

CareFirst Formulary 4

Federal Employees Health Benefits Program

List of Covered Drugs

2021

PLEASE READ: this document contains information about the drugs we cover in this plan. This formulary is for members of the federal employees health benefits program.

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

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 four drug tiers which determines the price you pay.

Using Your Formulary

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

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

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

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

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

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

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

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

Tier 0: \$0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Brand Drugs \$\$	■ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives. ■ Your cost-share will be more than generics.
Tier 3: Generic Specialty \$\$\$	■ Generic specialty drugs are medications that may be used to treat complex and/or rare health conditions. ■ Generic specialty drugs may have a lower cost-share than brand specialty drugs.
Tier 4: Brand Specialty \$\$\$\$	■ Brand specialty drugs are medications that may be used to treat complex and/or rare health conditions. ■ Your cost-share will be more than generic specialty drugs.

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

AMPHETAMINES

ADDERALL XR CAP 5MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / month); Tier 1 with DAW9
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	QL (540 mL / month)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / month)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / month)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL / month)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs / month)

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

1

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / month)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs / month)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
ANOREXIANTS NON-AMPHETAMINE		
<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>phendimetrazine tartrate cap er 24hr 105 mg</i>	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
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / month)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / month)
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 27MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs / month); Tier 1 with DAW9
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / month)

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

3

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 TABLETS PER month)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL / month)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL / month)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / month)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tab 100 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	2	PA
PALFORZIA CAP ESCALAT	2	PA
PALFORZIA CAP LEVEL 1	2	PA
PALFORZIA CAP LEVEL 2	2	PA
PALFORZIA CAP LEVEL 3	2	PA
PALFORZIA CAP LEVEL 4	2	PA
PALFORZIA CAP LEVEL 5	2	PA
PALFORZIA CAP LEVEL 6	2	PA
PALFORZIA CAP LEVEL 7	2	PA
PALFORZIA CAP LEVEL 8	2	PA
PALFORZIA CAP LEVEL 9	2	PA
PALFORZIA CAP LEVEL 10	2	PA
PALFORZIA POW LEVEL 11	2	PA

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	3	PA, QL (56 AMPULES PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	3	PA, QL (56 AMPULES PER 28 DAYS)

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

HUMIRA INJ 10/0.1ML	4	PA, QL (2 PFS 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.
---------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 20/0.2ML	4	PA, QL (2 PFS 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 40/0.4ML	4	PA, QL (4 PFS 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 (6 PFS 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 (3 PFS 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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 PEN 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 40MG/0.8	4	PA, QL (4 PEN 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 (3 PEN 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 (4 PEN 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.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ PS/UV	4	PA, QL (4 PEN 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 KIT CD/UC/HS	4	PA, QL (3 PEN 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 KIT PED UC	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 KIT PS/UV	4	PA, QL (3 PEN 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.

Drug Name	Drug Tier	Requirements/Limits
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 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.
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; 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 2nd line for Ulcerative colitis after failure of Humira; 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

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>ANTIRHEUMATIC ANTIMETABOLITES</i>		
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 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)
<i>INTERLEUKIN-6 RECEPTOR INHIBITORS</i>		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents 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
<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
<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
<i>flurbiprofen tab 50 mg</i>	1
<i>flurbiprofen tab 100 mg</i>	1
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	1
<i>indomethacin cap 25 mg</i>	1
<i>indomethacin cap 50 mg</i>	1

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<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	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
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.

Drug Name	Drug Tier	Requirements/Limits
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.
<i>PYRIMIDINE SYNTHESIS INHIBITORS</i>		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>SELECTIVE COSTIMULATION MODULATORS</i>		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 INJ 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.

Drug Name	Drug Tier	Requirements/Limits
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.
<i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i>		
ENBREL INJ 25/0.5ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (4 VIALS PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen cap 50-300 mg</i>	1	QL (60 caps / 30 days)
<i>butalbital-acetaminophen tab 25-325 mg</i>	1	QL (90 tabs / 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (60 tabs / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	1	QL (720 mL / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (60 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (60 caps / 30 days)

SALICYLATES

<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**

<i>CODEINE SULF TAB 15MG</i>	2	PA, QL (1 tabs per day)
<i>CODEINE SULF TAB 60MG</i>	2	PA, QL (1 tab per day)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (1 tabs per day)
<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
<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 per month)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (24 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (7 tabs per day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (5 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs per day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate tab 2 mg</i>	1	PA, QL (4 tabs per day)
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (2 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (1 mL per day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (15 mL per day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (10 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs per day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 Tabs / month)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (27 mL per day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (5 mL per day)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (6 supps per day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supps per day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supps per day)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (6 tabs per day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs per day)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (1 tab per day)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (7 caps per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (30 mL per day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (6 tabs per day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs per day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs per day)
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (7 tabs per day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL / month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL per day)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (13 tabs per day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs / month)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs per day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps per day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps / month)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (10 tabs per day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (60 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (60 caps / 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (60 caps / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL / month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL per day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs / month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs per day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (150 tabs / month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (150 tabs / month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs / month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs per day)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs / month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs / month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (360 tabs / month)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs / month)

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
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>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches per month)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches per month)
<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 BOTTLES PER MONTH)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA

ANDROGENS-ANABOLIC**ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

ANDROGENS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
<i>testosterone cyp im or subcutaneous inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	

ANORECTAL AND RELATED PRODUCTS**INTRARECTAL STEROIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	1	
---	---	--

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
--	---	--

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

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

Drug Name	Drug Tier	Requirements/Limits
RECTAL STEROIDS		
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / year)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<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		
<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		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
LINCOSAMIDES		
<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
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<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	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<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		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
<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	
<i>NITRO-DUR DIS 0.3MG/HR</i>	2	
<i>NITRO-DUR DIS 0.8MG/HR</i>	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

ANTIANXIETY AGENTS**ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone 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	

BENZODIAZEPINES

<i>ALPRAZOLAM CON 1 MG/ML</i>	2	QL (300 mL / 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab er 24hr 1 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab er 24hr 2 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab er 24hr 3 mg</i>	1	QL (90 tabs / 30 days)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL (360 caps / 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL (360 caps / 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>diazepam conc 5 mg/ml</i>	1	QL (240 mL / 30 days)
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 30 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 30 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 30 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 30 days)

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1
<i>disopyramide phosphate cap 150 mg</i>	1
NORPACE CAP 100MG CR	2
NORPACE CAP 150MG CR	2
<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

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

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	1
<i>amiodarone hcl tab 200 mg</i>	1

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	PA

ANTIASTHMATIC AND BRONCHODILATOR AGENTS**ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 nebulas / month)
--	---	--------------------------

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 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)

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 nebulas per month)
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
YUPELRI SOL	2	QL (1 package per month)

LEUKOTRIENE MODULATORS

<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	

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	2	QL (1 inhaler / 30 days)
ARNUITY ELPT INH 100MCG	2	QL (30 blisters / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	QL (30 blisters / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL / 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL / 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL / 30 days)
FLOVENT DISK AER 50MCG	2	QL (180 inhalations / 30 days)
FLOVENT DISK AER 100MCG	2	QL (240 inhalations / 30 days)
FLOVENT DISK AER 250MCG	2	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	2	QL (2.83 inhalers / 30 days)
FLOVENT HFA AER 110MCG	2	QL (2.5 inhalers / 30 days)
FLOVENT HFA AER 220MCG	2	QL (2.5 inhalers / 30 days)
QVAR REDIHA AER 80MCG	2	QL (30 gm / 30 days)
QVAR REDIHAL AER 40MCG	2	QL (30 gm / 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
ALBUTEROL NEB 0.5%	2	QL (120 ea / month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 PKG PER MONTH)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea / month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL / month)

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

28

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<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 ELLIPT AER 62.5-25	2	QL (1 package per month)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
COMBIVENT AER 20-100	2	QL (2 packages per month)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 package per month)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials per month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 nebulas per month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea / month)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / month)
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
PROAIR HFA AER	2	QL (2 PKG PER MONTH)
PROAIR RESPI AER	2	QL (2 inhalers / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)

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

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

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
XANTHINES		
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
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		
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		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<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

ANTICONVULSANTS**ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<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	

ANTICONVULSANTS - MISC.

<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab 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	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps per month)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps per month)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps per month)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL / month)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>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	
<i>felbamate tab 600 mg</i>	1	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	3	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	3	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
<i>DILANTIN CAP 30MG</i>	2	
<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		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
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	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</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	
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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	
<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	

ANTIDIABETIC - AMYLIN ANALOGS

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

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	ST

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	ST
<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
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<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	
SOLIQUA INJ 100/33	2	ST
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
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
<i>BIGUANIDES</i>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
GLUCAGEN INJ HYPOKIT	2	
<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 PFS INJ	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 2/1.5ML	2	ST, QL (2 PENS PER MONTH)
OZEMPIC INJ 4MG/3ML	2	ST, QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	ST, QL (30 tablets per month)
RYBELSUS TAB 7MG	2	ST, QL (30 tablets per month)
RYBELSUS TAB 14MG	2	ST, QL (30 tablets per month)
TRULICITY INJ 0.75/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 PENS PER MONTH)

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

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 3/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	ST, QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 PENS PER MONTH)
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 FLEXTUOC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
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	
INSULIN SENSITIZING AGENTS		
<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	
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

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

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

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<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	
<i>tolbutamide tab 500 mg</i>	1	
ANTIDIARRHEAL/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	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	3	PA
<i>deferasirox granules packet 180 mg</i>	3	PA
<i>deferasirox granules packet 360 mg</i>	3	PA
<i>deferasirox tab 90 mg</i>	3	PA
<i>deferasirox tab 180 mg</i>	3	PA
<i>deferasirox tab 360 mg</i>	3	PA
<i>deferasirox tab for oral susp 125 mg</i>	3	PA
<i>deferasirox tab for oral susp 250 mg</i>	3	PA
<i>deferasirox tab for oral susp 500 mg</i>	3	PA
<i>deferiprone tab 500 mg</i>	3	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PAK 10GM	4	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
NARCAN SPR	2	QL (4 sprays / 180 days)

ANTIEMETICS**5-HT₃ RECEPTOR ANTAGONISTS**

<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)

ANTIEMETICS - ANTICHOLINERGIC

MECLIZINE TAB 50MG	2	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

<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	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps / 21 days)

ANTIFUNGALS**ANTIFUNGALS**

<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<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>voriconazole for inj 200 mg</i>	1	PA
<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	
ANTIHIISTAMINES - NON-SEDATING		
<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	
ANTIHIISTAMINES - 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	
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS		
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	
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	1	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	
<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	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
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	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<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	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<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		
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>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	
<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		
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<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>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>DIRECT RENIN INHIBITORS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<i>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</i>		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
<i>VASODILATORS</i>		
<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	
<i>ANTIMALARIALS</i>		
<i>ANTIMALARIAL COMBINATIONS</i>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>ANTIMALARIALS</i>		
<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	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	PA
<i>quinine sulfate cap 324 mg</i>	1	
<i>ANTIMYASTHENIC/CHOLINERGIC AGENTS</i>		
<i>ANTIMYASTHENIC/CHOLINERGIC AGENTS</i>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<i>ANTIMYCOBACTERIAL AGENTS</i>		
<i>ANTIMYCOBACTERIAL AGENTS</i>		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN TAB 150MG	2	
<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	
TRECTOR TAB 250MG	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

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	
<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

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 TABLETS PER 30 DAYS)
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
TABLOID TAB 40MG	0	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 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)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	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	
<i>bicalutamide tab 50 mg</i>	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	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>	3	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)
<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

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

56

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

Drug Name	Drug Tier	Requirements/Limits
<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 TABLETS PER 30 DAYS)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 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		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES 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)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS 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)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 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)
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)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 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)
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)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 TABLETS PER 30 DAYS)
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)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
<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)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS 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)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)

ANTINEOPLASTICS MISC.

<i>bexarotene cap 75 mg</i>	0	PA
<i>hydroxyurea cap 500 mg</i>	0	
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	

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

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

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
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		
<i>entacapone tab 200 mg</i>	1	
<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	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
<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	

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

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

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	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<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	
ANTIPSYCHOTICS - MISC.		
<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		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>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	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<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	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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		
<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.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (23.077 injections / year)
ARISTADA INJ INITIO	2	
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	

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

ANTISEPTICS & DISINFECTANTS**ANTISEPTICS & DISINFECTANTS**

<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	

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)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 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)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
JULUCA TAB 50-25MG	2	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 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)
LEXIVA TAB 700MG	2	QL (120 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (1575 ML PER 28 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)
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 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)
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 TAB	2	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	2	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	2	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 167-250	2	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	2	QL (30 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	2	QL (1200 ML PER 30 ML DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
<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	
BARACLUDE SOL	2	QL (630 ml per 30 days)
<i>entecavir tab 0.5 mg</i>	1	QL (30 tabs per 30 days)
<i>entecavir tab 1 mg</i>	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	4	PA
EPCLUSA PAK 200-50MG	4	PA
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	
<i>ribavirin cap 200 mg</i>	3	PA
<i>ribavirin tab 200 mg</i>	3	PA
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)

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

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

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	
<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 / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
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	
<i>labetalol hcl tab 100 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 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	
BETA BLOCKERS NON-SELECTIVE		
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL 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	
CARDIZEM LA TAB 120MG	2	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 420 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	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>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	
<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	

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	2	

CARDIOVASCULAR AGENTS - MISC.**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	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 TABS PER MONTH)
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
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
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	3	PA, QL (224 ML PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 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)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
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)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>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	
<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	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<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	
<i>YAZ TAB 3-0.02MG</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>ANNOVERA MIS</i>	0	QL (1 ring / 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings / 300 days)
EMERGENCY CONTRACEPTIVES		
<i>ELLA TAB 30MG</i>	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (1 injection / 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<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 (27)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone 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	
ORTIKOS CAP 6MG ER	2	
ORTIKOS CAP 9MG ER	2	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
<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	
MINERALOCORTICOIDS		
<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 w/ homatropine syrup 5-1.5 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	QL (6 tablets/day for 7 days per month)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL/day for 7 days per month)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 (30 mL/day for 7 days per month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<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		
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene pads 0.1%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 gm / month)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60 gm / month)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL / month)
<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	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
<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	
<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	
<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
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 ml per 21 days)
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	QL (30 gm / month)
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 ML Per month)
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML Per month)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole soln 1%</i>	1	QL (120 mL / 25 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 Per month)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
<i>ketoconazole cream 2%</i>	1	QL (120 GM Per month)
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML Per month)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (120 GM per month)
<i>naftifine hcl cream 1%</i>	1	QL (60 GM Per month)
<i>naftifine hcl cream 2%</i>	1	QL (60 GM Per month)
<i>naftifine hcl gel 1%</i>	1	QL (120 GM Per month)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 GM per month)
<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	ST, QL (90 GM Per month)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 GM Per month)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 ML Per month)
<i>tavaborole soln 5%</i>	1	QL (4 mL per 21 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
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 foam 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe per 28 days)
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX INJ 300DOSE	4	PA, QL (300 mg (2 ml) per 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 mg (2 ml) per 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>methoxsalen rapid cap 10 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	4	PA; Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	4	PA; Preferred for Psoriasis
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	4	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
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. Approved quantity may be less than the listed limit.
<i>tazarotene cream 0.1%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 PEN PER 8 WEEKS)
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	

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

90

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

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm / month)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL / month)
<i>AMCINONIDE OIN 0.1%</i>	2	QL (120 gm / month)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm / month)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm / month)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL / month)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm / month)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL / month)
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120 gm / month)
<i>desonide lotion 0.05%</i>	1	QL (120 mL / month)
<i>desonide oint 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL / month)
DUOBRII LOT	2	
ENSTILAR AER	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL / month)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL / month)
<i>flurandrenolide oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm / month)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL / month)
<i>hydrocortisone cream 1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL / month)
<i>hydrocortisone oint 1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm / month)
IMPEKLO LOT 0.05%	2	QL (120 grams per month)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm / month)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL / month)
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm / month)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm / month)
TACLONEX OIN	2	
TACLONEX SUS	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	2	PA
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm / 25 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / month)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections / month)
<i>lidocaine oint 5%</i>	1	QL (50 gm / month)
<i>lidocaine patch 5%</i>	1	PA, QL (90 ea / month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / month)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<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
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CAMINO PRO LIQ 15PE	2	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	2	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	2	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	2	PA; Coverage is subject to your plan/benefits
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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

Drug Name	Drug Tier	Requirements/Limits
EAA SUPPLEME POW TROPICAL	2	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	2	Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	2	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	2	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	2	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	2	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	2	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	2	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	2	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	2	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	2	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	2	Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
MCT PRO-CAL PAK	2	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	2	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	2	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	2	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	2	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	2	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	2	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	2	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	2	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	2	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	2	PA; Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
PEDIASURE LIQ PEPTIDE	2	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	2	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	2	PA; Coverage is subject to your plan/benefits
PHLEXY-10 POW	2	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	2	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	2	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	2	Coverage is subject to your plan/benefits
PRO-PHREE POW	2	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	2	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	2	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	2	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	2	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	2	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	2	Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
S.O.S. 25 POW	2	Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
TOLEREX POW	2	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	2	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	2	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	2	Coverage is subject to your plan/benefits
VITAL HN POW	2	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	2	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	
PANCREAZE CAP 2600UNIT	2	PA
PANCREAZE CAP 4200UNIT	2	PA
PANCREAZE CAP 10500UNT	2	PA
PANCREAZE CAP 16800UNT	2	PA
PANCREAZE CAP 21000UNT	2	PA
PERTZYE CAP 4000UNIT	2	PA
PERTZYE CAP 8000UNIT	2	PA
PERTZYE CAP 16000U	2	PA
PERTZYE CAP 24000U	2	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA

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>methazolamide tab 25 mg</i>	1
<i>methazolamide tab 50 mg</i>	1

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	2
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<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
<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
<i>furosemide tab 80 mg</i>	1
<i>torsemide tab 5 mg</i>	1
<i>torsemide tab 10 mg</i>	1
<i>torsemide tab 20 mg</i>	1
<i>torsemide tab 100 mg</i>	1

POTASSIUM SPARING DIURETICS

<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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 620/2.48	4	PA, QL (1 PEN PER MONTH)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<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 (1PEN PER 30 DAYS)
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

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

100

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

Drug Name	Drug Tier	Requirements/Limits
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 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	3	PA; Coverage is subject to your plan/benefits
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONES		
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	2	
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>	3	PA, QL (60 TABLETS PER 30 DAYS)

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

101

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

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	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	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	3	PA
<i>nitisinone cap 5 mg</i>	3	PA
<i>nitisinone cap 10 mg</i>	3	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	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	3	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	3	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	3	PA, QL (600 GRAMS PER 30 DATS)
<i>sodium phenylbutyrate tab 500 mg</i>	3	PA, QL (1200 TABLETS PER 30 DAYS)
POSTERIOR PITUITARY HORMONES		
<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	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA, QL (45 VIALS PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	3	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	PA, QL (9 VIALS PER 30 DAYS)
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>CLIMARA PRO DIS WEEKLY</i>	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	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ESTROGENS		
<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 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	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>CIPRO (5%) SUS 250MG/5</i>	2	
<i>CIPRO (10%) SUS 500MG/5</i>	2	
<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.		
GALLSTONE SOLUBILIZING AGENTS		
<i>RELTONE CAP 200MG</i>	2	
<i>RELTONE CAP 400MG</i>	2	
<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	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<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	

