 mg 11
oxycodone w/ acetaminophen tab 2.5-325 mg 10
oxycodone w/ acetaminophen tab 5-325 mg 11
oxycodone w/ acetaminophen tab 7.5-325 mg 11
oxymorphone hcl tab 10 mg.....11
oxymorphone hcl tab 5 mg 11
oxymorphone hcl tab er 12hr 10 mg 11
oxymorphone hcl tab er 12hr 15 mg 11
oxymorphone hcl tab er 12hr 20 mg 11
oxymorphone hcl tab er 12hr 30 mg 11
oxymorphone hcl tab er 12hr 40 mg.....12
oxymorphone hcl tab er 12hr 5 mg.....11
oxymorphone hcl tab er 12hr 7.5 mg.....11
OZEMPIC INJ 2MG/3ML 105
OZEMPIC INJ 4MG/3ML 105
OZEMPIC INJ 8MG/3ML 105
OZEMPIC TAB 1.5MG.....105
OZEMPIC TAB 4MG 105
OZEMPIC TAB 9MG 105

P

pacerone 45
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 39
paclitaxel iv conc 150 mg/25ml (6 mg/ml) 39
paclitaxel iv conc 300 mg/50ml (6 mg/ml) 40
paclitaxel iv conc 30 mg/5ml (6 mg/ml) ..39
PADCEV INJ 20MG.....31
PADCEV INJ 30MG.....31
paliperidone tab er 24hr 1.5 mg.....73
paliperidone tab er 24hr 3 mg 73
paliperidone tab er 24hr 6 mg 73
paliperidone tab er 24hr 9 mg 73
pamidronate disodium iv soln 3 mg/ml...108
PANDA MASK MIS PEDIATRI 165
pantoprazole sodium ec tab 20 mg (base equiv) 132
pantoprazole sodium ec tab 40 mg (base equiv) 132
PARAGARD IUD T380A 112
paraplatin 40
paricalcitol cap 1 mcg.....125
paricalcitol cap 2 mcg.....125
paricalcitol cap 4 mcg.....125
paroxetine hcl tab 10 mg.....66
paroxetine hcl tab 20 mg 66
paroxetine hcl tab 30 mg 66
paroxetine hcl tab 40 mg 66
paroxetine hcl tab er 24hr 12.5 mg 66
paroxetine hcl tab er 24hr 25 mg.....66
paroxetine hcl tab er 24hr 37.5 mg.....66
PAXLOVID PAK 20
PAXLOVID TAB 150-100 20
PAXLOVID TAB 300-100.....20
pazopanib hcl tab 200 mg (base equiv)....36
PEDIARIX INJ 0.5ML.....151
PEDIASURE EN LIQ /FIBER.....98
PEDIASURE LIQ PEPTIDE 98
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml.....154
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg 154
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.....154
pediatric multiple vitamins w/ fluoride chew tab 1 mg.....154
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml 154
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml 154
PEDVAXHIB INJ 7.5MCG 151

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 129
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm....130
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 130
PEGASYS INJ....24
PEGASYS INJ 180MCG/M 24
PEG-PREP KIT....130
pemetrexed disodium for iv soln 100 mg (base equiv) 30
pemetrexed disodium for iv soln 500 mg (base equiv) 30
PENBRAYA INJ....151
penciclovir cream 1%....174
penicillamine tab 250 mg....109
penicillin g potassium for inj 20000000 unit 27
penicillin g potassium for inj 5000000 unit 26
penicillin g sodium for inj 5000000 unit ...27
penicillin v potassium for soln 125 mg/5ml 27
penicillin v potassium for soln 250 mg/5ml 27
penicillin v potassium tab 250 mg 27
penicillin v potassium tab 500 mg 27
PENMENVY INJ....151
PENTACEL INJ....151
pentamidine isethionate for inj soln 300 mg 25
pentamidine isethionate for nebulization soln 300 mg 25
pentoxifylline tab er 400 mg 137
PEPTAMEN LIQ PREBIO1....98
PEPTAMEN LIQ UNFLAVOR....98
PEPTINEX DT LIQ....98
PEPTINEX DT LIQ VANILLA....98
perampanel susp 0.5 mg/ml 77
perampanel tab 10 mg....77
perampanel tab 12 mg 77
perampanel tab 2 mg....77
perampanel tab 4 mg 77
perampanel tab 6 mg 77
perampanel tab 8 mg....77
PERATIVE LIQ....98
PERIFLEX POW ADVANCE....99
perindopril erbumine tab 2 mg....42
perindopril erbumine tab 4 mg....42
perindopril erbumine tab 8 mg....43
periogard 175
permethrin cream 5%....174
perphenazine-amitriptyline tab 2-10 mg ...91
perphenazine-amitriptyline tab 2-25 mg...91
perphenazine-amitriptyline tab 4-10 mg ...91
perphenazine-amitriptyline tab 4-25 mg...91
perphenazine-amitriptyline tab 4-50 mg...91
perphenazine tab 16 mg 73
perphenazine tab 2 mg....73
perphenazine tab 4 mg....73
perphenazine tab 8 mg....73
PFD 2 POW 99
pfizerpen....27
PHEBURANE MIS 483/GM....125
PHENACTIN AA LIQ PLUS 99
phenelzine sulfate tab 15 mg 66
PHENEX-1 POW....99
PHENEX-2 POW....99
phenobarbital elixir 20 mg/5ml....77
phenobarbital tab 100 mg 77
phenobarbital tab 15 mg....77
phenobarbital tab 16.2 mg 77
phenobarbital tab 30 mg....77
phenobarbital tab 32.4 mg....77
phenobarbital tab 60 mg....77
phenobarbital tab 64.8 mg....77
phenobarbital tab 97.2 mg....77
phenoxybenzamine hcl cap 10 mg 56
PHENYLADE60 POW 99
phenylephrine hcl ophth soln 10% 157
phenylephrine hcl ophth soln 2.5%....157
PHENYL-FREE POW 2....99
phenytoin infatabs....77
phenytoin sodium extended cap 100 mg..77
phenytoin sodium extended cap 200 mg.78
phenytoin sodium extended cap 300 mg.78
phenytoin sodium inj 50 mg/ml 78
phenytoin susp 125 mg/5ml 78

