

CareFirst Formulary 3

2023

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

- This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

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

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

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

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

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

AMPHETAMI ER SUS 1.25/ML	1	QL (540 mL every 30 days)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (120 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (120 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 30 days)
DESOXYN TAB 5MG	3	QL (180 tabs every 30 days)
DEXEDRINE CAP 5MG CR	3	QL (150 caps every 30 days)

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine hcl tab 25 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 50 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>orlistat cap 120 mg</i>	1	PA; Coverage is subject to your plan/benefits
PHENDIMETRAZ CAP 105MG ER	1	PA; Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA; Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	PA; Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps every 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps every 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps every 30 days)

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
WAKIX TAB 17.8MG	4	PA, QL (60 TABLETS PER 30 DAYS)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs every 30 days)
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every 30 days)
FOCALIN TAB 2.5MG	3	QL (150 tabs every 30 days)

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

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

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

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

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

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

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUS	5	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
AMJEVITA INJ 10/0.2ML	5	PA, QL (2 syringes per 28 days)
AMJEVITA INJ 20/0.4ML	5	PA, QL (4 SYRINGES PER 28 DAYS)
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 PENS PER 28 DAYS); Loading dose: 8 per 14 days
AMJEVITA INJ 40/0.8ML	5	PA, QL (4 SYRINGES PER 28 DAYS); Loading dose: 8 per 14 days
HUMIRA INJ 10/0.1ML	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4.5 pens every 30 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (2 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 6 pens per 28 days.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 10/0.1ML	4	PA, QL (2 syringes per 28 days)
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes per 28 days)
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HYRIMOZ INJ 80/0.8ML	4	PA, QL (2 pens PER 28 days); LOADING DOSE: 4 pens per 14 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 2 syringes per 28 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

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

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

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (NOT FOR DAILY USE); referred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 84 tablets per 84 days
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 10MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 12.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 15MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 17.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 20MG	4	PA, QL (4 PENS PER 28 DAYS)
RASUVO INJ 22.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 25MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 30MG	4	PA, QL (4 INJ PER 28 DAYS)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	1
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
DAYPRO TAB 600MG	3
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
DUEXIS TAB 800-26.6	3
EC-NAPROSYN TAB 375MG	3
EC-NAPROSYN TAB 500MG	3
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1

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

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

Drug Name	Drug Tier	Requirements/Limits
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>SELECTIVE COSTIMULATION MODULATORS</i>		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i>		
ENBREL INJ 25/0.5ML	4	PA, QL (8 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 SYRINGES PER 28 DAYS
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 CARTRIDGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 CARTRIDGES PER 28 DAYS

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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 INJECTORS PER 28 DAYS
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	
SALICYLATES		
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 25 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 25 days)
CONZIP CAP 100MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL per day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches every 25 days)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches every 25 days)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (60 caps every 25 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA, QL (120 supp every 25 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (1.5 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (60 mL every 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (7.5 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (60 mL every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
METHADOSE SF CON 10MG/ML	3	QL (60 mL every 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supp every 25 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days)
ROXICODONE TAB 5MG	3	PA, QL (180 tabs every 25 days)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA, QL (30 tabs every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA, QL (30 tabs every 25 days)
ULTRAM TAB 50MG	3	PA, QL (180 tabs every 25 days)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 25 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 25 days)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL every 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (300 tabs every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (150 tabs every 30 days)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
ULTRACET TAB 37.5-325	3	PA, QL (240 tabs every 30 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 25 days)

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Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 150MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 25 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 25 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 25 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	

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

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	PA
TESTOST CYP INJ 200MG/ML	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
XYOSTED INJ 50/0.5	3	PA

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

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Drug Name	Drug Tier	Requirements/Limits
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
ALBENZA TAB 200MG	3	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	3	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	PA, QL (9 tabs every 90 days)
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
PRIMSOL SOL 50MG/5ML	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	2	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)

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

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Drug Name	Drug Tier	Requirements/Limits
VANCOGIN CAP 250MG	3	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	3	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

ANTIANGINAL AGENTS**ANTIANGINALS-OTHER**

RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

DILATRATE SR CAP 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANSIETY AGENTS**ANTIANSIETY AGENTS - MISC.**

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 mL every 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT INJ 100/0.67	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS); LOADING DOSE:2 PFS PER 14 DAYS
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PENS PER 56 DAYS); LOADING DOSE: 3 PENS PER 84 DAYS
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 40MG/0.4	4	PA, QL (1 SYRINGE PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
TEZSPIRE INJ 210MG	4	PA, QL (1 PEN PER 28 DAYS)
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (30 caps every 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (90 mL every 30 days)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
STEROID INHALANTS		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 mL every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 mL every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 mL every 25 days)
FLOVENT HFA AER 44MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
FLOVENT HFA AER 110MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
FLOVENT HFA AER 220MCG	2	QL (2 packages every 25 days); Covered for member 6 years of age and younger
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	1	QL (2 packages every 25 days); Covered for member 6 years of age and younger
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
QVAR REDIIHAL AER 40MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger

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

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Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
AIRSUPRA AER 90-80MCG	3	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL (60 blisters every 30 days)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (120 mL every 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 mL every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (120 mL every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
SYMBICORT AER 80-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea every 30 days)
XOPENEX NEB 0.31MG	3	QL (300 mL every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX NEB 0.63MG	3	QL (300 mL every 30 days)
XOPENEX NEB 1.25/3ML	3	QL (300 mL every 30 days)
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline elixir 80 mg/15ml</i>	3	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 ML PER 30 DAYS)
<i>gabapentin cap 100 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL per day)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 600 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tablets per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (180 capsules per 30 days)
NEURONTIN CAP 300MG	3	QL (180 capsules per 30 days)
NEURONTIN CAP 400MG	3	QL (180 capsules per 30 days)
NEURONTIN SOL 250/5ML	3	QL (72 mL per day)
NEURONTIN TAB 600MG	3	QL (180 tablets per 30 days)
NEURONTIN TAB 800MG	3	QL (120 tablets per 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 225 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL every 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	3	
PRECOSE TAB 50MG	3	
PRECOSE TAB 100MG	3	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JENTADUETO TAB 2.5-500	2	ST, PA
JENTADUETO TAB 2.5-850	2	ST, PA
JENTADUETO TAB 2.5-1000	2	ST, PA
JENTADUETO TAB XR	2	ST, PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days)
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA TAB 5MG	2	ST, PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
MOUNJARO INJ 2.5/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	ST, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	ST, QL (4 pens every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 15MG/0.5	2	ST, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	2	ST, PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	ST, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	ST, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	2	ST, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	ST, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 pens every 30 days)

INSULIN

BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	

ANTI-DIARRHEAL/PROBIOTIC AGENTS**ANTIPERISTALTIC AGENTS**

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS**ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferoxamine mesylate for inj 2 gm</i>	1	PA
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	PA, QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	
NARCAN SPR 4MG	3	
ANTIEMETICS		
5-HT₃ RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ZOFRAN TAB 4MG	3	QL (18 tabs every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN CAP 300MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>flucytosine cap 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
VFEND SUS 40MG/ML	3	PA
VFEND TAB 50MG	3	PA
VFEND TAB 200MG	3	PA
VIVJOA CAP 150MG	3	
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
KARBINAL ER SUS 4MG/5ML	3	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Tier 1 with DAW9
VASCEPA CAP 1GM	1	PA; Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75

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

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	
<i>simvastatin tab 20 mg</i>	0	
<i>simvastatin tab 40 mg</i>	0	
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 SYRINGES PER 28 DAYS)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 CARTRIDGES PER 28 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 PENS PER 28 DAYS)

ANTIHYPERTENSIVES**ACE INHIBITORS**

ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TARKA TAB 2-180 CR	3	
TARKA TAB 2-240 CR	3	
TARKA TAB 4-240 CR	3	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	3	
INSPIRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
RUZURGI TAB 10MG	5	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	\$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	\$0 copay based on your plan/benefit
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	5	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 tabs every 30 days)
XELODA TAB 500MG	0	PA, QL (300 tabs every 30 days)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ERLEADA TAB 240MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	

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Drug Name	Drug Tier	Requirements/Limits
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LUPRON DEPOT INJ 3.75MG	5	PA
LUPRON DEPOT INJ 11.25MG	5	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ORGOVYX TAB 120MG	0	PA, QL (30 TABLETS PER 30 DAYS); LOADING DOSE: FIRST MONTH: 30 PER 28 DAYS
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 40MG	0	PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS); Once Weekly
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 TABLETS PER 28 DAYS)
KISQALI 200 PAK FEMARA	0	PA, QL (49 TABLETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	0	PA, QL (70 TABLETS PER 28 DAYS)
KISQALI 600 PAK FEMARA	0	PA, QL (91 TABLETS PER 28 DAYS)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
KRAZATI TAB 200MG	0	PA, QL (180 TABLETS PER 30 DAYS)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA, QL (240 TABS PER 30 DAYS)
LUMAKRAS TAB 320MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
RETEVMO CAP 40MG	0	PA, QL (60 TABLETS PER 30 DAYS)
RETEVMO CAP 80MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VONJO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZEJULA TAB 100MG	0	PA, QL (30 TABS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TAB 200MG	0	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 300MG	0	PA, QL (30 TABS PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYDELIG TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYDELIG TAB 150MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI SOL 500MCG	5	PA, QL (2 PFS PER 28 DAYS)
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 25MU	5	PA
INTRON A INJ 50MU	5	PA
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 15MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 20MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 25MG	4	PA, QL (150 FILMS PER 30 DAYS)
KYNMOBI MIS 30MG	4	PA, QL (150 FILMS PER 30 DAYS)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	QL (60 caps every 30 days)
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
NUPLAZID TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz cap 200 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz tab 600 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine caps 200 mg</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis

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

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

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (960 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
<i>etravirine tab 100 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>etravirine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (480 ML PER 30 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (960 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lamivudine tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 ML PER 30 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ML PER 30 ML DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (60 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	3	QL (1920 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>stavudine cap 15 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 20 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 30 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 40 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)

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

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ PD TAB	2	QL (180 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1920 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	PA, QL (120 TABLETS PER 30 DAYS)
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 TABLETS FOR 30 DAYS)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDGE SOL	3	QL (630 ML PER 30 DAYS)
<i>entecavir tab 0.5 mg</i>	1	QL (30 TABS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir tab 1 mg</i>	1	QL (30 TABS PER 30 DAYS)
EPCLUSA PAK 150-37.5	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
PEGINTRON KIT 50MCG	5	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	5	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	5	PA, QL (28 TABLETS PER 28 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps every 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAP 75MG	3	QL (14 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL every 90 days)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
TPOXX INJ	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS**CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	3	

CARDIOVASCULAR AGENTS - MISC.**CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 5MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 10MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 15MG	5	PA, QL (30 CAPSULES PER 30 DAYS)

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
CAVERJECT KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days)
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PERIPHERAL VASODILATORS		
<i>isoxsuprine hcl tab 20 mg</i>	3	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</i>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (784 ML PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (360 TABLETS PER 30 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
<i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i>		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20	0	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
ESTROSTEP FE TAB	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	

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

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Drug Name	Drug Tier	Requirements/Limits
GENERESS FE CHW	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	0	
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
NUVARING MIS	1	QL (13 rings every 300 days); Tier 1 with DAW 9
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
ENTOCORT EC CAP 3MG DR	3	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	Tier 1 with DAW9
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (42 tabs every 30 days)
TESSALON PER CAP 100MG	3	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine liquid 225-7.5 mg/5ml</i>	1	QL (315 mL every 30 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (420 mL every 30 days)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (70 mL every 30 days)
MAR-COF CG LIQ 225-7.5	3	QL (315 mL every 30 days)
NEOTUSS PLUS LIQ	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUSSICAPS CAP 10-8MG	3	QL (14 caps every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
AKLIEF CRE 0.005%	2	PA
ARAZLO LOT 0.045%	2	PA
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
BENZEPRO LIQ CREAMY	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 25 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (60 mL every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 25 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (60 gm every 30 days)
<i>erythromycin gel 2%</i>	1	QL (60 gm every 30 days)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL every 30 days)
EVOCLIN AER 1%	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	QL (50 gm every 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	

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

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Drug Name	Drug Tier	Requirements/Limits
CENTANY OIN 2%	3	QL (30 gm every 25 days)
<i>gentamicin sulfate cream 0.1%</i>	1	QL (120 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	1	QL (120 gm every 25 days)
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 gm every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL every 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL every 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 gm every 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 mL every 21 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
LOPROX SHA 1%	3	QL (120 mL every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 1%</i>	1	QL (120 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	

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

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	5	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (90 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (90 gm every 25 days)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:5 SYRINGES PER 35 DAYS

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX UNO INJ 300/2ML	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
DOVONEX CRE 0.005%	3	PA
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 4 SYRINGES PER 28 DAYS

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
BRYHALI LOT 0.01%	2	QL (120 gm every 30 days)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
CLOBEX LOT 0.05%	3	QL (120 mL every 30 days)
CLOBEX SHA 0.05%	3	QL (120 mL every 30 days)
CLODERM CRE 0.1%	3	QL (120 gm every 30 days)
CUTIVATE LOT 0.05%	3	QL (120 mL every 30 days)
DERMA-SMOOTH OIL /FS BODY	3	QL (120 mL every 30 days)
DERMA-SMOOTH OIL /FS SCLP	3	QL (120 mL every 30 days)
DESONATE GEL 0.05%	3	QL (120 gm every 30 days)
<i>desonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desonide lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	1	QL (120 gm every 30 days)
DESOWEN CRE 0.05%	3	QL (120 gm every 30 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL every 30 days)
DIPROLENE AF CRE 0.05%	3	QL (120 gm every 30 days)
DIPROLENE OIN 0.05%	3	QL (120 gm every 30 days)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm every 30 days)
LOCOID LIPO CRE 0.1%	3	QL (120 gm every 30 days)
LOCOID LOT 0.1%	3	QL (120 mL every 30 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL every 30 days)
OLUX AER 0.05%	3	QL (120 gm every 30 days)
PANDEL CRE 0.1%	3	QL (120 gm every 30 days)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm every 30 days)
SERNIVO SPR	3	QL (120 mL every 30 days)
SERNIVO SPR 0.05%	3	QL (120 mL every 30 days)
SYNALAR CRE 0.025%	3	QL (120 gm every 30 days)
SYNALAR OIN 0.025%	3	QL (120 gm every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
SYNALAR SOL 0.01%	3	QL (120 mL every 30 days)
TACLONEX OIN	2	PA
TACLONEX SUS	2	PA
TEMOVATE CRE 0.05%	3	QL (120 gm every 30 days)
TEMOVATE OIN 0.05%	3	QL (120 gm every 30 days)
TEXACORT SOL 2.5%	3	QL (120 mL every 30 days)
TOPICORT CRE 0.05%	3	QL (120 gm every 30 days)
TOPICORT CRE 0.25%	3	QL (120 gm every 30 days)
TOPICORT GEL 0.05%	3	QL (120 gm every 30 days)
TOPICORT OIN 0.05%	3	QL (120 gm every 30 days)
TOPICORT OIN 0.25%	3	QL (120 gm every 30 days)
TOPICORT SPR 0.25%	3	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
TRIDESILON CRE 0.05%	3	QL (120 gm every 30 days)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); LOADING DOSE: 4 SYRINGES PER 14 DAYS
CIBINQO TAB 50MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 200MG	4	PA, QL (30 TABLETS PER 30 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PENS (400 MG) PER 28 DAYS); LOADING DOSE: 2 PENS (400 MG) PER 14 DAYS
DUPIXENT INJ 300/2ML	4	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PFS PER 28 DAYS)
OPZELURA CRE 1.5%	3	PA
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
EMOLLIENTS		
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	5	PA, QL (28 caps per 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 ea every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST

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

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

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Drug Name	Drug Tier	Requirements/Limits
LIDODERM DIS 5%	3	QL (90 ea every 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
ZTLIDO PAD 1.8%	3	PA, QL (90 ea every 30 days)
ZTLIDO PAD 1.8%	3	PA, QL (90 patches every 30 days)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Tier 1 with DAW9
SOOLANTRA CRE 1%	1	PA; Tier 1 with DAW9
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
ELIMITE CRE 5%	3	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	

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Drug Name	Drug Tier	Requirements/Limits
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE	0	QL (150 strips every 30 days)
ACCU-CHEK TES AVIVA PL	0	QL (150 strips every 30 days)
ACCU-CHEK TES COMPACT	0	QL (150 strips every 30 days)
ACCU-CHEK TES SMART	0	QL (150 strips every 30 days)
CHEMSTRIP K TES	0	
CHEMSTRIP TES UGK	0	
CVS KETONE TES CARE	0	
DIASTIX TES STRIPS	0	
FORA GTEL TES KETONE	0	
GOJJI BLOOD TES KETONE	0	
KETO-DIASTIX TES	0	
KETONE TES	0	
KETONE TEST TES	0	
KETOSTIX TES STRIP	0	
NOVA MAX PLS TES KETONE	0	
ONETOUCH TES ULTRA	0	QL (150 strips every 30 days)
ONETOUCH TES VERIO	0	QL (150 strips every 30 days)
PRECISN XTRA TES KETONE	0	
PTS PANELS TES KETONE	0	
RELION TES KETONE	0	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits