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

104

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

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>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>alosectron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosectron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<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	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<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>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
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	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>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>	3	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	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	4	PA, QL (45 SYRINGES PER 90 DAYS)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	3	PA, QL (45 SYRINGES PER 90 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
<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	
<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 (60 CAPSULES PER 30 DAYS)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
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	

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

107

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

Drug Name	Drug Tier	Requirements/Limits
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 (90 tabs / month)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
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
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

<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
<i>tranexamic acid tab 650 mg</i>	1

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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		
<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	
<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		
<i>ramelteon tab 8 mg</i>	1	
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
CLENPIQ SOL	0	
<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	
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	
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	
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	
<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	PA
DIFICID TAB 200MG	2	PA
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
FC2 FEMALE MIS CONDOM	0	OTC
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	

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

110

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

Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADV TRAVEL MIS LANC 28G	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANCETS	0	
AGAMATRIX MIS 33G	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE CMFRT MIS 28G	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	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	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	
COAGUCHEK MIS LANCETS	0	

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

111

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

Drug Name	Drug Tier	Requirements/Limits
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 30G	0	
COMFORT TCH MIS LANC 31G	0	
COMFORTOUCH MIS LANCET	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	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS UT 30G	0	
DROPLET LANC MIS 30G	0	
DROPLET PERS MIS LANC 30G	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 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	

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

112

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EMBRACE LANC MIS THIN 30G	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	
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 LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GENTEEL MIS LANCETS	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI LANCET MIS 30G	0	

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

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

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HLTHY ACCNTS MIS LANC 30G	0	
IN TOUCH LAN MIS 30G	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	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 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	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 26G	0	
LANCETS MIS 28G	0	
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	

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

114

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

Drug Name	Drug Tier	Requirements/Limits
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LB LANCET MIS 28G	0	
LIFESCAN MIS UNISTIK2	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	
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	
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	
MICROLET MIS LANCETS	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	
MYGLUCOHEALT MIS LANC 30G	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
ON-THE-GO MIS LANC 30G	0	

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

115

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	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	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PURE COMFORT MIS 30G LAN	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	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	
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	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	

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

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

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST MIS GL300	0	
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	
SIDE BUTTON MIS SAFETY	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	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	
SMARTEST MIS LANCETS	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	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	
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 LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	

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

117

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

Drug Name	Drug Tier	Requirements/Limits
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	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	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE COMFORT MIS LANC 30G	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	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	

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

118

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

Drug Name	Drug Tier	Requirements/Limits
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
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 3 MIS GENT 30G	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	
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	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VIVAGUARD MIS 30G	0	
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 29X3/16"	0	
AUTOSHIELD MIS 29X5/16"	0	
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
<i>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</i>		
AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / month)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 30 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
<i>SEROTONIN AGONISTS</i>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 TABS PER MONTH)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tablets / month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets / month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (4 packages per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 UNITS PER MONTH)
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		120

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 cartridges per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 syringes per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 TABS PER MONTH)

MINERALS & ELECTROLYTES**POTASSIUM**

<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

<i>penicillamine cap 250 mg</i>	3	ST
<i>penicillamine tab 250 mg</i>	3	
<i>trientine hcl cap 250 mg</i>	3	ST

IMMUNOMODULATORS

REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
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

<i>azathioprine tab 50 mg</i>	1	
<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	
<i>everolimus tab 0.5 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<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	
<i>SANDIMMUNE SOL 100MG/ML</i>	2	
<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	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
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	
<i>nystatin susp 100000 unit/ml</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
DENTAL PRODUCTS		
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>stannous fluoride conc 0.63%</i>	1	
<i>stannous fluoride gel 0.4%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	

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

123

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl tab 7.5 mg</i>	1	
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 (180 tablets per month)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<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	
<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	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	QL (90 tablets per month)

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

124

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

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i>	1	
<i>137-50 mcg/act</i>		
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	
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	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
<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	

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

125

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
<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		
<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	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<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	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>NATACYN SUS 5% OP</i>	2	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oint</i>	1	
<i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	

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

126

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<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	
<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	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost ophth soln 0.005%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<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	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tablets per month)
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	

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

128

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>AUGMENTIN SUS 125/5ML</i>	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS		
PROGESTINS		
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIDEMENTIA AGENTS		
<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	
<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	
<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	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	

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

130

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

Drug Name	Drug Tier	Requirements/Limits
<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	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	2	PA
SAVELLA TAB 12.5MG	2	PA
SAVELLA TAB 25MG	2	PA
SAVELLA TAB 50MG	2	PA
SAVELLA TAB 100MG	2	PA
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)
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>	3	PA, QL (120 TABLETS PER 30 DAYS)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 25 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>MULTIPLE SCLEROSIS AGENTS</i>		
AUBAGIO TAB 7MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	4	PA, QL (30 TABLETS PER 30 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>dimethyl fumarate capsule delayed release 120 mg</i>	3	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	3	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PEN PER 28 DAYS)
MAYZENT PAK STARTER	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 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 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ 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)

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

132

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

Drug Name	Drug Tier	Requirements/Limits
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 (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 TABLETS PER 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 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
<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 4 mg</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
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
<i>CYSTIC FIBROSIS AGENTS</i>		
KALYDECO PAK 25MG	4	PA, QL (56 PACKETS PER 28 DAYS)
SYMDEKO TAB 50-75MG	4	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	4	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	4	PA, QL (84 TABLETS PER 28 DAYS)
<i>PULMONARY FIBROSIS AGENTS</i>		
ESBRIET CAP 267MG	4	PA, QL (270 CAPSULES PER 30 DAYS)
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
TETRACYCLINES		
<i>TETRACYCLINES</i>		
<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 hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 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	

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

134

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

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

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	

THYROID HORMONES

<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	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>CUVPOSA SOL 1MG/5ML</i>	2	
<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 tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	

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

135

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
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	
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 / year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea / year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea / year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / year)

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

136

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials / year)
PRILOSEC POW 2.5MG	2	QL (90 packets / year)
PRILOSEC POW 10MG	2	QL (90 packets / year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
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	
<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>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
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	

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

137

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

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
GYNOL II GEL 3%	0	OTC
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<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	
VAGINAL ESTROGENS		
<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		
<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 / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens / 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
VASOPRESSORS		
<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	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>OIL SOLUBLE VITAMINS</i>		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	1	

Index

*

*mesalamine rectal enema 4 gm & cleanser wipe kit**	105	acetaminophen w/ codeine soln 120-12 mg/5ml	19
*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***	23	acetaminophen w/ codeine tab 300-15 mg	20
nystatin oral powder	43	acetaminophen w/ codeine tab 300-30 mg	20
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	124	acetaminophen w/ codeine tab 300-60 mg	20
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	124	acetazolamide cap er 12hr 500 mg	99
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	124	acetazolamide tab 125 mg	99
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	124	acetazolamide tab 250 mg	99
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	124	acetic acid otic soln 2%	128
*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	124	acetylcysteine inhal soln 10%	85
*sodium polystyrene sulfonate powder**	123	acetylcysteine inhal soln 20%	85
A		acitretin cap 10 mg	87
abacavir sulfate-lamivudine tab 600-300 mg	67	acitretin cap 17.5 mg	87
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	67	acitretin cap 25 mg	87
abacavir sulfate soln 20 mg/ml (base equiv)	67	ACTI-LANCE MIS 28G	110
abacavir sulfate tab 300 mg (base equiv)	67	ACTI-LANCE MIS LITE 28G	110
abiraterone acetate tab 250 mg	56	ACTI-LANCE MIS SPEC 17G	111
abiraterone acetate tab 500 mg	56	ACTI-LANCE MIS UNIV 23G	111
acamprosate calcium tab delayed release 333 mg	130	acyclovir cap 200 mg	72
acarbose tab 100 mg	38	acyclovir oint 5%	91
acarbose tab 25 mg	38	acyclovir susp 200 mg/5ml	72
acarbose tab 50 mg	38	acyclovir tab 400 mg	72
ACCU-CHEK MIS MLTICLIX	110	acyclovir tab 800 mg	72
acebutolol hcl cap 200 mg	73	adapalene-benzoyl peroxide gel 0.1-2.5%	85
acebutolol hcl cap 400 mg	73	adapalene cream 0.1%	85
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	20	adapalene gel 0.1%	85
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	20	adapalene gel 0.3%	85
		adapalene pads 0.1%	85
		ADDERALL XR CAP 10MG	1
		ADDERALL XR CAP 15MG	1
		ADDERALL XR CAP 20MG	1
		ADDERALL XR CAP 25MG	1
		ADDERALL XR CAP 30MG	1
		ADDERALL XR CAP 5MG	1
		adefovir dipivoxil tab 10 mg	71
		ADEMPAS TAB 0.5MG	79
		ADEMPAS TAB 1.5MG	79
		ADEMPAS TAB 1MG	79
		ADEMPAS TAB 2.5MG	79
		ADEMPAS TAB 2MG	79

ADVAIR DISKU AER 100/50	28	<i>alendronate sodium tab 5 mg</i>	100
ADVAIR DISKU AER 250/50	28	<i>alendronate sodium tab 70 mg</i>	100
ADVAIR DISKU AER 500/50	28	<i>alfuzosin hcl tab er 24hr 10 mg</i>	106
ADVAIR HFA AER 115/21	28	<i>aliskiren fumarate tab 150 mg (base</i>	
ADVAIR HFA AER 230/21	28	<i>equivalent)</i>	53
ADVAIR HFA AER 45/21	28	<i>aliskiren fumarate tab 300 mg (base</i>	
ADVCATE SAFE MIS LANC 26G	111	<i>equivalent)</i>	53
ADVOCATE MIS LANC 30G	111	<i>allopurinol tab 100 mg</i>	106
ADVOCATE MIS LANCETS	111	<i>allopurinol tab 300 mg</i>	106
ADV TRAVEL MIS LANC 28G	111	<i>almotriptan malate tab 12.5 mg</i>	120
AFINITOR DIS TAB 2MG	57	<i>almotriptan malate tab 6.25 mg</i>	120
AFINITOR DIS TAB 3MG	57	<i>alogliptin benzoate tab 12.5 mg (base</i>	
AFINITOR DIS TAB 5MG	57	<i>equiv)</i>	40
AFINITOR TAB 10MG	57	<i>alogliptin benzoate tab 25 mg (base</i>	
AGAMATRIX MIS 33G	111	<i>equiv)</i>	40
AIMOVIG INJ 140MG/ML	120	<i>alogliptin benzoate tab 6.25 mg (base</i>	
AIMOVIG INJ 70MG/ML	120	<i>equiv)</i>	40
AIMSCO TWIST MIS 32G	111	<i>alogliptin-metformin hcl tab 12.5-1000</i>	
AIMSCO TWIST MIS 33G	111	<i>mg</i>	38
<i>albendazole tab 200 mg</i>	23	<i>alogliptin-metformin hcl tab 12.5-500</i>	
ALBUTEROL NEB 0.5%	28	<i>mg</i>	38
<i>albuterol sulfate inhal aero 108</i>		<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	
<i>mcg/act (90mcg base equiv)</i>	28	<i>.....</i>	38
<i>albuterol sulfate soln nebu 0.083%</i>		<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
<i>(2.5 mg/3ml)</i>	28	<i>.....</i>	38
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	
<i>mg/ml)</i>	28	<i>.....</i>	39
<i>albuterol sulfate soln nebu 0.63</i>		<i>alogliptin-pioglitazone tab 25-15 mg.</i>	39
<i>mg/3ml (base equiv)</i>	28	<i>alogliptin-pioglitazone tab 25-30 mg.</i>	39
<i>albuterol sulfate soln nebu 1.25</i>		<i>alogliptin-pioglitazone tab 25-45 mg.</i>	39
<i>mg/3ml (base equiv)</i>	29	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	29	<i>.....</i>	105
<i>albuterol sulfate tab 2 mg</i>	29	<i>alose tron hcl tab 1 mg (base equiv)</i>	105
<i>albuterol sulfate tab 4 mg</i>	29	ALPRAZOLAM CON 1 MG/ML	25
<i>albuterol sulfate tab er 12hr 4 mg</i>	29	<i>alprazolam orally disintegrating tab</i>	
<i>albuterol sulfate tab er 12hr 8 mg</i>	29	<i>0.25 mg</i>	25
<i>alclometasone dipropionate cream</i>		<i>alprazolam orally disintegrating tab 0.5</i>	
<i>0.05%</i>	91	<i>mg</i>	25
<i>alclometasone dipropionate oint 0.05%</i>		<i>alprazolam orally disintegrating tab 1</i>	
<i>.....</i>	91	<i>mg</i>	25
ALDACTAZIDE TAB 50/50	99	<i>alprazolam orally disintegrating tab 2</i>	
ALECENSA CAP 150MG	57	<i>mg</i>	25
<i>alendronate sodium oral soln 70</i>		<i>alprazolam tab 0.25 mg</i>	25
<i>mg/75ml</i>	100	<i>alprazolam tab 0.5 mg</i>	25
<i>alendronate sodium tab 10 mg</i>	100	<i>alprazolam tab 1 mg</i>	25
<i>alendronate sodium tab 35 mg</i>	100	<i>alprazolam tab 2 mg</i>	25

<i>alprazolam tab er 24hr 0.5 mg</i>	25	<i>amlodipine besylate-atorvastatin</i>	
<i>alprazolam tab er 24hr 1 mg</i>	25	<i>calcium tab 5-10 mg</i>	76
<i>alprazolam tab er 24hr 2 mg</i>	25	<i>amlodipine besylate-atorvastatin</i>	
<i>alprazolam tab er 24hr 3 mg</i>	25	<i>calcium tab 5-20 mg</i>	76
<i>ALUNBRIG TAB 180MG</i>	57	<i>amlodipine besylate-atorvastatin</i>	
<i>ALUNBRIG TAB 30MG</i>	57	<i>calcium tab 5-40 mg</i>	77
<i>ALUNBRIG TAB 90MG</i>	57	<i>amlodipine besylate-atorvastatin</i>	
<i>alvimopan cap 12 mg</i>	105	<i>calcium tab 5-80 mg</i>	77
<i>amantadine hcl cap 100 mg</i>	61	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	61	<i>10-20 mg</i>	49
<i>amantadine hcl tab 100 mg</i>	61	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ambrisentan tab 10 mg</i>	78	<i>10-40 mg</i>	49
<i>ambrisentan tab 5 mg</i>	78	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amcinonide cream 0.1%</i>	91	<i>2.5-10 mg</i>	49
<i>amcinonide lotion 0.1%</i>	91	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>AMCINONIDE OIN 0.1%</i>	91	<i>5-10 mg</i>	49
<i>amiloride & hydrochlorothiazide tab 5-</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>50 mg</i>	99	<i>5-20 mg</i>	49
<i>amiloride hcl tab 5 mg</i>	99	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>		<i>5-40 mg</i>	49
.....	108	<i>amlodipine besylate-olmesartan</i>	
<i>aminocaproic acid tab 1000 mg</i>	108	<i>medoxomil tab 10-20 mg</i>	49
<i>aminocaproic acid tab 500 mg</i>	108	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 100 mg</i>	26	<i>medoxomil tab 10-40 mg</i>	49
<i>amiodarone hcl tab 200 mg</i>	26	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 400 mg</i>	27	<i>medoxomil tab 5-20 mg</i>	49
<i>amitriptyline hcl tab 100 mg</i>	37	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 10 mg</i>	37	<i>medoxomil tab 5-40 mg</i>	49
<i>amitriptyline hcl tab 150 mg</i>	37	<i>amlodipine besylate tab 10 mg (base</i>	
<i>amitriptyline hcl tab 25 mg</i>	37	<i>equivalent)</i>	74
<i>amitriptyline hcl tab 50 mg</i>	37	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>amitriptyline hcl tab 75 mg</i>	37	<i>equivalent)</i>	74
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate tab 5 mg (base</i>	
<i>calcium tab 10-10 mg</i>	77	<i>equivalent)</i>	74
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>calcium tab 10-20 mg</i>	77	<i>160 mg</i>	49
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>calcium tab 10-40 mg</i>	77	<i>320 mg</i>	50
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 10-80 mg</i>	77	<i>160 mg</i>	49
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 2.5-10 mg</i>	76	<i>320 mg</i>	49
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 2.5-20 mg</i>	76	<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	50
<i>calcium tab 2.5-40 mg</i>	76		

<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg</i>	50	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	129
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i>	50	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	129
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</i>	50	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	129
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i>	50	<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	137
<i>amoxapine tab 100 mg</i>	37	<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amoxapine tab 150 mg</i>	37	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amoxapine tab 25 mg</i>	37	<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amoxapine tab 50 mg</i>	37	<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amoxicillin (trihydrate) cap 250 mg</i>	128	<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amoxicillin (trihydrate) cap 500 mg</i>	128	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	128	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	128	<i>amphetamine extended release susp 1.25 mg/ml</i>	1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	128	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	128	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	128	<i>ampicillin cap 500 mg</i>	129
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	128	<i>anagrelide hcl cap 0.5 mg</i>	107
<i>amoxicillin (trihydrate) tab 500 mg</i>	128	<i>anagrelide hcl cap 1 mg</i>	107
<i>amoxicillin (trihydrate) tab 875 mg</i>	129	<i>anastrozole tab 1 mg</i>	56
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	129	<i>ANNOVERA MIS</i>	82
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	129	<i>ANORO ELLIPT AER 62.5-25</i>	29
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	129	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	126
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	129	<i>aprepitant capsule 125 mg</i>	43
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	129	<i>aprepitant capsule 40 mg</i>	43
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	129	<i>aprepitant capsule 80 mg</i>	43
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	129	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	43
		<i>AQUALANCE MIS 30G</i>	111
		<i>ARANESP INJ 100MCG</i>	108
		<i>ARANESP INJ 10MCG</i>	108
		<i>ARANESP INJ 150MCG</i>	108
		<i>ARANESP INJ 200MCG</i>	108
		<i>ARANESP INJ 25MCG</i>	108
		<i>ARANESP INJ 300MCG</i>	108