PHEXX GEL.....133
PHEXXI GEL.....133
PHOSPHOLINE SOL 0.125%OP.....157
PHOTOFRIN INJ 75MG.....39
phytonadione tab 5 mg.....154
pilocarpine hcl ophth soln 1%.....157
pilocarpine hcl tab 5 mg.....175
pilocarpine hcl tab 7.5 mg.....175
pimecrolimus cream 1%.....171
pimozide tab 1 mg.....91
pimozide tab 2 mg.....91
pindolol tab 10 mg.....51
pindolol tab 5 mg.....51
pioglitazone hcl-glimepiride tab 30-2 mg.....106
pioglitazone hcl-glimepiride tab 30-4 mg.....106
pioglitazone hcl-metformin hcl tab 15-500 mg.....106
pioglitazone hcl-metformin hcl tab 15-850 mg.....106
pioglitazone hcl tab 15 mg (base equiv)..106
pioglitazone hcl tab 30 mg (base equiv).106
pioglitazone hcl tab 45 mg (base equiv).106
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....27
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....27
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....27
pirfenidone cap 267 mg.....164
pirfenidone tab 267 mg.....165
pirfenidone tab 801 mg.....165
piroxicam cap 10 mg.....2
piroxicam cap 20 mg.....2
pitavastatin calcium tab 1 mg.....48
pitavastatin calcium tab 2 mg.....48
pitavastatin calcium tab 4 mg.....48
PIVOT LIQ 1.5 CAL.....99
PKU EXPLORE5 POW UNFLAVOR.....99
PLENVU SOL.....130
PNEUMOVAX 23 INJ 25/0.5.....151
pnv-dha.....153
pnv-select.....153
podofilox gel 0.5%.....174
podofilox soln 0.5%.....174
POLIVY INJ 140MG.....39
POLIVY INJ 30MG.....39
polyethylene glycol 3350 oral powder 17 gm/scoop.....130
polymyxin b sulfate for inj 500000 unit....25
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....156
pomalidomide cap 1 mg.....31
pomalidomide cap 2 mg.....31
pomalidomide cap 3 mg.....31
pomalidomide cap 4 mg.....31
PORTAGEN POW.....99
portia-28.....112
posaconazole susp 40 mg/ml.....15
posaconazole tab delayed release 100 mg.....15
potassium chloride cap er 10 meq.....152
potassium chloride cap er 8 meq.....152
potassium chloride inj 2 meq/ml.....152
potassium chloride microencapsulated crys er tab 10 meq.....152
potassium chloride microencapsulated crys er tab 20 meq.....152
potassium chloride oral soln 10% (20 meq/15ml).....152
potassium chloride oral soln 20% (40 meq/15ml).....153
potassium chloride tab er 10 meq.....153
potassium chloride tab er 15 meq.....153
potassium chloride tab er 20 meq (1500 mg).....153
potassium chloride tab er 8 meq (600 mg).....153
potassium citrate tab er 10 meq (1080 mg).....133
potassium citrate tab er 15 meq (1620 mg).....133
*potassium citrate tab er 5 meq (540 mg)*133
PPA/MMA POW EXPRESS.....99
pramipexole dihydrochloride tab 0.125 mg.....69

pramipexole dihydrochloride tab 0.25 mg 69
pramipexole dihydrochloride tab 0.5 mg .69
pramipexole dihydrochloride tab 0.75 mg 69
pramipexole dihydrochloride tab 1.5 mg ..69
pramipexole dihydrochloride tab 1 mg 69
pramipexole dihydrochloride tab er 24hr 0.375 mg 69
pramipexole dihydrochloride tab er 24hr 0.75 mg.....69
pramipexole dihydrochloride tab er 24hr 1.5 mg 69
pramipexole dihydrochloride tab er 24hr 2.25 mg.....69
pramipexole dihydrochloride tab er 24hr 3.75 mg.....70
pramipexole dihydrochloride tab er 24hr 3 mg 69
pramipexole dihydrochloride tab er 24hr 4.5 mg.....70
prasugrel hcl tab 10 mg (base equiv).....138
prasugrel hcl tab 5 mg (base equiv).....138
pravastatin sodium tab 10 mg 48
pravastatin sodium tab 20 mg.....48
pravastatin sodium tab 40 mg 48
pravastatin sodium tab 80 mg 48
praziquantel tab 600 mg 14
prazosin hcl cap 1 mg 43
prazosin hcl cap 2 mg.....43
prazosin hcl cap 5 mg.....43
prednisolone acetate ophth susp 1%.....156
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....118
prednisolone sod phos orally disintegr tab 10 mg (base eq).....117
prednisolone sod phos orally disintegr tab 15 mg (base eq).....117
prednisolone sod phos orally disintegr tab 30 mg (base eq).....117
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....118
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....117
prednisolone soln 15 mg/5ml 118
PREDNISONE CON 5MG/ML 118
prednisone oral soln 5 mg/5ml 118
prednisone tab 10 mg 118
prednisone tab 1 mg.....118
prednisone tab 2.5 mg.....118
prednisone tab 20 mg.....118
prednisone tab 50 mg.....118
prednisone tab 5 mg.....118
prednisone tab therapy pack 10 mg (21) ..118
prednisone tab therapy pack 10 mg (48) .118
prednisone tab therapy pack 5 mg (21)....118
prednisone tab therapy pack 5 mg (48)...118
PRED SOD PHO SOL 1% OP.....156
pregabalin cap 100 mg.....78
pregabalin cap 150 mg 78
pregabalin cap 200 mg 78
pregabalin cap 225 mg.....78
pregabalin cap 25 mg.....78
pregabalin cap 300 mg 78
pregabalin cap 50 mg.....78
pregabalin cap 75 mg.....78
pregabalin soln 20 mg/ml.....78
PREMARIN VAG CRE 0.625MG 122
PRENATAL 19 CHW TAB 153
PRETOMANID TAB 200MG.....19
prevalite.....46
PREVNAR 20 INJ.....151
PREZCOBIX TAB 675/150 19
PREZCOBIX TAB 800-150 19
PREZISTA SUS 100MG/ML.....17
PREZISTA TAB 150MG 17
PREZISTA TAB 75MG 17
PRIFTIN TAB 150MG.....20
primaquine phosphate tab 26.3 mg (15 mg base) 16
primidone tab 250 mg 78
primidone tab 50 mg 78
PRIORIX INJ 151
probenecid tab 500 mg.....1
procainamide hcl inj 100 mg/ml.....45
prochlorperazine maleate tab 10 mg (base equivalent) 127