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

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

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

DIGESTIVE AIDS***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	1	PA, QL (120 tabs every 30 days)
KEVEYIS TAB 50MG	5	PA, QL (120 TABLETS PER 30 DAYS)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	4	PA, QL (1 PENS FOR 28 DAYS)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
NATPARA INJ 25MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	4	PA, QL (1 PEN PER 30 DAYS)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (35ML PER 21 DAYS)
CORTROPHIN GEL 80UNIT	5	PA, QL (35ML PER 21 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (30 VIALS PER 30 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	4	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5MG	4	PA
GENOTROPIN INJ 12MG	4	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
<i>raloxifene hcl tab 60 mg</i>	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	5	PA, QL (30 VIALS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	5	PA, QL (672 GRAMS (8 BOTTLES) PER 30 DAYS)
REVCOVI INJ 1.6MG/ML	5	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	5	PA, QL (120 TABLETS PER 30 DAYS)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (798 GRAMS PER 30 DAYS)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	PA, QL (4 PACKETS PER DAY)

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

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Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (30 VIALS PER 30 DAYS)
VOXZOGO INJ 0.56MG	5	PA, QL (30 VIALS PER 30 DAYS)
VOXZOGO INJ 1.2MG	5	PA, QL (30 VIALS PER 30 DAYS)
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	\$0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (90 vials every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (90 VIALS PER 30 DAYS)

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 VIALS (45,000 UNITS) PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 VIALS (45,000) PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (90 ampules every 30 days)
SANDOSTATIN INJ 100MCG	5	PA, QL (90 VIALS PER 30 DAYS)
SANDOSTATIN INJ 500MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)

VASOPRESSIN RECEPTOR ANTAGONISTS

SAMSCA TAB 15MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SAMSCA TAB 30MG	5	PA, QL (30 TABLETS PER 30 DAYS)
<i>tolvaptan tab 30 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)

ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 1-100MG	2	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
EVAMIST SPR 1.53MG	2	
PREMARIN INJ 25MG	3	PA

FLUOROQUINOLONES**FLUOROQUINOLONES**

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	3	
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
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Drug Name	Drug Tier	Requirements/Limits
OCALIVA TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 KITS PER 28 DAYS); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
CIMZIA START KIT 200MG/ML	4	PA, QL (1 KIT PER 28 DAYS); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180/1.2	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
SYMPROIC TAB 0.2MG	2	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (90 TABLETS PER 30 DAYS)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	3	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 200 mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (120 tabs per 30 days)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAP 0.6MG	1	QL (60 caps per 30 days); Tier 1 with DAW9
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	4	PA, QL (60 TABLETS PER 30 DAYS)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	5	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
ORLADEYO CAP 110MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
<i>miglustat cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	5	PA, QL (90 CAPSULES PER 30 DAYS)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	4	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	

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Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	\$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (60 tabs every 30 days)
DOPTELET TAB 20MG	4	PA, QL (90 tabs every 30 days)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 SYRINGES PER 28 DAYS)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	5	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
PROCRIT INJ 2000/ML	4	PA

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

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	

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Drug Name	Drug Tier	Requirements/Limits
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 ML PER DAY)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	1	PA, QL (30 CAPSULES PER 30 DAYS)
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 45 through 75
CLENPIQ SOL	0	\$0 copay for members age 45 through 75
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FIDAXOMICIN

DIFICID SUS	2	
DIFICID TAB 200MG	2	

MEDICAL DEVICES AND SUPPLIES**CONTRACEPTIVES**

CAYA DPR	0	QL (1 each every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days); OTC
FC FEMALE MIS CONDOM	0	QL (12 boxes every 25 days); OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)

DIABETIC SUPPLIES

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

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Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	0	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	0	
G4 PLATINUM MIS TRANSMIT	0	
G4 SENSOR MIS	0	QL (3 sensors per month)
G5/G4 MIS SENSOR	0	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	

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

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

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	

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Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD 5 G6 KIT INTRO	0	PA, QL (1 kit per 999 days)
OMNIPOD 5 G6 MIS PODS	0	PA, QL (10 pods per month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods per month)

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit per 999 days)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL KIT COMPLETE	0	
ONETOUCH SOL KIT FIT	0	
ONETOUCH SOL KIT REFILL	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANC 30G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	

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Drug Name	Drug Tier	Requirements/Limits
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST LIQ HIGH CON	0	
RIGHTEST LIQ NORM CON	0	
RIGHTEST MIS GD500	0	
RIGHTEST MIS GL300	0	

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Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTTEST MIS LANCETS	0	
SMARTTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	

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Drug Name	Drug Tier	Requirements/Limits
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	

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Drug Name	Drug Tier	Requirements/Limits
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
TWIST LANCET MIS 30G MULT	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	

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Drug Name	Drug Tier	Requirements/Limits
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	0	PA, QL (30 pumps per month)
V-GO 30 KIT	0	QL (30 pumps per month)
V-GO 40 KIT	0	QL (30 pumps per month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VERIFINE MIS UNIV 30G	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 28G	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	

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Drug Name	Drug Tier	Requirements/Limits
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
CEQR SIMPL KIT PATCH 2U	0	
INPEN 100EL MIS BLUE-HUM	0	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	

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Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
AIRZONE PEAK MIS FLOW MTR	3	
ASSESS METER MIS FULL	3	
ASSESS METER MIS LOW	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS METER	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPC	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
LUNG PERFM MIS METER	3	
MICROCHAMBER MIS	3	
MICROLIFE MIS PEAK FLO	3	
MINI WRIGHT MIS PFM	3	
MINI WRIGHT MIS PFM LOW	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	

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Drug Name	Drug Tier	Requirements/Limits
PEAK A-I-R MIS FLW METR	3	
PEAK AIR FLO MIS ADLT/PED	3	
PEAK FLOW MIS METER	3	
PEAK FLW MTR MIS ADULT	3	
PEAK FLW MTR MIS CHILD	3	
PEAK FLW MTR MIS UNIVERSL	3	
PIKO 1 MIS ELECTRON	3	
POCKET CHAMB MIS	3	
POCKET PEAK MIS METER	3	
POCKET SPACE MIS	3	
POCKETPEAK MIS MTR LOW	3	
PROCARE MIS ADULT	3	
PROCARE MIS CHILD	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
SPACER CHAMB MIS ADULT	3	
SPACER CHAMB MIS CHILD	3	
SPACER CHAMB MIS INFANT	3	
TRUZONE PEAK MIS FLOW MTR	3	

MIGRAINE PRODUCTS**CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML	2	ST, PA, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, PA, QL (1 pen every 25 days)
AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 30MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 60MG	2	ST, QL (30 tabs every 25 days)
UBRELVY TAB 50MG	2	PA, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	PA, QL (16 ea every 25 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
TRUDHESA AER 0.725MG	3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
AMERGE TAB 1MG	3	QL (12 tabs every 30 days)
AMERGE TAB 2.5MG	3	QL (12 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	3	QL (16 nosepieces every 25 days)
RELPAK TAB 20MG	3	QL (12 tabs every 30 days)
RELPAK TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)
ZOMIG TAB 2.5MG	3	QL (12 tabs every 30 days)
ZOMIG TAB 5MG	3	QL (12 tabs every 30 days)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 tabs every 30 days)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 tabs every 30 days)

MINERALS & ELECTROLYTES**FLUORIDE**

FLUORABON DRO	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply

POTASSIUM

K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	3	
K-TAB TAB 20MEQ	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
POTASSIUM POW CHLORIDE	3	

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

DEPEN TITRA TAB 250MG	5	PA
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)

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

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	3	
<i>azathioprine tab 100 mg</i>	3	
CELLCEPT CAP 250MG	3	PA
CELLCEPT IV INJ 500MG	3	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	4	PA, QL (1 PFS PER 28 DAYS); LOADING DOSE: 3 PFS PER 29 DAYS
ENVARUSUS XR TAB 0.75MG	3	PA
ENVARUSUS XR TAB 1MG	3	PA

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

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Drug Name	Drug Tier	Requirements/Limits
ENVARUSUS XR TAB 4MG	3	PA
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	3	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.5MG	3	PA
ZORTRESS TAB 0.25MG	3	PA
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 INJ PER 28 DAYS); LOADING DOSE: 8 SYR PER 28 DAYS
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	QL (90 ea every 25 days)
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
STERIODS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	3	
ORAFATE PST 10%	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG	3	

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

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Drug Name	Drug Tier	Requirements/Limits
LYVISPAH GRA 10MG	3	
LYVISPAH GRA 20MG	3	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SKELAXIN TAB 800MG	3	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
<i>DIRECT MUSCLE RELAXANTS</i>		
DANTRIUM CAP 25MG	3	
DANTRIUM CAP 50MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>MUSCLE RELAXANT COMBINATIONS</i>		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	QL (168 tabs every 25 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>NASAL AGENT COMBINATIONS</i>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package (23gm) per 25 days)
<i>NASAL AGENTS - MISC.</i>		
NOZIN NASAL MIS SANITIZE	0	

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Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package (30.5gm) per 25 days)
PATANASE SPR 0.6%	3	QL (1 package (30.5gm) per 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages (25mL each) per 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package (16gm) per 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 packages (17gm each) per 25 days)
NASONEX SPR 50MCG/AC	3	QL (2 packages (17gm each) per 25 days)
XHANCE MIS 93MCG	3	PA, QL (2 packages (16mL each) per 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	5	PA, QL (50ML (1 BOTTLE) FOR 28 DAYS)
RADICAVA ORS SUS STARTER	5	PA, QL (50ML (1 BOTTLE) FOR 28 DAYS)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 BOTTLES (120 MG) PER 24 DAYS)

OPHTHALMIC AGENTS**BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	

CYCLOPLEGIC MYDRIATICS

ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclopentolate hcl ophth soln 2%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (4 mL every 25 days)
<i>levofloxacin ophth soln 0.5%</i>	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	
TOBEX SOL 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (16 CARTONS PER 56 DAYS - ONE TIME TREATMENT)

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE INJ 0.15%	3	
VISIONBLUE INJ 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIAL SOL 2%	3	

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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 BOTTLES PER 28 DAYS)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>DERMOTIC OIL 0.01%</i>	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>CERVIDIL VAG MIS 10MG INS</i>	3	
<i>PREPIDIL GEL 0.5MG/3G</i>	3	
<i>PROSTIN E2 SUP 20MG</i>	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tabs every 30 days)
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**AGENTS FOR CHEMICAL DEPENDENCY**

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

ANTI-CATAPLECTIC AGENTS

LUMRYZ PAK 6GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PAK 7.5GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PAK 9GM	5	PA, QL (30 PACKETS PER 30 DAYS)
LUMRYZ PKG 4.5GM	5	PA, QL (30 PACKETS PER 30 DAYS)
XYREM SOL 500MG/ML	5	PA, QL (540 ML PER 30 DAYS)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB 6MG	4	PA, QL (90 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 24MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 TABLETS PER 28 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	5	PA, QL (60 TABLETS PER 30 DAYS)
AVONEX PEN KIT 30MCG	4	PA, QL (4 PENS PER 28 DAYS)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES PER 28 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PENS PER 28 DAYS); LOADING DOSE: 3 PENS PER 15 DAYS
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	4	PA, QL (7 TABLETS PER 4 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 1MG	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PLEGRIDY INJ	5	PA, QL (1 CARTON PER 28 DAYS)
PLEGRIDY INJ	5	PA, QL (1 KIT PER 28 DAYS)
PLEGRIDY INJ PEN	5	PA, QL (2 PENS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ STARTER	5	PA, QL (1 PACK PER 28 DAYS)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 PACK PER 28 DAYS)
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>teriflunomide tab 7 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	1	PA, QL (30 tabs every 30 days)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (1 Starter Kit per 28 days)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

GRALISE TAB 300MG	2	QL (150 tabs every 25 days)
GRALISE TAB 450MG	2	QL (90 tablets per 25 days)
GRALISE TAB 600MG	2	QL (90 tabs every 25 days)
GRALISE TAB 750MG	2	QL (60 tablets per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 900MG	2	QL (60 tablets per 25 days)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 tabs every 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5& 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	3	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ DIS 14MG/24H	3	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ DIS 21MG/24H	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG CINN	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MGFRUIT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG	3	OTC; \$0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM 4MG CINN	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MGFRUIT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 4MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 4MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 13.4MG	5	PA, QL (56 packets per 28 days)
KALYDECO PAK 25MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	5	PA, QL (1 CARTON (56 TABS) PER 28 DAYS)
ORKAMBI GRA 75-94MG	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 100-125	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TAB 100-125	5	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	5	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	5	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	5	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets per 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets per 28 days)
TRIKAFTA TAB	5	PA, QL (84 TABLETS PER 28 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
<i>pirfenidone tab 267 mg</i>	1	QL (270 TABLETS PER 30 DAYS)
<i>pirfenidone tab 801 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	

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

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

THYROID AGENTS**ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	3	
TAPAZOLE TAB 10MG	3	

THYROID HORMONES

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
SYMAX DUOTAB TAB	3	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 ea every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	1	\$0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE GEL 0.75%	1	
XACIATO GEL 2%	3	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.1MG	2	QL (3 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (3 pens every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
<i>droxidopa cap 200 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
<i>droxidopa cap 300 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
<i>phytonadione tab 5 mg</i>	1	

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<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	43	ALINIA SUS 100/5ML.....	35
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	43	ALINIA TAB 500MG	35
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	43	<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	79
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	43	<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	79
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	43	ALKERAN TAB 2MG.....	81
<i>albuterol sulfate syrup 2 mg/5ml</i>	43	<i>allopurinol tab 100 mg</i>	170
<i>albuterol sulfate tab 2 mg</i>	43	<i>allopurinol tab 300 mg</i>	170
<i>albuterol sulfate tab 4 mg</i>	43	<i>almotriptan malate tab 12.5 mg</i>	200
<i>albuterol sulfate tab er 12hr 4 mg</i>	43	<i>almotriptan malate tab 6.25 mg</i>	200
<i>albuterol sulfate tab er 12hr 8 mg</i>	43	ALOCRIIL SOL 2%	214
ALCAINE SOL 0.5% OP	213	ALOMIDE SOL 0.1% OP.....	215
<i>alclometasone dipropionate cream 0.05%</i>	141	<i>alosepron hcl tab 0.5 mg (base equiv)</i>	168
<i>alclometasone dipropionate oint 0.05%</i>	141	<i>alosepron hcl tab 1 mg (base equiv)</i>	168
ALCOH-GLOVE PAD CONTOURE	196	ALPHAGAN P SOL 0.1%.....	212
ALCOHOL PAD	196	ALPHAGAN P SOL 0.15%	212
ALCOHOL PAD 70%	196	ALPRAZOLAM CON 1 MG/ML	38
ALCOHOL PAD PREP.....	196	<i>alprazolam orally disintegrating tab 0.25 mg</i>	38
ALCOHOL PAD SWABSTIC.....	196	<i>alprazolam orally disintegrating tab 0.5 mg</i>	38
ALCOHOL PREP PAD.....	196	<i>alprazolam orally disintegrating tab 1 mg</i>	38
ALCOHOL PREP PAD 70%	196	<i>alprazolam orally disintegrating tab 2 mg</i>	38
ALCOHOL PREP PAD MED 70%	196	<i>alprazolam tab 0.25 mg</i>	38
ALCOHOL PREP PAD PADS 70%.....	196	<i>alprazolam tab 0.5 mg</i>	38
ALCOHOL SWAB PAD	196	<i>alprazolam tab 1 mg</i>	38
ALCOHOL SWAB PAD 70%.....	196	<i>alprazolam tab 2 mg</i>	38
ALCOHOL SWAB PAD EX-THICK.....	196	<i>alprazolam tab er 24hr 0.5 mg</i>	38
ALCOHOL WIPE PAD	196	<i>alprazolam tab er 24hr 1 mg</i>	39
ALDACTAZIDE TAB 25/25	156	<i>alprazolam tab er 24hr 2 mg</i>	39
ALDACTAZIDE TAB 50/50	156	<i>alprazolam tab er 24hr 3 mg</i>	39
ALDACTONE TAB 100MG	157	ALTABAX OIN 1%.....	133
ALDACTONE TAB 25MG	157	ALTACE CAP 1.25MG	71
ALDACTONE TAB 50MG	157	ALTACE CAP 10MG	71
ALECENSA CAP 150MG	87	ALTACE CAP 2.5MG	71
<i>alendronate sodium oral soln 70 mg/75ml</i>	157	ALTACE CAP 5MG.....	71
<i>alendronate sodium tab 10 mg</i>	158	ALUNBRIG PAK	87
<i>alendronate sodium tab 35 mg</i>	158	ALUNBRIG TAB 180MG	87
<i>alendronate sodium tab 5 mg</i>	158	ALUNBRIG TAB 30MG	87
<i>alendronate sodium tab 70 mg</i>	158	ALUNBRIG TAB 90MG	87
<i>alfuzosin hcl tab er 24hr 10 mg</i>	170	<i>alvimopan cap 12 mg</i>	169
		<i>amantadine hcl cap 100 mg</i>	94