ARANESP INJ 40MCG	108	ASSURE PLUS MIS MCRO 28G.....	111
ARANESP INJ 500MCG	108	ASSURE PLUS MIS NORM 21G.....	111
ARANESP INJ 60MCG	108	ASSURE PLUS MIS PEDIATRI	111
<i>arformoterol tartrate soln nebu 15</i>		<i>atazanavir sulfate cap 150 mg (base</i>	
<i>mcg/2ml (base equiv)</i>	<i>29</i>	<i>equiv)</i>	<i>67</i>
<i>aripiprazole orally disintegrating tab 10</i>		<i>atazanavir sulfate cap 200 mg (base</i>	
<i>mg</i>	<i>66</i>	<i>equiv)</i>	<i>67</i>
<i>aripiprazole orally disintegrating tab 15</i>		<i>atazanavir sulfate cap 300 mg (base</i>	
<i>mg</i>	<i>66</i>	<i>equiv)</i>	<i>67</i>
<i>aripiprazole oral solution 1 mg/ml</i>	<i>66</i>	<i>atenolol & chlorthalidone tab 100-25</i>	
<i>aripiprazole tab 10 mg</i>	<i>66</i>	<i>mg</i>	<i>50</i>
<i>aripiprazole tab 15 mg</i>	<i>66</i>	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>aripiprazole tab 20 mg</i>	<i>66</i>	<i>.....</i>	<i>50</i>
<i>aripiprazole tab 2 mg</i>	<i>66</i>	<i>atenolol tab 100 mg</i>	<i>73</i>
<i>aripiprazole tab 30 mg</i>	<i>66</i>	<i>atenolol tab 25 mg</i>	<i>73</i>
<i>aripiprazole tab 5 mg</i>	<i>66</i>	<i>atenolol tab 50 mg</i>	<i>73</i>
ARISTADA INJ 1064MG.....	66	<i>atomoxetine hcl cap 100 mg (base</i>	
ARISTADA INJ 441MG/1.....	66	<i>equiv)</i>	<i>2</i>
ARISTADA INJ 662MG/2.....	66	<i>atomoxetine hcl cap 10 mg (base</i>	
ARISTADA INJ 882MG/3.....	66	<i>equiv)</i>	<i>2</i>
ARISTADA INJ INITIO	66	<i>atomoxetine hcl cap 18 mg (base</i>	
<i>armodafinil tab 150 mg</i>	<i>3</i>	<i>equiv)</i>	<i>2</i>
<i>armodafinil tab 200 mg</i>	<i>3</i>	<i>atomoxetine hcl cap 25 mg (base</i>	
<i>armodafinil tab 250 mg</i>	<i>3</i>	<i>equiv)</i>	<i>2</i>
<i>armodafinil tab 50 mg</i>	<i>3</i>	<i>atomoxetine hcl cap 40 mg (base</i>	
ARNUITY ELPT INH 100MCG	27	<i>equiv)</i>	<i>2</i>
ARNUITY ELPT INH 200MCG	28	<i>atomoxetine hcl cap 60 mg (base</i>	
ARNUITY ELPT INH 50MCG	27	<i>equiv)</i>	<i>2</i>
ASACOL HD TAB 800MG.....	105	<i>atomoxetine hcl cap 80 mg (base</i>	
<i>asenapine maleate sl tab 10 mg (base</i>		<i>equiv)</i>	<i>2</i>
<i>equiv)</i>	<i>64</i>	<i>atorvastatin calcium tab 10 mg (base</i>	
<i>asenapine maleate sl tab 2.5 mg (base</i>		<i>equivalent)</i>	<i>45</i>
<i>equiv)</i>	<i>64</i>	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>asenapine maleate sl tab 5 mg (base</i>		<i>equivalent)</i>	<i>46</i>
<i>equiv)</i>	<i>64</i>	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>equivalent)</i>	<i>46</i>
<i>200 mg</i>	<i>107</i>	<i>atorvastatin calcium tab 80 mg (base</i>	
ASSURE CMFRT MIS 28G.....	111	<i>equivalent)</i>	<i>46</i>
ASSURE LANCE MIS 21G	111	<i>atovaquone-proguanil hcl tab 250-100</i>	
ASSURE LANCE MIS 28G	111	<i>mg</i>	<i>53</i>
ASSURE LANCE MIS LOW FLOW	111	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ASSURE LANCE MIS MICRO	111	<i>mg</i>	<i>53</i>
ASSURE LANCE MIS SAFE 25G	111	<i>atovaquone susp 750 mg/5ml.....</i>	<i>23</i>
ASSURE LANCE MIS SAFE 30G	111	AUBAGIO TAB 14MG.....	132
ASSURE PLUS MIS HIGH 18G.....	111	AUBAGIO TAB 7MG.....	132
ASSURE PLUS MIS LOW 25G.....	111	AUGMENTIN SUS 125/5ML.....	129

AURORA LANCE MIS 30G.....	111	BELBUCA MIS 450MCG	21
AURORA LANCE MIS THIN 23G.....	111	BELBUCA MIS 600MCG	21
AUSTEDO TAB 12MG.....	131	BELBUCA MIS 750MCG	21
AUSTEDO TAB 6MG	131	BELBUCA MIS 75MCG	21
AUSTEDO TAB 9MG	131	BELBUCA MIS 900MCG	21
AUTO LANCET MIS.....	111	<i>benazepril & hydrochlorothiazide tab</i>	
AUTOSHIELD MIS 29X3/16	119	10-12.5 mg	50
AUTOSHIELD MIS 29X5/16	119	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azathioprine tab 50 mg</i>	<i>122</i>	20-12.5 mg	<i>50</i>
<i>azelaic acid gel 15%.....</i>	<i>94</i>	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azelastine hcl-fluticasone prop nasal</i>		20-25 mg	<i>50</i>
<i>spray 137-50 mcg/act.....</i>	<i>125</i>	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		6.25 mg	<i>50</i>
<i>mcg/spray).....</i>	<i>125</i>	<i>benazepril hcl tab 10 mg.....</i>	<i>47</i>
<i>azelastine hcl nasal spray 0.15%</i>		<i>benazepril hcl tab 20 mg.....</i>	<i>47</i>
<i>(205.5 mcg/spray).....</i>	<i>125</i>	<i>benazepril hcl tab 40 mg.....</i>	<i>47</i>
<i>azelastine hcl ophth soln 0.05%</i>	<i>127</i>	<i>benazepril hcl tab 5 mg.....</i>	<i>47</i>
<i>azithromycin for susp 100 mg/5ml..</i>	<i>110</i>	<i>benzonatate cap 100 mg.....</i>	<i>84</i>
<i>azithromycin for susp 200 mg/5ml..</i>	<i>110</i>	<i>benzonatate cap 150 mg.....</i>	<i>84</i>
<i>azithromycin powd pack for susp 1 gm</i>		<i>benzonatate cap 200 mg.....</i>	<i>84</i>
.....	<i>110</i>	<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>azithromycin tab 250 mg.....</i>	<i>110</i>	3%.....	<i>85</i>
<i>azithromycin tab 500 mg.....</i>	<i>110</i>	<i>benzoyl peroxide foam 5.3%</i>	<i>85</i>
<i>azithromycin tab 600 mg.....</i>	<i>110</i>	<i>benzoyl peroxide foam 9.8%</i>	<i>85</i>
B		<i>benzoyl peroxide gel 8%.....</i>	<i>85</i>
<i>bacitracin ophth oint 500 unit/gm...</i>	<i>126</i>	<i>benzoyl peroxide-hydrocortisone lotion</i>	
<i>bacitracin-polymyxin b ophth oint...</i>	<i>126</i>	5-0.5%	<i>85</i>
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>benzoyl peroxide liq 7%.....</i>	<i>85</i>
<i>ophth oint 1%.....</i>	<i>127</i>	<i>benzphetamine hcl tab 25 mg.....</i>	<i>2</i>
<i>baclofen tab 10 mg.....</i>	<i>124</i>	<i>benzphetamine hcl tab 50 mg.....</i>	<i>2</i>
<i>baclofen tab 20 mg.....</i>	<i>124</i>	<i>benztropine mesylate tab 0.5 mg</i>	<i>61</i>
<i>baclofen tab 5 mg</i>	<i>124</i>	<i>benztropine mesylate tab 1 mg</i>	<i>61</i>
<i>balsalazide disodium cap 750 mg ...</i>	<i>105</i>	<i>benztropine mesylate tab 2 mg</i>	<i>61</i>
BAQSIMI ONE POW 3MG/DOSE.....	40	<i>betamethasone dipropionate</i>	
BAQSIMI TWO POW 3MG/DOSE	40	<i>augmented cream 0.05%</i>	<i>91</i>
BARACLUDE SOL.....	71	<i>betamethasone dipropionate</i>	
BASAGLAR INJ 100UNIT.....	41	<i>augmented gel 0.05%.....</i>	<i>91</i>
BD LANCET UF MIS 30G	111	<i>betamethasone dipropionate</i>	
BD LANCET UF MIS 33G	111	<i>augmented lotion 0.05%</i>	<i>91</i>
BD MICROTAIN MIS LANCETS	111	<i>betamethasone dipropionate</i>	
BD U-500 MIS 31GX6MM.....	119	<i>augmented oint 0.05%</i>	<i>91</i>
BD ULTRAFINE INSULIN		<i>betamethasone dipropionate cream</i>	
SYRINGES/NEEDLES	119	0.05%	<i>91</i>
BD ULTRAFINE PEN NEEDLES.....	119	<i>betamethasone dipropionate lotion</i>	
BELBUCA MIS 150MCG	21	0.05%	<i>91</i>
BELBUCA MIS 300MCG	21		

<i>betamethasone dipropionate oint</i>	
0.05%	91
<i>betamethasone valerate aerosol foam</i>	
0.12%	91
<i>betamethasone valerate cream 0.1%</i>	
(base equivalent)	91
<i>betamethasone valerate lotion 0.1%</i>	
(base equivalent)	91
<i>betamethasone valerate oint 0.1%</i>	
(base equivalent)	91
<i>betaxolol hcl ophth soln 0.5%</i>	125
<i>betaxolol hcl tab 10 mg</i>	73
<i>betaxolol hcl tab 20 mg</i>	73
<i>bethanechol chloride tab 10 mg</i>	137
<i>bethanechol chloride tab 25 mg</i>	137
<i>bethanechol chloride tab 50 mg</i>	137
<i>bethanechol chloride tab 5 mg</i>	137
BEVESPI AER 9-4.8MCG	29
<i>bexarotene cap 75 mg</i>	60
<i>bicalutamide tab 50 mg</i>	56
BIKTARVY TAB.....	67
<i>bisacodyl tab & peg 3350-kcl-sod</i>	
bicarb-nacl for soln kit.....	109
<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	50
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	50
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	50
<i>bisoprolol fumarate tab 10 mg</i>	73
<i>bisoprolol fumarate tab 5 mg</i>	73
<i>bosentan tab 125 mg</i>	78
<i>bosentan tab 62.5 mg</i>	78
BOSULIF TAB 100MG	57
BOSULIF TAB 400MG	57
BOSULIF TAB 500MG	58
BREO ELLIPTA INH 100-25	29
BREO ELLIPTA INH 200-25	29
BRILINTA TAB 60MG	107
BRILINTA TAB 90MG.....	107
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	126
<i>brimonidine tartrate ophth soln 0.2%</i>	
.....	126
<i>brinzolamide ophth susp 1%</i>	127
<i>bromfenac sodium ophth soln 0.09%</i>	
(base equiv) (once-daily).....	127
<i>bromocriptine mesylate cap 5 mg (base</i>	
equivalent)	61
<i>bromocriptine mesylate tab 2.5 mg</i>	
(base equivalent)	61
<i>budesonide delayed release particles</i>	
cap 3 mg.....	83
<i>budesonide inhalation susp 0.25</i>	
mg/2ml.....	28
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	28
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	28
<i>budesonide tab er 24hr 9 mg</i>	83
<i>bumetanide tab 0.5 mg</i>	99
<i>bumetanide tab 1 mg</i>	99
<i>bumetanide tab 2 mg</i>	99
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv)	21
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv)	21
<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv)	21
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv)	21
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	21
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	21
<i>buprenorphine hcl sl tab 2 mg (base</i>	
equiv).....	21
<i>buprenorphine hcl sl tab 8 mg (base</i>	
equiv).....	21
<i>buprenorphine td patch weekly 10</i>	
mcg/hr	22
<i>buprenorphine td patch weekly 15</i>	
mcg/hr	22
<i>buprenorphine td patch weekly 20</i>	
mcg/hr	22
<i>buprenorphine td patch weekly 5</i>	
mcg/hr	21
<i>buprenorphine td patch weekly 7.5</i>	
mcg/hr	21
<i>bupropion hcl (smoking deterrent) tab</i>	
er 12hr 150 mg	133

<i>bupropion hcl tab 100 mg</i>	34	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
<i>bupropion hcl tab 75 mg</i>	34	.....	87
<i>bupropion hcl tab er 12hr 100 mg</i>	35	<i>calcitonin (salmon) nasal soln 200</i>	
<i>bupropion hcl tab er 12hr 150 mg</i>	35	<i>unit/act</i>	100
<i>bupropion hcl tab er 12hr 200 mg</i>	35	<i>calcitriol cap 0.25 mcg</i>	101
<i>bupropion hcl tab er 24hr 150 mg</i>	35	<i>calcitriol cap 0.5 mcg</i>	101
<i>bupropion hcl tab er 24hr 300 mg</i>	35	<i>calcitriol oral soln 1 mcg/ml</i>	101
<i>buspirone hcl tab 10 mg</i>	25	<i>calcium acetate (phosphate binder) cap</i>	
<i>buspirone hcl tab 15 mg</i>	25	<i>667 mg (169 mg ca)</i>	105
<i>buspirone hcl tab 30 mg</i>	25	<i>CALQUENCE CAP 100MG</i>	58
<i>buspirone hcl tab 5 mg</i>	25	<i>CAMINO PRO LIQ 15PE</i>	94
<i>buspirone hcl tab 7.5 mg</i>	25	<i>candesartan cilexetil-</i>	
<i>butalbital-acetaminophen-caffeine cap</i>		<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>50-300-40 mg</i>	15	.....	50
<i>butalbital-acetaminophen-caffeine cap</i>		<i>candesartan cilexetil-</i>	
<i>50-325-40 mg</i>	16	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>butalbital-acetaminophen-caffeine soln</i>		.....	50
<i>50-325-40 mg/15ml</i>	16	<i>candesartan cilexetil-</i>	
<i>butalbital-acetaminophen-caffeine tab</i>		<i>hydrochlorothiazide tab 32-25 mg</i>	
<i>50-325-40 mg</i>	16	.....	50
<i>butalbital-acetaminophen-caff w/ cod</i>		<i>candesartan cilexetil tab 16 mg</i>	48
<i>cap 50-300-40-30 mg</i>	20	<i>candesartan cilexetil tab 32 mg</i>	48
<i>butalbital-acetaminophen-caff w/ cod</i>		<i>candesartan cilexetil tab 4 mg</i>	48
<i>cap 50-325-40-30 mg</i>	20	<i>candesartan cilexetil tab 8 mg</i>	48
<i>butalbital-acetaminophen cap 50-300</i>		<i>capecitabine tab 150 mg</i>	54
<i>mg</i>	15	<i>capecitabine tab 500 mg</i>	54
<i>butalbital-acetaminophen tab 25-325</i>		<i>CAPRELSA TAB 100MG</i>	58
<i>mg</i>	15	<i>CAPRELSA TAB 300MG</i>	58
<i>butalbital-acetaminophen tab 50-325</i>		<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>mg</i>	15	<i>15 mg</i>	50
<i>butalbital-aspirin-caffeine cap 50-325-</i>		<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>40 mg</i>	16	<i>25 mg</i>	50
<i>butalbital-aspirin-caff w/ codeine cap</i>		<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>50-325-40-30 mg</i>	20	<i>15 mg</i>	50
<i>butorphanol tartrate nasal soln 10</i>		<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>mg/ml</i>	22	<i>25 mg</i>	50
C		<i>captopril tab 100 mg</i>	47
<i>cabergoline tab 0.5 mg</i>	102	<i>captopril tab 12.5 mg</i>	47
<i>CABOMETYX TAB 20MG</i>	58	<i>captopril tab 25 mg</i>	47
<i>CABOMETYX TAB 40MG</i>	58	<i>captopril tab 50 mg</i>	47
<i>CABOMETYX TAB 60MG</i>	58	<i>carbamazepine cap er 12hr 100 mg</i> ..	31
<i>caffeine citrate oral soln 60 mg/3ml</i>		<i>carbamazepine cap er 12hr 200 mg</i> ..	31
<i>(10 mg/ml base equiv)</i>	2	<i>carbamazepine cap er 12hr 300 mg</i> ..	31
<i>calcipotriene foam 0.005%</i>	87	<i>carbamazepine chew tab 100 mg</i>	31
<i>calcipotriene oint 0.005%</i>	87	<i>carbamazepine susp 100 mg/5ml</i>	32
		<i>carbamazepine tab 200 mg</i>	32
		<i>carbamazepine tab er 12hr 100 mg</i> ..	32

<i>carbamazepine tab er 12hr 200 mg</i> ..32	
<i>carbamazepine tab er 12hr 400 mg</i> ..32	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>.....61	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i>.....61	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>.....61	
<i>carbidopa & levodopa tab 10-100 mg</i> 61	
<i>carbidopa & levodopa tab 25-100 mg</i> 61	
<i>carbidopa & levodopa tab 25-250 mg</i> 61	
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i> .....61	
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i> .....61	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>.....61	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>.....61	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>.....61	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i> .....62	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>.....62	
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>.....62	
<i>carbidopa tab 25 mg</i> .....61	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
.....44	
<i>carbinoxamine maleate tab 4 mg</i> ....44	
<i>CARDIZEM LA TAB 120MG</i>.....74	
<i>CAREONE LANC MIS 30G</i>.....111	
<i>CAREONE LANC MIS THIN 23G</i>.....111	
<i>CARESENS 30G MIS LANCETS</i>.....111	
<i>CARETOUCH MIS LANC 26G</i>.....111	
<i>CARETOUCH MIS LANC 28G</i>.....111	
<i>CARETOUCH MIS LANC 30G</i>.....111	
<i>CARETOUCH MIS TWIST 28</i> .....111	
<i>CARETOUCH MIS TWIST 30</i> .....111	
<i>CARETOUCH MIS TWIST 33</i> .....111	
<i>carisoprodol tab 350 mg</i>.....124	
<i>carisoprodol w/ aspirin & codeine tab</i>	
<i>200-325-16 mg</i>.....124	
<i>carteolol hcl ophth soln 1%</i>.....125	
	<i>carvedilol phosphate cap er 24hr 10</i>
	<i>mg</i> .....72
	<i>carvedilol phosphate cap er 24hr 20</i>
	<i>mg</i> .....72
	<i>carvedilol phosphate cap er 24hr 40</i>
	<i>mg</i> .....72
	<i>carvedilol phosphate cap er 24hr 80</i>
	<i>mg</i> .....72
	<i>carvedilol tab 12.5 mg</i> .....72
	<i>carvedilol tab 25 mg</i> .....72
	<i>carvedilol tab 3.125 mg</i> .....72
	<i>carvedilol tab 6.25 mg</i> .....72
	<i>cefaclor cap 250 mg</i> .....80
	<i>cefaclor cap 500 mg</i> .....80
	<i>cefaclor for susp 125 mg/5ml</i> .....80
	<i>cefaclor for susp 250 mg/5ml</i> .....80
	<i>cefaclor for susp 375 mg/5ml</i> .....80
	<i>cefadroxil cap 500 mg</i> .....79
	<i>cefadroxil for susp 250 mg/5ml</i>.....79
	<i>cefadroxil for susp 500 mg/5ml</i>.....79
	<i>cefadroxil tab 1 gm</i> .....80
	<i>cefdinir cap 300 mg</i>.....80
	<i>cefdinir for susp 125 mg/5ml</i> .....80
	<i>cefdinir for susp 250 mg/5ml</i> .....80
	<i>cefixime cap 400 mg</i> .....80
	<i>cefixime for susp 100 mg/5ml</i>.....80
	<i>cefixime for susp 200 mg/5ml</i>.....80
	<i>cefpodoxime proxetil for susp 100</i>
	<i>mg/5ml</i>.....80
	<i>cefpodoxime proxetil for susp 50</i>
	<i>mg/5ml</i>.....80
	<i>cefpodoxime proxetil tab 100 mg</i> ....80
	<i>cefpodoxime proxetil tab 200 mg</i> ....80
	<i>cefprozil for susp 125 mg/5ml</i>.....80
	<i>cefprozil for susp 250 mg/5ml</i>.....80
	<i>cefprozil tab 250 mg</i>.....80
	<i>cefprozil tab 500 mg</i>.....80
	<i>cefuroxime axetil tab 250 mg</i> .....80
	<i>cefuroxime axetil tab 500 mg</i> .....80
	<i>celecoxib cap 100 mg</i> .....11
	<i>celecoxib cap 200 mg</i> .....11
	<i>celecoxib cap 400 mg</i> .....11
	<i>celecoxib cap 50 mg</i> .....11
	<i>cephalexin cap 250 mg</i> .....80
	<i>cephalexin cap 500 mg</i> .....80
	<i>cephalexin cap 750 mg</i> .....80