prochlorperazine maleate tab 5 mg (base equivalent) 127
prochlorperazine suppos 25 mg 127
proctozone-hc 132
progesterone cap 100 mg 124
progesterone cap 200 mg 124
PROGRAF CAP 0.5MG 149
PROGRAF CAP 1MG 149
PROGRAF CAP 5MG 149
PROGRAF GRA 0.2MG 149
PROGRAF GRA 1MG 149
PROLASTIN-C INJ 1000MG 158
PROLIA INJ 60MG/ML 108
PROMACTIN AA SUS PLUS 99
promethazine & phenylephrine syrup 6.25-5 mg/5ml 162
promethazine-dm syrup 6.25-15 mg/5ml 162
promethazine hcl inj 25 mg/ml 127
promethazine hcl inj 50 mg/ml 127
promethazine hcl oral soln 6.25 mg/5ml 128
promethazine hcl suppos 12.5 mg 128
promethazine hcl suppos 25 mg 128
promethazine hcl tab 12.5 mg 128
promethazine hcl tab 25 mg 128
promethazine hcl tab 50 mg 128
promethazine w/ codeine syrup 6.25-10 mg/5ml 162
promethegan 128
PROMOTE/ LIQ FIBER 100
PROMOTE 1.0 LIQ W/ FIBER 99
PROMOTE LIQ VANILLA 99
PROMOTE W/FB LIQ VANILLA 100
PROMOTE W/ LIQ FIBER 99
propafenone hcl cap er 12hr 225 mg 46
propafenone hcl cap er 12hr 325 mg 46
propafenone hcl cap er 12hr 425 mg 46
propafenone hcl tab 150 mg 46
propafenone hcl tab 225 mg 46
propafenone hcl tab 300 mg 46
proparacaine hcl ophth soln 0.5% 157
PRO-PHREE POW 99
PROPIMEX-1 POW 100
PROPIMEX-2 POW 100
propranolol hcl cap er 24hr 120 mg 51
propranolol hcl cap er 24hr 160 mg 51
propranolol hcl cap er 24hr 60 mg 51
propranolol hcl cap er 24hr 80 mg 51
propranolol hcl oral soln 20 mg/5ml 51
propranolol hcl oral soln 40 mg/5ml 51
propranolol hcl tab 10 mg 51
propranolol hcl tab 20 mg 51
propranolol hcl tab 40 mg 51
propranolol hcl tab 60 mg 51
propranolol hcl tab 80 mg 51
propylthiouracil tab 50 mg 124
PROQUAD INJ 151
PROSOURCE LIQ TF 100
protriptyline hcl tab 10 mg 67
protriptyline hcl tab 5 mg 66
PROVIMIN POW 100
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 162
pyrazinamide tab 500 mg 20
pyridostigmine bromide oral soln 60 mg/5ml 89
pyridostigmine bromide tab 60 mg 89
pyridostigmine bromide tab er 180 mg 89
pyridoxine hcl tab 25 mg 154
pyridoxine hcl tab 50 mg 154
pyrimethamine tab 25 mg 25
PYZCHIVA INJ 45/0.5ML 143, 144
PYZCHIVA INJ 90MG/ML 144

Q

QUADRACEL INJ 0.5ML 151
quetiapine fumarate tab 100 mg 73
quetiapine fumarate tab 200 mg 73
quetiapine fumarate tab 25 mg 73
quetiapine fumarate tab 300 mg 73
quetiapine fumarate tab 400 mg 73
quetiapine fumarate tab 50 mg 73
quetiapine fumarate tab er 24hr 150 mg 73
quetiapine fumarate tab er 24hr 200 mg 73
quetiapine fumarate tab er 24hr 300 mg 73
quetiapine fumarate tab er 24hr 400 mg 73
quetiapine fumarate tab er 24hr 50 mg 73
quinapril hcl tab 10 mg 43
quinapril hcl tab 20 mg 43

quinapril hcl tab 40 mg.....43
quinapril hcl tab 5 mg.....43
quinapril-hydrochlorothiazide tab 10-12.5 mg.....42
quinine sulfate cap 324 mg.....16
QULIPTA TAB 10MG.....85
QULIPTA TAB 30MG.....85
QULIPTA TAB 60MG.....85

R

rabeprazole sodium ec tab 20 mg.....132
raloxifene hcl tab 60 mg.....123
ramelteon tab 8 mg.....84
ramipril cap 1.25 mg.....43
ramipril cap 10 mg.....43
ramipril cap 2.5 mg.....43
ramipril cap 5 mg.....43
ranitidine hcl tab 150 mg.....128
ranitidine hcl tab 300 mg.....128
ranolazine tab er 12hr 1000 mg.....56
ranolazine tab er 12hr 500 mg.....56
rasagiline mesylate tab 0.5 mg (base equiv).....70
*rasagiline mesylate tab 1 mg (base equiv)*70
reclipsen.....112
RECOMBIVA HB INJ 10MCG/ML.....151
RECOMBIVA-HB INJ 40MCG/ML.....151
RECOMBIVA HB INJ 5MCG/0.5.....151
REGRANEX GEL 0.01%.....175
RELENZA MIS DISKHALE.....20
RENASTART POW.....100
repaglinide tab 0.5 mg.....106
repaglinide tab 1 mg.....106
repaglinide tab 2 mg.....106
REPATHA INJ 140MG/ML.....49
REPATHA PUSH INJ 420/3.5.....49
REPATHA SURE INJ 140MG/ML.....49
REPLETE FIBE LIQ 1 CAL.....100
REPLETE LIQ ULTRAPAK.....100
RESOURCE DIA LIQ TF.....100
RESTASIS MUL EMU 0.05% OP.....157
RETACRIT INJ 10000UNT.....137
RETACRIT INJ 20000UNI.....137
RETACRIT INJ 2000UNIT.....137
RETACRIT INJ 3000UNIT.....137
RETACRIT INJ 40000UNT.....137
RETACRIT INJ 4000UNIT.....137
RETROVIR INJ 10MG/ML.....17
REYATAZ POW 50MG.....17
ribavirin cap 200 mg.....24
ribavirin tab 200 mg.....24
rifabutin cap 150 mg.....20
rifampin cap 150 mg.....20
rifampin cap 300 mg.....20
rifampin for inj 600 mg.....20
rilpivirine hcl tab 25 mg (base equivalent).17
riluzole tab 50 mg.....59
rimantadine hydrochloride tab 100 mg.....20
RINVOQ LQ SOL 1MG/ML.....144
RINVOQ TAB 15MG ER.....144
RINVOQ TAB 30MG ER.....144
RINVOQ TAB 45MG ER.....144
risedronate sodium tab 150 mg.....108
risedronate sodium tab 30 mg.....108
risedronate sodium tab 35 mg.....108
risedronate sodium tab 5 mg.....108
risedronate sodium tab delayed release 35 mg.....108
risperidone orally disintegrating tab 0.25 mg.....73
risperidone orally disintegrating tab 0.5 mg.....73
risperidone orally disintegrating tab 1 mg.73
*risperidone orally disintegrating tab 2 mg*73
*risperidone orally disintegrating tab 3 mg*73
*risperidone orally disintegrating tab 4 mg*73
risperidone soln 1 mg/ml.....73
risperidone tab 0.25 mg.....73
risperidone tab 0.5 mg.....73
risperidone tab 1 mg.....73
risperidone tab 2 mg.....73
risperidone tab 3 mg.....73
risperidone tab 4 mg.....73
ritonavir tab 100 mg.....17
rivaroxaban for susp 1 mg/ml.....136
rivaroxaban tab 2.5 mg.....136
rivastigmine tartrate cap 1.5 mg (base equivalent).....61

rivastigmine tartrate cap 3 mg (base equivalent) 61
rivastigmine tartrate cap 4.5 mg (base equivalent) 61
rivastigmine tartrate cap 6 mg (base equivalent) 61
rivastigmine td patch 24hr 13.3 mg/24hr ..62
rivastigmine td patch 24hr 4.6 mg/24hr ...62
rivastigmine td patch 24hr 9.5 mg/24hr ...62
rivelsa 112
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 85
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 85
rizatriptan benzoate tab 10 mg (base equivalent) 86
rizatriptan benzoate tab 5 mg (base equivalent) 86
roflumilast tab 250 mcg 164
roflumilast tab 500 mcg 164
ropinirole hydrochloride tab 0.25 mg 70
ropinirole hydrochloride tab 0.5 mg 70
ropinirole hydrochloride tab 1 mg 70
ropinirole hydrochloride tab 2 mg 70
ropinirole hydrochloride tab 3 mg 70
ropinirole hydrochloride tab 4 mg 70
ropinirole hydrochloride tab 5 mg 70
rosuvastatin calcium tab 10 mg 48
rosuvastatin calcium tab 20 mg 48
rosuvastatin calcium tab 40 mg 48
rosuvastatin calcium tab 5 mg 48
ROTARIX SUS 151
ROTATEQ SOL 151
rufinamide susp 40 mg/ml 78
rufinamide tab 200 mg 78
rufinamide tab 400 mg 78
ryclora 160
RYDAPT CAP 25MG 36
RYKINDO INJ 25MG 73
RYKINDO INJ 37.5MG 73
RYKINDO INJ 50MG 74