<i>amantadine hcl soln 50 mg/5ml</i>	94	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl tab 100 mg</i>	94	<i>calcium tab 2.5-10 mg</i>	118
AMARYL TAB 1MG	62	<i>amlodipine besylate-atorvastatin</i>	
AMARYL TAB 2MG	62	<i>calcium tab 2.5-20 mg</i>	118
AMARYL TAB 4MG	62	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN CR TAB 12.5MG	175	<i>calcium tab 2.5-40 mg</i>	118
AMBIEN CR TAB 6.25MG	175	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN TAB 10MG	175	<i>calcium tab 5-10 mg</i>	118
AMBIEN TAB 5MG	175	<i>amlodipine besylate-atorvastatin</i>	
<i>ambrisentan tab 10 mg</i>	122	<i>calcium tab 5-20 mg</i>	119
<i>ambrisentan tab 5 mg</i>	122	<i>amlodipine besylate-atorvastatin</i>	
<i>amcinonide cream 0.1%</i>	141	<i>calcium tab 5-40 mg</i>	119
<i>amcinonide lotion 0.1%</i>	141	<i>amlodipine besylate-atorvastatin</i>	
AMCINONIDE OIN 0.1%	141	<i>calcium tab 5-80 mg</i>	119
AMERGE TAB 1MG	200	<i>amlodipine besylate-benazepril hcl cap</i>	
AMERGE TAB 2.5MG	200	<i>10-20 mg</i>	74
AMICAR TAB 1000MG	174	<i>amlodipine besylate-benazepril hcl cap</i>	
AMICAR TAB 500MG	174	<i>10-40 mg</i>	74
<i>amiloride & hydrochlorothiazide tab 5-</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>50 mg</i>	156	<i>2.5-10 mg</i>	74
<i>amiloride hcl tab 5 mg</i>	157	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>		<i>5-10 mg</i>	74
.....	174	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>aminocaproic acid tab 1000 mg</i>	174	<i>5-20 mg</i>	74
<i>aminocaproic acid tab 500 mg</i>	174	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amiodarone hcl tab 100 mg</i>	40	<i>5-40 mg</i>	74
<i>amiodarone hcl tab 200 mg</i>	40	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 400 mg</i>	40	<i>medoxomil tab 10-20 mg</i>	74
<i>amitriptyline hcl tab 100 mg</i>	57	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 10 mg</i>	57	<i>medoxomil tab 10-40 mg</i>	75
<i>amitriptyline hcl tab 150 mg</i>	57	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 25 mg</i>	57	<i>medoxomil tab 5-20 mg</i>	74
<i>amitriptyline hcl tab 50 mg</i>	57	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 75 mg</i>	57	<i>medoxomil tab 5-40 mg</i>	74
AMJEVITA INJ 10/0.2ML	10	<i>amlodipine besylate tab 10 mg (base</i>	
AMJEVITA INJ 20/0.4ML	10	<i>equivalent)</i>	115
AMJEVITA INJ 40/0.8ML	10	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>equivalent)</i>	115
<i>calcium tab 10-10 mg</i>	119	<i>amlodipine besylate tab 5 mg (base</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>equivalent)</i>	115
<i>calcium tab 10-20 mg</i>	119	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>160 mg</i>	75
<i>calcium tab 10-40 mg</i>	119	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>320 mg</i>	75
<i>calcium tab 10-80 mg</i>	119	<i>amlodipine besylate-valsartan tab 5-</i>	
		<i>160 mg</i>	75

<i>amlodipine besylate-valsartan tab 5-320 mg</i>	75	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	75	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	75	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	75	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	75	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	217
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	75	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	217
<i>amoxapine tab 100 mg</i>	57	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	217
<i>amoxapine tab 150 mg</i>	57	<i>AMPHETAMI ER SUS 1.25/ML</i>	1
<i>amoxapine tab 25 mg</i>	57	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1
<i>amoxapine tab 50 mg</i>	57	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	231	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1
<i>amoxicillin (trihydrate) cap 250 mg</i>	216	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1
<i>amoxicillin (trihydrate) cap 500 mg</i>	216	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	216	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	216	<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	216	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	216	<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	216	<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	216	<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amoxicillin (trihydrate) tab 500 mg</i>	216	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin (trihydrate) tab 875 mg</i>	216	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	217	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	217	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	217	<i>ampicillin cap 500 mg</i>	216
		<i>AMPYRA TAB 10MG</i>	221
		<i>ANACAINE OIN</i>	148

ANAFRANIL CAP 25MG	57	ARAZLO LOT 0.045%	131
ANAFRANIL CAP 50MG	57	<i>arformoterol tartrate soln nebu 15</i>	
ANAFRANIL CAP 75MG	57	<i>mcg/2ml (base equiv).....</i>	43
<i>anagrelide hcl cap 0.5 mg</i>	172	ARICEPT TAB 10MG	218
<i>anagrelide hcl cap 1 mg</i>	172	ARICEPT TAB 23MG	218
ANALPRAM-HC CRE 1-1%.....	34	ARICEPT TAB 5MG	218
ANALPRAM-HC LOT 2.5%	34	ARIKAYCE SUS	9
ANASPAZ TAB 0.125MG	229	ARIMIDEX TAB 1MG	84
<i>anastrozole tab 1 mg</i>	84	<i>aripiprazole orally disintegrating tab 10</i>	
ANCOBON CAP 250MG	65	<i>mg</i>	103
ANCOBON CAP 500MG	65	<i>aripiprazole orally disintegrating tab 15</i>	
ANDRODERM DIS 2MG/24HR.....	33	<i>mg</i>	103
ANDRODERM DIS 4MG/24HR.....	33	<i>aripiprazole oral solution 1 mg/ml...</i>	103
ANNOVERA MIS	127	<i>aripiprazole tab 10 mg</i>	103
ANORO ELLIPT AER 62.5-25	43	<i>aripiprazole tab 15 mg</i>	103
ANTARA CAP 30MG	68	<i>aripiprazole tab 20 mg</i>	103
ANTARA CAP 90MG	68	<i>aripiprazole tab 2 mg</i>	103
ANUSOL-HC CRE 2.5%	34	<i>aripiprazole tab 30 mg</i>	103
APLENZIN TAB 174MG	53	<i>aripiprazole tab 5 mg</i>	103
APLENZIN TAB 348MG	53	ARISTADA INJ 1064MG	103
APLENZIN TAB 522MG	53	ARISTADA INJ 441MG/1.....	103
APLICARE ALC PAD SWABSTIC.....	196	ARISTADA INJ 662MG/2.....	103
<i>apraclonidine hcl ophth soln 0.5%</i>		ARISTADA INJ 882MG/3.....	103
<i>(base equivalent)</i>	212	ARISTADA INJ INITIO	103
<i>aprepitant capsule 125 mg</i>	65	ARIXTRA INJ 10/0.8ML	45
<i>aprepitant capsule 40 mg</i>	65	ARIXTRA INJ 2.5/0.5	45
<i>aprepitant capsule 80 mg</i>	65	ARIXTRA INJ 5/0.4ML	45
<i>aprepitant capsule therapy pack 80 &</i>		ARIXTRA INJ 7.5/0.6	45
<i>125 mg</i>	65	<i>armodafinil tab 150 mg</i>	6
APRISO CAP 0.375GM.....	166	<i>armodafinil tab 200 mg</i>	6
APTIOM TAB 200MG	48	<i>armodafinil tab 250 mg</i>	6
APTIOM TAB 400MG	48	<i>armodafinil tab 50 mg</i>	6
APTIOM TAB 600MG	48	ARMOUR THYRO TAB 120MG.....	228
APTIOM TAB 800MG	48	ARMOUR THYRO TAB 15MG	228
AQUALANCE MIS 30G	180	ARMOUR THYRO TAB 180MG.....	228
ARANESP INJ 100MCG	173	ARMOUR THYRO TAB 240MG.....	228
ARANESP INJ 10MCG	173	ARMOUR THYRO TAB 300MG.....	228
ARANESP INJ 150MCG	173	ARMOUR THYRO TAB 30MG	228
ARANESP INJ 200MCG	173	ARMOUR THYRO TAB 60MG	228
ARANESP INJ 25MCG	173	ARMOUR THYRO TAB 90MG	228
ARANESP INJ 300MCG	173	ARNICA TIN FLOWER	149
ARANESP INJ 40MCG	173	AROMASIN TAB 25MG.....	84
ARANESP INJ 500MCG	173	ARTISS SOL 10ML	174
ARANESP INJ 60MCG	173	ARTISS SOL 2ML.....	174
ARAVA TAB 10MG	20	ARTISS SOL 4ML.....	174
ARAVA TAB 20MG	20		

<i>asenapine maleate sl tab 10 mg (base equiv)</i>	100	<i>atenolol tab 100 mg</i>	113
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	100	<i>atenolol tab 25 mg</i>	113
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	100	<i>atenolol tab 50 mg</i>	113
<i>aspirin chew tab 81 mg</i>	23	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	5
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	172	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4
<i>aspirin tab delayed release 81 mg</i>	23	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4
ASSESS METER MIS FULL	198	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4
ASSESS METER MIS LOW	198	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	5
ASSURE 3 LIQ CONTROL	180	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	5
ASSURE 4 LIQ LEVEL1/2	180	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	5
ASSURE CMFRT MIS 28G.....	180	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	69
ASSURE DOSE SOL NORM/HGH.....	180	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	69
ASSURE DOSE SOL NORMAL.....	180	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	69
ASSURE II LIQ LEVEL 1	180	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	69
ASSURE II LIQ LEVEL1/2.....	180	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	80
ASSURE LANCE MIS 21G	180	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	79
ASSURE LANCE MIS 28G	180	<i>atovaquone susp 750 mg/5ml</i>	35
ASSURE LANCE MIS LOW FLOW	180	ATRIPLA TAB	104
ASSURE LANCE MIS MICRO	180	ATROPINE SUL SOL 1% OP.....	211
ASSURE LANCE MIS SAFE 25G.....	180	AUGMENTIN SUS 125/5ML.....	217
ASSURE LANCE MIS SAFE 30G.....	180	AUGMENTIN SUS 250/5ML.....	217
ASSURE PLUS MIS HIGH 18G.....	180	AUGMENTIN SUS ES-600.....	217
ASSURE PLUS MIS LOW 25G.....	180	AUGMENTIN TAB 500MG	217
ASSURE PLUS MIS MCRO 28G.....	180	AURORA LANCE MIS 30G.....	180
ASSURE PLUS MIS NORM 21G.....	180	AURORA LANCE MIS THIN 23G.....	180
ASSURE PLUS MIS PEDIATRI	180	AURYXIA TAB 210MG	169
ASSURE PRISM SOL LEVEL1/2.....	180	AUSTEDO TAB 12MG.....	220
ASSURE PRO LIQ LEVEL1/2	180	AUSTEDO TAB 6MG	220
ASTAGRAF XL CAP 0.5MG.....	205	AUSTEDO TAB 9MG	220
ASTAGRAF XL CAP 1MG.....	205	AUSTEDO XR TAB 12MG.....	221
ASTAGRAF XL CAP 5MG.....	205	AUSTEDO XR TAB 24MG.....	221
<i>atazanavir sulfite cap 150 mg (base equiv)</i>	104	AUSTEDO XR TAB 6MG.....	221
<i>atazanavir sulfite cap 200 mg (base equiv)</i>	104	AUSTEDO XR TAB TITR KIT.....	221
<i>atazanavir sulfite cap 300 mg (base equiv)</i>	104		
AELVIA TAB	158		
<i>atenolol & chlorthalidone tab 100-25 mg</i>	75		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	75		

AUTO LANCET MIS.....	180	<i>azithromycin powd pack for susp 1 gm</i>	
AUTO-LANCET MIS	180	.....	177
AUTO-LANCET MIS MINI.....	180	<i>azithromycin tab 250 mg.....</i>	177
AUTOLET II KIT CLINISAF.....	180	<i>azithromycin tab 500 mg.....</i>	177
AUTOLET IMPR MIS LANC DEV	180	<i>azithromycin tab 600 mg.....</i>	177
AUTOLET LANC MIS DEVICE	180	AZSTARYS CAP 26.1-5.2.....	6
AUTOLET LITE KIT	180	AZSTARYS CAP 39.2-7.8.....	6
AUTOLET LITE KIT CLINISAF.....	180	AZSTARYS CAP 52.3-10.....	6
AUTOLET LITE KIT STARTER	180	AZULFIDINE TAB 500MG	166
AUTOLET MINI MIS.....	180	AZULFIDINE TAB 500MG EN	166
AUTOLET PLAT MIS 1.8MM.....	180	B	
AUTOLET PLAT MIS 2.4MM.....	180	<i>bacitracin ophth oint 500 unit/gm...</i>	212
AUTOLET PLAT MIS 3.0MM.....	180	<i>bacitracin-polymyxin b ophth oint...</i>	212
AUTOLET PLUS MIS	181	<i>bacitracin-polymyxin-neomycin-hc</i>	
AUTOLET PLUS MIS LANC DEV	181	<i>ophth oint 1%.....</i>	214
AUVI-Q INJ 0.15MG.....	233	<i>baclofen tab 10 mg.....</i>	208
AUVI-Q INJ 0.1MG.....	233	<i>baclofen tab 20 mg.....</i>	208
AUVI-Q INJ 0.3MG.....	233	<i>baclofen tab 5 mg</i>	208
AVALIDE TAB 150-12.5.....	75	BACTRIM DS TAB 800-160	35
AVALIDE TAB 300-12.5.....	75	BACTRIM TAB 400-80MG.....	35
AVANDIA TAB 2MG.....	62	BALCOLTRA TAB 0.1-20	125
AVANDIA TAB 4MG.....	62	<i>balsalazide disodium cap 750 mg ...</i>	166
AVAPRO TAB 150MG.....	72	BALVERSA TAB 3MG	87
AVAPRO TAB 300MG.....	73	BALVERSA TAB 4MG	87
AVAPRO TAB 75MG	72	BALVERSA TAB 5MG	87
AVODART CAP 0.5MG.....	170	BAQSIMI ONE POW 3MG/DOSE	60
AVONEX PEN KIT 30MCG.....	221	BAQSIMI TWO POW 3MG/DOSE	60
AVONEX PREFL KIT 30MCG.....	221	BARACLUDGE SOL.....	110
AYGESTIN TAB 5MG.....	217	BASAGLAR INJ 100UNIT.....	61
<i>azacitidine for inj 100 mg</i>	82	BAXDELA TAB 450MG	165
<i>azathioprine tab 100 mg</i>	205	BD LANCET UF MIS 30G	181
<i>azathioprine tab 50 mg</i>	205	BD LANCET UF MIS 33G	181
<i>azathioprine tab 75 mg</i>	205	BD MICROTAIN MIS LANCETS	181
<i>azelaic acid gel 15%</i>	149	BD SWAB BFLY PAD SNGL USE.....	196
<i>azelastine hcl-fluticasone prop nasal</i>		BD U-500 MIS 31GX6MM.....	197
<i>spray 137-50 mcg/act.....</i>	209	BD ULTRAFINE INSULIN	
<i>azelastine hcl nasal spray 0.1% (137</i>		SYRINGES/NEEDLES	197
<i>mcg/spray).....</i>	210	BD ULTRAFINE PEN NEEDLES.....	197
<i>azelastine hcl nasal spray 0.15%</i>		BELBUCA MIS 150MCG	32
<i>(205.5 mcg/spray).....</i>	210	BELBUCA MIS 300MCG	32
<i>azelastine hcl ophth soln 0.05%</i>	215	BELBUCA MIS 450MCG	32
AZILECT TAB 0.5MG	97	BELBUCA MIS 600MCG	32
AZILECT TAB 1MG.....	97	BELBUCA MIS 750MCG	32
<i>azithromycin for susp 100 mg/5ml..</i>	177	BELBUCA MIS 75MCG	31
<i>azithromycin for susp 200 mg/5ml..</i>	177	BELBUCA MIS 900MCG	32
		BELLA/OPIUM SUP 16.2-30.....	229