<i>cephalexin for susp 125 mg/5ml</i>	80
<i>cephalexin for susp 250 mg/5ml</i>	80
<i>cephalexin tab 250 mg</i>	80
<i>cephalexin tab 500 mg</i>	80
<i>CERDELGA CAP 84MG</i>	107
<i>CETROTIDE KIT 0.25MG</i>	101
<i>cevimeline hcl cap 30 mg</i>	123
<i>CHANTIX PAK 0.5& 1MG</i>	133
<i>CHANTIX PAK 1MG</i>	133
<i>CHANTIX TAB 0.5MG</i>	133
<i>CHANTIX TAB 1MG</i>	133
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	131
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	131
<i>chlordiazepoxide hcl cap 10 mg</i>	25
<i>chlordiazepoxide hcl cap 25 mg</i>	25
<i>chlordiazepoxide hcl cap 5 mg</i>	25
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	135
<i>chlorhexidine gluconate soln 0.12%</i>	123
<i>chloroquine phosphate tab 250 mg</i>	53
<i>chloroquine phosphate tab 500 mg</i>	53
<i>chlorpromazine hcl inj 25 mg/ml</i>	65
<i>chlorpromazine hcl inj 50 mg/2ml</i>	65
<i>chlorpromazine hcl tab 100 mg</i>	65
<i>chlorpromazine hcl tab 10 mg</i>	65
<i>chlorpromazine hcl tab 200 mg</i>	65
<i>chlorpromazine hcl tab 25 mg</i>	65
<i>chlorpromazine hcl tab 50 mg</i>	65
<i>chlorthalidone tab 25 mg</i>	100
<i>chlorthalidone tab 50 mg</i>	100
<i>chlorzoxazone tab 500 mg</i>	124
<i>cholestyramine light powder 4 gm/dose</i>	45
<i>cholestyramine light powder packets 4 gm</i>	45
<i>cholestyramine powder 4 gm/dose</i>	45
<i>cholestyramine powder packets 4 gm</i>	45
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	45
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	45
<i>ciclopirox gel 0.77%</i>	86
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	86
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	86
<i>ciclopirox shampoo 1%</i>	86
<i>ciclopirox solution 8%</i>	86
<i>cilostazol tab 100 mg</i>	107
<i>cilostazol tab 50 mg</i>	107
<i>CIMDUO TAB 300-300</i>	67
<i>cimetidine hcl soln 300 mg/5ml</i>	136
<i>cimetidine tab 300 mg</i>	136
<i>cimetidine tab 400 mg</i>	136
<i>cimetidine tab 800 mg</i>	136
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	101
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	102
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	102
<i>CIPRO (10%) SUS 500MG/5</i>	104
<i>CIPRO (5%) SUS 250MG/5</i>	104
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	128
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	126
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	128
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	104
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	104
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	104
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	104
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	35
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	35
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	35
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	35
<i>clarithromycin for susp 125 mg/5ml</i>	110
<i>clarithromycin for susp 250 mg/5ml</i>	110
<i>clarithromycin tab 250 mg</i>	110
<i>clarithromycin tab 500 mg</i>	110
<i>clarithromycin tab er 24hr 500 mg</i>	110

CLEANLET 28G MIS LANCETS.....	111	<i>clonazepam orally disintegrating tab</i>	
<i>clemastine fumarate tab 2.68 mg</i>	44	<i>0.125 mg</i>	31
CLENPIQ SOL.....	109	<i>clonazepam orally disintegrating tab</i>	
CLEVER CHECK MIS.....	111	<i>0.25 mg</i>	31
CLEVER CHECK MIS 30G	111	<i>clonazepam orally disintegrating tab</i>	
CLIMARA PRO DIS WEEKLY.....	103	<i>0.5 mg</i>	31
<i>clindamycin hcl cap 150 mg</i>	24	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin hcl cap 300 mg</i>	24	<i>mg</i>	31
<i>clindamycin hcl cap 75 mg</i>	24	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin palmitate hcl for soln 75</i>		<i>mg</i>	31
<i>mg/5ml (base equiv)</i>	24	<i>clonazepam tab 0.5 mg</i>	31
<i>clindamycin phosphate-benzoyl</i>		<i>clonazepam tab 1 mg</i>	31
<i>peroxide gel 1.2-2.5%</i>	85	<i>clonazepam tab 2 mg</i>	31
<i>clindamycin phosphate-benzoyl</i>		<i>clonidine hcl tab 0.1 mg</i>	48
<i>peroxide gel 1-5%</i>	85	<i>clonidine hcl tab 0.2 mg</i>	48
<i>clindamycin phosphate foam 1%</i>	85	<i>clonidine hcl tab 0.3 mg</i>	48
<i>clindamycin phosphate gel 1%</i>	85	<i>clonidine hcl tab er 12hr 0.1 mg</i>	2
<i>clindamycin phosphate lotion 1%</i>	85	<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clindamycin phosphate soln 1%</i>	85	.....	48
<i>clindamycin phosphate swab 1%</i>	85	<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clindamycin phosphate-tretinoin gel</i>		.....	48
<i>1.2-0.025%</i>	85	<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>clindamycin phosphate vaginal cream</i>		.....	48
<i>2%</i>	138	<i>clopidogrel bisulfate tab 300 mg (base</i>	
<i>clindamycin phosph-benzoyl peroxide</i>		<i>equiv)</i>	107
<i>(refrig) gel 1.2 (1)-5%</i>	85	<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>clobazam suspension 2.5 mg/ml</i>	31	<i>equiv)</i>	107
<i>clobazam tab 10 mg</i>	31	<i>clorazepate dipotassium tab 15 mg</i> ..	26
<i>clobazam tab 20 mg</i>	31	<i>clorazepate dipotassium tab 3.75 mg</i> 25	
<i>clobetasol propionate cream 0.05%</i> ..	91	<i>clorazepate dipotassium tab 7.5 mg</i> .26	
<i>clobetasol propionate emollient base</i>		<i>clotrimazole soln 1%</i>	86
<i>cream 0.05%</i>	91	<i>clotrimazole troche 10 mg</i>	123
<i>clobetasol propionate emulsion foam</i>		<i>clotrimazole w/ betamethasone cream</i>	
<i>0.05%</i>	91	<i>1-0.05%</i>	87
<i>clobetasol propionate foam 0.05%</i> ..	91	<i>clotrimazole w/ betamethasone lotion</i>	
<i>clobetasol propionate gel 0.05%</i>	91	<i>1-0.05%</i>	87
<i>clobetasol propionate lotion 0.05%</i> ..	91	<i>clozapine orally disintegrating tab 100</i>	
<i>clobetasol propionate oint 0.05%</i>	91	<i>mg</i>	64
<i>clobetasol propionate shampoo 0.05%</i>		<i>clozapine orally disintegrating tab 12.5</i>	
.....	91	<i>mg</i>	64
<i>clobetasol propionate soln 0.05%</i>	91	<i>clozapine orally disintegrating tab 150</i>	
<i>clobetasol propionate spray 0.05%</i> ..	92	<i>mg</i>	64
<i>clomiphene citrate tab 50 mg</i>	100	<i>clozapine orally disintegrating tab 200</i>	
<i>clomipramine hcl cap 25 mg</i>	37	<i>mg</i>	64
<i>clomipramine hcl cap 50 mg</i>	37	<i>clozapine orally disintegrating tab 25</i>	
<i>clomipramine hcl cap 75 mg</i>	37	<i>mg</i>	64

<i>clozapine tab 100 mg</i>	64	CREON CAP 12000UNT	98
<i>clozapine tab 200 mg</i>	64	CREON CAP 24000UNT	98
<i>clozapine tab 25 mg</i>	64	CREON CAP 3000UNIT	98
<i>clozapine tab 50 mg</i>	64	CREON CAP 36000UNT	98
COAGUCHEK MIS LANCETS.....	111	CREON CAP 6000UNIT	98
<i>coal tar soln 20%</i>	94	<i>cromolyn sodium ophth soln 4%</i>	127
<i>codeine sulfate tab 30 mg</i>	16	<i>cromolyn sodium oral conc 100 mg/5ml</i>	104
CODEINE SULF TAB 15MG	16	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	27
CODEINE SULF TAB 60MG	16	<i>crotamiton lotion 10%</i>	94
<i>colchicine tab 0.6 mg</i>	106	CRUCIAL LIQ UNFLAVOR	94
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	106	CUVPOSA SOL 1MG/5ML	135
<i>colesevelam hcl packet for susp 3.75</i> <i>gm</i>	45	CVS LANCETS MIS 21G	112
<i>colesevelam hcl tab 625 mg</i>	45	CVS LANCETS MIS 30G	112
<i>colestipol hcl granule packets 5 gm</i> ..	45	CVS LANCETS MIS 33G	112
<i>colestipol hcl granules 5 gm</i>	45	CVS LANCETS MIS ORIGINAL.....	112
<i>colestipol hcl tab 1 gm</i>	45	CVS LANCETS MIS THIN 26G	112
COMBIVENT AER 20-100	29	CVS LANCETS MIS THIN 30G	112
COMFORT ASSU MIS LANC 28G	112	CVS LANCETS MIS THIN 33G	112
COMFORT ASSU MIS LANC 33G	112	<i>cyanocobalamin inj 1000 mcg/ml</i> ...	107
COMFORT EZ MIS 21G	112	<i>cyclobenzaprine hcl tab 10 mg</i>	124
COMFORT EZ MIS 23G	112	<i>cyclobenzaprine hcl tab 5 mg</i>	124
COMFORT EZ MIS 28G	112	<i>cyclopentolate hcl ophth soln 0.5%</i> ..	126
COMFORT MIS LANCETS.....	112	<i>cyclopentolate hcl ophth soln 1%</i> ...	126
COMFORTOUCH MIS LANCET	112	<i>cyclopentolate hcl ophth soln 2%</i> ...	126
COMFORT TCH MIS LANC 30G.....	112	<i>cyclophosphamide cap 25 mg</i>	54
COMFORT TCH MIS LANC 31G.....	112	<i>cyclophosphamide cap 50 mg</i>	54
COMPLEAT LIQ CLS SYS.....	94	CYCLOPHOSPH TAB 25MG	54
COMPLEAT PED LIQ ORG BLND	94	CYCLOPHOSPH TAB 50MG	54
CONCERTA TAB 18MG	3	<i>cycloserine cap 250 mg</i>	53
CONCERTA TAB 27MG	3	<i>cyclosporine cap 100 mg</i>	122
CONCERTA TAB 36MG	3	<i>cyclosporine cap 25 mg</i>	122
CONCERTA TAB 54MG	3	<i>cyclosporine modified cap 100 mg</i> ..	122
COPAXONE INJ 20MG/ML	132	<i>cyclosporine modified cap 25 mg</i>	122
COPAXONE INJ 40MG/ML	132	<i>cyclosporine modified cap 50 mg</i>	122
COPIKTRA CAP 15MG	58	<i>cyclosporine modified oral soln 100</i> <i>mg/ml</i>	122
COPIKTRA CAP 25MG	58	<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	44
CORLANOR SOL 5MG/5ML	79	<i>cyproheptadine hcl tab 4 mg</i>	44
CORLANOR TAB 5MG	79	CYSTAGON CAP 150MG	106
CORLANOR TAB 7.5MG	79	CYSTAGON CAP 50MG.....	106
COSENTYX INJ 150MG/ML.....	88	D	
COSENTYX INJ 300DOSE.....	88	<i>danazol cap 100 mg</i>	22
COSENTYX INJ 75MG/0.5	88	<i>danazol cap 200 mg</i>	22
COSENTYX PEN INJ 150MG/ML	88	<i>danazol cap 50 mg</i>	22
COSENTYX PEN INJ 300DOSE	88		

<i>dantrolene sodium cap 100 mg</i>	124	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>dantrolene sodium cap 25 mg</i>	124	<i>mg-30 mcg</i>	80
<i>dantrolene sodium cap 50 mg</i>	124	<i>desonide cream 0.05%</i>	92
<i>dapsone gel 5%</i>	85	<i>desonide lotion 0.05%</i>	92
<i>dapsone gel 7.5%</i>	86	<i>desonide oint 0.05%</i>	92
<i>dapsone tab 100 mg</i>	23	<i>desoximetasone cream 0.05%</i>	92
<i>dapsone tab 25 mg</i>	23	<i>desoximetasone cream 0.25%</i>	92
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desoximetasone gel 0.05%</i>	92
<i>15 mg (base equiv)</i>	137	<i>desoximetasone oint 0.25%</i>	92
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desoximetasone spray 0.25%</i>	92
<i>7.5 mg (base equiv)</i>	137	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox granules packet 180 mg</i> .	42	<i>100 mg (base equiv)</i>	36
<i>deferasirox granules packet 360 mg</i> .	42	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox granules packet 90 mg</i> ...	42	<i>25 mg (base equiv)</i>	36
<i>deferasirox tab 180 mg</i>	42	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>deferasirox tab 360 mg</i>	42	<i>50 mg (base equiv)</i>	36
<i>deferasirox tab 90 mg</i>	42	<i>dexamethasone elixir 0.5 mg/5ml</i> ...	83
<i>deferasirox tab for oral susp 125 mg</i> .	42	<i>dexamethasone sodium phosphate</i>	
<i>deferasirox tab for oral susp 250 mg</i> .	42	<i>ophth soln 0.1%</i>	127
<i>deferasirox tab for oral susp 500 mg</i> .	42	<i>dexamethasone soln 0.5 mg/5ml</i>	83
<i>deferiprone tab 500 mg</i>	42	<i>dexamethasone tab 0.5 mg</i>	83
<i>demeclocycline hcl tab 150 mg</i>	134	<i>dexamethasone tab 0.75 mg</i>	83
<i>demeclocycline hcl tab 300 mg</i>	134	<i>dexamethasone tab 1.5 mg</i>	83
<i>DESCOVY TAB 200/25MG</i>	67	<i>dexamethasone tab 1 mg</i>	83
<i>desipramine hcl tab 100 mg</i>	37	<i>dexamethasone tab 2 mg</i>	83
<i>desipramine hcl tab 10 mg</i>	37	<i>dexamethasone tab 4 mg</i>	83
<i>desipramine hcl tab 150 mg</i>	37	<i>dexamethasone tab 6 mg</i>	83
<i>desipramine hcl tab 25 mg</i>	37	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desipramine hcl tab 50 mg</i>	37	<i>mg (21)</i>	83
<i>desipramine hcl tab 75 mg</i>	37	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desloratadine tab 5 mg</i>	44	<i>mg (27)</i>	83
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab therapy pack 1.5</i>	
<i>2.5 mg</i>	44	<i>mg (35)</i>	83
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab therapy pack 1.5</i>	
<i>5 mg</i>	44	<i>mg (49)</i>	83
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5</i>	
<i>0.01%</i>	102	<i>mg (51)</i>	83
<i>desmopressin acetate nasal spray soln</i>		<i>DEXCOM G5 MIS RECEIVER</i>	112
<i>0.01% (refrigerated)</i>	102	<i>DEXCOM G5 MIS TRANSMIT</i>	112
<i>desmopressin acetate tab 0.1 mg</i> ...	102	<i>DEXCOM G6 MIS RECEIVER</i>	112
<i>desmopressin acetate tab 0.2 mg</i> ...	102	<i>DEXCOM G6 MIS SENSOR</i>	112
<i>desogest-eth estrad & eth estrad tab</i>		<i>DEXCOM G6 MIS TRANSMIT</i>	112
<i>0.15-0.02/0.01 mg(21/5)</i>	80	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desogest-ethin est tab 0.1-</i>		<i>10 mg</i>	3
<i>0.025/0.125-0.025/0.15-0.025mg-</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>mg</i>	80	<i>15 mg</i>	3