S

S.O.S. 20 POW 100
S.O.S. 25 POW 100
sacubitril-valsartan tab 24-26 mg 56
sacubitril-valsartan tab 49-51 mg 56
sacubitril-valsartan tab 97-103 mg 56
SANCUSO DIS 3.1MG 128
SANDIMMUNE CAP 100MG 149
SANDIMMUNE CAP 25MG 149
SANDIMMUNE INJ 50MG/ML 149
sapropterin dihydrochloride powder packet 100 mg 123
sapropterin dihydrochloride powder packet 500 mg 123
sapropterin dihydrochloride tab 100 mg .123
sb lice treatment 174
SCEMBLIX TAB 100MG 37
SCEMBLIX TAB 20MG 37
SCEMBLIX TAB 40MG 37
scopolamine td patch 72hr 1 mg/3days ..128
selegiline hcl cap 5 mg 70
selegiline hcl tab 5 mg 70
selenium sulfide lotion 2.5% 170
SELZENTRY SOL 20MG/ML 17
SEREVENT DIS AER 50MCG 161
sertraline hcl oral concentrate for solution 20 mg/ml 67
sertraline hcl tab 100 mg 67
sertraline hcl tab 25 mg 67
sertraline hcl tab 50 mg 67
sevelamer carbonate packet 0.8 gm 123
sevelamer carbonate packet 2.4 gm 123
sevelamer carbonate tab 800 mg 123
SHARPS CONT MIS 2QUART 115
SHINGRIX INJ 50/0.5ML 152
SIGNIFOR INJ 0.3MG/ML 123
SIGNIFOR INJ 0.6MG/ML 123
SIGNIFOR INJ 0.9MG/ML 123
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) 58
sildenafil citrate tab 100 mg 133
sildenafil citrate tab 20 mg 58
sildenafil citrate tab 25 mg 133
sildenafil citrate tab 50 mg 133
silodosin cap 4 mg 132
silodosin cap 8 mg 132
silver sulfadiazine cream 1% 169

SIMBRINZA SUS 1-0.2% 157
SIMPONI ARIA SOL 50MG/4ML 139
SIMPONI INJ 100MG/ML 144
SIMPONI INJ 50/0.5ML 144
simvastatin tab 10 mg.....49
simvastatin tab 20 mg 49
simvastatin tab 40 mg.....49
simvastatin tab 5 mg 48
simvastatin tab 80 mg.....49
sirolimus oral soln 1 mg/ml.....149
sirolimus tab 0.5 mg.....149
sirolimus tab 1 mg.....149
sirolimus tab 2 mg 149
SIRTURO TAB 100MG.....20
SIRTURO TAB 20MG 20
sitagliptin phosphate-metformin hcl tab 50-1000 mg 104
sitagliptin phosphate-metformin hcl tab 50-500 mg.....104
sitagliptin phosphate tab 100 mg (base equiv).....104
sitagliptin phosphate tab 25 mg (base equiv).....104
sitagliptin phosphate tab 50 mg (base equiv).....104
SKYLA IUD 13.5MG.....112
SKYRIZI INJ 150MG/ML 145
SKYRIZI INJ 180/1.2.....145
SKYRIZI INJ 360/2.4 145
SKYRIZI INJ 55/0.37 145
SKYRIZI PEN INJ 150MG/ML.....145
SKYRIZI SOL 60MG/ML.....139
SLYND TAB 4MG.....112
SOD CHLORIDE INJ 0.9% 153
sodium chloride inj 2.5 meq/ml (14.6%) .153
sodium chloride irrigation soln 0.9% 175
sodium chloride iv soln 0.45%.....153
sodium chloride iv soln 0.9%.....153
sodium chloride iv soln 3% 153
sodium chloride iv soln 5% 153
sodium chloride preservative free (pf) inj 0.9% 153
sodium chloride soln nebu 0.9%.....164
sodium chloride soln nebu 10% 164
sodium chloride soln nebu 3% 164
sodium chloride soln nebu 7% 164
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) 153
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) 153
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) 153
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) 153
sodium fluoride tab 0.5 mg f (from 1.1 mg naf) 153
sodium fluoride tab 1 mg f (from 2.2 mg naf) 153
sodium oxybate oral solution 500 mg/ml.89
sodium phenylbutyrate oral powder 3 gm/teaspoonful 125
sodium phenylbutyrate tab 500 mg.....125
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....130
SOFTCLIX MIS LANCETS 115
SOL CARB POW 100
solifenacin succinate tab 10 mg 134
solifenacin succinate tab 5 mg 134
SOLIQUA INJ 100/33 105
SOLU-CORTEF INJ 1000MG.....118
SOLU-CORTEF INJ 250MG.....118
SOLU-CORTEF INJ 500MG 118
SOLU-MEDROL INJ 2GM 118
SOMATULINE INJ 120/.5ML 102
SOMATULINE INJ 60/0.2ML 102
SOMATULINE INJ 90/0.3ML 102
SOMAVERT INJ 10MG 102
SOMAVERT INJ 15MG 102
SOMAVERT INJ 20MG.....103
SOMAVERT INJ 25MG.....103
SOMAVERT INJ 30MG.....103
sorafenib tosylate tab 200 mg (base equivalent).....37
sotalol hcl (afib/afl) tab 120 mg.....46
sotalol hcl (afib/afl) tab 160 mg.....46
sotalol hcl (afib/afl) tab 80 mg 46
sotalol hcl tab 120 mg.....46
sotalol hcl tab 160 mg.....46