BELLA/OPIUM SUP 16.2-60.....	229	<i>betamethasone dipropionate lotion</i>	
<i>benazepril & hydrochlorothiazide tab</i>		0.05%	142
10-12.5 mg	75	<i>betamethasone valerate aerosol foam</i>	
<i>benazepril & hydrochlorothiazide tab</i>		0.12%	142
20-12.5 mg	75	<i>betamethasone valerate cream 0.1%</i>	
<i>benazepril & hydrochlorothiazide tab</i>		(base equivalent)	142
20-25 mg	75	<i>betamethasone valerate lotion 0.1%</i>	
<i>benazepril & hydrochlorothiazide tab 5-</i>		(base equivalent)	142
<i>6.25 mg</i>	<i>75</i>	<i>betamethasone valerate oint 0.1%</i>	
<i>benazepril hcl tab 10 mg</i>	<i>71</i>	(base equivalent)	142
<i>benazepril hcl tab 20 mg</i>	<i>71</i>	BETASERON INJ 0.3MG	221
<i>benazepril hcl tab 40 mg</i>	<i>71</i>	<i>betaxolol hcl ophth soln 0.5%</i>	<i>211</i>
<i>benazepril hcl tab 5 mg</i>	<i>71</i>	<i>betaxolol hcl tab 10 mg</i>	<i>113</i>
BENLYSTA INJ 200MG/ML.....	207	<i>betaxolol hcl tab 20 mg</i>	<i>114</i>
BENZALKONIUM SOL NF.....	104	<i>bethanechol chloride tab 10 mg.....</i>	<i>232</i>
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BENZNIDAZOLE TAB 100MG	34	<i>bethanechol chloride tab 5 mg</i>	<i>232</i>
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BETADINE SOL 5% OP	212	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>betamethasone dipropionate</i>		2.5-6.25 mg	75
<i>augmented cream 0.05%</i>	<i>142</i>	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>betamethasone dipropionate</i>		<i>6.25 mg</i>	<i>75</i>
<i>augmented gel 0.05%</i>	<i>142</i>	<i>bisoprolol fumarate tab 10 mg</i>	<i>114</i>
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<i>bromocriptine mesylate tab 2.5 mg</i>		<i>bupropion hcl tab er 12hr 100 mg</i>	54
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<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	95
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<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	95
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<i>carvedilol phosphate cap er 24hr 10 mg</i>	113
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<i>cephalexin for susp 250 mg/5ml</i>	124	<i>gm</i>	68
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<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i>	165	<i>clindamycin hcl cap 75 mg</i>	36
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<i>clomiphene citrate tab 50 mg</i>	159	<i>mg</i>	100
<i>clomipramine hcl cap 25 mg</i>	57	<i>clozapine orally disintegrating tab 25</i>	
<i>clomipramine hcl cap 50 mg</i>	57	<i>mg</i>	100
<i>clomipramine hcl cap 75 mg</i>	57	<i>clozapine tab 100 mg</i>	100
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 200 mg</i>	100
<i>0.125 mg</i>	47	<i>clozapine tab 25 mg</i>	100
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 50 mg</i>	100
<i>0.25 mg</i>	47	CLOZARIL TAB 100MG	100
<i>clonazepam orally disintegrating tab</i>		CLOZARIL TAB 200MG	100
<i>0.5 mg</i>	47	CLOZARIL TAB 25MG	100
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<i>desonide oint 0.05%</i>	143	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOWEN CRE 0.05%	143	<i>15 mg</i>	6
<i>desoximetasone cream 0.05%</i>	143	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone cream 0.25%</i>	143	<i>20 mg</i>	6
<i>desoximetasone gel 0.05%</i>	143	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone oint 0.25%</i>	143	<i>25 mg</i>	6
<i>desoximetasone spray 0.25%</i>	143	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOXYN TAB 5MG	1	<i>30 mg</i>	6
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<i>100 mg (base equiv)</i>	56	<i>35 mg</i>	6
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>25 mg (base equiv)</i>	56	<i>40 mg</i>	6
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
<i>50 mg (base equiv)</i>	56	<i>mg</i>	6
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<i>dexamethasone tab 0.5 mg</i>	128	<i>dextroamphetamine sulfate cap er 24hr</i>	
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<i>dexamethasone tab 4 mg</i>	128	<i>dextroamphetamine sulfate tab 15 mg</i> 2	
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<i>dexamethasone tab therapy pack 1.5</i>		2
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<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl cap 50 mg</i>	57
<i>125 mg</i>	53	<i>doxepin hcl cap 75 mg</i>	57
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<i>escitalopram oxalate tab 20 mg (base equiv)</i>	55	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	164
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<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	230	<i>estradiol td patch weekly 0.075 mg/24hr</i>	165
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<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	230	<i>estradiol vaginal cream 0.1 mg/gm</i>	233
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<i>estazolam tab 2 mg</i>	175	<i>estradiol valerate im in oil 40 mg/ml</i>	165
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<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	163	<i>ethambutol hcl tab 100 mg</i>	80
<i>estradiol tab 0.5 mg</i>	164	<i>ethambutol hcl tab 400 mg</i>	80
<i>estradiol tab 1 mg</i>	164	<i>ethosuximide cap 250 mg</i>	53
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<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	164	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	125
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	164	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	125
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	164	<i>etodolac cap 200 mg</i>	18
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	164	<i>etodolac cap 300 mg</i>	18
<i>estradiol vaginal cream 0.1 mg/gm</i>	233	<i>etodolac tab 400 mg</i>	18
<i>estradiol valerate im in oil 20 mg/ml</i>	165	<i>etodolac tab 500 mg</i>	18
<i>estradiol valerate im in oil 40 mg/ml</i>	165	<i>etodolac tab er 24hr 400 mg</i>	18
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<i>eszopiclone tab 1 mg</i>	175		
<i>eszopiclone tab 2 mg</i>	175		
<i>eszopiclone tab 3 mg</i>	175		
<i>ethacrynic acid tab 25 mg</i>	156		
<i>ethambutol hcl tab 100 mg</i>	80		
<i>ethambutol hcl tab 400 mg</i>	80		
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<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	125		
<i>etodolac cap 200 mg</i>	18		
<i>etodolac cap 300 mg</i>	18		
<i>etodolac tab 400 mg</i>	18		
<i>etodolac tab 500 mg</i>	18		
<i>etodolac tab er 24hr 400 mg</i>	18		
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<i>etravirine tab 100 mg</i>	106	F.A.A. LIQ	151
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<i>everolimus tab 0.25 mg</i>	206	FARXIGA TAB 5MG	62
<i>everolimus tab 0.5 mg</i>	206	FASENRA PEN INJ 30MG/ML	40
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<i>fentanyl citrate lozenge on a handle 400 mcg</i>	24	<i>flecainide acetate tab 150 mg</i>	40
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FINE 30 MIS	184	<i>fluocinolone acetonide soln 0.01%</i> ..	144
		<i>fluocinonide cream 0.05%</i>	144
		<i>fluocinonide emulsified base cream 0.05%</i>	144
		<i>fluocinonide gel 0.05%</i>	144
		<i>fluocinonide oint 0.05%</i>	144
		<i>fluocinonide soln 0.05%</i>	144

FLUORABON DRO	203	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluorometholone ophth susp 0.1%</i> ..	214	<i>(base equivalent)</i>	69
<i>fluorouracil cream 5%</i>	135	<i>fluvoxamine maleate cap er 24hr 100</i>	
<i>fluorouracil soln 2%</i>	135	<i>mg</i>	55
<i>fluorouracil soln 5%</i>	135	<i>fluvoxamine maleate cap er 24hr 150</i>	
<i>fluoxetine hcl cap 10 mg</i>	55	<i>mg</i>	55
<i>fluoxetine hcl cap 20 mg</i>	55	<i>fluvoxamine maleate tab 100 mg</i>	55
<i>fluoxetine hcl cap 40 mg</i>	55	<i>fluvoxamine maleate tab 25 mg</i>	55
<i>fluoxetine hcl cap delayed release 90</i>		<i>fluvoxamine maleate tab 50 mg</i>	55
<i>mg</i>	55	FOCALIN TAB 10MG	7
<i>fluoxetine hcl solution 20 mg/5ml</i>	55	FOCALIN TAB 2.5MG	6
<i>fluoxetine hcl tab 10 mg</i>	55	FOCALIN TAB 5MG	7
<i>fluoxetine hcl tab 20 mg</i>	55	<i>folic acid cap 0.8 mg</i>	173
<i>fluphenazine decanoate inj 25 mg/ml</i>		<i>folic acid tab 1 mg</i>	173
.....	102	<i>folic acid tab 400 mcg</i>	173
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	102	<i>folic acid tab 800 mcg</i>	173
<i>fluphenazine hcl inj 2.5 mg/ml</i>	102	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	102	<i>10 mg/0.8ml</i>	46
<i>fluphenazine hcl tab 10 mg</i>	102	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 1 mg</i>	102	<i>2.5 mg/0.5ml</i>	46
<i>fluphenazine hcl tab 2.5 mg</i>	102	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 5 mg</i>	102	<i>5 mg/0.4ml</i>	46
<i>flurazepam hcl cap 15 mg</i>	175	<i>fondaparinux sodium subcutaneous inj</i>	
<i>flurazepam hcl cap 30 mg</i>	175	<i>7.5 mg/0.6ml</i>	46
<i>flurbiprofen sodium ophth soln 0.03%</i>		FORACARE GDH SOL HIGH	185
.....	215	FORACARE GDH SOL LOW	185
<i>flurbiprofen tab 100 mg</i>	19	FORACARE GDH SOL NORMAL.....	185
<i>flurbiprofen tab 50 mg</i>	19	FORA CONTROL SOL HIGH	184
<i>flutamide cap 125 mg</i>	85	FORA CONTROL SOL LOW.....	184
<i>fluticasone propionate cream 0.05%</i>		FORA CONTROL SOL NORMAL	184
.....	144	FORA GTEL TES KETONE	150
<i>fluticasone propionate hfa inhal aer 110</i>		FORA LANCETS MIS 30G	184
<i>mcg/act (125/valve)</i>	42	FORA MIS LANCETS	185
<i>fluticasone propionate hfa inhal aer 220</i>		FORA MIS LANCING.....	185
<i>mcg/act (250/valve)</i>	42	FORFIVO XL TAB 450MG	54
<i>fluticasone propionate hfa inhal aero 44</i>		<i>formaldehyde solution 10%</i>	104
<i>mcg/act (50/valve)</i>	42	<i>formoterol fumarate soln nebu 20</i>	
<i>fluticasone propionate lotion 0.05%</i>	144	<i>mcg/2ml</i>	44
<i>fluticasone propionate nasal susp 50</i>		FORTEO INJ 600/2.4.....	158
<i>mcg/act</i>	210	FORTISCARE SOL CNTL HI.....	185
<i>fluticasone propionate oint 0.005%</i>	144	FORTISCARE SOL CNTL LOW	185
<i>fluvastatin sodium cap 20 mg (base</i>		FORTISCARE SOL CNTL NML.....	185
<i>equivalent)</i>	69	FOSAMAX + D TAB 70-2800	158
<i>fluvastatin sodium cap 40 mg (base</i>		FOSAMAX + D TAB 70-5600	158
<i>equivalent)</i>	69	FOSAMAX TAB 70MG	158

<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	106	GABITRIL TAB 16MG	52
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	36	GABITRIL TAB 2MG	52
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	76	GABITRIL TAB 4MG	52
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	76	GALAFOLD CAP 123MG	160
<i>fosinopril sodium tab 10 mg</i>	71	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	219
<i>fosinopril sodium tab 20 mg</i>	71	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	219
<i>fosinopril sodium tab 40 mg</i>	71	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	219
FREESTYLE LIQ CONTROL	185	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	219
FREESTYLE MIS LANCETS	185	<i>galantamine hydrobromide tab 12 mg</i>	219
FREESTYLE MIS UNISTICK	185	<i>galantamine hydrobromide tab 4 mg</i>	219
FROVA TAB 2.5MG	201	<i>galantamine hydrobromide tab 8 mg</i>	219
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	201	GASTROCROM CON 100/5ML	166
<i>furosemide oral soln 10 mg/ml</i>	156	<i>gatifloxacin ophth soln 0.5%</i>	212
<i>furosemide oral soln 8 mg/ml</i>	156	GATTEX KIT 5MG	169
<i>furosemide tab 20 mg</i>	156	GAVRETO CAP 100MG	88
<i>furosemide tab 40 mg</i>	156	GE100 CONTRL SOL NORMAL	185
<i>furosemide tab 80 mg</i>	157	GELFILM MIS OP	214
FUZEON INJ 90MG	106	<i>gemfibrozil tab 600 mg</i>	69
FYCOMPA SUS 0.5MG/ML	47	GEMTESA TAB 75MG	232
FYCOMPA TAB 10MG	47	GENERESS FE CHW	126
FYCOMPA TAB 12MG	47	GENOTROPIN INJ 0.2MG	160
FYCOMPA TAB 2MG	47	GENOTROPIN INJ 0.4MG	160
FYCOMPA TAB 4MG	47	GENOTROPIN INJ 0.6MG	160
FYCOMPA TAB 6MG	47	GENOTROPIN INJ 0.8MG	160
FYCOMPA TAB 8MG	47	GENOTROPIN INJ 1.2MG	160
FYLNETRA INJ 6MG/0.6	173	GENOTROPIN INJ 1.4MG	160
G		GENOTROPIN INJ 1.6MG	160
G4 PLATINUM MIS PEDIATRC	185	GENOTROPIN INJ 1.8MG	160
G4 PLATINUM MIS RCV/SHAR	185	GENOTROPIN INJ 12MG	160
G4 PLATINUM MIS RECEIVER	185	GENOTROPIN INJ 1MG	160
G4 PLATINUM MIS TRANSMIT	185	GENOTROPIN INJ 2MG	160
G4 PLAT PED MIS RVC/SHAR	185	GENOTROPIN INJ 5MG	160
G4 SENSOR MIS	185	<i>gentamicin sulfate cream 0.1%</i>	134
G5/G4 MIS SENSOR	185	<i>gentamicin sulfate oint 0.1%</i>	134
<i>gabapentin cap 100 mg</i>	48	<i>gentamicin sulfate ophth oint 0.3%</i>	212
<i>gabapentin cap 300 mg</i>	48	<i>gentamicin sulfate ophth soln 0.3%</i>	212
<i>gabapentin cap 400 mg</i>	48	GENTEEL LANC KIT BLUE	185
<i>gabapentin oral soln 250 mg/5ml</i>	48	GENTEEL MIS LANCETS	185
<i>gabapentin tab 600 mg</i>	49	GENTEEL MIS NOZZLES	185
<i>gabapentin tab 800 mg</i>	49		
GABITRIL TAB 12MG	52		

GENTEEL PLUS MIS BLACK	185	GLUC CONTROL SOL.....	186
GENTEEL PLUS MIS BLUE	185	GLUC CONTROL SOL MID	186
GENTEEL PLUS MIS PINK.....	185	GLUC CONTROL SOL NORMAL	186
GENTEEL PLUS MIS PURPLE	185	GLUCERNA 1.0 LIQ CARB VAN.....	151
GENTEEL PLUS MIS WHITE	185	GLUCERNA LIQ 1.2 CAL.....	151
GENTEEL TIPS MIS BLUE	185	GLUCERNA SEL LIQ VANILLA	151
GENTEEL TIPS MIS CLEAR	185	GLUCOCARD 01 LIQ NORM/HGH.....	186
GENTEEL TIPS MIS GREEN.....	185	GLUCOCARD 01 SOL NORMAL	186
GENTEEL TIPS MIS ORANGE	185	GLUCOCARD LIQ LEVEL 1	186
GENTEEL TIPS MIS RAINBOW	185	GLUCOCARD SOL NORMAL	186
GENTEEL TIPS MIS VIOLET	185	GLUCOCARD SOL SHINE	186
GENTEEL TIPS MIS YELLOW.....	185	GLUCOCOM MIS 28G	186
GENTLE-LET MIS 26G	185	GLUCOCOM MIS 30G	186
GENTLE-LET MIS 28G	186	GLUCOCOM MIS 33G	186
GENTLE-LET MIS LANCETS	186	GLUCOCOM TES HIGH CON	186
GENTLE-LET MIS PLATFORM	186	GLUCOCOM TES NORM CON	186
GENVOYA TAB	106	GLUCOSE CONT LIQ HIGH/LOW	186
GILOTRIF TAB 20MG	83	GLUCOSE CONT SOL HIGH	186
GILOTRIF TAB 30MG	84	GLUCOSE CONT SOL NORMAL.....	186
GILOTRIF TAB 40MG	84	GLUCOSE CONT SOL PRECISIO	186
<i>glatiramer acetate soln prefilled syringe</i>		GLUCOTROL TAB 10MG.....	63
<i>20 mg/ml</i>	222	GLUCOTROL XL TAB 10MG	63
<i>glatiramer acetate soln prefilled syringe</i>		GLUCOTROL XL TAB 2.5MG	63
<i>40 mg/ml</i>	222	GLUCOTROL XL TAB 5MG	63
GLEOSTINE CAP 100MG	81	GLUTARALDEHY SOL 25%	104
GLEOSTINE CAP 10MG.....	81	<i>glyburide-metformin tab 1.25-250 mg</i>	
GLEOSTINE CAP 40MG.....	81	.....	59
<i>glimepiride tab 1 mg</i>	62	<i>glyburide-metformin tab 2.5-500 mg</i>	59
<i>glimepiride tab 2 mg</i>	62	<i>glyburide-metformin tab 5-500 mg...</i>	59
<i>glimepiride tab 4 mg</i>	63	<i>glyburide micronized tab 1.5 mg</i>	63
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>glyburide micronized tab 3 mg</i>	63
.....	59	<i>glyburide micronized tab 6 mg</i>	63
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>glyburide tab 1.25 mg</i>	63
.....	59	<i>glyburide tab 2.5 mg</i>	63
<i>glipizide-metformin hcl tab 5-500 mg</i>	59	<i>glyburide tab 5 mg</i>	63
<i>glipizide tab 10 mg.....</i>	63	<i>glycopyrrolate oral soln 1 mg/5ml ..</i>	229
<i>glipizide tab 5 mg</i>	63	<i>glycopyrrolate tab 1 mg</i>	229
<i>glipizide tab er 24hr 10 mg.....</i>	63	<i>glycopyrrolate tab 2 mg</i>	229
<i>glipizide tab er 24hr 2.5 mg.....</i>	63	GLYNASE TAB 1.5MG.....	63
<i>glipizide tab er 24hr 5 mg</i>	63	GLYNASE TAB 3MG.....	63
GLOBAL 28G MIS LANCETS.....	186	GLYNASE TAB 6MG.....	63
GLOBAL 30G MIS LANCETS.....	186	GLYTACTIN PAK BTMK/DLT.....	151
GLOBAL LANC MIS DEVICE	186	GLYTACTIN POW BETMLK15.....	151
GLOBAL PREP PAD PADS	197	GLYTACTIN POW RST LT10	151
<i>glucagon (rdna) for inj kit 1 mg</i>	60	GLYTROL LIQ PREBIO1.....	151
GLUC CONTROL LIQ NORMAL.....	186	GLYXAMBI TAB 10-5 MG	59