<i>dexmethylphenidate hcl cap er 24 hr</i>	
20 mg	3
<i>dexmethylphenidate hcl cap er 24 hr</i>	
25 mg	3
<i>dexmethylphenidate hcl cap er 24 hr</i>	
30 mg	3
<i>dexmethylphenidate hcl cap er 24 hr</i>	
35 mg	3
<i>dexmethylphenidate hcl cap er 24 hr</i>	
40 mg	3
<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
<i>mg</i>	3
<i>dexmethylphenidate hcl tab 10 mg</i>	3
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3
<i>dexmethylphenidate hcl tab 5 mg</i>	3
<i>dextroamphetamine sulfate cap er 24hr</i>	
10 mg	1
<i>dextroamphetamine sulfate cap er 24hr</i>	
15 mg	1
<i>dextroamphetamine sulfate cap er 24hr</i>	
5 mg	1
<i>dextroamphetamine sulfate oral</i>	
<i>solution 5 mg/5ml</i>	1
<i>dextroamphetamine sulfate tab 10 mg</i> 2	
<i>dextroamphetamine sulfate tab 15 mg</i> 2	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	
.....	1
<i>dextroamphetamine sulfate tab 20 mg</i> 2	
<i>dextroamphetamine sulfate tab 30 mg</i> 2	
<i>dextroamphetamine sulfate tab 5 mg</i> .1	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	
.....	1
DIABETIC TF LIQ.....	94
DIABETISOURC LIQ.....	94
DIATHRIVE MIS LANCETS.....	112
DIATHRIVE MIS UT 30G	112
<i>diazepam conc 5 mg/ml</i>	26
<i>diazepam oral soln 1 mg/ml</i>	26
<i>diazepam rectal gel delivery system 10</i>	
<i>mg</i>	31
<i>diazepam rectal gel delivery system 2.5</i>	
<i>mg</i>	31
<i>diazepam rectal gel delivery system 20</i>	
<i>mg</i>	31
<i>diazepam tab 10 mg</i>	26
<i>diazepam tab 2 mg</i>	26
<i>diazepam tab 5 mg</i>	26
<i>diazoxide susp 50 mg/ml</i>	40
<i>diclofenac epolamine patch 1.3%</i>	86
<i>diclofenac potassium tab 50 mg</i>	11
<i>diclofenac sodium (actinic keratoses)</i>	
<i>gel 3%</i>	87
<i>diclofenac sodium ophth soln 0.1%</i>	127
<i>diclofenac sodium soln 1.5%</i>	86
<i>diclofenac sodium tab delayed release</i>	
25 mg.....	11
<i>diclofenac sodium tab delayed release</i>	
50 mg.....	11
<i>diclofenac sodium tab delayed release</i>	
75 mg.....	11
<i>diclofenac sodium tab er 24hr 100 mg</i>	
.....	11
<i>diclofenac w/ misoprostol tab delayed</i>	
<i>release 50-0.2 mg</i>	11
<i>diclofenac w/ misoprostol tab delayed</i>	
<i>release 75-0.2 mg</i>	11
<i>dicloxacillin sodium cap 250 mg</i>	129
<i>dicloxacillin sodium cap 500 mg</i>	129
<i>dicyclomine hcl cap 10 mg</i>	135
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
.....	135
<i>dicyclomine hcl tab 20 mg</i>	135
<i>diethylpropion hcl tab 25 mg</i>	2
<i>diethylpropion hcl tab er 24hr 75 mg</i> ..	2
DIFICID SUS	110
DIFICID TAB 200MG	110
<i>diflunisal tab 500 mg</i>	16
<i>difluprednate ophth emulsion 0.05%</i>	
.....	127
<i>digoxin oral soln 0.05 mg/ml</i>	76
<i>digoxin tab 125 mcg (0.125 mg)</i>	76
<i>digoxin tab 250 mcg (0.25 mg)</i>	76
DILANTIN CAP 30MG	34
<i>diltiazem hcl cap er 12hr 120 mg</i>	74
<i>diltiazem hcl cap er 12hr 60 mg</i>	74
<i>diltiazem hcl cap er 12hr 90 mg</i>	74
<i>diltiazem hcl cap er 24hr 120 mg</i>	74
<i>diltiazem hcl cap er 24hr 180 mg</i>	74
<i>diltiazem hcl cap er 24hr 240 mg</i>	74
<i>diltiazem hcl coated beads cap er 24hr</i>	
120 mg.....	74

<i>diltiazem hcl coated beads cap er 24hr</i>	
180 mg	74
<i>diltiazem hcl coated beads cap er 24hr</i>	
240 mg	74
<i>diltiazem hcl coated beads cap er 24hr</i>	
300 mg	74
<i>diltiazem hcl coated beads cap er 24hr</i>	
360 mg	74
<i>diltiazem hcl coated beads tab er 24hr</i>	
180 mg	75
<i>diltiazem hcl coated beads tab er 24hr</i>	
240 mg	75
<i>diltiazem hcl coated beads tab er 24hr</i>	
300 mg	75
<i>diltiazem hcl coated beads tab er 24hr</i>	
360 mg	75
<i>diltiazem hcl coated beads tab er 24hr</i>	
420 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 120 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 180 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 240 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 300 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 360 mg	75
<i>diltiazem hcl extended release beads</i>	
cap er 24hr 420 mg	75
<i>diltiazem hcl tab 120 mg</i>	75
<i>diltiazem hcl tab 30 mg</i>	75
<i>diltiazem hcl tab 60 mg</i>	75
<i>diltiazem hcl tab 90 mg</i>	75
<i>dimethyl fumarate capsule delayed</i>	
release 120 mg	132
<i>dimethyl fumarate capsule delayed</i>	
release 240 mg	132
<i>dimethyl fumarate capsule dr starter</i>	
pack 120 mg & 240 mg	132
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
mg/5ml	42
<i>diphenoxylate w/ atropine tab 2.5-</i>	
0.025 mg	42
<i>dipyridamole tab 25 mg</i>	107
<i>dipyridamole tab 50 mg</i>	107
<i>dipyridamole tab 75 mg</i>	107
<i>disopyramide phosphate cap 100 mg</i>	26
<i>disopyramide phosphate cap 150 mg</i>	26
<i>disulfiram tab 250 mg</i>	130
<i>disulfiram tab 500 mg</i>	130
<i>divalproex sodium cap delayed release</i>	
sprinkle 125 mg	34
<i>divalproex sodium tab delayed release</i>	
125 mg	34
<i>divalproex sodium tab delayed release</i>	
250 mg	34
<i>divalproex sodium tab delayed release</i>	
500 mg	34
<i>divalproex sodium tab er 24 hr 250 mg</i>	
.....	34
<i>divalproex sodium tab er 24 hr 500 mg</i>	
.....	34
<i>dofetilide cap 125 mcg (0.125 mg) ...</i>	27
<i>dofetilide cap 250 mcg (0.25 mg)</i>	27
<i>dofetilide cap 500 mcg (0.5 mg)</i>	27
<i>donepezil hydrochloride orally</i>	
disintegrating tab 10 mg	130
<i>donepezil hydrochloride orally</i>	
disintegrating tab 5 mg	130
<i>donepezil hydrochloride tab 10 mg .</i>	130
<i>donepezil hydrochloride tab 23 mg .</i>	130
<i>donepezil hydrochloride tab 5 mg ...</i>	130
<i>DOPTLET TAB 20MG</i>	108
<i>dorzolamide hcl ophth soln 2%</i>	127
<i>dorzolamide hcl-timolol maleate ophth</i>	
sol 22.3-6.8 mg/ml pf	125
<i>dorzolamide hcl-timolol maleate ophth</i>	
soln 22.3-6.8 mg/ml	125
<i>DOVATO TAB 50-300MG</i>	67
<i>doxazosin mesylate tab 1 mg</i>	49
<i>doxazosin mesylate tab 2 mg</i>	49
<i>doxazosin mesylate tab 4 mg</i>	49
<i>doxazosin mesylate tab 8 mg</i>	49
<i>doxepin hcl (sleep) tab 3 mg (base</i>	
equiv)	109
<i>doxepin hcl (sleep) tab 6 mg (base</i>	
equiv)	109
<i>doxepin hcl cap 100 mg</i>	38
<i>doxepin hcl cap 10 mg</i>	38
<i>doxepin hcl cap 150 mg</i>	38
<i>doxepin hcl cap 25 mg</i>	38

<i>doxepin hcl cap 50 mg</i>	38	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxepin hcl cap 75 mg</i>	38	<i>cap 20 mg (base eq)</i>	36
<i>doxepin hcl conc 10 mg/ml</i>	38	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxercalciferol cap 0.5 mcg</i>	102	<i>cap 30 mg (base eq)</i>	36
<i>doxercalciferol cap 1 mcg</i>	102	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxercalciferol cap 2.5 mcg</i>	102	<i>cap 40 mg (base eq)</i>	36
<i>doxycycline hyclate cap 100 mg</i>	134	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline hyclate cap 50 mg</i>	134	<i>cap 60 mg (base eq)</i>	36
<i>doxycycline hyclate tab 100 mg</i>	134	DUOBRII LOT	92
<i>doxycycline hyclate tab 20 mg</i>	134	DUPIXENT INJ 100/0.67.....	93
<i>doxycycline hyclate tab delayed release</i>		DUPIXENT INJ 200/1.14.....	93
<i>150 mg</i>	134	DUPIXENT INJ 200MG.....	93
<i>doxycycline hyclate tab delayed release</i>		DUPIXENT INJ 300/2ML	93
<i>75 mg</i>	134	<i>dutasteride cap 0.5 mg</i>	106
<i>doxycycline monohydrate cap 100 mg</i>		<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
.....	134	<i>mg</i>	106
<i>doxycycline monohydrate cap 50 mg</i>		E	
.....	134	EAA SUPPLEME POW TROPICAL.....	95
<i>doxycycline monohydrate for susp 25</i>		EASY COMFORT MIS 30G.....	112
<i>mg/5ml</i>	134	EASY COMFORT MIS LANC/30G.....	112
<i>doxycycline monohydrate tab 100 mg</i>		EASY COMFORT MIS TWIST	112
.....	134	EASY TOUCH MIS LANC/21G.....	112
<i>doxycycline monohydrate tab 150 mg</i>		EASY TOUCH MIS LANC/23G.....	112
.....	134	EASY TOUCH MIS LANC/26G.....	112
<i>doxycycline monohydrate tab 50 mg</i>		EASY TOUCH MIS LANC/28G.....	112
.....	134	EASY TOUCH MIS LANC/30G.....	112
<i>doxycycline monohydrate tab 75 mg</i>		EASY TOUCH MIS LANC/32G.....	113
.....	134	EASY TOUCH MIS LANC/33G.....	113
<i>doxylamine-pyridoxine tab delayed</i>		<i>econazole nitrate cream 1%</i>	87
<i>release 10-10 mg</i>	43	EDURANT TAB 25MG	67
<i>dronabinol cap 10 mg</i>	43	<i>efavirenz cap 200 mg</i>	67
<i>dronabinol cap 2.5 mg</i>	43	<i>efavirenz cap 50 mg</i>	67
<i>dronabinol cap 5 mg</i>	43	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DROPLET LANC MIS 30G	112	<i>600-200-300 mg</i>	67
DROPLET PERS MIS LANC 30G	112	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>400-300-300 mg</i>	67
<i>0.02 mg</i>	81	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>600-300-300 mg</i>	67
<i>0.03 mg</i>	81	<i>efavirenz tab 600 mg</i>	67
<i>drospirenone-ethinyl estrad-</i>		<i>eletriptan hydrobromide tab 20 mg</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i> 80		<i>(base equivalent)</i>	120
<i>drospirenone-ethinyl estrad-</i>		<i>eletriptan hydrobromide tab 40 mg</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i> 81		<i>(base equivalent)</i>	120
DROXIA CAP 200MG	107	ELLA TAB 30MG	82
DROXIA CAP 300MG	107	EMBRACE LANC MIS THIN 30G.....	113
DROXIA CAP 400MG	107	EMCYT CAP 140MG.....	56

EMGALITY INJ 100MG/ML	120	ENTRESTO TAB 97-103MG	77
EMGALITY INJ 120MG/ML	120	EO28 SPLASH LIQ ORANGE	95
<i>emtricitabine caps 200 mg</i>	68	EPCLUSA PAK 150-37.5	71
<i>emtricitabine-tenofovir disoproxil</i>		EPCLUSA PAK 200-50MG.....	71
<i>fumarate tab 100-150 mg</i>	68	EPCLUSA TAB 200-50MG.....	71
<i>emtricitabine-tenofovir disoproxil</i>		EPCLUSA TAB 400-100	71
<i>fumarate tab 133-200 mg</i>	68	<i>epinastine hcl ophth soln 0.05%</i>	127
<i>emtricitabine-tenofovir disoproxil</i>		<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i>	
<i>fumarate tab 167-250 mg</i>	68	<i>(1:1000)</i>	138
<i>emtricitabine-tenofovir disoproxil</i>		<i>epinephrine solution auto-injector 0.15</i>	
<i>fumarate tab 200-300 mg</i>	68	<i>mg/0.15ml (1:1000)</i>	138
EMTRIVA CAP 200MG	68	<i>epinephrine solution auto-injector 0.15</i>	
EMTRIVA SOL 10MG/ML	68	<i>mg/0.3ml (1:2000)</i>	138
EMVERM CHW 100MG.....	23	<i>epinephrine solution auto-injector 0.3</i>	
<i>enalapril maleate & hydrochlorothiazide</i>		<i>mg/0.3ml (1:1000)</i>	138
<i>tab 10-25 mg</i>	51	EPIPEN 2-PAK INJ 0.3MG.....	138
<i>enalapril maleate & hydrochlorothiazide</i>		EPIPEN-JR INJ 0.15MG.....	138
<i>tab 5-12.5 mg</i>	51	<i>eplerenone tab 25 mg</i>	53
<i>enalapril maleate oral soln 1 mg/ml</i> ..	47	<i>eplerenone tab 50 mg</i>	53
<i>enalapril maleate tab 10 mg</i>	47	EQL LANCETS MIS 21G COLR.....	113
<i>enalapril maleate tab 2.5 mg</i>	47	EQL LANCETS MIS 33G COLR.....	113
<i>enalapril maleate tab 20 mg</i>	47	EQL LANCETS MIS THIN 26G	113
<i>enalapril maleate tab 5 mg</i>	47	EQL LANCETS MIS THIN 30G	113
ENBREL INJ 25/0.5ML.....	14	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
ENBREL INJ 25MG	14	.....	139
ENBREL INJ 50MG/ML.....	15	<i>ergoloid mesylates tab 1 mg</i>	133
ENBREL MINI INJ 50MG/ML	15	ERIVEDGE CAP 150MG.....	56
ENBREL SRCLK INJ 50MG/ML.....	15	ERLEADA TAB 60MG	56
ENDOMETRIN SUP 100MG	138	<i>erlotinib hcl tab 100 mg (base</i>	
<i>enoxaparin sodium inj 100 mg/ml</i>	30	<i>equivalent)</i>	55
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	30	<i>erlotinib hcl tab 150 mg (base</i>	
<i>enoxaparin sodium inj 150 mg/ml</i>	30	<i>equivalent)</i>	55
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	30	<i>erlotinib hcl tab 25 mg (base</i>	
<i>enoxaparin sodium inj 30 mg/0.3ml</i> .	30	<i>equivalent)</i>	55
<i>enoxaparin sodium inj 40 mg/0.4ml</i> .	30	<i>erythromycin ethylsuccinate for susp</i>	
<i>enoxaparin sodium subcutaneous soln</i>		<i>200 mg/5ml</i>	110
<i>60 mg/0.6ml</i>	30	<i>erythromycin ethylsuccinate for susp</i>	
<i>enoxaparin sodium subcutaneous soln</i>		<i>400 mg/5ml</i>	110
<i>80 mg/0.8ml</i>	31	<i>erythromycin ethylsuccinate tab 400</i>	
ENSTILAR AER.....	92	<i>mg</i>	110
ENSURE PLANT LIQ CHOCOLAT	95	<i>erythromycin gel 2%</i>	86
<i>entacapone tab 200 mg</i>	61	<i>erythromycin ophth oint 5 mg/gm</i> ..	126
<i>entecavir tab 0.5 mg</i>	71	<i>erythromycin pads 2%</i>	86
<i>entecavir tab 1 mg</i>	71	<i>erythromycin soln 2%</i>	86
ENTRESTO TAB 24-26MG	77	<i>erythromycin stearate tab 250 mg</i> ..	110
ENTRESTO TAB 49-51MG	77	<i>erythromycin tab 250 mg</i>	110

<i>erythromycin tab 500 mg</i>	110	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	103
<i>erythromycin tab delayed release 250 mg</i>	110	<i>estradiol td patch weekly 0.025 mg/24hr</i>	103
<i>erythromycin tab delayed release 333 mg</i>	110	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	104
<i>erythromycin tab delayed release 500 mg</i>	110	<i>estradiol td patch weekly 0.05 mg/24hr</i>	103
<i>erythromycin w/ delayed release particles cap 250 mg</i>	110	<i>estradiol td patch weekly 0.06 mg/24hr</i>	103
<i>ESBRIET CAP 267MG</i>	134	<i>estradiol td patch weekly 0.075 mg/24hr</i>	103
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	35	<i>estradiol td patch weekly 0.1 mg/24hr</i>	103
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	35	<i>estradiol vaginal cream 0.1 mg/gm</i>	138
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	35	<i>estradiol valerate im in oil 20 mg/ml</i>	104
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	35	<i>estradiol valerate im in oil 40 mg/ml</i>	104
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	136	<i>eszopiclone tab 1 mg</i>	109
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	136	<i>eszopiclone tab 2 mg</i>	109
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	136	<i>eszopiclone tab 3 mg</i>	109
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	136	<i>ethacrynic acid tab 25 mg</i>	99
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	136	<i>ethambutol hcl tab 100 mg</i>	53
<i>estazolam tab 1 mg</i>	109	<i>ethambutol hcl tab 400 mg</i>	53
<i>estazolam tab 2 mg</i>	109	<i>ethosuximide cap 250 mg</i>	34
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	103	<i>ethosuximide soln 250 mg/5ml</i>	34
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	103	<i>ethyl chloride aerosol spray</i>	93
<i>estradiol tab 0.5 mg</i>	103	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	81
<i>estradiol tab 1 mg</i>	103	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	81
<i>estradiol tab 2 mg</i>	103	<i>etodolac cap 200 mg</i>	11
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	103	<i>etodolac cap 300 mg</i>	11
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	103	<i>etodolac tab 400 mg</i>	11
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	103	<i>etodolac tab 500 mg</i>	11
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	103	<i>etodolac tab er 24hr 400 mg</i>	11
		<i>etodolac tab er 24hr 500 mg</i>	11
		<i>etodolac tab er 24hr 600 mg</i>	11
		<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	82
		<i>etoposide cap 50 mg</i>	61
		<i>etravirine tab 100 mg</i>	68
		<i>etravirine tab 200 mg</i>	68
		<i>everolimus tab 0.25 mg</i>	123
		<i>everolimus tab 0.5 mg</i>	122