sotalol hcl tab 240 mg 46
sotalol hcl tab 80 mg 46
SOVALDI PAK 150MG....24
SOVALDI PAK 200MG....24
SOVALDI TAB 200MG....24
SOVALDI TAB 400MG....24
SPIKEVAX INJ 2025-26 152
spinosad susp 0.9% 174
SPIRIVA RESP AER 1.25MCG 159
SPIRIVA RESP AER 2.5MCG....159
spironolactone & hydrochlorothiazide tab 25-25 mg 55
spironolactone tab 100 mg 43
spironolactone tab 25 mg 43
spironolactone tab 50 mg 43
SPRAVATO SOL 56MG DOS....67
SPRAVATO SOL 84MG DOS....67
sprintec 28 112
sps 123
ssd 169
STELARA INJ 45/0.5ML 145
STELARA INJ 90MG/ML 145
STIOLTO AER 2.5-2.5....158
STIVARGA TAB 40MG....37
STOBOCLO INJ 60MG/ML 108
STRIVERDI AER 2.5MCG 161
SUBLOCADE INJ 100/0.5 14
SUBLOCADE INJ 300/1.5 14
SUCRAID SOL 8500/ML....130
sucralfate tab 1 gm 130
SUFLAVE SOL 130
sulconazole nitrate cream 1% 170
sulconazole nitrate solution 1% 170
sulfacetamide sodium lotion 10% (acne) 168
sulfacetamide sodium ophth oint 10% 156
sulfacetamide sodium ophth soln 10% ...156
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 155
sulfadiazine tab 500 mg....15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml....25
sulfamethoxazole-trimethoprim tab 400-80 mg....25
sulfamethoxazole-trimethoprim tab 800-160 mg 25
SULFAMYLON CRE 85MG/GM 169
sulfasalazine tab 500 mg....129
sulfasalazine tab delayed release 500 mg 129
sulindac tab 150 mg 2
sulindac tab 200 mg 2
sumatriptan-naproxen sodium tab 85-500 mg 86
sumatriptan nasal spray 20 mg/act....86
sumatriptan nasal spray 5 mg/act....86
sumatriptan succinate inj 6 mg/0.5ml 86
sumatriptan succinate solution auto-injector 4 mg/0.5ml 86
sumatriptan succinate solution auto-injector 6 mg/0.5ml 86
sumatriptan succinate solution cartridge 4 mg/0.5ml....86
sumatriptan succinate solution cartridge 6 mg/0.5ml....86
sumatriptan succinate tab 100 mg 86
sumatriptan succinate tab 25 mg 86
sumatriptan succinate tab 50 mg....86
sunitinib malate cap 12.5 mg (base equivalent)....37
sunitinib malate cap 25 mg (base equivalent)....37
sunitinib malate cap 37.5 mg (base equivalent)....37
sunitinib malate cap 50 mg (base equivalent)....37
SUNOSI TAB 150MG....89
SUNOSI TAB 75MG....89
SUPLENA LIQ VANILLA....100
SUPPRELIN LA KIT 50MG....109
SUTAB TAB....130
syeda 112
SYMDEKO TAB 100-150 163
SYMDEKO TAB 50-75MG 163
SYMLINPEN 60 INJ 1000MCG....103
SYMLNPEN 120 INJ 1000MCG....103
SYMTUZA TAB 19
SYNAREL SOL 2MG/ML....115

SYNJARDY TAB 12.5-1000 MG 107
SYNJARDY TAB 12.5-500 107
SYNJARDY TAB 5-1000MG.....107
SYNJARDY TAB 5-500MG.....107
SYNJARDY TAB XR 24HR 12.5-1000 MG107
SYNJARDY XR TAB 10-1000.....107
SYNJARDY XR TAB 25-1000 107
SYNJARDY XR TAB 5-1000MG.....107
SYNTHROID TAB 100MCG.....124
SYNTHROID TAB 112MCG.....125
SYNTHROID TAB 125MCG 125
SYNTHROID TAB 137MCG 125
SYNTHROID TAB 150MCG.....125
SYNTHROID TAB 175MCG 125
SYNTHROID TAB 200MCG 125
SYNTHROID TAB 25MCG.....124
SYNTHROID TAB 300MCG 125
SYNTHROID TAB 50MCG 124
SYNTHROID TAB 75MCG.....124
SYNTHROID TAB 88MCG 124
T
TABLOID TAB 40MG 30
tacrolimus cap 0.5 mg 149
tacrolimus cap 1 mg 149
tacrolimus cap 5 mg.....149
tacrolimus cap er 24hr 0.5 mg.....149
tacrolimus cap er 24hr 1 mg.....149
tacrolimus cap er 24hr 5 mg 149
tacrolimus inj 5 mg/ml.....149
tacrolimus oint 0.03% 171
tacrolimus oint 0.1%.....171
tadalafil tab 10 mg.....133
tadalafil tab 2.5 mg 132
tadalafil tab 20 mg.....133
tadalafil tab 20 mg (pah) 58
tadalafil tab 5 mg 132
TAFINLAR CAP 50MG 37
TAFINLAR CAP 75MG 37
TAFINLAR TAB 10MG 37
tafluprost preservative free (pf) ophth soln 0.0015% 157
TAGRISSO TAB 40MG.....37
TAGRISSO TAB 80MG.....37
take action 112
TAKHZYRO INJ 150MG/ML 147
TAKHZYRO INJ 300/2ML 147
TALTZ INJ 20/0.25.....145
TALTZ INJ 40/0.5ML 146
TALTZ INJ 80MG/ML 146
tamoxifen citrate tab 10 mg (base equivalent).....32
tamoxifen citrate tab 20 mg (base equivalent).....32
tamsulosin hcl cap 0.4 mg.....132
tapentadol hcl tab 100 mg 12
tapentadol hcl tab 50 mg.....12
tapentadol hcl tab 75 mg 12
tasimelteon capsule 20 mg 84
tazarotene cream 0.05%.....170
tazarotene cream 0.1%.....170
tazarotene gel 0.05% 170
tazarotene gel 0.1%.....170
tazicef.....22
telmisartan-hydrochlorothiazide tab 40-12.5 mg 44
telmisartan-hydrochlorothiazide tab 80-12.5 mg 44
telmisartan-hydrochlorothiazide tab 80-25 mg 44
telmisartan tab 20 mg 45
telmisartan tab 40 mg 45
telmisartan tab 80 mg 45
temazepam cap 15 mg 84
temazepam cap 22.5 mg 84
temazepam cap 30 mg 84
temazepam cap 7.5 mg.....84
TEMODAR INJ 100MG.....28
temozolomide cap 100 mg 28
temozolomide cap 140 mg.....28
temozolomide cap 180 mg.....28
temozolomide cap 20 mg 28
temozolomide cap 250 mg.....28
temozolomide cap 5 mg 28
TENIVAC INJ 5-2LF 152
tenofovir disoproxil fumarate tab 300 mg.17
terazosin hcl cap 10 mg (base equivalent) 132
terazosin hcl cap 1 mg (base equivalent).132