GLYXAMBI TAB 25-5 MG	59	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	5
GNP ALCOHOL PAD SWABS	197	GUANIDINE TAB 125MG.....	80
GNP LANCETS MIS 21G	186	GVOKE HYPO 1 INJ .5/.1ML	60
GNP LANCETS MIS THIN.....	186	GVOKE HYPO 1 INJ 1MG/.2ML.....	60
GNP LANCETS MIS THIN 26G	186	GVOKE HYPO 2 INJ .5/.1ML	60
GOJJI BLOOD TES KETONE	150	GVOKE HYPO 2 INJ 1MG/.2ML.....	60
GOJJI CNTRL SOL NORMAL.....	186	GVOKE KIT SOL 1MG/0.2M.....	60
GOJJI LANCET MIS 30G	186	GVOKE PFS INJ.....	60
GOJJI MIS LANC DEV	186	GYNAZOLE-1 CRE 2%	233
GONAL-F INJ 1050UNIT	159	GYNOL II GEL 3%	232
GONAL-F INJ 450UNIT	159	H	
GONAL-F RFF INJ 300/0.5	159	HAEGARDA INJ 2000UNIT	171
GONAL-F RFF INJ 450/0.75.....	159	HAEGARDA INJ 3000UNIT	171
GONAL-F RFF INJ 75UNIT	159	HAEMOLANCE MIS HIGH FLO	186
GONAL-F RFF INJ 900/1.5	159	HAEMOLANCE MIS LOW FLOW	186
GOODSENSE MIS LANC 26G	186	HAEMOLANCE MIS PLUS.....	186
GOODSENSE MIS LANC 30G	186	HAEMOLANCE MIS PLUS LOW	187
GOODSENSE MIS LANC 33G	186	HAEMOLANCE MIS PLUS MAX.....	187
GOODSENSE MIS LANC DVC.....	186	HAEMOLANCE MIS PLUS PED	187
GORDOFILM SOL.....	148	HAEMOLANCE MIS RETRACT	187
GRALISE TAB 300MG	223	HALCION TAB 0.25MG.....	175
GRALISE TAB 450MG	223	HALDOL DECAN INJ 100MG/ML	99
GRALISE TAB 600MG	223	HALDOL DECAN INJ 50MG/ML.....	99
GRALISE TAB 750MG	223	HALDOL INJ 5MG/ML	99
GRALISE TAB 900MG	224	<i>halobetasol propionate cream 0.05%</i>	
<i>granisetron hcl tab 1 mg</i>	64	.....	144
<i>griseofulvin microsize susp 125 mg/5ml</i>		<i>halobetasol propionate oint 0.05%</i>	144
.....	66	<i>haloperidol decanoate im soln 100</i>	
<i>griseofulvin microsize tab 500 mg</i>	66	<i>mg/ml</i>	99
<i>griseofulvin ultramicrosize tab 125 mg</i>		<i>haloperidol decanoate im soln 50</i>	
.....	66	<i>mg/ml</i>	99
<i>griseofulvin ultramicrosize tab 250 mg</i>		<i>haloperidol lactate inj 5 mg/ml</i>	99
.....	66	<i>haloperidol lactate oral conc 2 mg/ml</i> 99	
<i>guaifenesin-codeine liquid 225-7.5</i>		<i>haloperidol tab 0.5 mg</i>	99
<i>mg/5ml</i>	130	<i>haloperidol tab 10 mg</i>	100
<i>guaifenesin-codeine soln 100-10</i>		<i>haloperidol tab 1 mg</i>	99
<i>mg/5ml</i>	130	<i>haloperidol tab 20 mg</i>	100
<i>guanfacine hcl tab 1 mg</i>	74	<i>haloperidol tab 2 mg</i>	99
<i>guanfacine hcl tab 2 mg</i>	74	<i>haloperidol tab 5 mg</i>	99
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	5	HARVONI PAK.....	111
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	5	HARVONI PAK 45-200MG	111
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	5	HARVONI TAB 45-200MG	111
		HARVONI TAB 90-400MG	111
		HC/PRAMOXINE CRE 1-2.35%.....	144
		HC LANCING MIS DEVICE.....	187

HCU EXP20 PAK UNFLAVOR	151	<i>hydrochlorothiazide tab 50 mg</i>	157
HCU EXPRESS PAK	152	<i>hydrocodone-acetaminophen soln 10-</i>	
HEMANGEOL SOL 4.28/ML	114	<i>325 mg/15ml.....</i>	31
<i>heparin sodium (porcine) inj 10000</i>		<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>unit/ml</i>	46	<i>325 mg/15ml.....</i>	30
<i>heparin sodium (porcine) inj 1000</i>		<i>hydrocodone-acetaminophen tab 10-</i>	
<i>unit/ml</i>	46	<i>300 mg</i>	31
<i>heparin sodium (porcine) inj 20000</i>		<i>hydrocodone-acetaminophen tab 10-</i>	
<i>unit/ml</i>	46	<i>325 mg</i>	31
<i>heparin sodium (porcine) inj 5000</i>		<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>unit/ml</i>	46	<i>mg</i>	31
<i>heparin sodium (porcine) pf inj 5000</i>		<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>unit/0.5ml</i>	46	<i>mg</i>	31
HETLIOZ CAP 20MG.....	176	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HETLIOZ LQ SUS 4MG/ML	176	<i>300 mg</i>	31
HIPREX TAB 1GM	36	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HLTHY ACCNTS MIS LANC 30G.....	187	<i>325 mg</i>	31
HM STERILE PAD ALCHOL.....	197	<i>hydrocodone bitart-homatropine</i>	
HOLD CHAMBER MIS ADLT LG.....	198	<i>methylbromide tab 5-1.5 mg.....</i>	130
HOLD CHAMBER MIS MEDIUM.....	198	<i>hydrocodone bitart-homatropine</i>	
HOLD CHAMBER MIS SMALL	198	<i>methylbrom soln 5-1.5 mg/5ml ...</i>	130
HOMACTIN AA LIQ PLUS.....	152	<i>hydrocodone bitartrate cap er 12hr 10</i>	
HUMIRA INJ 10/0.1ML	10	<i>mg</i>	25
HUMIRA INJ 20/0.2ML	10	<i>hydrocodone bitartrate cap er 12hr 15</i>	
HUMIRA INJ 40/0.4ML	11	<i>mg</i>	25
HUMIRA KIT 40MG/0.8	11	<i>hydrocodone bitartrate cap er 12hr 20</i>	
HUMIRA PEDIA INJ CROHNS	11	<i>mg</i>	25
HUMIRA PEN INJ 40/0.4ML.....	12	<i>hydrocodone bitartrate cap er 12hr 30</i>	
HUMIRA PEN INJ 40MG/0.8	12	<i>mg</i>	25
HUMIRA PEN INJ 80/0.8ML.....	12	<i>hydrocodone bitartrate cap er 12hr 40</i>	
HUMIRA PEN INJ CD/UC/HS.....	12	<i>mg</i>	25
HUMIRA PEN INJ PS/UV	13	<i>hydrocodone bitartrate cap er 12hr 50</i>	
HUMIRA PEN KIT CD/UC/HS	13	<i>mg</i>	25
HUMIRA PEN KIT PED UC	13	<i>hydrocodone bitartrate tab er 24hr</i>	
HUMULIN R INJ U-500	61	<i>deter 100 mg.....</i>	26
HYCANTIN CAP 0.25MG	93	<i>hydrocodone bitartrate tab er 24hr</i>	
HYCANTIN CAP 1MG.....	94	<i>deter 120 mg.....</i>	26
<i>hydralazine hcl tab 100 mg</i>	79	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydralazine hcl tab 10 mg</i>	79	<i>deter 20 mg</i>	25
<i>hydralazine hcl tab 25 mg</i>	79	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydralazine hcl tab 50 mg</i>	79	<i>deter 30 mg</i>	25
HYDREA CAP 500MG.....	93	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	157	<i>deter 40 mg</i>	26
<i>hydrochlorothiazide tab 12.5 mg</i>	157	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydrochlorothiazide tab 25 mg</i>	157	<i>deter 60 mg</i>	26

<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	26	<i>hydroxychloroquine sulfate tab 200 mg</i>	80
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	31	<i>hydroxyurea cap 500 mg</i>	93
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	31	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	38
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	31	<i>hydroxyzine hcl tab 10 mg</i>	38
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	130	<i>hydroxyzine hcl tab 25 mg</i>	38
<i>hydrocortisone acetate suppos 25 mg</i>	34	<i>hydroxyzine hcl tab 50 mg</i>	38
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	34	<i>hydroxyzine pamoate cap 100 mg</i>	38
<i>hydrocortisone butyrate cream 0.1%</i>	144	<i>hydroxyzine pamoate cap 25 mg</i>	38
<i>hydrocortisone butyrate oint 0.1%</i> ..	144	<i>hydroxyzine pamoate cap 50 mg</i>	38
<i>hydrocortisone butyrate soln 0.1%</i> .	144	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	229
<i>hydrocortisone cream 2.5%</i>	145	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	229
<i>hydrocortisone enema 100 mg/60ml</i> ..	34	<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	229
<i>hydrocortisone lotion 2.5%</i>	145	<i>hyoscyamine sulfate tab 0.125 mg</i> .	229
<i>hydrocortisone oint 2.5%</i>	145	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	230
<i>hydrocortisone perianal cream 1%</i> ...	34	HYPERSAL NEB 3.5%	131
<i>hydrocortisone perianal cream 2.5%</i> ..	34	HYPERSAL NEB 7%.....	131
<i>hydrocortisone tab 10 mg</i>	128	HYPOLANCE KIT LANCING	187
<i>hydrocortisone tab 20 mg</i>	128	HYRIMOZ	13
<i>hydrocortisone tab 5 mg</i>	128	HYRIMOZ INJ 10/0.1ML	14
<i>hydrocortisone valerate cream 0.2%</i>	145	HYRIMOZ INJ 20/0.2ML	14
<i>hydrocortisone valerate oint 0.2%</i> ..	145	HYRIMOZ INJ 40/0.4ML	14
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	216	HYRIMOZ INJ 80/0.8ML	14
<i>hydrogen peroxide soln 30%</i>	104	HYRIMOZ-PED INJ CROHNS.....	14
<i>hydromorphone hcl liqd 1 mg/ml</i>	26	HYRIMOZ-PLAQ INJ PSORIASI	14
<i>hydromorphone hcl tab 2 mg</i>	26	I	
<i>hydromorphone hcl tab 4 mg</i>	26	<i>ibandronate sodium tab 150 mg (base equivalent)</i>	158
<i>hydromorphone hcl tab 8 mg</i>	26	IBRANCE CAP 100MG	88
<i>hydromorphone hcl tab er 24hr 12 mg</i>	26	IBRANCE CAP 125MG	88
<i>hydromorphone hcl tab er 24hr 16 mg</i>	26	IBRANCE CAP 75MG	88
<i>hydromorphone hcl tab er 24hr 32 mg</i>	26	IBRANCE TAB 100MG	89
<i>hydromorphone hcl tab er 24hr 8 mg</i> ..	26	IBRANCE TAB 125MG	89
HYDROMORPHON SUP 3MG	26	IBRANCE TAB 75MG	88
		<i>ibuprofen tab 400 mg</i>	19
		<i>ibuprofen tab 600 mg</i>	19
		<i>ibuprofen tab 800 mg</i>	19
		<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	171
		ICLUSIG TAB 10MG	89
		ICLUSIG TAB 15MG	89
		ICLUSIG TAB 30MG	89

<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray).....	210	<i>itraconazole cap 100 mg</i>	66
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray).....	210	<i>itraconazole oral soln 10 mg/ml</i>	66
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<i>mercaptapurine tab 50 mg</i>	82	<i>methotrexate sodium inj pf 250</i>	
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<i>mesalamine cap er 24hr 0.375 gm</i> ..	167	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>mesalamine cap er 500 mg</i>	167	<i>(25 mg/ml)</i>	82
<i>mesalamine enema 4 gm</i>	167	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>mesalamine suppos 1000 mg</i>	167	<i>equiv)</i>	82
<i>mesalamine tab delayed release 1.2</i>		<i>methoxsalen rapid cap 10 mg</i>	138
<i>gm</i>	167	<i>methscopolamine bromide tab 2.5 mg</i>	
<i>mesalamine tab delayed release 800</i>		.....	230
<i>mg</i>	167	<i>methscopolamine bromide tab 5 mg</i>	
MESNEX TAB 400MG	93	.....	230
MESTINON TAB TIMESPAN	80	<i>methyldopa & hydrochlorothiazide tab</i>	
<i>metaxalone tab 800 mg</i>	209	<i>250-15 mg</i>	77
<i>metformin hcl oral soln 500 mg/5ml</i> .	60	<i>methyldopa & hydrochlorothiazide tab</i>	
<i>metformin hcl tab 1000 mg</i>	60	<i>250-25 mg</i>	77
<i>metformin hcl tab 500 mg</i>	60	<i>methyldopa tab 250 mg</i>	74
<i>metformin hcl tab 850 mg</i>	60	<i>methyldopa tab 500 mg</i>	74
<i>metformin hcl tab er 24hr 500 mg</i>	60	<i>methylergonovine maleate tab 0.2 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	60	.....	216
<i>methadone hcl conc 10 mg/ml</i>	26	METHYLIN SOL 10MG/5ML	7
<i>methadone hcl soln 10 mg/5ml</i>	26	METHYLIN SOL 5MG/5ML	7
<i>methadone hcl soln 5 mg/5ml</i>	26	<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>methadone hcl tab 10 mg</i>	26	.....	7
<i>methadone hcl tab 5 mg</i>	26	<i>methylphenidate hcl cap er 20 mg (cd)</i>	
<i>methadone hcl tab for oral susp 40 mg</i>		.....	7
.....	26	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
METHADOSE CON 10MG/ML	26	<i>(la)</i>	7
METHADOSE SF CON 10MG/ML.....	27	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>methamphetamine hcl tab 5 mg</i>	2	<i>(xr)</i>	7
<i>methazolamide tab 25 mg</i>	156	<i>methylphenidate hcl cap er 24hr 15 mg</i>	
<i>methazolamide tab 50 mg</i>	156	<i>(xr)</i>	7
<i>methenamine hippurate tab 1 gm</i>	36	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methenamine mandelate tab 0.5 gm</i> 36		<i>(la)</i>	7
<i>methenamine mandelate tab 1 gm</i> ...	36	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methimazole tab 10 mg</i>	228	<i>(xr)</i>	7
<i>methimazole tab 5 mg</i>	228	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
METHITEST TAB 10MG.....	33	<i>(la)</i>	7
<i>methocarbamol tab 500 mg</i>	209	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>methocarbamol tab 750 mg</i>	209	<i>(xr)</i>	7
<i>methotrexate sodium for inj 1 gm</i> ...	82	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>(la)</i>	7
<i>(25 mg/ml)</i>	82	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>(xr)</i>	7
<i>(25 mg/ml)</i>	82		

<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>7	<i>methylprednisolone tab therapy pack 4 mg (21)</i>129
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>7	<i>methyltestosterone cap 10 mg</i>33
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>7	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> 166
<i>methylphenidate hcl cap er 30 mg (cd)</i>8	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>166
<i>methylphenidate hcl cap er 40 mg (cd)</i>8	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>166
<i>methylphenidate hcl cap er 50 mg (cd)</i>8	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>166
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<i>methylphenidate hcl soln 5 mg/5ml</i>8	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>77
<i>methylphenidate hcl tab 10 mg</i>8	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>77
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<i>methylphenidate hcl tab 5 mg</i>8	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>114
<i>methylphenidate hcl tab er 10 mg</i>8	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>114
<i>methylphenidate hcl tab er 20 mg</i>8	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>114
<i>methylphenidate hcl tab er 24hr 18 mg</i>8	<i>metoprolol tartrate tab 100 mg</i>114
<i>methylphenidate hcl tab er 24hr 27 mg</i>8	<i>metoprolol tartrate tab 25 mg</i>114
<i>methylphenidate hcl tab er 24hr 36 mg</i>8	<i>metoprolol tartrate tab 37.5 mg</i>114
<i>methylphenidate hcl tab er 24hr 54 mg</i>8	<i>metoprolol tartrate tab 50 mg</i>114
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<i>methylprednisolone tab 16 mg</i>129	<i>metronidazole gel 0.75%</i>149
<i>methylprednisolone tab 32 mg</i>129	<i>metronidazole gel 1%</i>149
<i>methylprednisolone tab 4 mg</i>129	<i>metronidazole lotion 0.75%</i>149
<i>methylprednisolone tab 8 mg</i>129	<i>metronidazole tab 250 mg</i>35
	<i>metronidazole tab 500 mg</i>35
	<i>metronidazole vaginal gel 0.75%</i>233
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	<i>mexiletine hcl cap 150 mg</i>39