<i>everolimus tab 0.75 mg</i>	123	<i>fenofibrate micronized cap 67 mg</i>	45
<i>everolimus tab 2.5 mg</i>	58	<i>fenofibrate tab 145 mg</i>	45
<i>everolimus tab 5 mg</i>	58	<i>fenofibrate tab 160 mg</i>	45
<i>everolimus tab 7.5 mg</i>	58	<i>fenofibrate tab 48 mg</i>	45
EVOTAZ TAB 300-150.....	68	<i>fenofibrate tab 54 mg</i>	45
<i>exemestane tab 25 mg</i>	56	<i>fenofibric acid tab 105 mg</i>	45
<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	45	<i>fenofibric acid tab 35 mg</i>	45
<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	45	<i>fentanyl citrate buccal tab 100 mcg</i> (base equiv)	16
<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	45	<i>fentanyl citrate buccal tab 200 mcg</i> (base equiv)	16
<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	45	<i>fentanyl citrate buccal tab 400 mcg</i> (base equiv)	16
<i>ezetimibe tab 10 mg</i>	46	<i>fentanyl citrate buccal tab 600 mcg</i> (base equiv)	16
E-ZJECT LANC MIS 33G.....	112	<i>fentanyl citrate buccal tab 800 mcg</i> (base equiv)	16
E-Z JECT MIS 21G	112	<i>fentanyl citrate lozenge on a handle</i> 1200 mcg.....	16
E-Z JECT MIS 21G COLR.....	112	<i>fentanyl citrate lozenge on a handle</i> 1600 mcg.....	16
E-Z JECT MIS 30G	112	<i>fentanyl citrate lozenge on a handle</i> 200 mcg	16
E-Z JECT MIS 32G COLR.....	112	<i>fentanyl citrate lozenge on a handle</i> 400 mcg	16
E-Z JECT MIS LANC 21G.....	112	<i>fentanyl citrate lozenge on a handle</i> 600 mcg	16
E-Z JECT MIS THIN 26G	112	<i>fentanyl citrate lozenge on a handle</i> 800 mcg	16
EZ-LETS 21G MIS LANCETS	113	<i>fentanyl td patch 72hr 100 mcg/hr</i> ...	17
EZ-LETS 26G MIS LANCETS	113	<i>fentanyl td patch 72hr 12 mcg/hr</i>	16
EZ-LETS 28G MIS LANCETS	113	<i>fentanyl td patch 72hr 25 mcg/hr</i>	17
EZ-LETS 30G MIS LANCETS	113	<i>fentanyl td patch 72hr 37.5 mcg/hr</i> ..	17
F		<i>fentanyl td patch 72hr 50 mcg/hr</i>	17
F.A.A. LIQ	95	<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..	17
<i>famciclovir tab 125 mg</i>	72	<i>fentanyl td patch 72hr 75 mcg/hr</i>	17
<i>famciclovir tab 250 mg</i>	72	<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..	17
<i>famciclovir tab 500 mg</i>	72	FIASP FLEX INJ TOUCH	41
<i>famotidine for susp 40 mg/5ml</i>	136	FIASP INJ 100/ML	41
<i>famotidine tab 40 mg</i>	136	FIASP PENFIL INJ U-100	41
FARXIGA TAB 10MG	41	FIBERSOURCE LIQ CLS SYS.....	95
FARXIGA TAB 5MG	41	FIBERSOUR HN LIQ CLS SYS	95
FASENRA PEN INJ 30MG/ML	27	FIFTY50 SAFE MIS LANCETS	113
FASTCLIX MIS LANCETS	113	<i>finasteride tab 5 mg</i>	106
FC2 FEMALE MIS CONDOM	110	FINE 30 MIS	113
<i>febuxostat tab 40 mg</i>	106	FINGERSTIX MIS LANCETS	113
<i>febuxostat tab 80 mg</i>	106		
<i>felbamate susp 600 mg/5ml</i>	33		
<i>felbamate tab 400 mg</i>	33		
<i>felbamate tab 600 mg</i>	33		
<i>felodipine tab er 24hr 10 mg</i>	75		
<i>felodipine tab er 24hr 2.5 mg</i>	75		
<i>felodipine tab er 24hr 5 mg</i>	75		
<i>fenofibrate cap 150 mg</i>	45		
<i>fenofibrate micronized cap 134 mg</i> ...	45		
<i>fenofibrate micronized cap 200 mg</i> ...	45		
<i>fenofibrate micronized cap 43 mg</i>	45		

FIRAZYR INJ 30MG/3ML	106	fluoxetine hcl cap delayed release 90	
flavoxate hcl tab 100 mg	137	mg	35
flecainide acetate tab 100 mg	26	fluoxetine hcl solution 20 mg/5ml.....	35
flecainide acetate tab 150 mg	26	fluoxetine hcl tab 10 mg	35
flecainide acetate tab 50 mg	26	fluoxetine hcl tab 20 mg	35
FLOVENT DISK AER 100MCG	28	fluphenazine decanoate inj 25 mg/ml	65
FLOVENT DISK AER 250MCG	28	fluphenazine hcl elixir 2.5 mg/5ml....	65
FLOVENT DISK AER 50MCG	28	fluphenazine hcl inj 2.5 mg/ml.....	65
FLOVENT HFA AER 110MCG	28	fluphenazine hcl oral conc 5 mg/ml...	65
FLOVENT HFA AER 220MCG	28	fluphenazine hcl tab 10 mg	65
FLOVENT HFA AER 44MCG.....	28	fluphenazine hcl tab 1 mg	65
fluconazole for susp 10 mg/ml	44	fluphenazine hcl tab 2.5 mg	65
fluconazole for susp 40 mg/ml	44	fluphenazine hcl tab 5 mg	65
fluconazole tab 100 mg.....	44	flurandrenolide oint 0.05%	92
fluconazole tab 150 mg.....	44	flurazepam hcl cap 15 mg	109
fluconazole tab 200 mg.....	44	flurazepam hcl cap 30 mg	109
fluconazole tab 50 mg	44	flurbiprofen sodium ophth soln 0.03%	
flucytosine cap 250 mg	43	.....	127
fludrocortisone acetate tab 0.1 mg ...	84	flurbiprofen tab 100 mg	11
flunisolide nasal soln 25 mcg/act		flurbiprofen tab 50 mg	11
(0.025%)	125	flutamide cap 125 mg	56
fluocinolone acetonide (otic) oil 0.01%		fluticasone propionate cream 0.05%.	92
.....	128	fluticasone propionate lotion 0.05%..	92
fluocinolone acetonide cream 0.01%.	92	fluticasone propionate nasal susp 50	
fluocinolone acetonide cream 0.025%		mcg/act	125
.....	92	fluticasone propionate oint 0.005% ..	92
fluocinolone acetonide oil 0.01% (body		fluticasone-salmeterol aer powder ba	
oil)	92	113-14 mcg/act	29
fluocinolone acetonide oil 0.01% (scalp		fluticasone-salmeterol aer powder ba	
oil)	92	232-14 mcg/act	29
fluocinolone acetonide oint 0.025% ..	92	fluticasone-salmeterol aer powder ba	
fluocinolone acetonide soln 0.01%....	92	55-14 mcg/act	29
fluocinonide cream 0.05%.....	92	fluvastatin sodium cap 20 mg (base	
fluocinonide emulsified base cream		equivalent)	46
0.05%	92	fluvastatin sodium cap 40 mg (base	
fluocinonide gel 0.05%	92	equivalent)	46
fluocinonide oint 0.05%	92	fluvastatin sodium tab er 24 hr 80 mg	
fluocinonide soln 0.05%.....	92	(base equivalent)	46
fluorometholone ophth susp 0.1% ..	127	fluvoxamine maleate cap er 24hr 100	
fluorouracil cream 0.5%.....	87	mg	35
fluorouracil cream 5%	87	fluvoxamine maleate cap er 24hr 150	
fluorouracil soln 2%	87	mg	35
fluorouracil soln 5%	87	fluvoxamine maleate tab 100 mg	35
fluoxetine hcl cap 10 mg	35	fluvoxamine maleate tab 25 mg	35
fluoxetine hcl cap 20 mg	35	fluvoxamine maleate tab 50 mg	35
fluoxetine hcl cap 40 mg	35	folic acid cap 0.8 mg.....	107

<i>folic acid tab 1 mg</i>	107	<i>gabapentin cap 400 mg</i>	32
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	32
<i>10 mg/0.8ml</i>	31	<i>gabapentin tab 600 mg</i>	32
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 800 mg</i>	32
<i>2.5 mg/0.5ml</i>	31	<i>galantamine hydrobromide cap er 24hr</i>	
<i>fondaparinux sodium subcutaneous inj</i>		<i>16 mg</i>	130
<i>5 mg/0.4ml</i>	31	<i>galantamine hydrobromide cap er 24hr</i>	
<i>fondaparinux sodium subcutaneous inj</i>		<i>24 mg</i>	130
<i>7.5 mg/0.6ml</i>	31	<i>galantamine hydrobromide cap er 24hr</i>	
FORA LANCETS MIS 30G	113	<i>8 mg</i>	130
FORA MIS LANCETS.....	113	<i>galantamine hydrobromide oral soln 4</i>	
<i>formaldehyde solution 10%</i>	67	<i>mg/ml</i>	130
<i>formoterol fumarate soln nebu 20</i>		<i>galantamine hydrobromide tab 12 mg</i>	
<i>mcg/2ml</i>	29	.....	130
FORTEO INJ 620/2.48	100	<i>galantamine hydrobromide tab 4 mg</i>	
<i>fosamprenavir calcium tab 700 mg</i>		.....	130
<i>(base equiv)</i>	68	<i>galantamine hydrobromide tab 8 mg</i>	
<i>fosfomycin tromethamine powd pack 3</i>		.....	130
<i>gm (base equivalent)</i>	24	<i>ganirelix acetate soln prefilled syringe</i>	
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>250 mcg/0.5ml</i>	101
<i>tab 10-12.5 mg</i>	51	<i>gatifloxacin ophth soln 0.5%</i>	126
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gemfibrozil tab 600 mg</i>	45
<i>tab 20-12.5 mg</i>	51	<i>gentamicin sulfate cream 0.1%</i>	86
<i>fosinopril sodium tab 10 mg</i>	47	<i>gentamicin sulfate oint 0.1%</i>	86
<i>fosinopril sodium tab 20 mg</i>	47	<i>gentamicin sulfate ophth oint 0.3%</i> 126	
<i>fosinopril sodium tab 40 mg</i>	47	<i>gentamicin sulfate ophth soln 0.3%</i> 126	
FREESTYLE MIS LANCETS.....	113	GENTEEL MIS LANCETS.....	113
FREESTYLE MIS UNISTICK.....	113	GENTLE-LET MIS 26G	113
<i>frovatriptan succinate tab 2.5 mg (base</i>		GENTLE-LET MIS 28G	113
<i>equivalent)</i>	120	GENTLE-LET MIS LANCETS	113
<i>furosemide oral soln 10 mg/ml</i>	99	GENVOYA TAB	68
<i>furosemide oral soln 8 mg/ml</i>	99	GILENYA CAP 0.5MG.....	132
<i>furosemide tab 20 mg</i>	99	GILOTRIF TAB 20MG	55
<i>furosemide tab 40 mg</i>	99	GILOTRIF TAB 30MG	55
<i>furosemide tab 80 mg</i>	99	GILOTRIF TAB 40MG	56
FUZEON INJ 90MG	68	<i>glatiramer acetate soln prefilled syringe</i>	
G		<i>20 mg/ml</i>	132
G4 PLATINUM MIS PEDIATRC.....	113	<i>glatiramer acetate soln prefilled syringe</i>	
G4 PLATINUM MIS RCV/SHAR	113	<i>40 mg/ml</i>	132
G4 PLATINUM MIS RECEIVER.....	113	GLEOSTINE CAP 100MG.....	54
G4 PLATINUM MIS TRANSMIT	113	GLEOSTINE CAP 10MG.....	54
G4 PLAT PED MIS RVC/SHAR	113	GLEOSTINE CAP 40MG.....	54
G4 SENSOR MIS.....	113	<i>glimepiride tab 1 mg</i>	42
G5/G4 MIS SENSOR	113	<i>glimepiride tab 2 mg</i>	42
<i>gabapentin cap 100 mg</i>	32	<i>glimepiride tab 4 mg</i>	42
<i>gabapentin cap 300 mg</i>	32		

<i>glipizide-metformin hcl tab 2.5-250 mg</i>.....39	GOODSENSE MIS LANC 26G .....114
<i>glipizide-metformin hcl tab 2.5-500 mg</i>.....39	GOODSENSE MIS LANC 30G .....114
<i>glipizide-metformin hcl tab 5-500 mg</i> 39	GOODSENSE MIS LANC 33G .....114
<i>glipizide tab 10 mg</i>.....42	<i>granisetron hcl tab 1 mg</i>.....43
<i>glipizide tab 5 mg</i> .....42	<i>griseofulvin microsize susp 125 mg/5ml</i>.....43
<i>glipizide tab er 24hr 10 mg</i>.....42	<i>griseofulvin microsize tab 500 mg</i> ....43
<i>glipizide tab er 24hr 2.5 mg</i>.....42	<i>griseofulvin ultramicrosize tab 125 mg</i>.....43
<i>glipizide tab er 24hr 5 mg</i> .....42	<i>griseofulvin ultramicrosize tab 250 mg</i>.....43
GLOBAL 28G MIS LANCETS.....113	<i>guanfacine hcl tab 1 mg</i>.....49
GLOBAL 30G MIS LANCETS.....113	<i>guanfacine hcl tab 2 mg</i>.....49
GLUCAGEN INJ HYPOKIT .....40	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i> .....2
<i>glucagon (rdna) for inj kit 1 mg</i> .....40	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i> .....2
GLUCERNA 1.0 LIQ CARB VAN .....95	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i> .....3
GLUCERNA LIQ 1.2 CAL .....95	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i> .....3
GLUCERNA SEL LIQ VANILLA .....95	GVOKE HYPO 1 INJ .5/.1ML .....40
GLUCOCOM MIS 28G .....113	GVOKE HYPO 1 INJ 1MG/.2ML.....40
GLUCOCOM MIS 30G .....113	GVOKE HYPO 2 INJ .5/.1ML .....40
GLUCOCOM MIS 33G .....113	GVOKE HYPO 2 INJ 1MG/.2ML.....40
<i>glyburide-metformin tab 1.25-250 mg</i>.....39	GVOKE PFS INJ.....40
<i>glyburide-metformin tab 2.5-500 mg</i> 39	GYNOL II GEL 3% .....138
<i>glyburide-metformin tab 5-500 mg</i> ...39	H
<i>glyburide micronized tab 1.5 mg</i> .....42	HAEMOLANCE MIS HIGH FLO .....114
<i>glyburide micronized tab 3 mg</i>.....42	HAEMOLANCE MIS LOW FLOW .....114
<i>glyburide micronized tab 6 mg</i> .....42	HAEMOLANCE MIS PLUS.....114
<i>glyburide tab 1.25 mg</i> .....42	HAEMOLANCE MIS PLUS LOW .....114
<i>glyburide tab 2.5 mg</i> .....42	HAEMOLANCE MIS PLUS MAX.....114
<i>glyburide tab 5 mg</i>.....42	HAEMOLANCE MIS PLUS PED .....114
<i>glycopyrrolate tab 1 mg</i> .....135	HAEMOLANCE MIS RETRACT .....114
<i>glycopyrrolate tab 2 mg</i> .....135	<i>halobetasol propionate cream 0.05%</i> 92
GLYROL LIQ PREBIO1 .....95	<i>halobetasol propionate oint 0.05%</i> ...92
GLYTROL LIQ PREBIO1 .....95	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i> .....64
GLYXAMBI TAB 10-5 MG .....39	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i> .....64
GLYXAMBI TAB 25-5 MG .....39	<i>haloperidol lactate inj 5 mg/ml</i> .....64
GNP LANCETS MIS 21G .....113	<i>haloperidol lactate oral conc 2 mg/ml</i> 64
GNP LANCETS MIS THIN.....113	<i>haloperidol tab 0.5 mg</i>.....64
GNP LANCETS MIS THIN 26G .....113	<i>haloperidol tab 10 mg</i>.....64
GOJJI LANCET MIS 30G.....113	<i>haloperidol tab 1 mg</i> .....64
GONAL-F INJ 1050UNIT .....101	
GONAL-F INJ 450UNIT .....100	
GONAL-F RFF INJ 300/0.5 .....101	
GONAL-F RFF INJ 450/0.75.....101	
GONAL-F RFF INJ 75UNIT.....101	
GONAL-F RFF INJ 900/1.5 .....101	

<i>haloperidol tab 20 mg</i>	64	<i>hydrocodone-acetaminophen tab 10-300 mg</i>	20
<i>haloperidol tab 2 mg</i>	64	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	20
<i>haloperidol tab 5 mg</i>	64	<i>hydrocodone-acetaminophen tab 5-300 mg</i>	20
HARVONI PAK.....	71	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	20
HARVONI PAK 45-200MG	71	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	20
HARVONI TAB 45-200MG	71	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	20
HARVONI TAB 90-400MG	71	<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	17
HCU EXP20 PAK UNFLAVOR	95	<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	17
HCU EXPRESS PAK	95	<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	17
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	31	<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	17
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	31	<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	17
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	31	<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	17
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	31	<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	17
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	31	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	17
HLTHY ACCNTS MIS LANC 30G.....	114	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	17
HUMIRA INJ 10/0.1ML	5	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	17
HUMIRA INJ 20/0.2ML	6	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	17
HUMIRA INJ 40/0.4ML	6	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	17
HUMIRA KIT 40MG/0.8	6	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	17
HUMIRA PEDIA INJ CROHNS.....	6	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	20
HUMIRA PEN INJ 40/0.4ML.....	7	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	20
HUMIRA PEN INJ 40MG/0.8	7	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	20
HUMIRA PEN INJ 80/0.8ML.....	7	<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	84
HUMIRA PEN INJ CD/UC/HS	7		
HUMIRA PEN INJ PS/UV	8		
HUMIRA PEN KIT CD/UC/HS	8		
HUMIRA PEN KIT PED UC	8		
HUMIRA PEN KIT PS/UV.....	8		
HUMULIN R INJ U-500	41		
<i>hydralazine hcl tab 100 mg</i>	53		
<i>hydralazine hcl tab 10 mg</i>	53		
<i>hydralazine hcl tab 25 mg</i>	53		
<i>hydralazine hcl tab 50 mg</i>	53		
<i>hydrochlorothiazide cap 12.5 mg</i>	100		
<i>hydrochlorothiazide tab 12.5 mg</i>	100		
<i>hydrochlorothiazide tab 25 mg</i>	100		
<i>hydrochlorothiazide tab 50 mg</i>	100		
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	20		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	20		

<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	84
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	84
<i>hydrocortisone acetate suppos 25 mg</i>	23
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	22
<i>hydrocortisone butyrate cream 0.1%</i>	92
<i>hydrocortisone butyrate oint 0.1%</i>	92
<i>hydrocortisone butyrate soln 0.1%</i>	92
<i>hydrocortisone cream 1%</i>	92
<i>hydrocortisone cream 2.5%</i>	92
<i>hydrocortisone enema 100 mg/60ml</i>	22
<i>hydrocortisone lotion 2.5%</i>	92
<i>hydrocortisone oint 1%</i>	92
<i>hydrocortisone oint 2.5%</i>	92
<i>hydrocortisone perianal cream 1%</i>	23
<i>hydrocortisone perianal cream 2.5%</i>	23
<i>hydrocortisone tab 10 mg</i>	83
<i>hydrocortisone tab 20 mg</i>	83
<i>hydrocortisone tab 5 mg</i>	83
<i>hydrocortisone valerate cream 0.2%</i>	92
<i>hydrocortisone valerate oint 0.2%</i>	92
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	128
<i>hydrogen peroxide soln 30%</i>	67
<i>hydromorphone hcl liqd 1 mg/ml</i>	17
<i>hydromorphone hcl tab 2 mg</i>	17
<i>hydromorphone hcl tab 4 mg</i>	17
<i>hydromorphone hcl tab 8 mg</i>	17
<i>hydromorphone hcl tab er 24hr 12 mg</i>	17
<i>hydromorphone hcl tab er 24hr 16 mg</i>	17
<i>hydromorphone hcl tab er 24hr 32 mg</i>	17
<i>hydromorphone hcl tab er 24hr 8 mg</i>	17
<i>hydroxychloroquine sulfate tab 200 mg</i>	53
<i>hydroxyurea cap 500 mg</i>	60
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	25
<i>hydroxyzine hcl tab 10 mg</i>	25
<i>hydroxyzine hcl tab 25 mg</i>	25
<i>hydroxyzine hcl tab 50 mg</i>	25
<i>hydroxyzine pamoate cap 100 mg</i>	25