terazosin hcl cap 2 mg (base equivalent) 132
terazosin hcl cap 5 mg (base equivalent) 132
terbinafine hcl tab 250 mg 15
terbutaline sulfate tab 2.5 mg 161
terbutaline sulfate tab 5 mg 161
terconazole vaginal cream 0.4% 134
terconazole vaginal cream 0.8% 134
terconazole vaginal suppos 80 mg 134
teriflunomide tab 14 mg 88
teriflunomide tab 7 mg 87
testosterone cypionate im inj in oil 100 mg/ml 103
testosterone cypionate im inj in oil 200 mg/ml 103
testosterone enanthate im inj in oil 200 mg/ml 103
testosterone td gel 10mg/act (2%) 103
testosterone td gel 25 mg/2.5gm (1%) ... 103
tetrabenazine tab 12.5 mg 87
tetrabenazine tab 25 mg 87
tetracycline hcl cap 250 mg 27
tetracycline hcl cap 500 mg 28
THALOMID CAP 100MG 31
THALOMID CAP 50MG 31
theophylline elixir 80 mg/15ml 167
theophylline soln 80 mg/15ml 167
theophylline tab er 12hr 300 mg 167
theophylline tab er 12hr 450 mg 167
theophylline tab er 24hr 400 mg 167
theophylline tab er 24hr 600 mg 167
thioridazine hcl tab 100 mg 74
thioridazine hcl tab 10 mg 74
thioridazine hcl tab 25 mg 74
thioridazine hcl tab 50 mg 74
thiothixene cap 10 mg 74
thiothixene cap 1 mg 74
thiothixene cap 2 mg 74
thiothixene cap 5 mg 74
tiagabine hcl tab 12 mg 78
tiagabine hcl tab 16 mg 78
tiagabine hcl tab 2 mg 78
tiagabine hcl tab 4 mg 78
TICE BCG INJ 31
tilia fe 112
timolol maleate ophth gel forming soln 0.25% 157
timolol maleate ophth gel forming soln 0.5% 157
timolol maleate ophth soln 0.25% 157
timolol maleate ophth soln 0.5% 157
timolol maleate ophth soln 0.5% (once-daily) 157
timolol maleate tab 10 mg 51
timolol maleate tab 20 mg 51
timolol maleate tab 5 mg 51
tinidazole tab 250 mg 15
tinidazole tab 500 mg 15
tiotropium bromide inhal cap 18 mcg (base equiv) 159
TIVICAY PD TAB 5MG 18
TIVICAY TAB 50MG 18
tizanidine hcl tab 2 mg (base equivalent) .89
tizanidine hcl tab 4 mg (base equivalent) .89
TOBRADEX OIN 0.3-0.1% 155
TOBRADEX ST SUS 0.3-0.05 155
tobramycin-dexamethasone ophth susp 0.3-0.1% 155
tobramycin nebu soln 300 mg/4ml 163
tobramycin nebu soln 300 mg/5ml 163
tobramycin ophth soln 0.3% 156
tobramycin sulfate for inj 1.2 gm 15
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) 15
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 15
TODAY SPONGE MIS 133
tofacitinib citrate oral soln 1 mg/ml (base equivalent) 146
tofacitinib citrate tab 10 mg (base equivalent) 146
tofacitinib citrate tab 5 mg (base equivalent) 146
tofacitinib citrate tab er 24hr 11 mg (base equivalent) 146
tofacitinib citrate tab er 24hr 22 mg (base equivalent) 146
TOLEREX POW 101
tolterodine tartrate cap er 24hr 2 mg 134

tolterodine tartrate cap er 24hr 4 mg 134
tolterodine tartrate tab 1 mg.....134
tolterodine tartrate tab 2 mg.....134
tolvaptan (hyponatremia) tab 15 mg 123
tolvaptan (hyponatremia) tab 30 mg 123
tolvaptan tab 15 mg 123
tolvaptan tab 30 mg 123
topiramate sprinkle cap 15 mg 78
topiramate sprinkle cap 25 mg.....78
topiramate sprinkle cap 50 mg 78
topiramate tab 100 mg 78
topiramate tab 200 mg.....78
topiramate tab 25 mg 78
topiramate tab 50 mg.....78
topotecan hcl for inj 4 mg (base equiv) 41
toremifene citrate tab 60 mg (base equivalent).....32
torsemide tab 100 mg.....55
torsemide tab 10 mg.....55
torsemide tab 20 mg 55
torsemide tab 5 mg.....55
tramadol-acetaminophen tab 37.5-325 mg 12
tramadol hcl tab 50 mg.....12
tramadol hcl tab er 24hr 100 mg.....12
tramadol hcl tab er 24hr 200 mg 12
tramadol hcl tab er 24hr 300 mg 12
trandolapril tab 1 mg 43
trandolapril tab 2 mg 43
trandolapril tab 4 mg 43
trandolapril-verapamil hcl tab er 1-240 mg 42
trandolapril-verapamil hcl tab er 2-180 mg 42
trandolapril-verapamil hcl tab er 2-240 mg 42
trandolapril-verapamil hcl tab er 4-240 mg 42
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml).....137
tranexamic acid tab 650 mg 137
tranylcypromine sulfate tab 10 mg 67
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 158
trazodone hcl tab 100 mg 67
trazodone hcl tab 150 mg.....67
trazodone hcl tab 300 mg.....67
trazodone hcl tab 50 mg 67
TRECATOR TAB 250MG 20
TRELEGY AER 100MCG.....158
TRELEGY AER 200MCG 159
TREMFYA INJ 100MG/ML.....146
TREMFYA INJ 200/20ML.....139
TREMFYA INJ 200/2ML 146
treprostinil inj soln 100 mg/20ml (5 mg/ml) 58
treprostinil inj soln 200 mg/20ml (10 mg/ml) 58
treprostinil inj soln 20 mg/20ml (1 mg/ml) 58
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) 58
TRESIBA FLEX INJ 100UNIT.....106
TRESIBA FLEX INJ 200UNIT.....106
TRESIBA INJ 100UNIT.....106
tretinoin cap 10 mg 39
tretinoin cream 0.025%.....168
tretinoin cream 0.05%.....168
tretinoin cream 0.1% 168
tretinoin gel 0.01% 168
tretinoin gel 0.025% 169
tretinoin gel 0.05%.....169
tretinoin microsphere gel 0.04% 169
tretinoin microsphere gel 0.1%.....169
triamcinolone acetonide cream 0.025%.173
triamcinolone acetonide cream 0.1% 173
triamcinolone acetonide cream 0.5% 173
triamcinolone acetonide dental paste 0.1% 175
triamcinolone acetonide lotion 0.025% ..173
triamcinolone acetonide lotion 0.1%.....173
triamcinolone acetonide nasal aerosol suspension 55 mcg/act 164
triamcinolone acetonide oint 0.025% 173
triamcinolone acetonide oint 0.1%.....173
triamcinolone acetonide oint 0.5%.....173
triamterene & hydrochlorothiazide cap 37.5-25 mg.....55