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<i>miglustat cap 100 mg</i>	172	<i>modafinil tab 200 mg</i>	9
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120 mg	27
<i>morphine sulfate beads cap er 24hr 30 mg</i>	
mg	27
<i>morphine sulfate beads cap er 24hr 45 mg</i>	
mg	27
<i>morphine sulfate beads cap er 24hr 60 mg</i>	
mg	27
<i>morphine sulfate beads cap er 24hr 75 mg</i>	
mg	27
<i>morphine sulfate beads cap er 24hr 90 mg</i>	
mg	27
<i>morphine sulfate cap er 24hr 100 mg</i>	
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<i>morphine sulfate cap er 24hr 20 mg</i>	27
<i>morphine sulfate cap er 24hr 30 mg</i>	27
<i>morphine sulfate cap er 24hr 40 mg</i>	27
<i>morphine sulfate cap er 24hr 50 mg</i>	27
<i>morphine sulfate cap er 24hr 60 mg</i>	27
<i>morphine sulfate cap er 24hr 80 mg</i>	27
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<i>morphine sulfate oral soln 10 mg/5ml</i>	
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<i>morphine sulfate oral soln 20 mg/5ml</i>	
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<i>morphine sulfate suppos 10 mg</i>	27
<i>morphine sulfate suppos 20 mg</i>	28
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<i>morphine sulfate tab 15 mg</i>	28
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<i>morphine sulfate tab er 100 mg</i>	28
<i>morphine sulfate tab er 15 mg</i>	28
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<i>morphine sulfate tab er 30 mg</i>	28
<i>morphine sulfate tab er 60 mg</i>	28
MOUNJARO INJ 10MG/0.5	60
MOUNJARO INJ 12.5/0.5	60
MOUNJARO INJ 15MG/0.5	61
MOUNJARO INJ 2.5/0.5	60
MOUNJARO INJ 5MG/0.5	60
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<i>naftifine hcl gel 1%</i>	135	<i>nebivolol hcl tab 10 mg (base</i>	
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NALFON TAB 600MG.....	19	<i>nebivolol hcl tab 2.5 mg (base</i>	
<i>naloxone hcl inj 0.4 mg/ml</i>	64	<i>equivalent)</i>	114
<i>naloxone hcl inj 4 mg/10ml</i>	64	<i>nebivolol hcl tab 20 mg (base</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	64	<i>equivalent)</i>	114
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	64	<i>nebivolol hcl tab 5 mg (base</i>	
.....	64	<i>equivalent)</i>	114
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<i>mg/2ml</i>	64	<i>nefazodone hcl tab 150 mg</i>	56
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<i>naproxen tab 375 mg</i>	19	<i>ophth susp 0.1%</i>	214
<i>naproxen tab 500 mg</i>	19	<i>neomycin-polymyxin-hc ophth susp</i>	214
<i>naproxen tab ec 375 mg</i>	19	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>naproxen tab ec 500 mg</i>	19	215
<i>naratriptan hcl tab 1 mg (base equiv)</i>		<i>neomycin-polymyxin-hc otic susp 3.5</i>	
.....	201	<i>mg/ml-10000 unit/ml-1%</i>	216
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NEURONTIN CAP 100MG	50	<i>nicotine polacrilex lozenge 4 mg</i>	225
NEURONTIN CAP 300MG	50	<i>nicotine td patch 24hr 14 mg/24hr</i> .	225
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<i>nevirapine tab er 24hr 100 mg</i>	107	<i>nifedipine tab er 24hr 60 mg</i>	116
<i>nevirapine tab er 24hr 400 mg</i>	107	<i>nifedipine tab er 24hr 90 mg</i>	116
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<i>niacin tab er 500 mg</i>		<i>90 mg</i>	117
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<i>niacin tab er 750 mg</i>		<i>nimodipine cap 30 mg</i>	117
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NICORETTE ST GUM 2MG ORIG	225	<i>mg</i>	37
NICORETTE ST GUM 4MG ORIG	225	<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>nicotine polacrilex gum 2 mg</i>	225	<i>mg</i>	36

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<i>nitrofurantoin susp 25 mg/5ml</i>	37	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	126
<i>nitroglycerin sl tab 0.3 mg</i>	37	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	127
<i>nitroglycerin sl tab 0.4 mg</i>	37	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	127
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<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	37	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	164
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	37	<i>norethindrone acetate tab 5 mg</i>	217
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	37	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	126
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<i>nizatidine oral soln 15 mg/ml</i>	230	<i>nortriptyline hcl cap 50 mg</i>	58
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<i>nystatin cream 100000 unit/gm</i>	135	<i>olanzapine orally disintegrating tab 15</i>	
<i>nystatin oint 100000 unit/gm</i>	135	<i>mg</i>	100
<i>nystatin susp 100000 unit/ml</i>	207	<i>olanzapine orally disintegrating tab 20</i>	
<i>nystatin tab 500000 unit</i>	66	<i>mg</i>	100
<i>nystatin topical powder 100000</i>		<i>olanzapine orally disintegrating tab 5</i>	
<i>unit/gm</i>	135	<i>mg</i>	100
<i>nystatin-triamcinolone cream 100000-</i>		<i>olanzapine tab 10 mg</i>	100
<i>0.1 unit/gm-%</i>	135	<i>olanzapine tab 15 mg</i>	100

<i>olanzapine tab 2.5 mg</i>	100	<i>ondansetron hcl tab 24 mg</i>	64
<i>olanzapine tab 20 mg</i>	101	<i>ondansetron hcl tab 4 mg</i>	64
<i>olanzapine tab 5 mg</i>	100	<i>ondansetron hcl tab 8 mg</i>	64
<i>olanzapine tab 7.5 mg</i>	100	<i>ondansetron orally disintegrating tab 4 mg</i>	64
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<i>omeprazole cap delayed release 20 mg</i>	230	ONETOUCH US MIS LANCETS	190
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ORENITRAM TAB 5MG	122	<i>oxazepam cap 30 mg</i>	39
ORENITRAM TAB MONTH 1	122	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
ORENITRAM TAB MONTH 2	122	<i>mg/ml)</i>	50
ORENITRAM TAB MONTH 3	122	<i>oxcarbazepine tab 150 mg</i>	50
ORFADIN CAP 10MG	161	<i>oxcarbazepine tab 300 mg</i>	50
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ORLADEYO CAP 150MG	171	<i>.....</i>	232
<i>orlistat cap 120 mg</i>	4	<i>oxybutynin chloride tab er 24hr 5 mg</i>	
<i>orphenadrine citrate tab er 12hr 100</i>		<i>.....</i>	232
<i>mg</i>	209	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	
ORTHO MICRON TAB 0.35MG.....	128	<i>.....</i>	31
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone hcl cap 5 mg.....</i>	28
<i>equiv)</i>	112	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>mg/ml)</i>	28
<i>equiv)</i>	112	<i>oxycodone hcl soln 5 mg/5ml</i>	28
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>oxycodone hcl tab 10 mg</i>	28
<i>equiv)</i>	112	<i>oxycodone hcl tab 15 mg</i>	28
<i>oseltamivir phosphate for susp 6</i>		<i>oxycodone hcl tab 20 mg</i>	29
<i>mg/ml (base equiv)</i>	112	<i>oxycodone hcl tab 30 mg</i>	29
OSMOLITE 1.2 LIQ CAL	153	<i>oxycodone hcl tab 5 mg</i>	28
OSMOLITE 1.5 LIQ CAL	153	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	
OSMOLITE 1 LIQ CAL.....	153	<i>.....</i>	29
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OSMOLITE LIQ.....	153	<i>.....</i>	29
OTEZLA TAB 10/20/30	20	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	
OTEZLA TAB 30MG	20	<i>.....</i>	29
OVIDE LOT 0.5%.....	149	<i>oxycodone hcl tab er 12hr deter 30 mg</i>	
OVIDREL INJ	159	<i>.....</i>	29
<i>oxandrolone tab 10 mg</i>	33	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	
<i>oxandrolone tab 2.5 mg</i>	33	<i>.....</i>	29
<i>oxaprozin tab 600 mg</i>	19	<i>oxycodone hcl tab er 12hr deter 60 mg</i>	
<i>oxazepam cap 10 mg</i>	39	<i>.....</i>	29

<i>oxycodone hcl tab er 12hr deter 80 mg</i>	
.....	29
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	31
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	31
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	31
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	31
<i>oxymorphone hcl tab 10 mg</i>	29
<i>oxymorphone hcl tab 5 mg</i>	29
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OZEMPIC INJ 2MG/3ML	61
OZEMPIC INJ 4MG/3ML	61
OZEMPIC INJ 8MG/3ML	61
P	
<i>paliperidone tab er 24hr 1.5 mg</i>	98
<i>paliperidone tab er 24hr 3 mg</i>	98
<i>paliperidone tab er 24hr 6 mg</i>	98
<i>paliperidone tab er 24hr 9 mg</i>	98
PAMELOR CAP 10MG	58
PAMELOR CAP 25MG	58
PAMELOR CAP 50MG	58
PAMELOR CAP 75MG	58
PANDEL CRE 0.1%	145
PANRETIN GEL 0.1%	136
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	231
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	231
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	231
<i>paricalcitol cap 1 mcg</i>	161
<i>paricalcitol cap 2 mcg</i>	161
<i>paricalcitol cap 4 mcg</i>	161
PARLODEL CAP 5MG	96
PARLODEL TAB 2.5MG	96
PARNATE TAB 10MG	54
<i>paromomycin sulfate cap 250 mg</i>	9
<i>paroxetine hcl tab 10 mg</i>	55
<i>paroxetine hcl tab 20 mg</i>	55
<i>paroxetine hcl tab 30 mg</i>	55
<i>paroxetine hcl tab 40 mg</i>	55
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	55
<i>paroxetine hcl tab er 24hr 25 mg</i>	55
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	55
PASER GRA 4GM	81
PATANASE SPR 0.6%	210
PAXLOVID TAB 150-100	110
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	176
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	176
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	176
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<i>peniclovir cream 1%</i>	141
<i>penicillamine cap 250 mg</i>	204
<i>penicillamine tab 250 mg</i>	204
<i>penicillin v potassium for soln 125 mg/5ml</i>	216
<i>penicillin v potassium for soln 250 mg/5ml</i>	216
<i>penicillin v potassium tab 250 mg</i>	216
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PEPCID TAB 40MG	230
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PERIDEX SOL 0.12%	207	<i>phenytoin chew tab 50 mg</i>	52
<i>perindopril erbumine tab 2 mg</i>	72	<i>phenytoin sodium extended cap 100</i>	
<i>perindopril erbumine tab 4 mg</i>	72	<i>mg</i>	52
<i>perindopril erbumine tab 8 mg</i>	72	<i>phenytoin sodium extended cap 200</i>	
<i>permethrin cream 5%</i>	149	<i>mg</i>	52
<i>perphenazine-amitriptyline tab 2-10</i>		<i>phenytoin sodium extended cap 300</i>	
<i>mg</i>	220	<i>mg</i>	52
<i>perphenazine-amitriptyline tab 2-25</i>		<i>phenytoin susp 125 mg/5ml</i>	52
<i>mg</i>	220	PHLEXY-10 POW.....	154
<i>perphenazine-amitriptyline tab 4-10</i>		PHOSLYRA SOL	169
<i>mg</i>	220	PHOSPHOLINE SOL 0.125%OP	212
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<i>mg</i>	220	PIKO 1 MIS ELECTRON.....	199
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<i>mg</i>	220	<i>pilocarpine hcl ophth soln 2%</i>	212
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<i>perphenazine tab 2 mg</i>	102	<i>pilocarpine hcl tab 5 mg</i>	208
<i>perphenazine tab 4 mg</i>	102	<i>pilocarpine hcl tab 7.5 mg</i>	208
<i>perphenazine tab 8 mg</i>	102	<i>pimecrolimus cream 1%.....</i>	147
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PERSERIS INJ 90MG.....	98	<i>pimozide tab 2 mg.....</i>	224
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<i>phenazopyridine hcl tab 200 mg</i>	170	<i>mg</i>	59
PHENDIMETRAZ CAP 105MG ER.....	4	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>phendimetrazine tartrate tab 35 mg ...</i>	4	<i>mg</i>	59
<i>phenelzine sulfate tab 15 mg</i>	54	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenobarbital elixir 20 mg/5ml</i>	175	<i>500 mg.....</i>	59
<i>phenobarbital tab 100 mg</i>	175	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenobarbital tab 15 mg</i>	175	<i>850 mg.....</i>	59
<i>phenobarbital tab 16.2 mg</i>	175	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenobarbital tab 30 mg</i>	175	<i>.....</i>	62
<i>phenobarbital tab 32.4 mg</i>	175	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenobarbital tab 60 mg</i>	175	<i>.....</i>	62
<i>phenobarbital tab 64.8 mg</i>	175	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phenobarbital tab 97.2 mg</i>	175	<i>.....</i>	62
<i>phenoxybenzamine hcl cap 10 mg</i>	72	PIP LANCETS MIS 28G	190
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<i>phenylephrine hcl ophth soln 2.5% ..</i>	212	<i>pirfenidone tab 801 mg</i>	227
PHENYTEK CAP 200MG	52	<i>piroxicam cap 10 mg</i>	19
PHENYTEK CAP 300MG	52	<i>piroxicam cap 20 mg</i>	19

PIVOT LIQ 1.5 CAL	154	<i>potassium citrate tab er 10 meq (1080 mg)</i>	169
PKU EXPLORE5 POW UNFLAVOR	154	<i>potassium citrate tab er 15 meq (1620 mg)</i>	169
PLAQUENIL TAB 200MG	80	<i>potassium citrate tab er 5 meq (540 mg)</i>	169
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PLEGRIDY PEN INJ STARTER.....	223	<i>pramipexole dihydrochloride tab 0.125 mg</i>	96
POCKET CHAMB MIS	199	<i>pramipexole dihydrochloride tab 0.25 mg</i>	96
POCKETCHEM SOL EZ	190	<i>pramipexole dihydrochloride tab 0.5 mg</i>	96
POCKET PEAK MIS METER	199	<i>pramipexole dihydrochloride tab 0.75 mg</i>	96
POCKETPEAK MIS MTR LOW.....	199	<i>pramipexole dihydrochloride tab 1.5 mg</i>	96
POCKET SPACE MIS.....	199	<i>pramipexole dihydrochloride tab 1 mg</i>	96
<i>podofilox soln 0.5%</i>	148	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	96
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	213	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	96
POLYTRIM SOL OP	213	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	96
POMALYST CAP 1MG.....	86	<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	96
POMALYST CAP 2MG.....	86	<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	96
POMALYST CAP 3MG.....	86	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	96
POMALYST CAP 4MG.....	86	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	96
<i>posaconazole susp 40 mg/ml</i>	66	PRAMOSONE CRE 1-1%	145
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	169	PRAMOSONE LOT 1%.....	145
<i>potassium chloride cap er 10 meq</i> ..	204	PRAMOSONE LOT 2.5%.....	145
<i>potassium chloride cap er 8 meq</i>	204	<i>prasugrel hcl tab 10 mg (base equiv)</i>	172
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	204	<i>prasugrel hcl tab 5 mg (base equiv)</i>	172
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	204	<i>pravastatin sodium tab 10 mg</i>	69
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	204	<i>pravastatin sodium tab 20 mg</i>	70
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	204	<i>pravastatin sodium tab 40 mg</i>	70
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	204	<i>pravastatin sodium tab 80 mg</i>	70
<i>potassium chloride powder packet 20 meq</i>	204	<i>praziquantel tab 600 mg</i>	34
<i>potassium chloride tab er 10 meq</i> ...204			
<i>potassium chloride tab er 20 meq (1500 mg)</i>	204		
<i>potassium chloride tab er 8 meq (600 mg)</i>	204		
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	169		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	169		