<i>hydroxyzine pamoate cap 25 mg</i>	25
<i>hydroxyzine pamoate cap 50 mg</i>	25
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	136
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	136
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	136
<i>hyoscyamine sulfate tab 0.125 mg</i>	136
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	136

I

<i>ibandronate sodium tab 150 mg (base equivalent)</i>	100
<i>IBRANCE CAP 100MG</i>	58
<i>IBRANCE CAP 125MG</i>	58
<i>IBRANCE CAP 75MG</i>	58
<i>IBRANCE TAB 100MG</i>	58
<i>IBRANCE TAB 125MG</i>	58
<i>IBRANCE TAB 75MG</i>	58
<i>ibuprofen susp 100 mg/5ml</i>	11
<i>ibuprofen tab 400 mg</i>	11
<i>ibuprofen tab 600 mg</i>	11
<i>ibuprofen tab 800 mg</i>	11
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	106
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	58
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	58
<i>IMBRUVICA CAP 140MG</i>	59
<i>IMBRUVICA CAP 70MG</i>	58
<i>IMBRUVICA TAB 140MG</i>	59
<i>IMBRUVICA TAB 280MG</i>	59
<i>IMBRUVICA TAB 420MG</i>	59
<i>IMBRUVICA TAB 560MG</i>	59
<i>imipramine hcl tab 10 mg</i>	38
<i>imipramine hcl tab 25 mg</i>	38
<i>imipramine hcl tab 50 mg</i>	38
<i>imipramine pamoate cap 100 mg</i>	38
<i>imipramine pamoate cap 125 mg</i>	38
<i>imipramine pamoate cap 150 mg</i>	38
<i>imipramine pamoate cap 75 mg</i>	38
<i>imiquimod cream 3.75%</i>	93
<i>imiquimod cream 5%</i>	93
<i>IMPEKLO LOT 0.05%</i>	92

IMVEXXY MAIN SUP 10MCG	138	<i>isoniazid syrup 50 mg/5ml</i>	54
IMVEXXY MAIN SUP 4MCG	138	<i>isoniazid tab 100 mg</i>	54
IMVEXXY STRT SUP 10MCG	138	<i>isoniazid tab 300 mg</i>	54
IMVEXXY STRT SUP 4MCG	138	<i>isosorbide dinitrate tab 10 mg</i>	24
INBRIJA CAP 42MG	62	<i>isosorbide dinitrate tab 20 mg</i>	24
INCONTROL MIS LANC 28G	114	<i>isosorbide dinitrate tab 30 mg</i>	24
INCONTROL MIS LANC 30G	114	<i>isosorbide dinitrate tab 5 mg</i>	24
INCONTROL MIS LANC 33G	114	<i>isosorbide mononitrate tab 10 mg ...</i>	24
<i>indapamide tab 1.25 mg</i>	100	<i>isosorbide mononitrate tab 20 mg ...</i>	24
<i>indapamide tab 2.5 mg</i>	100	<i>isosorbide mononitrate tab er 24hr 120</i>	
<i>indomethacin cap 25 mg</i>	11	<i>mg</i>	24
<i>indomethacin cap 50 mg</i>	11	<i>isosorbide mononitrate tab er 24hr 30</i>	
<i>indomethacin cap er 75 mg</i>	12	<i>mg</i>	24
INGREZZA CAP 40-80MG.....	131	<i>isosorbide mononitrate tab er 24hr 60</i>	
INGREZZA CAP 40MG	131	<i>mg</i>	24
INGREZZA CAP 60MG	131	ISOSOURCE HN LIQ	95
INGREZZA CAP 80MG	131	ISOSOURCE LIQ	95
INLYTA TAB 5MG.....	55	<i>isotretinoin cap 10 mg</i>	86
INTELENCE TAB 100MG	68	<i>isotretinoin cap 20 mg</i>	86
INTELENCE TAB 200MG	68	<i>isotretinoin cap 30 mg</i>	86
INTELENCE TAB 25MG	68	<i>isotretinoin cap 40 mg</i>	86
IN TOUCH LAN MIS 30G	114	<i>isradipine cap 2.5 mg</i>	75
<i>iodoquinol-hc cream 1-1%</i>	87	<i>isradipine cap 5 mg</i>	75
<i>iodoquinol-hydrocortisone in aloe</i>		<i>itraconazole cap 100 mg</i>	44
<i>vehicle cream 1-1.9%</i>	87	<i>itraconazole oral soln 10 mg/ml</i>	44
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivermectin lotion 0.5%.....</i>	94
<i>2.5(3) mg/3ml.....</i>	29	<i>ivermectin tab 3 mg</i>	23
<i>ipratropium bromide inhal soln 0.02%</i>		J	
<i>.....</i>	27	JANUMET TAB 50-1000	39
<i>ipratropium bromide nasal soln 0.03%</i>		JANUMET TAB 50-500MG	39
<i>(21 mcg/spray)</i>	125	JANUMET XR TAB 100-1000.....	39
<i>ipratropium bromide nasal soln 0.06%</i>		JANUMET XR TAB 50-1000	39
<i>(42 mcg/spray)</i>	125	JANUMET XR TAB 50-500MG.....	39
<i>irbesartan-hydrochlorothiazide tab</i>		JANUVIA TAB 100MG.....	40
<i>150-12.5 mg</i>	51	JANUVIA TAB 25MG.....	40
<i>irbesartan-hydrochlorothiazide tab</i>		JANUVIA TAB 50MG.....	40
<i>300-12.5 mg</i>	51	JARDIANCE TAB 10MG	41
<i>irbesartan tab 150 mg</i>	48	JARDIANCE TAB 25MG	41
<i>irbesartan tab 300 mg</i>	48	JEVITY 1.2 LIQ CAL	95
<i>irbesartan tab 75 mg</i>	48	JEVITY 1.5 LIQ CAL	95
IRESSA TAB 250MG.....	56	JEVITY 1 CAL LIQ.....	95
ISENTRESS CHW 100MG.....	68	JULUCA TAB 50-25MG	69
ISENTRESS CHW 25MG.....	68	K	
ISENTRESS HD TAB 600MG	68	KALYDECO PAK 25MG	134
ISENTRESS POW 100MG	68	KESIMPTA INJ 20/.4ML	132
ISENTRESS TAB 400MG	68	<i>ketoconazole cream 2%</i>	87

<i>ketoconazole shampoo 2%</i>	87
<i>ketoconazole tab 200 mg</i>	44
<i>ketoprofen cap 50 mg</i>	12
<i>ketoprofen cap 75 mg</i>	12
<i>ketorolac tromethamine ophth soln</i> <i>0.4%</i>	127
<i>ketorolac tromethamine ophth soln</i> <i>0.5%</i>	127
<i>ketorolac tromethamine tab 10 mg</i> ...	12
KEVZARA INJ 150/1.14	10
KEVZARA INJ 200/1.14	11
KINNEY MIS LANCETS	114
KINNEY THIN MIS LANCETS	114
KISQALI 200 PAK FEMARA	57
KISQALI 400 PAK FEMARA	57
KISQALI 600 PAK FEMARA	57
KISQALI TAB 200DOSE	59
KISQALI TAB 400DOSE	59
KISQALI TAB 600DOSE	59
KOSELUGO CAP 10MG	59
KOSELUGO CAP 25MG	59
KROGER LANCE MIS	114
KROGER LANCE MIS 26G	114
KROGER LANCE MIS THIN	114
KROGER LANCE MIS THIN 30G	114

L

<i>labetalol hcl tab 100 mg</i>	72
<i>labetalol hcl tab 200 mg</i>	73
<i>labetalol hcl tab 300 mg</i>	73
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	93
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	105
<i>lactulose solution 10 gm/15ml</i>	109
<i>lamivudine oral soln 10 mg/ml</i>	69
<i>lamivudine tab 100 mg (hbv)</i>	71
<i>lamivudine tab 150 mg</i>	69
<i>lamivudine tab 300 mg</i>	69
<i>lamivudine-zidovudine tab 150-300 mg</i>	69
<i>lamotrigine orally disintegrating tab</i> <i>100 mg</i>	32
<i>lamotrigine orally disintegrating tab</i> <i>200 mg</i>	32
<i>lamotrigine orally disintegrating tab 25</i> <i>mg</i>	32

<i>lamotrigine orally disintegrating tab 50</i> <i>mg</i>	32
<i>lamotrigine tab 100 mg</i>	32
<i>lamotrigine tab 150 mg</i>	32
<i>lamotrigine tab 200 mg</i>	32
<i>lamotrigine tab 25 mg</i>	32
<i>lamotrigine tab 25 mg (42) & 100 mg</i> <i>(7) starter kit</i>	32
<i>lamotrigine tab 35 x 25 mg starter kit</i>	32
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	32
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	32
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	32
<i>lamotrigine tab disint 25 (14) & 50 mg</i> <i>(14) & 100 mg (7) kit</i>	32
<i>lamotrigine tab er 24hr 100 mg</i>	32
<i>lamotrigine tab er 24hr 200 mg</i>	32
<i>lamotrigine tab er 24hr 250 mg</i>	32
<i>lamotrigine tab er 24hr 25 mg</i>	32
<i>lamotrigine tab er 24hr 300 mg</i>	32
<i>lamotrigine tab er 24hr 50 mg</i>	32
LANAFLEX PAK	95
LANCET MICRO MIS THIN 33G	114
LANCETS MICR MIS THIN 33G	114
LANCETS MIS	114
LANCETS MIS 21G	114
LANCETS MIS 21G COLR	114
LANCETS MIS 26G	114
LANCETS MIS 28G	114
LANCETS MIS 30G	114
LANCETS MIS 33G	114
LANCETS MIS ORANGE	114
LANCETS MIS ORIGINAL	114
LANCETS MIS THIN	114
LANCETS MIS THIN 26G	114
LANCETS MIS THIN 30G	114
LANCETS SUPR MIS THIN 28G	114
LANCET STAND MIS 21G	114
LANCETS THIN MIS	114
LANCETS THIN MIS 26G	115
LANCETS ULTR MIS THIN	115
LANCET SUPER MIS THIN 30G	114
LANCET ULTRA MIS 28G	114

LANCET ULTRA MIS THIN 30G.....	114	levocarnitine oral soln 1 gm/10ml	
LANOXIN TAB 0.0625MG.....	76	(10%).....	102
<i>lansoprazole cap delayed release 15</i>		<i>levocarnitine tab 330 mg.....</i>	<i>102</i>
<i>mg</i>	<i>136</i>	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>lansoprazole cap delayed release 30</i>		<i>mg/5ml (0.5 mg/ml).....</i>	<i>44</i>
<i>mg</i>	<i>136</i>	<i>levofloxacin ophth soln 0.5%</i>	<i>126</i>
<i>lansoprazole tab delayed release orally</i>		<i>levofloxacin oral soln 25 mg/ml.....</i>	<i>104</i>
<i>disintegrating 15 mg</i>	<i>136</i>	<i>levofloxacin tab 250 mg</i>	<i>104</i>
<i>lansoprazole tab delayed release orally</i>		<i>levofloxacin tab 500 mg</i>	<i>104</i>
<i>disintegrating 30 mg</i>	<i>136</i>	<i>levofloxacin tab 750 mg</i>	<i>104</i>
<i>lapatinib ditosylate tab 250 mg (base</i>		<i>levonor-eth est tab 0.15-</i>	
<i>equiv).....</i>	<i>59</i>	<i>0.02/0.025/0.03 mg &eth est 0.01</i>	
<i>latanoprost ophth soln 0.005%</i>	<i>128</i>	<i>mg</i>	<i>81</i>
LB LANCET MIS 28G	115	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>leflunomide tab 10 mg</i>	<i>13</i>	<i>day) tab 0.15-0.03 mg.....</i>	<i>81</i>
<i>leflunomide tab 20 mg</i>	<i>13</i>	<i>levonorgestrel & ethinyl estradiol tab</i>	
LENVIMA CAP 14 MG	55	<i>0.15 mg-30 mcg</i>	<i>81</i>
LENVIMA CAP 20 MG	55	<i>levonorgestrel & ethinyl estradiol tab</i>	
LENVIMA CAP 8 MG	55	<i>0.1 mg-20 mcg</i>	<i>81</i>
<i>letrozole tab 2.5 mg</i>	<i>56</i>	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>leucovorin calcium tab 10 mg</i>	<i>60</i>	<i>30/0.075-40/0.125-30mg-mcg</i>	<i>81</i>
<i>leucovorin calcium tab 15 mg</i>	<i>60</i>	<i>levonorgestrel-ethinyl estradiol</i>	
<i>leucovorin calcium tab 25 mg</i>	<i>60</i>	<i>(continuous) tab 90-20 mcg</i>	<i>81</i>
<i>leucovorin calcium tab 5 mg</i>	<i>60</i>	<i>levonorgestrel tab 1.5 mg</i>	<i>82</i>
LEUKERAN TAB 2MG.....	54	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>leuprolide acetate inj kit 5 mg/ml.....</i>	<i>56</i>	<i>eth est tab 0.01mg(7).....</i>	<i>81</i>
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>(base equiv).....</i>	<i>29</i>	<i>& eth est tab 0.01mg(7).....</i>	<i>81</i>
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levorphanol tartrate tab 2 mg</i>	<i>18</i>
<i>(base equiv).....</i>	<i>29</i>	<i>levothyroxine sodium tab 100 mcg .</i>	<i>135</i>
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levothyroxine sodium tab 112 mcg .</i>	<i>135</i>
<i>(base equiv).....</i>	<i>29</i>	<i>levothyroxine sodium tab 125 mcg .</i>	<i>135</i>
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 137 mcg .</i>	<i>135</i>
<i>mg/0.5ml (base equiv)</i>	<i>29</i>	<i>levothyroxine sodium tab 150 mcg .</i>	<i>135</i>
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 175 mcg .</i>	<i>135</i>
<i>mcg/act (base equiv).....</i>	<i>29</i>	<i>levothyroxine sodium tab 200 mcg .</i>	<i>135</i>
LEVEMIR INJ	41	<i>levothyroxine sodium tab 25 mcg ...</i>	<i>135</i>
LEVEMIR INJ FLEXTUOC.....	41	<i>levothyroxine sodium tab 300 mcg .</i>	<i>135</i>
<i>levetiracetam oral soln 100 mg/ml ...</i>	<i>32</i>	<i>levothyroxine sodium tab 50 mcg ...</i>	<i>135</i>
<i>levetiracetam tab 1000 mg.....</i>	<i>32</i>	<i>levothyroxine sodium tab 75 mcg ...</i>	<i>135</i>
<i>levetiracetam tab 250 mg</i>	<i>32</i>	<i>levothyroxine sodium tab 88 mcg ...</i>	<i>135</i>
<i>levetiracetam tab 500 mg</i>	<i>32</i>	LEXIVA TAB 700MG.....	69
<i>levetiracetam tab 750 mg</i>	<i>32</i>	<i>lidocaine hcl gel 2%</i>	<i>93</i>
<i>levetiracetam tab er 24hr 500 mg ...</i>	<i>33</i>	<i>lidocaine hcl laryngotracheal soln 4%</i>	
<i>levetiracetam tab er 24hr 750 mg ...</i>	<i>33</i>	<i>.....</i>	<i>123</i>
<i>levobunolol hcl ophth soln 0.5%</i>	<i>125</i>	<i>lidocaine hcl soln 4%.....</i>	<i>94</i>

<i>lidocaine hcl urethral/mucosal gel 2%</i>	94	<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	69
<i>lidocaine hcl urethral/mucosal gel</i> <i>prefilled syringe 2%</i>	94	<i>lopinavir-ritonavir tab 100-25 mg</i>	69
<i>lidocaine hcl viscous soln 2%</i>	123	<i>lopinavir-ritonavir tab 200-50 mg</i>	69
<i>lidocaine oint 5%</i>	94	<i>lorazepam conc 2 mg/ml</i>	26
<i>lidocaine patch 5%</i>	94	<i>lorazepam tab 0.5 mg</i>	26
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	94	<i>lorazepam tab 1 mg</i>	26
LIFESCAN MIS UNISTIK2.....	115	<i>lorazepam tab 2 mg</i>	26
<i>lindane shampoo 1%</i>	94	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	51
<i>linezolid for susp 100 mg/5ml</i>	24	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	51
<i>linezolid tab 600 mg</i>	24	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	51
LINZESS CAP 145MCG	105	<i>losartan potassium tab 100 mg</i>	48
LINZESS CAP 290MCG	105	<i>losartan potassium tab 25 mg</i>	48
LINZESS CAP 72MCG.....	105	<i>losartan potassium tab 50 mg</i>	48
<i>liothyronine sodium tab 25 mcg</i>	135	<i>loteprednol etabonate ophth gel 0.5%</i>	127
<i>liothyronine sodium tab 50 mcg</i>	135	<i>loteprednol etabonate ophth susp 0.5%</i>	127
<i>liothyronine sodium tab 5 mcg</i>	135	<i>lovastatin tab 10 mg</i>	46
LIQUID HOPE LIQ.....	95	<i>lovastatin tab 20 mg</i>	46
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	51	<i>lovastatin tab 40 mg</i>	46
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	51	<i>loxapine succinate cap 10 mg</i>	64
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	51	<i>loxapine succinate cap 25 mg</i>	64
<i>lisinopril tab 10 mg</i>	47	<i>loxapine succinate cap 50 mg</i>	64
<i>lisinopril tab 2.5 mg</i>	47	<i>loxapine succinate cap 5 mg</i>	64
<i>lisinopril tab 20 mg</i>	47	<i>lubiprostone cap 24 mcg</i>	104
<i>lisinopril tab 30 mg</i>	47	<i>lubiprostone cap 8 mcg</i>	104
<i>lisinopril tab 40 mg</i>	47	LYSODREN TAB 500MG.....	56
<i>lisinopril tab 5 mg</i>	47	M	
LITETOUCH MIS LANCETS	115	<i>mafenide acetate packet for topical</i> <i>soln 5% (50 gm)</i>	91
LITE TOUCH MIS LANCETS	115	<i>malathion lotion 0.5%</i>	94
<i>lithium carbonate cap 150 mg</i>	63	<i>maprotiline hcl tab 25 mg</i>	35
<i>lithium carbonate cap 300 mg</i>	63	<i>maprotiline hcl tab 50 mg</i>	35
<i>lithium carbonate cap 600 mg</i>	63	<i>maprotiline hcl tab 75 mg</i>	35
<i>lithium carbonate tab 300 mg</i>	63	MATULANE CAP 50MG.....	60
<i>lithium carbonate tab er 300 mg</i>	63	MAYZENT PAK STARTER	132
<i>lithium carbonate tab er 450 mg</i>	63	MAYZENT TAB 0.25MG	132
LONGS LANCET MIS STANDARD	115	MAYZENT TAB 2MG.....	132
LONGS LANCET MIS THIN.....	115	MCT PRO-CAL PAK	96
LONGS LANCET MIS ULTRA TH.....	115	MECLIZINE TAB 50MG	43
LONSURF TAB 15-6.14.....	57		
LONSURF TAB 20-8.19.....	57		
LOPHLEX POW	95		