triamterene & hydrochlorothiazide tab 37.5-25 mg 55
triamterene & hydrochlorothiazide tab 75-50 mg 55
triamterene cap 100 mg 55
triamterene cap 50 mg 55
triazolam tab 0.125 mg 84
triazolam tab 0.25 mg 84
trifluoperazine hcl tab 10 mg (base equivalent) 74
trifluoperazine hcl tab 1 mg (base equivalent) 74
trifluoperazine hcl tab 2 mg (base equivalent) 74
trifluoperazine hcl tab 5 mg (base equivalent) 74
trifluridine ophth soln 1% 156
trihexyphenidyl hcl oral soln 0.4 mg/ml ...70
trihexyphenidyl hcl tab 2 mg 70
trihexyphenidyl hcl tab 5 mg 70
TRIKAFTA PAK 59.5MG 163
TRIKAFTA PAK 75MG 163
TRIKAFTA TAB 163
tri-linyah 112
trimethobenzamide hcl cap 300 mg 128
trimethoprim tab 100 mg 25
trimipramine maleate cap 100 mg 67
trimipramine maleate cap 25 mg 67
trimipramine maleate cap 50 mg 67
TRINATE TAB 153
TRINTELLIX TAB 10MG 67
TRINTELLIX TAB 20MG 67
TRINTELLIX TAB 5MG 67
TRIPTODUR SUS 22.5MG 109
tri-sprintec 112
TRIUMEQ PD TAB 19
TRIUMEQ TAB 19
tri-vite/fluoride 154
TROGARZO INJ 150MG/ML 18
tropicamide ophth soln 0.5% 157
tropicamide ophth soln 1% 157
trospium chloride cap er 24hr 60 mg 134
trospium chloride tab 20 mg 134
TRULICITY INJ 0.75/0.5 105
TRULICITY INJ 1.5/0.5 105
TRULICITY INJ 3/0.5 105
TRULICITY INJ 4.5/0.5 105
TRUMENBA INJ 152
TRUQAP PAK 160MG 37
TRUQAP PAK 200MG 37
TRUQAP TAB 160MG 37
TRUQAP TAB 200MG 37
TRUSTEX/RIA MIS NON-LUB 112
TRUSTX NON-9 MIS RIB/STUD 112
TRYPTYR SOL 0.003% 157
TUKYSA TAB 150MG 38
TUKYSA TAB 50MG 38
TUXARIN ER TAB 54.3-8MG 162
TWIIST KIT REFILL 115
TWIIST KIT STARTER 115
TWIIST REFIL KIT INFUSION 115
TWINRIX INJ 152
TWIRLA DIS 120-30 112
TWOCAL HN LIQ 101
TYBLUME CHW 0.1-0.02 112
TYBOST TAB 150MG 18
TYLACTIN POW BLD 20PE 101
TYMLOS INJ 109
TYR ANAMIX POW ERLY YRS 101
TYREX-1 POW 101
TYREX-2 POW 101
TYROS 2 POW 101
TYRUKO CON 300/15ML 88
TYSABRI INJ 300/15ML 88
TYVASO RF KT SOL 0.6MG/ML 58
TYVASO SOL 0.6MG/ML 58
TYVASO ST KT SOL 0.6MG/ML 58

U

UBRELVY TAB 100MG 85
UBRELVY TAB 50MG 85
UCD ANAMIX POW JUNIOR 101
ULTRACAL HN LIQ PLUS 101
ULTRACAL LIQ 101
ULTRAMINO POW SOY PROT 101
ULTRIENT 1.5 LIQ SAFE-T 101
unithroid 125
UPTRAVI INJ 1800MCG 58
UPTRAVI PACK TAB 200/800 58

UPTRAVI TAB 1000MCG....59
UPTRAVI TAB 1200MCG....59
UPTRAVI TAB 1400MCG....59
UPTRAVI TAB 1600MCG....59
UPTRAVI TAB 200MCG....58
UPTRAVI TAB 400MCG....58
UPTRAVI TAB 600MCG....58
UPTRAVI TAB 800MCG....58
ursodiol cap 300 mg....130
ursodiol tab 250 mg....130
ursodiol tab 500 mg....130

V

valacyclovir hcl tab 1 gm....20
valacyclovir hcl tab 500 mg....20
valganciclovir hcl for soln 50 mg/ml (base equiv)....20
valganciclovir hcl tab 450 mg (base equivalent)....21
valproate sodium inj 100 mg/ml....78
valproate sodium oral soln 250 mg/5ml (base equiv)....78
valproic acid cap 250 mg....78
valsartan-hydrochlorothiazide tab 160-12.5 mg....44
valsartan-hydrochlorothiazide tab 160-25 mg....44
valsartan-hydrochlorothiazide tab 320-12.5 mg....44
valsartan-hydrochlorothiazide tab 320-25 mg....44
valsartan-hydrochlorothiazide tab 80-12.5 mg....44
valsartan tab 160 mg....45
valsartan tab 320 mg....45
valsartan tab 40 mg....45
valsartan tab 80 mg....45
valtya 1/50....112
vancomycin hcl cap 125 mg (base equivalent)....25
vancomycin hcl cap 250 mg (base equivalent)....25
vancomycin hcl for iv soln 10 gm (base equivalent)....26
vancomycin hcl for iv soln 1 gm (base equivalent)....25
vancomycin hcl for iv soln 500 mg (base equivalent)....26
vancomycin hcl for iv soln 5 gm (base equivalent)....25
vancomycin hcl for iv soln 750 mg (base equivalent)....26
VAQTA INJ 25/0.5ML....152
VAQTA INJ 50UNT/ML....152
varenicline tartrate tab 0.5 mg (base equiv)....92
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack....92
varenicline tartrate tab 1 mg (base equiv)....92
VARIVAX INJ....152
VARUBI TAB 90MG....128
VASCEPA CAP 0.5GM....49
VASCEPA CAP 1GM....49
VAXELIS INJ....152
VAXNEUVANCE INJ....152
VCF VAGINAL GEL CONTRACE....133
VCF VAGINAL MIS CONTRACP....133
velivet....112
VELPHORO CHW 500MG....123
VELSIPITY TAB 2MG....146
VENCLEXTA TAB 100MG....30
VENCLEXTA TAB 10MG....30
VENCLEXTA TAB 50MG....30
VENCLEXTA TAB START PK....30
venlafaxine hcl cap er 24hr 150 mg (base equivalent)....67
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)....67
venlafaxine hcl cap er 24hr 75 mg (base equivalent)....67
venlafaxine hcl tab 100 mg (base equivalent)....68
venlafaxine hcl tab 25 mg (base equivalent)....67
venlafaxine hcl tab 37.5 mg (base equivalent)....67
venlafaxine hcl tab 50 mg (base equivalent)....67