<i>prazosin hcl cap 1 mg</i>	74	<i>prednisone tab therapy pack 5 mg (48)</i>	129
<i>prazosin hcl cap 2 mg</i>	74	PRED SOD PHO SOL 1% OP	214
<i>prazosin hcl cap 5 mg</i>	74	<i>pregabalin cap 100 mg</i>	50
PR BENZOYL LIQ 7% WASH.....	133	<i>pregabalin cap 150 mg</i>	50
PRECISION LIQ CONTROL.....	190	<i>pregabalin cap 200 mg</i>	50
PRECISION LIQ GLUC/KET	190	<i>pregabalin cap 225 mg</i>	51
PRECISION LIQ NRML/MID	190	<i>pregabalin cap 25 mg</i>	50
PRECISN XTRA TES KETONE	150	<i>pregabalin cap 300 mg</i>	51
PRECOSE TAB 100MG	58	<i>pregabalin cap 50 mg</i>	50
PRECOSE TAB 25MG	58	<i>pregabalin cap 75 mg</i>	50
PRECOSE TAB 50MG	58	<i>pregabalin soln 20 mg/ml</i>	51
PRED-G S.O.P OIN OP.....	214	<i>pregabalin tab er 24hr 165 mg</i>	224
PRED-G SUS OP	214	<i>pregabalin tab er 24hr 330 mg</i>	224
<i>prednicarbate cream 0.1%</i>	145	<i>pregabalin tab er 24hr 82.5 mg</i>	224
<i>prednicarbate oint 0.1%</i>	145	PREMARIN INJ 25MG	165
<i>prednisolone acetate ophth susp 1%</i>	214	PREPIDIL GEL 0.5MG/3G	216
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	129	PREP PADS PAD	197
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	129	PRESSURE ACT MIS LANCET	190
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	129	PRESSURE ACT MIS LANCETS	190
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	129	PRETOMANID TAB 200MG	81
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	129	PREVYMIS TAB 240MG	110
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	129	PREVYMIS TAB 480MG	110
<i>prednisolone soln 15 mg/5ml</i>	129	PREZCOBIX TAB 800-150	108
PREDNISOLONE SUS 1%.....	214	PREZISTA SUS 100MG/ML	108
PREDNISON CON 5MG/ML.....	129	PREZISTA TAB 150MG	108
<i>prednisone oral soln 5 mg/5ml</i>	129	PREZISTA TAB 600MG	108
<i>prednisone tab 10 mg</i>	129	PREZISTA TAB 75MG	108
<i>prednisone tab 1 mg</i>	129	PREZISTA TAB 800MG	108
<i>prednisone tab 2.5 mg</i>	129	PRIFTIN TAB 150MG.....	81
<i>prednisone tab 20 mg</i>	129	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	80
<i>prednisone tab 50 mg</i>	129	PRIMAQUINE TAB 26.3MG	80
<i>prednisone tab 5 mg</i>	129	<i>primidone tab 250 mg</i>	51
<i>prednisone tab therapy pack 10 mg (21)</i>	129	<i>primidone tab 50 mg</i>	51
<i>prednisone tab therapy pack 10 mg (48)</i>	129	PRIMSOL SOL 50MG/5ML	35
<i>prednisone tab therapy pack 5 mg (21)</i>	129	PRINIVIL TAB 20MG	72
		<i>probenecid tab 500 mg</i>	171
		PROCARDIA CAP 10MG	117
		PROCARDIA XL TAB 30MG CR	117
		PROCARDIA XL TAB 60MG CR	117
		PROCARDIA XL TAB 90MG CR	117
		PROCARE MIS ADULT.....	199
		PROCARE MIS CHILD	199
		<i>prochlorperazine edisylate inj 10 mg/2ml</i>	102

<i>prochlorperazine edisylate inj 50 mg/10ml</i>	102	<i>promethazine hcl syrup 6.25 mg/5ml</i>	67
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	102	<i>promethazine hcl tab 12.5 mg</i>	67
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	102	<i>promethazine hcl tab 25 mg</i>	67
<i>prochlorperazine suppos 25 mg</i>	102	<i>promethazine hcl tab 50 mg</i>	67
PRO COMFORT MIS 31G	190	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	130
PRO COMFORT MIS LANC 30G.....	190	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	130
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PROCRIT INJ 20000/ML.....	174	PROMOTE W/ LIQ FIBER.....	154
PROCRIT INJ 3000/ML	174	<i>propafenone hcl cap er 12hr 225 mg</i> 40	
PROCRIT INJ 4000/ML	174	<i>propafenone hcl cap er 12hr 325 mg</i> 40	
PROCRIT INJ 40000/ML.....	174	<i>propafenone hcl cap er 12hr 425 mg</i> 40	
PROCTOFOAM AER HC 1%.....	34	<i>propafenone hcl tab 150 mg</i>	40
PRODIGY MIS 26G.....	190	<i>propafenone hcl tab 225 mg</i>	40
PRODIGY MIS 28G.....	190	<i>propafenone hcl tab 300 mg</i>	40
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<i>progesterone cap 100 mg</i>	217	<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	77
<i>progesterone cap 200 mg</i>	217	<i>propranolol hcl cap er 24hr 120 mg</i> 115	
<i>progesterone im in oil 50 mg/ml</i>	217	<i>propranolol hcl cap er 24hr 160 mg</i> 115	
PROGLYCEM SUS 50MG/ML	60	<i>propranolol hcl cap er 24hr 60 mg</i> ..114	
PROGRAF CAP 0.5MG.....	206	<i>propranolol hcl cap er 24hr 80 mg</i> ..114	
PROGRAF CAP 1MG.....	206	<i>propranolol hcl oral soln 20 mg/5ml</i> 115	
PROGRAF CAP 5MG.....	206	<i>propranolol hcl oral soln 40 mg/5ml</i> 115	
PROGRAF GRA 0.2MG	206	<i>propranolol hcl tab 10 mg</i>	115
PROGRAF GRA 1MG	206	<i>propranolol hcl tab 20 mg</i>	115
PROMACTA PAK 25MG.....	174	<i>propranolol hcl tab 40 mg</i>	115
PROMACTA POW 12.5MG.....	174	<i>propranolol hcl tab 60 mg</i>	115
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PROMACTA TAB 50MG.....	174	PROSCAR TAB 5MG	170
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<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	130	PROTHELIAL PST 10%	208
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	130	PROTONIX INJ 40MG	231
<i>promethazine hcl suppos 12.5 mg</i>	67	PROTOPIC OIN 0.03%.....	148
<i>promethazine hcl suppos 25 mg</i>	67	PROTOPIC OIN 0.1%	148
<i>promethazine hcl suppos 50 mg</i>	67	<i>protriptyline hcl tab 10 mg</i>	58
		<i>protriptyline hcl tab 5 mg</i>	58

PROVERA TAB 10MG	218	<i>quetiapine fumarate tab 200 mg</i>	101
PROVERA TAB 2.5MG	218	<i>quetiapine fumarate tab 25 mg</i>	101
PROVERA TAB 5MG.....	218	<i>quetiapine fumarate tab 300 mg</i>	101
PRUDOXIN CRE 5%	136	<i>quetiapine fumarate tab 400 mg</i>	101
<i>pseudoephed-bromphen-dm syrup 30-</i>		<i>quetiapine fumarate tab 50 mg</i>	101
<i>2-10 mg/5ml</i>	130	<i>quetiapine fumarate tab er 24hr 150</i>	
PSS SAFE LAN MIS	191	<i>mg</i>	101
PSS SEL LANC MIS	191	<i>quetiapine fumarate tab er 24hr 200</i>	
PSS SEL PLAT MIS.....	191	<i>mg</i>	101
PTS PANELS TES KETONE.....	150	<i>quetiapine fumarate tab er 24hr 300</i>	
PULMICORT INH 180MCG	42	<i>mg</i>	101
PULMICORT INH 90MCG.....	42	<i>quetiapine fumarate tab er 24hr 400</i>	
PULMOZYME SOL 1MG/ML	226	<i>mg</i>	101
PURE COMFORT PAD.....	197	<i>quetiapine fumarate tab er 24hr 50 mg</i>	
PURIXAN SUS 20MG/ML.....	82	.....	101
PX LANCETS MIS 28G	191	QUICKTEK LIQ SOLUTION	191
PX LANCETS MIS ULT THIN.....	191	<i>quinapril hcl tab 10 mg</i>	72
PYLERA CAP.....	231	<i>quinapril hcl tab 20 mg</i>	72
<i>pyrazinamide tab 500 mg</i>	81	<i>quinapril hcl tab 40 mg</i>	72
<i>pyridostigmine bromide oral soln 60</i>		<i>quinapril hcl tab 5 mg</i>	72
<i>mg/5ml</i>	80	<i>quinapril-hydrochlorothiazide tab 10-</i>	
<i>pyridostigmine bromide tab 60 mg</i> ...	80	<i>12.5 mg</i>	77
<i>pyridostigmine bromide tab er 180 mg</i>		<i>quinapril-hydrochlorothiazide tab 20-</i>	
.....	80	<i>12.5 mg</i>	78
<i>pyrimethamine tab 25 mg</i>	80	<i>quinapril-hydrochlorothiazide tab 20-25</i>	
PYROGALL ACD OIN.....	148	<i>mg</i>	78
Q		<i>quinidine gluconate tab er 324 mg</i> ...	39
QBRELIS SOL 1MG/ML	72	<i>quinidine sulfate tab 200 mg</i>	39
QBREXZA PAD 2.4%	149	<i>quinidine sulfate tab 300 mg</i>	39
QC ALCOHOL PAD SWABS	197	<i>quinine sulfate cap 324 mg</i>	80
QC LANCETS MIS 28G.....	191	QUINTET CONT SOL HGH/NORM.....	191
QC LANCETS MIS 30G.....	191	QULIPTA TAB 10MG	200
QC LANCING MIS DEVICE.....	191	QULIPTA TAB 30MG	200
QSYMIA CAP 11.25-69.....	4	QULIPTA TAB 60MG	200
QSYMIA CAP 15-92MG.....	4	QVAR REDIIHA AER 80MCG	42
QSYMIA CAP 3.75-23	4	QVAR REDIIHAL AER 40MCG.....	42
QSYMIA CAP 7.5-46MG.....	4	R	
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QUDEXY XR CAP 100/24HR	51	<i>rabeprazole sodium ec tab 20 mg</i> ...	231
QUDEXY XR CAP 150/24HR	51	RADICAVA ORS SUS 105/5ML.....	210
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QUDEXY XR CAP 25/24HR	51	RADIOGARDASE CAP 0.5GM	64
QUDEXY XR CAP 50/24HR	51	RA E-ZJECT MIS 28G	191
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<i>quetiapine fumarate tab 100 mg</i>	101	RA E-ZJECT MIS ULT THIN.....	191

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<i>ramelteon tab 8 mg</i>	176	REGIMEX TAB 25MG.....	4
<i>ramipril cap 1.25 mg</i>	72	REGLAN TAB 10MG.....	166
<i>ramipril cap 10 mg</i>	72	REGLAN TAB 5MG.....	166
<i>ramipril cap 2.5 mg</i>	72	REGRANEX GEL 0.01%.....	150
<i>ramipril cap 5 mg</i>	72	RELENZA MIS DISKHALE	112
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RANEXA TAB 500MG.....	37	RELION LANCE MIS THIN 26G.....	191
<i>ranolazine tab er 12hr 1000 mg</i>	37	RELION LANCE MIS THIN 30G.....	191
<i>ranolazine tab er 12hr 500 mg</i>	37	RELION LANCI MIS DEVICE	191
RAPAMUNE SOL 1MG/ML	206	RELION MICRO MIS THIN 33G.....	191
RAPAMUNE TAB 0.5MG.....	206	RELION TES KETONE	150
RAPAMUNE TAB 1MG	206	RELION ULTRA MIS THIN 30G.....	191
RAPAMUNE TAB 2MG	206	RELION ULTRA MIS THIN PLS.....	191
RAPID-SAFE MIS LANCING	191	RELPAK TAB 20MG	201
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	97	RELPAK TAB 40MG	201
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	97	REMERON SLTB TAB 15MG	53
RASUVO INJ 10MG	17	REMERON SLTB TAB 30MG	53
RASUVO INJ 12.5MG	17	REMERON SLTB TAB 45MG	53
RASUVO INJ 15MG	17	REMERON TAB 15MG	53
RASUVO INJ 17.5MG	17	REMERON TAB 30MG	53
RASUVO INJ 20MG	17	RENAGEL TAB 800MG	169
RASUVO INJ 22.5MG	17	<i>repaglinide tab 0.5 mg</i>	62
RASUVO INJ 25MG	17	<i>repaglinide tab 1 mg</i>	62
RASUVO INJ 30MG	17	<i>repaglinide tab 2 mg</i>	62
RASUVO INJ 7.5MG	17	REPATHA INJ 140MG/ML.....	70
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RAZADYNE ER CAP 24MG	219	REPATHA SURE INJ 140MG/ML.....	71
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REBIF TITRTN INJ PACK	223	RETACRIT INJ 4000UNIT	174
RECTIV OIN 0.4%	34	RETEVMO CAP 40MG	91
		RETEVMO CAP 80MG	91
		RETIN-A CRE 0.025%	133

RETIN-A CRE 0.05%	133	<i>rimantadine hydrochloride tab 100 mg</i>	
RETIN-A CRE 0.1%	133	.....	112
RETIN-A GEL 0.01%	133	RINVOQ TAB 15MG ER.....	14
RETIN-A GEL 0.025%	133	RINVOQ TAB 30MG ER.....	15
RETIN-A MICR GEL 0.04%	133	RINVOQ TAB 45MG ER.....	15
RETIN-A MICR GEL 0.04%PMP	133	<i>risedronate sodium tab 150 mg</i>	158
RETIN-A MICR GEL 0.06%	133	<i>risedronate sodium tab 30 mg</i>	158
RETIN-A MICR GEL 0.08%	133	<i>risedronate sodium tab 35 mg</i>	158
RETIN-A MICR GEL 0.1%.....	133	<i>risedronate sodium tab 5 mg</i>	158
RETIN-A MICR GEL 0.1%PUMP	133	<i>risedronate sodium tab delayed release</i>	
RETROVIR CAP 100MG	108	<i>35 mg</i>	158
RETROVIR SYP 50MG/5ML	108	RISPERDAL INJ 12.5MG	99
REVCIVI INJ 1.6MG/ML	161	RISPERDAL INJ 25MG	99
REVLIMID CAP 10MG	205	RISPERDAL INJ 37.5MG	99
REVLIMID CAP 15MG	205	RISPERDAL INJ 50MG	99
REVLIMID CAP 2.5MG	204	RISPERDAL SOL 1MG/ML.....	99
REVLIMID CAP 20MG	205	RISPERDAL TAB 0.5MG	99
REVLIMID CAP 25MG	205	RISPERDAL TAB 1MG.....	99
REVLIMID CAP 5MG	204	RISPERDAL TAB 2MG.....	99
REXULTI TAB 0.25MG	103	RISPERDAL TAB 3MG.....	99
REXULTI TAB 0.5MG	103	RISPERDAL TAB 4MG.....	99
REXULTI TAB 1MG.....	103	<i>risperidone orally disintegrating tab</i>	
REXULTI TAB 2MG.....	103	<i>0.25 mg</i>	99
REXULTI TAB 3MG.....	103	<i>risperidone orally disintegrating tab 0.5</i>	
REXULTI TAB 4MG.....	103	<i>mg</i>	99
REYATAZ CAP 150MG.....	108	<i>risperidone orally disintegrating tab 1</i>	
REYATAZ CAP 200MG.....	108	<i>mg</i>	99
REYATAZ CAP 300MG.....	108	<i>risperidone orally disintegrating tab 2</i>	
REYATAZ POW 50MG	108	<i>mg</i>	99
REYVOW TAB 100MG	201	<i>risperidone orally disintegrating tab 3</i>	
REYVOW TAB 50MG.....	201	<i>mg</i>	99
RIAX AER 5.5%.....	133	<i>risperidone orally disintegrating tab 4</i>	
RIAX AER 9.5%.....	133	<i>mg</i>	99
<i>ribavirin cap 200 mg</i>	111	<i>risperidone soln 1 mg/ml</i>	99
<i>ribavirin tab 200 mg</i>	111	<i>risperidone tab 0.25 mg</i>	99
RIDAURA CAP 3MG.....	17	<i>risperidone tab 0.5 mg</i>	99
<i>rifabutin cap 150 mg</i>	81	<i>risperidone tab 1 mg</i>	99
<i>rifampin cap 150 mg</i>	81	<i>risperidone tab 2 mg</i>	99
<i>rifampin cap 300 mg</i>	81	<i>risperidone tab 3 mg</i>	99
RIGHTEST ALT MIS ADAPTOR	191	<i>risperidone tab 4 mg</i>	99
RIGHTEST LIQ HIGH CON.....	191	RITALIN LA CAP 10MG.....	9
RIGHTEST LIQ NORM CON.....	191	RITALIN LA CAP 20MG.....	9
RIGHTEST MIS GD500	191	RITALIN LA CAP 30MG.....	9
RIGHTEST MIS GL300.....	191	RITALIN LA CAP 40MG.....	9
RILUTEK TAB 50MG	210	RITALIN TAB 10MG	9
<i>riluzole tab 50 mg</i>	210	RITALIN TAB 20MG	9

RITALIN TAB 5MG	9	<i>rosuvastatin calcium tab 20 mg</i>	70
RITEFLO MIS	199	<i>rosuvastatin calcium tab 40 mg</i>	70
<i>ritonavir tab 100 mg</i>	108	<i>rosuvastatin calcium tab 5 mg</i>	70
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	219	ROXICODONE TAB 15MG.....	29
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	219	ROXICODONE TAB 30MG.....	29
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	219	ROXICODONE TAB 5MG	29
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	220	ROZLYTREK CAP 100MG.....	91
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	220	ROZLYTREK CAP 200MG.....	91
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	220	RUCONEST INJ 2100UNIT.....	171
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	220	<i>rufinamide susp 40 mg/ml</i>	51
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	202	RUKOBIA TAB 600MG ER.....	108
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	202	RUZURGI TAB 10MG.....	80
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	202	RYBELSUS TAB 14MG	61
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	202	RYBELSUS TAB 3MG	61
ROCALTROL CAP 0.25MCG.....	161	RYBELSUS TAB 7MG	61
ROCALTROL CAP 0.5MCG	161	RYDAPT CAP 25MG	91
ROCALTROL SOL 1MCG/ML.....	161	RYTARY CAP 145MG	97
<i>ropinirole hydrochloride tab 0.25 mg</i>	96	RYTARY CAP 195MG	97
<i>ropinirole hydrochloride tab 0.5 mg</i>	96	RYTARY CAP 245MG	97
<i>ropinirole hydrochloride tab 1 mg</i>	96	RYTARY CAP 95MG	97
<i>ropinirole hydrochloride tab 2 mg</i>	96	RYTHMOL SR CAP 225MG.....	40
<i>ropinirole hydrochloride tab 3 mg</i>	96	RYTHMOL SR CAP 325MG.....	40
<i>ropinirole hydrochloride tab 4 mg</i>	96	RYTHMOL SR CAP 425MG.....	40
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<i>tacrolimus oint 0.1%</i>	148	TEKTURNA TAB 300MG	79
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<i>tadalafil tab 20 mg (pah)</i>	123	<i>telmisartan-amlodipine tab 80-5 mg</i> .78	
<i>tadalafil tab 5 mg</i>	121	<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	78
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	215	<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	78
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<i>tamsulosin hcl cap 0.4 mg</i>	170	TEMODAR CAP 180MG	81
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<i>tasimelteon capsule 20 mg</i>	176	<i>temozolomide cap 5 mg</i>	81
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TAVALISSE TAB 150MG	171	TENORETIC TAB 50	78
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<i>terazosin hcl cap 5 mg (base equivalent)</i>	74	THALOMID CAP 200MG	205
<i>terbinafine hcl tab 250 mg</i>	66	THALOMID CAP 50MG	205
<i>terbutaline sulfate tab 2.5 mg</i>	44	<i>theophylline elixir 80 mg/15ml</i>	45
<i>terbutaline sulfate tab 5 mg</i>	44	<i>theophylline tab er 12hr 300 mg</i>	45
<i>terconazole vaginal cream 0.4%</i>	233	<i>theophylline tab er 12hr 450 mg</i>	45
<i>terconazole vaginal cream 0.8%</i>	233	<i>theophylline tab er 24hr 400 mg</i>	45
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<i>testosterone cypionate im inj in oil 200 mg/ml</i>	33	<i>thioridazine hcl tab 10 mg</i>	102
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<i>testosterone td gel 12.5 mg/act (1%)</i>	33	<i>thiothixene cap 10 mg</i>	103
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	33	<i>thiothixene cap 1 mg</i>	103
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	33	<i>thiothixene cap 2 mg</i>	103
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	33	<i>thiothixene cap 5 mg</i>	103
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<i>testosterone td gel 50 mg/5gm (1%)</i> 33		<i>tiagabine hcl tab 16 mg</i>	52
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<i>tetracycline hcl cap 250 mg</i>	228	TIAZAC CAP 240MG/24	117
<i>tetracycline hcl cap 500 mg</i>	228	TIAZAC CAP 300MG/24	117
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		<i>timolol maleate ophth gel forming soln 0.5%</i>	211
		<i>timolol maleate ophth soln 0.25%</i> ..	211
		<i>timolol maleate ophth soln 0.5%</i>	211
		<i>timolol maleate ophth soln 0.5% (once-daily)</i>	211
		<i>timolol maleate preservative free ophth soln 0.5%</i>	211

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<i>timolol maleate tab 20 mg</i>	115	232
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<i>equivalent)</i>	209	<i>topiramate tab 100 mg</i>	51
<i>tizanidine hcl cap 4 mg (base</i>		<i>topiramate tab 200 mg</i>	51
<i>equivalent)</i>	209	<i>topiramate tab 25 mg</i>	51
<i>tizanidine hcl cap 6 mg (base</i>		<i>topiramate tab 50 mg</i>	51
<i>equivalent)</i>	209	<i>toremifene citrate tab 60 mg (base</i>	
<i>tizanidine hcl tab 2 mg (base</i>		<i>equivalent)</i>	85
<i>equivalent)</i>	209	<i>toremide tab 100 mg</i>	157
<i>tizanidine hcl tab 4 mg (base</i>		<i>toremide tab 10 mg</i>	157
<i>equivalent)</i>	209	<i>toremide tab 20 mg</i>	157
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<i>0.3-0.1%</i>	214	TOUJEO MAX INJ 300IU/ML	62
<i>tobramycin nebu soln 300 mg/4ml</i>	9	TOUJEO SOLO INJ 300IU/ML	62
<i>tobramycin nebu soln 300 mg/5ml</i>	9	TPOXX CAP 200MG	113
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TOBREX SOL 0.3% OP	213	<i>tramadol-acetaminophen tab 37.5-325</i>	
TODAY SPONGE MIS	232	<i>mg</i>	31
<i>tolbutamide tab 500 mg</i>	63	<i>tramadol hcl tab 50 mg</i>	29
<i>tolcapone tab 100 mg</i>	94	<i>tramadol hcl tab er 24hr 100 mg</i>	29
TOLEREX POW	155	<i>tramadol hcl tab er 24hr 200 mg</i>	29
<i>tolmetin sodium cap 400 mg</i>	20	<i>tramadol hcl tab er 24hr 300 mg</i>	29
<i>tolmetin sodium tab 600 mg</i>	20	<i>tramadol hcl tab er 24hr biphasic</i>	
<i>tolterodine tartrate cap er 24hr 2 mg</i>		<i>release 100 mg</i>	29
.....	232	<i>tramadol hcl tab er 24hr biphasic</i>	
		<i>release 200 mg</i>	30

<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	30	<i>triamcinolone acetone cream 0.1%</i>	146
<i>trandolapril tab 1 mg</i>	72	<i>triamcinolone acetone cream 0.5%</i>	146
<i>trandolapril tab 2 mg</i>	72	<i>triamcinolone acetone dental paste 0.1%</i>	208
<i>trandolapril tab 4 mg</i>	72	<i>triamcinolone acetone lotion 0.025%</i>	146
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	78	<i>triamcinolone acetone lotion 0.1%</i>	146
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	78	<i>triamcinolone acetone oint 0.025%</i>	146
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	78	<i>triamcinolone acetone oint 0.1%</i> ..	146
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<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	215	<i>triazolam tab 0.125 mg</i>	176
<i>trazodone hcl tab 100 mg</i>	56	<i>triazolam tab 0.25 mg</i>	176
<i>trazodone hcl tab 150 mg</i>	56	TRIBENZOR20- TAB 5-12.5MG.....	78
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TRESIBA INJ 100UNIT	62	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	103
<i>tretinoin cap 10 mg</i>	93	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	103
<i>tretinoin cream 0.025%</i>	133	<i>trifluridine ophth soln 1%</i>	213
<i>tretinoin cream 0.05%</i>	133	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	94
<i>tretinoin cream 0.1%</i>	133	<i>trihexyphenidyl hcl tab 2 mg</i>	94
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UNISTIK 2 MIS EXTRA	195	<i>valacyclovir hcl tab 1 gm</i>	112
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UNISTIK 2 MIS NORMAL	195	VALCHLOR GEL 0.016%	136
UNISTIK 2 MIS SUPER	195	<i>valganciclovir hcl for soln 50 mg/ml</i>	
UNISTIK 3 MIS 1.8MM	195	<i>(base equiv)</i>	110
UNISTIK 3 MIS COMFORT	195	<i>valganciclovir hcl tab 450 mg (base</i>	
UNISTIK 3 MIS EXTRA	195	<i>equivalent)</i>	110
UNISTIK 3 MIS GENT 30G	195	VALIUM TAB 10MG	39
UNISTIK 3 MIS NEONATAL	195	VALIUM TAB 2MG	39
UNISTIK 3 MIS NORMAL	195	VALIUM TAB 5MG	39
UNISTIK 3 MIS XTR 21G	195	<i>valproate sodium oral soln 250 mg/5ml</i>	
UNISTIK CZT MIS COMFORT	195	<i>(base equiv)</i>	53
UNISTIK CZT MIS NORMAL	195	<i>valproic acid cap 250 mg</i>	53
UNISTIK II MIS LANCETS	195	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UNISTIK PRO MIS LANC 21G	195	<i>12.5 mg</i>	79
UNISTIK PRO MIS LANC 28G	195	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UNISTIK SAFE MIS LANC 28G	195	<i>25 mg</i>	79
UNISTIK SAFE MIS LANC 30G	195	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UNISTIK TOUC MIS LANC 21G	195	<i>12.5 mg</i>	79
UNISTIK TOUC MIS LANC 23G	195	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UNISTIK TOUC MIS LANC 28G	196	<i>25 mg</i>	79
UNISTIK TOUC MIS LANC 30G	196	<i>valsartan-hydrochlorothiazide tab 80-</i>	
UNITSTIK PRO MIS LANC 25G	196	<i>12.5 mg</i>	78
UNIVERSAL 1 MIS 33G	196	<i>valsartan tab 160 mg</i>	73
UNIVERSAL 1 MIS LANC 26G	196	<i>valsartan tab 320 mg</i>	73
UNIVERSAL 1 MIS LANC 30G	196	<i>valsartan tab 40 mg</i>	73
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VALTOCO SPR 5MG	47	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	56
VANCOCIN CAP 125MG	35	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	56
VANCOCIN CAP 250MG	36	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	57
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	36	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	57
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	36	VENTAVIS SOL 10MCG/ML.....	122
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	36	VENTAVIS SOL 20MCG/ML.....	122
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<i>vardenafil hcl orally disintegrating tab 10 mg</i>	121	<i>verapamil hcl cap er 24hr 180 mg</i> ..	117
<i>vardenafil hcl tab 10 mg</i>	121	<i>verapamil hcl cap er 24hr 200 mg</i> ..	117
<i>vardenafil hcl tab 2.5 mg</i>	121	<i>verapamil hcl cap er 24hr 240 mg</i> ..	117
<i>vardenafil hcl tab 20 mg</i>	122	<i>verapamil hcl cap er 24hr 300 mg</i> ..	117
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<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	56	VERZENIO TAB 50MG	92
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	56	VESICARE LS SUS 5MG/5ML	232
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	56	VFEND SUS 40MG/ML	66
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	57	VFEND TAB 200MG.....	66
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VIREAD POW 40MG/GM.....	109	VYVANSE CAP 50MG.....	2
VIREAD TAB 150MG.....	110	VYVANSE CAP 60MG.....	3
VIREAD TAB 200MG.....	110	VYVANSE CAP 70MG.....	3
VIREAD TAB 250MG.....	110	VYVANSE CHW 10MG.....	3
VIREAD TAB 300MG.....	110	VYVANSE CHW 20MG.....	3
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VITRAKVI CAP 25MG.....	92	WAKIX TAB 4.45MG.....	5
VITRAKVI SOL 20MG/ML.....	92	<i>warfarin sodium tab 10 mg</i>	45
VIVAGUARD LIQ CONTROL.....	196	<i>warfarin sodium tab 1 mg</i>	45
VIVAGUARD MIS 28G.....	196	<i>warfarin sodium tab 2.5 mg</i>	45
VIVAGUARD MIS 30G.....	196	<i>warfarin sodium tab 2 mg</i>	45
VIVAGUARD MIS LANCING.....	196	<i>warfarin sodium tab 3 mg</i>	45
VIVJOA CAP 150MG.....	66	<i>warfarin sodium tab 4 mg</i>	45
VIVONEX RTF LIQ.....	155	<i>warfarin sodium tab 5 mg</i>	45
VONJO CAP 100MG.....	92	<i>warfarin sodium tab 6 mg</i>	45
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<i>voriconazole for susp 40 mg/ml</i>	66	WEGOVY INJ 0.5MG.....	3
<i>voriconazole tab 200 mg</i>	66	WEGOVY INJ 1.7MG.....	3
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WIDE-SEAL DPR KIT 85.....	178	XOPENEX NEB 1.25/3ML	45
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X		XPOVIO PAK 50MG	86
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XALATAN SOL 0.005%	215	XPOVIO PAK 80MG	86
XALKORI CAP 200MG.....	92	XTAMPZA ER CAP 13.5MG	30
XALKORI CAP 250MG.....	92	XTAMPZA ER CAP 18MG	30
XARELTO STAR TAB 15/20MG.....	45	XTAMPZA ER CAP 27MG	30
XARELTO TAB 10MG	45	XTAMPZA ER CAP 36MG	30
XARELTO TAB 15MG	45	XTAMPZA ER CAP 9MG.....	30
XARELTO TAB 2.5MG	45	XTANDI CAP 40MG	85
XARELTO TAB 20MG	45	XTANDI TAB 40MG	85
XATMEP SOL 2.5MG/ML	82	XTANDI TAB 80MG	85
XCOPRI PAK 100-150	52	XULTOPHY INJ 100/3.6	60
XCOPRI PAK 12.5-25	52	XURIDEN POW 2GM.....	161
XCOPRI PAK 150-200	52	XYOSTED INJ 100/0.5.....	34
XCOPRI PAK 50-100MG.....	52	XYOSTED INJ 50/0.5	33
XCOPRI PAK 50-200MG.....	52	XYOSTED INJ 75/0.5	34
XCOPRI TAB 100MG	52	XYREM SOL 500MG/ML.....	218
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XELJANZ TAB 10MG.....	16	Z	
XELJANZ TAB 5MG	16	ZACLIR LOT 8%	133
XELJANZ XR TAB 11MG.....	16	<i>zafirlukast tab 10 mg</i>	41
XELJANZ XR TAB 22MG.....	16	<i>zafirlukast tab 20 mg</i>	41
XELODA TAB 150MG.....	82	<i>zaleplon cap 10 mg</i>	176
XELODA TAB 500MG.....	82	<i>zaleplon cap 5 mg</i>	176
XENLETA TAB 600MG.....	36	ZANAFLEX CAP 2MG	209
XEPI CRE 1%.....	134	ZANAFLEX CAP 4MG	209
XERAC-AC SOL 6.25%	149	ZANAFLEX CAP 6MG	209
XERMELO TAB 250MG	169	ZANAFLEX TAB 4MG	209
XHANCE MIS 93MCG.....	210	ZARONTIN CAP 250MG	53
XIFAXAN TAB 550MG.....	35	ZARONTIN SOL 250/5ML.....	53

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ZEJULA TAB 100MG.....	92	ZOCOR TAB 20MG.....	70
ZEJULA TAB 200MG.....	93	ZOCOR TAB 40MG.....	70
ZEJULA TAB 300MG.....	93	ZOCOR TAB 80MG.....	70
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ZEMPLAR CAP 1MCG	162	ZOKINVY CAP 75MG	207
ZEMPLAR CAP 2MCG	162	ZOLINZA CAP 100MG	93
ZENPEP CAP 10000UNT	155	<i>zolmitriptan nasal spray 2.5 mg/spray</i>	
ZENPEP CAP 15000UNT.....	155	<i>unit</i>	202
ZENPEP CAP 20000UNT.....	155	<i>zolmitriptan nasal spray 5 mg/spray</i>	
ZENPEP CAP 25000UNT.....	155	<i>unit</i>	202
ZENPEP CAP 3000UNIT	155	<i>zolmitriptan orally disintegrating tab</i>	
ZENPEP CAP 40000UNT	155	<i>2.5 mg.....</i>	202
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SUM5473-1S (10/23)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

Foreign Language Assistance

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

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

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nómà fòdùn tò wà lèyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó ògbufò kan.

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

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

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

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

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

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bǎ kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bǎ bǎ m̄ kè dε wa m̄ kè nyuεε nyu hwè bǎ wé bǎa kè zi. Ǿ m̄ nì kpé bǎ m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ m̄ dε dyé dε nì bídí-wùdù mú bǎ m̄ kè se wídí dò péè. Kpooò nyò bǎ m̄ dá fúùn-nòbà nìà dε waa I.D. káàò dεín nyε. Nyò tòò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ fò tee bǎ wa kέ m̄ gbo cē bǎ m̄ kè nòbà m̄à 0 kέ dyi pàdàìn hwè. Ǿ jǔ kè nyò dò dyi m̄ gǔ jǔǐn, po wuqu m̄ m̄ poye dyie, kè nyò dò mu bó nìin bǎ Ǿ kè nì wuquò mú zà.

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

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

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

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

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

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

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

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

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

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