venlafaxine hcl tab 75 mg (base equivalent) 67
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 68
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 68
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 68
VENTAVIS SOL 10MCG/ML.....59
VENTAVIS SOL 20MCG/ML 59
verapamil hcl cap er 24hr 100 mg.....54
verapamil hcl cap er 24hr 120 mg.....54
verapamil hcl cap er 24hr 180 mg.....54
verapamil hcl cap er 24hr 200 mg.....54
verapamil hcl cap er 24hr 240 mg.....54
verapamil hcl cap er 24hr 300 mg.....54
verapamil hcl cap er 24hr 360 mg.....54
verapamil hcl tab 120 mg 54
verapamil hcl tab 40 mg 54
verapamil hcl tab 80 mg 54
verapamil hcl tab er 120 mg.....54
verapamil hcl tab er 180 mg 54
verapamil hcl tab er 240 mg.....54
VERZENIO TAB 100MG 38
VERZENIO TAB 150MG.....38
VERZENIO TAB 200MG.....38
VERZENIO TAB 50MG 38
VIBERZI TAB 100MG 129
VIBERZI TAB 75MG 129
vigabatrin powd pack 500 mg.....78
vigabatrin tab 500 mg 79
VILACTIN AA LIQ PLUS 101
vilazodone hcl tab 10 mg.....68
vilazodone hcl tab 20 mg 68
vilazodone hcl tab 40 mg.....68
vinblastine sulfate inj 1 mg/ml.....40
vincristine sulfate iv soln 1 mg/ml.....40
vinorelbine tartrate inj 10 mg/ml (base equiv) 40
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 40
VIOKACE TAB 10440 131
VIOKACE TAB 20880.....131
viorele.....112
VIREAD POW 40MG/GM.....18
VIREAD TAB 150MG 18
VIREAD TAB 200MG 18
VIREAD TAB 250MG.....18
VISTOGARD PAK 10GM 39
VITAL HN POW.....101
VITRAKVI CAP 100MG 38
VITRAKVI CAP 25MG 38
VITRAKVI SOL 20MG/ML 38
VIVITROL INJ 380MG.....90
VIVONEX RTF LIQ.....102
voltaren arthritis pain 2
voriconazole for susp 40 mg/ml.....15
voriconazole tab 200 mg 15
voriconazole tab 50 mg 15
VOSEVI TAB 24
VOWST CAP.....131
VRAYLAR CAP 0.5MG.....74
VRAYLAR CAP 0.75MG.....74
VRAYLAR CAP 1.5MG.....74
VRAYLAR CAP 3MG 74
VRAYLAR CAP 4.5MG.....74
VRAYLAR CAP 6MG 74
vyfemla 113

W

warfarin sodium tab 10 mg 136
warfarin sodium tab 1 mg 136
warfarin sodium tab 2.5 mg 136
warfarin sodium tab 2 mg.....136
warfarin sodium tab 3 mg.....136
warfarin sodium tab 4 mg.....136
warfarin sodium tab 5 mg.....136
warfarin sodium tab 6 mg.....136
warfarin sodium tab 7.5 mg 136
wera.....113
WIDE-SEAL DPR KIT 60 113
WIDE-SEAL DPR KIT 65 113
WIDE-SEAL DPR KIT 70 113
WIDE-SEAL DPR KIT 75.....113
WIDE-SEAL DPR KIT 80 113
WIDE-SEAL DPR KIT 85 113
WIDE-SEAL DPR KIT 90 113
WIDE-SEAL DPR KIT 95 113
WND 2 POW.....102

X
XALKORI CAP 150MG 38
XALKORI CAP 200MG.....38
XALKORI CAP 20MG 38
XALKORI CAP 250MG.....38
XALKORI CAP 50MG 38
XARELTO STAR TAB 15/20MG.....136
XARELTO TAB 10MG.....136
XARELTO TAB 15MG.....136
XARELTO TAB 20MG.....136
XCOPRI PAK 100-150 79
XCOPRI PAK 12.5-25 79
XCOPRI PAK 150-200 79
XCOPRI PAK 50-100MG 79
XCOPRI TAB 100MG.....79
XCOPRI TAB 150MG 79
XCOPRI TAB 200MG 79
XCOPRI TAB 25MG.....79
XCOPRI TAB 50MG.....79
xelria fe 113
XERESE CRE 5-1% 21
XLYS-XTRP POW MAXAMAID 102
XMET XCYS POW MAXAMAID.....102
XOLAIR INJ 150MG/ML.....166
XOLAIR INJ 300/2ML 166
XOLAIR INJ 75/0.5.....166
XOLAIR SOL 150MG.....166
XPHE-XTYR POW MAXAMAID.....102
XTAMPZA ER CAP 13.5MG 12
XTAMPZA ER CAP 18MG 13
XTAMPZA ER CAP 27MG.....13
XTAMPZA ER CAP 36MG 13
XTAMPZA ER CAP 9MG.....12
XTANDI CAP 40MG 32
XTANDI TAB 40MG.....33
XTANDI TAB 80MG.....33
xulane.....113
XULTOPHY INJ 100/3.6 105
XYWAV SOL 0.5GM/ML 89
Y
YESINTEK INJ 45/0.5ML.....147
YESINTEK INJ 90MG/ML 147
YEZTUGO INJ 463.5MG.....18
YEZTUGO TAB 300MG 18
YONSA TAB 125MG 33
YOSPRALA TAB 325-40MG.....138
YOSPRALA TAB 81-40MG.....138
yuvafem 122
Z
zafirlukast tab 10 mg 164
zafirlukast tab 20 mg.....164
zaleplon cap 10 mg 84
zaleplon cap 5 mg.....84
ZEJULA TAB 100MG 39
ZEJULA TAB 200MG 39
ZEJULA TAB 300MG 39
ZENPEP CAP 10000UNT 131
ZENPEP CAP 15000UNT 131
ZENPEP CAP 20000UNT 131
ZENPEP CAP 25000UNT 131
ZENPEP CAP 3000UNIT.....131
ZENPEP CAP 40000UNT 131
ZENPEP CAP 5000UNIT.....131
ZENPEP CAP 60000UNT 131
zenzedi.....83
ZERVIATE DRO 0.24% 156
zidovudine cap 100 mg 18
zidovudine syrup 10 mg/ml 18
zidovudine tab 300 mg 18
zileuton tab er 12hr 600 mg.....163
ziprasidone hcl cap 20 mg.....74
ziprasidone hcl cap 40 mg.....74
ziprasidone hcl cap 60 mg.....74
ziprasidone hcl cap 80 mg.....74
ZIRGAN GEL 0.15% 156
ZITHROMAX POW 1GM PAK 22
zoledronic acid inj conc for iv infusion 4 mg/5ml 108
zoledronic acid iv soln 5 mg/100ml 108
ZOLINZA CAP 100MG.....39
zolmitriptan nasal spray 5 mg/spray unit .86
zolmitriptan orally disintegrating tab 2.5 mg 86
zolmitriptan orally disintegrating tab 5 mg 86
zolmitriptan tab 2.5 mg 86
zolmitriptan tab 5 mg.....86
zolpidem tartrate tab 10 mg.....84

zolpidem tartrate tab 5 mg 84
zolpidem tartrate tab er 12.5 mg 84
zolpidem tartrate tab er 6.25 mg 84
zonisamide cap 100 mg.....79
zonisamide cap 25 mg.....79
zonisamide cap 50 mg 79
ZORTRESS TAB 0.25MG 149
ZORTRESS TAB 0.5MG.....149
ZORTRESS TAB 0.75MG 149
ZORTRESS TAB 1MG.....149
ZORYVE CRE 0.3%.....170
zovia 1/35.....113
ZUBSOLV SUB 0.7-0.18.....90
ZUBSOLV SUB 1.4-0.36.....90
ZUBSOLV SUB 11.4-2.9.....90
ZUBSOLV SUB 2.9-0.71.....90
ZUBSOLV SUB 5.7-1.4 90
ZUBSOLV SUB 8.6-2.1 90
ZYDELIG TAB 100MG 38
ZYDELIG TAB 150MG.....38
ZYKADIA TAB 150MG.....38

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200 Independence Avenue, SW
Room 509F, HHH Building
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Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

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

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

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

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

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

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

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

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

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

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

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

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shíį́ t'áá bich'į'jį' ha'át'íishíį́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzíį'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

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

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

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

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

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

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

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

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

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