<i>meclofenamate sodium cap 100 mg</i> ..12	<i>memantine hcl tab 28 x 5 mg & 21 x</i>
<i>meclofenamate sodium cap 50 mg</i> ...12	<i>10 mg titration pack</i> .....130
MEDICHOICE MIS LANCET .....115	<i>memantine hcl tab 5 mg</i> .....130
MEDLANCE MIS 30G PLUS .....115	<i>meperidine hcl oral soln 50 mg/5ml</i> ..18
MEDLANCE MIS EXTR 21G .....115	<i>meperidine hcl tab 50 mg</i>.....18
MEDLANCE MIS LITE 25G .....115	<i>meprobamate tab 200 mg</i>.....25
MEDLANCE MIS PLUS.....115	<i>meprobamate tab 400 mg</i>.....25
MEDLANCE MIS PLUS 30G .....115	<i>mercaptopurine tab 50 mg</i> .....54
MEDLANCE MIS UNV 21G .....115	<i>mesalamine cap dr 400 mg</i>.....105
MEDLANCE PLS MIS 0.8MM.....115	<i>mesalamine cap er 24hr 0.375 gm</i> ..105
MEDLANCE PLS MIS EXTR 21G .....115	<i>mesalamine enema 4 gm</i> .....105
MEDLANCE PLS MIS LITE 25G .....115	<i>mesalamine suppos 1000 mg</i>.....105
MEDLANCE PLS MIS UNIV 21G .....115	<i>mesalamine tab delayed release 1.2</i>
MEDROL TAB 2MG.....83	<i>gm</i> .....105
<i>medroxyprogesterone acetate im susp</i>	MESNEX TAB 400MG .....60
<i>150 mg/ml</i> .....82	<i>metaxalone tab 800 mg</i> .....124
<i>medroxyprogesterone acetate im susp</i>	<i>metformin hcl oral soln 500 mg/5ml</i> .39
<i>prefilled syr 150 mg/ml</i> .....82	<i>metformin hcl tab 1000 mg</i> .....40
<i>medroxyprogesterone acetate tab 10</i>	<i>metformin hcl tab 500 mg</i>.....39
<i>mg</i> .....129	<i>metformin hcl tab 850 mg</i>.....40
<i>medroxyprogesterone acetate tab 2.5</i>	<i>metformin hcl tab er 24hr 500 mg</i>....40
<i>mg</i> .....129	<i>metformin hcl tab er 24hr 750 mg</i>....40
<i>medroxyprogesterone acetate tab 5 mg</i>	<i>methadone hcl conc 10 mg/ml</i> .....18
.....129	<i>methadone hcl soln 10 mg/5ml</i> .....18
<i>mefenamic acid cap 250 mg</i> .....12	<i>methadone hcl soln 5 mg/5ml</i>.....18
<i>mefloquine hcl tab 250 mg</i> .....53	<i>methadone hcl tab 10 mg</i> .....18
<i>megestrol acetate susp 40 mg/ml</i> ....56	<i>methadone hcl tab 5 mg</i> .....18
<i>megestrol acetate susp 625 mg/5ml</i>	<i>methadone hcl tab for oral susp 40 mg</i>
.....129	18
<i>megestrol acetate tab 20 mg</i> .....56	<i>methamphetamine hcl tab 5 mg</i> .....2
<i>megestrol acetate tab 40 mg</i> .....56	<i>methazolamide tab 25 mg</i>.....99
MEIJER LANCE MIS COLOR .....115	<i>methazolamide tab 50 mg</i>.....99
MEIJER LANCE MIS UNIV 21G .....115	<i>methenamine hippurate tab 1 gm</i> ....24
MEIJER LANCE MIS UNIV 30G .....115	<i>methenamine mandelate tab 0.5 gm</i> 24
MEIJER LANCE MIS UNIVERSA .....115	<i>methenamine mandelate tab 1 gm</i> ...24
MEIJER MIS LANCETS .....115	<i>methimazole tab 10 mg</i> .....135
<i>meloxicam tab 15 mg</i> .....12	<i>methimazole tab 5 mg</i> .....135
<i>meloxicam tab 7.5 mg</i> .....12	<i>methocarbamol tab 500 mg</i> .....124
<i>melphalan tab 2 mg</i> .....54	<i>methocarbamol tab 750 mg</i> .....124
<i>memantine hcl cap er 24hr 14 mg</i> ..130	<i>methotrexate sodium for inj 1 gm</i> ....54
<i>memantine hcl cap er 24hr 21 mg</i> ..130	<i>methotrexate sodium inj 250 mg/10ml</i>
<i>memantine hcl cap er 24hr 28 mg</i> ..130	<i>(25 mg/ml)</i> .....54
<i>memantine hcl cap er 24hr 7 mg</i> ....130	<i>methotrexate sodium inj 50 mg/2ml</i>
<i>memantine hcl oral solution 2 mg/ml</i>	<i>(25 mg/ml)</i> .....54
.....130	<i>methotrexate sodium inj pf 1000</i>
<i>memantine hcl tab 10 mg</i>.....130	<i>mg/40ml (25 mg/ml)</i>.....55

<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	55
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	54
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	55
<i>methoxsalen rapid cap 10 mg</i>	88
<i>methscopolamine bromide tab 2.5 mg</i>	136
<i>methscopolamine bromide tab 5 mg</i>	136
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	51
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	51
<i>methyldopa tab 250 mg</i>	49
<i>methyldopa tab 500 mg</i>	49
<i>methylergonovine maleate tab 0.2 mg</i>	128
<i>methylphenidate hcl cap er 10 mg (cd)</i>	3
<i>methylphenidate hcl cap er 20 mg (cd)</i>	3
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	3
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	4
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	4
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	4
<i>methylphenidate hcl cap er 30 mg (cd)</i>	4
<i>methylphenidate hcl cap er 40 mg (cd)</i>	4
<i>methylphenidate hcl cap er 50 mg (cd)</i>	4
<i>methylphenidate hcl cap er 60 mg (cd)</i>	4
<i>methylphenidate hcl chew tab 10 mg</i> ..	4
<i>methylphenidate hcl chew tab 2.5 mg</i> ..	4
<i>methylphenidate hcl chew tab 5 mg</i> ...	4
<i>methylphenidate hcl soln 10 mg/5ml</i> ..	4
<i>methylphenidate hcl soln 5 mg/5ml</i>	4
<i>methylphenidate hcl tab 10 mg</i>	4
<i>methylphenidate hcl tab 20 mg</i>	4
<i>methylphenidate hcl tab 5 mg</i>	4
<i>methylphenidate hcl tab er 10 mg</i>	4
<i>methylphenidate hcl tab er 20 mg</i>	4
<i>methylphenidate hcl tab er 24hr 18 mg</i>	4
<i>methylphenidate hcl tab er 24hr 27 mg</i>	4
<i>methylphenidate hcl tab er 24hr 36 mg</i>	4
<i>methylphenidate hcl tab er 24hr 54 mg</i>	4
<i>methylprednisolone tab 16 mg</i>	83
<i>methylprednisolone tab 32 mg</i>	83
<i>methylprednisolone tab 4 mg</i>	83
<i>methylprednisolone tab 8 mg</i>	83
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	83
<i>methyltestosterone cap 10 mg</i>	22
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	104
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	104
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	104
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	104
<i>metolazone tab 10 mg</i>	100
<i>metolazone tab 2.5 mg</i>	100
<i>metolazone tab 5 mg</i>	100

<i>metoprolol & hydrochlorothiazide tab</i>		
100-25 mg	51	
<i>metoprolol & hydrochlorothiazide tab</i>		
100-50 mg	51	
<i>metoprolol & hydrochlorothiazide tab</i>		
50-25 mg	51	
<i>metoprolol succinate tab er 24hr 100</i>		
mg (tartrate equiv).....	73	
<i>metoprolol succinate tab er 24hr 200</i>		
mg (tartrate equiv).....	73	
<i>metoprolol succinate tab er 24hr 25 mg</i>		
(tartrate equiv).....	73	
<i>metoprolol succinate tab er 24hr 50 mg</i>		
(tartrate equiv).....	73	
<i>metoprolol tartrate tab 100 mg.....</i>	73	
<i>metoprolol tartrate tab 25 mg.....</i>	73	
<i>metoprolol tartrate tab 37.5 mg.....</i>	73	
<i>metoprolol tartrate tab 50 mg.....</i>	73	
<i>metoprolol tartrate tab 75 mg.....</i>	73	
<i>metronidazole cap 375 mg</i>	23	
<i>metronidazole cream 0.75%.....</i>	94	
<i>metronidazole gel 0.75%</i>	94	
<i>metronidazole gel 1%.....</i>	94	
<i>metronidazole lotion 0.75%.....</i>	94	
<i>metronidazole tab 250 mg.....</i>	23	
<i>metronidazole tab 500 mg.....</i>	23	
<i>metronidazole vaginal gel 0.75%....</i>	138	
<i>metyrosine cap 250 mg</i>	48	
<i>mexiletine hcl cap 150 mg.....</i>	26	
<i>mexiletine hcl cap 200 mg.....</i>	26	
<i>mexiletine hcl cap 250 mg.....</i>	26	
<i>miconazole nitrate vaginal suppos 200</i>		
mg	138	
<i>miconazole-zinc oxide-white</i>		
<i>petrolatum oint 0.25-15-81.35%...87</i>		
MICROLET MIS LANCETS	115	
MICRO THIN MIS LANC 33G.....	115	
<i>midodrine hcl tab 10 mg</i>	138	
<i>midodrine hcl tab 2.5 mg</i>	138	
<i>midodrine hcl tab 5 mg</i>	138	
<i>mifepristone tab 200 mg</i>	102	
<i>miglitol tab 100 mg</i>	38	
<i>miglitol tab 25 mg.....</i>	38	
<i>miglitol tab 50 mg.....</i>	38	
<i>mineral oil.....</i>	110	
<i>minocycline hcl cap 100 mg</i>	134	
<i>minocycline hcl cap 50 mg.....</i>	134	
<i>minocycline hcl cap 75 mg.....</i>	134	
<i>minocycline hcl tab 100 mg</i>	135	
<i>minocycline hcl tab 50 mg</i>	134	
<i>minocycline hcl tab 75 mg</i>	135	
<i>minoxidil tab 10 mg</i>	53	
<i>minoxidil tab 2.5 mg</i>	53	
<i>mirtazapine orally disintegrating tab 15</i>		
mg	34	
<i>mirtazapine orally disintegrating tab 30</i>		
mg	34	
<i>mirtazapine orally disintegrating tab 45</i>		
mg	34	
<i>mirtazapine tab 15 mg.....</i>	34	
<i>mirtazapine tab 30 mg.....</i>	34	
<i>mirtazapine tab 45 mg.....</i>	34	
<i>mirtazapine tab 7.5 mg.....</i>	34	
<i>misoprostol tab 100 mcg</i>	137	
<i>misoprostol tab 200 mcg</i>	137	
MITIGARE CAP 0.6MG	106	
MM TWIST MIS LANCETS.....	115	
MOBILE LANCE MIS 30G.....	115	
<i>modafinil tab 100 mg</i>	5	
<i>modafinil tab 200 mg</i>	5	
<i>moexipril hcl tab 15 mg</i>	47	
<i>moexipril hcl tab 7.5 mg</i>	47	
<i>molindone hcl tab 10 mg.....</i>	65	
<i>molindone hcl tab 25 mg.....</i>	65	
<i>molindone hcl tab 5 mg</i>	65	
<i>mometasone furoate cream 0.1%</i>	92	
<i>mometasone furoate nasal susp 50</i>		
mcg/act	125	
<i>mometasone furoate oint 0.1%.....</i>	93	
<i>mometasone furoate solution 0.1%</i>		
(lotion)	93	
MONOLET MIS LANCETS.....	115	
MONOLET OPD MIS LANCETS	115	
MONOLETTOR MIS LANCETS	115	
<i>montelukast sodium chew tab 4 mg</i>		
(base equiv)	27	
<i>montelukast sodium chew tab 5 mg</i>		
(base equiv)	27	
<i>montelukast sodium oral granules</i>		
packet 4 mg (base equiv).....	27	
<i>montelukast sodium tab 10 mg (base</i>		
equiv).....	27	

<i>morphine sulfate beads cap er 24hr</i>	
120 mg	18
<i>morphine sulfate beads cap er 24hr 30</i>	
mg	18
<i>morphine sulfate beads cap er 24hr 45</i>	
mg	18
<i>morphine sulfate beads cap er 24hr 60</i>	
mg	18
<i>morphine sulfate beads cap er 24hr 75</i>	
mg	18
<i>morphine sulfate beads cap er 24hr 90</i>	
mg	18
<i>morphine sulfate cap er 24hr 100 mg</i>	
.....	18
<i>morphine sulfate cap er 24hr 10 mg</i>	18
<i>morphine sulfate cap er 24hr 20 mg</i>	18
<i>morphine sulfate cap er 24hr 30 mg</i>	18
<i>morphine sulfate cap er 24hr 40 mg</i>	18
<i>morphine sulfate cap er 24hr 50 mg</i>	18
<i>morphine sulfate cap er 24hr 60 mg</i>	18
<i>morphine sulfate cap er 24hr 80 mg</i>	18
<i>morphine sulfate oral soln 100 mg/5ml</i>	
(20 mg/ml)	18
<i>morphine sulfate oral soln 10 mg/5ml</i>	
.....	18
<i>morphine sulfate oral soln 20 mg/5ml</i>	
.....	18
<i>morphine sulfate suppos 10 mg</i>	18
<i>morphine sulfate suppos 20 mg</i>	18
<i>morphine sulfate suppos 30 mg</i>	18
<i>morphine sulfate suppos 5 mg</i>	18
<i>morphine sulfate tab 15 mg</i>	18
<i>morphine sulfate tab 30 mg</i>	18
<i>morphine sulfate tab er 100 mg</i>	19
<i>morphine sulfate tab er 15 mg</i>	18
<i>morphine sulfate tab er 200 mg</i>	19
<i>morphine sulfate tab er 30 mg</i>	18
<i>morphine sulfate tab er 60 mg</i>	19
MOVANTIK TAB 12.5MG	105
MOVANTIK TAB 25MG	105
<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
eq) (2 times daily)	126
<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
equiv)	126
<i>moxifloxacin hcl tab 400 mg (base</i>	
equiv)	104
MPD SFTY LAN MIS 21G	115
MPD SFTY LAN MIS 23G	115
MPD SFTY LAN MIS 28G	115
MPD SFTY LAN MIS 30G	115
<i>mupirocin oint 2%</i>	86
<i>mycophenolate mofetil cap 250 mg</i>	123
<i>mycophenolate mofetil for oral susp</i>	
200 mg/ml	123
<i>mycophenolate mofetil tab 500 mg</i>	123
<i>mycophenolate sodium tab dr 180 mg</i>	
(mycophenolic acid equiv)	123
<i>mycophenolate sodium tab dr 360 mg</i>	
(mycophenolic acid equiv)	123
MYGLUCOHEALT MIS LANC 30G	115
MYLERAN TAB 2MG	54
N	
<i>nabumetone tab 500 mg</i>	12
<i>nabumetone tab 750 mg</i>	12
<i>nadolol tab 20 mg</i>	73
<i>nadolol tab 40 mg</i>	73
<i>nadolol tab 80 mg</i>	73
<i>naftifine hcl cream 1%</i>	87
<i>naftifine hcl cream 2%</i>	87
<i>naftifine hcl gel 1%</i>	87
<i>naloxone hcl inj 0.4 mg/ml</i>	42
<i>naloxone hcl inj 4 mg/10ml</i>	42
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
.....	43
<i>naloxone hcl soln prefilled syringe 2</i>	
mg/2ml	43
<i>naltrexone hcl tab 50 mg</i>	43
<i>naproxen sodium tab 275 mg</i>	12
<i>naproxen sodium tab 550 mg</i>	12
<i>naproxen tab 250 mg</i>	12
<i>naproxen tab 375 mg</i>	12
<i>naproxen tab 500 mg</i>	12
<i>naproxen tab ec 375 mg</i>	12
<i>naproxen tab ec 500 mg</i>	12
<i>naratriptan hcl tab 1 mg (base equiv)</i>	
.....	120
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	120
NARCAN SPR	43
NATACYN SUS 5% OP	126
<i>nateglinide tab 120 mg</i>	41
<i>nateglinide tab 60 mg</i>	41

<i>nebivolol hcl tab 10 mg (base equivalent)</i>	73	<i>nicotine td patch 24hr 21 mg/24hr</i> .	133
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	73	<i>nifedipine cap 10 mg</i>	75
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	73	<i>nifedipine cap 20 mg</i>	75
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	73	<i>nifedipine tab er 24hr 30 mg</i>	75
<i>nefazodone hcl tab 100 mg</i>	36	<i>nifedipine tab er 24hr 60 mg</i>	75
<i>nefazodone hcl tab 150 mg</i>	36	<i>nifedipine tab er 24hr 90 mg</i>	75
<i>nefazodone hcl tab 200 mg</i>	36	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	75
<i>nefazodone hcl tab 250 mg</i>	36	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	75
<i>nefazodone hcl tab 50 mg</i>	36	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	76
<i>NEOCATE LIQ SPLASH</i>	96	<i>nilutamide tab 150 mg</i>	56
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	126	<i>nimodipine cap 30 mg</i>	76
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	126	<i>NINLARO CAP 2.3MG</i>	59
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	127	<i>NINLARO CAP 3MG</i>	59
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	127	<i>NINLARO CAP 4MG</i>	59
<i>neomycin-polymyxin-hc ophth susp</i>	127	<i>nisoldipine tab er 24hr 17 mg</i>	76
<i>neomycin-polymyxin-hc otic soln 1%</i>	128	<i>nisoldipine tab er 24hr 20 mg</i>	76
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	128	<i>nisoldipine tab er 24hr 25.5 mg</i>	76
<i>neomycin sulfate tab 500 mg</i>	5	<i>nisoldipine tab er 24hr 30 mg</i>	76
<i>NEPRO LIQ VANILLA</i>	96	<i>nisoldipine tab er 24hr 34 mg</i>	76
<i>nevirapine susp 50 mg/5ml</i>	69	<i>nisoldipine tab er 24hr 40 mg</i>	76
<i>nevirapine tab 200 mg</i>	69	<i>nisoldipine tab er 24hr 8.5 mg</i>	76
<i>nevirapine tab er 24hr 100 mg</i>	69	<i>nitazoxanide tab 500 mg</i>	23
<i>nevirapine tab er 24hr 400 mg</i>	69	<i>nitisinone cap 10 mg</i>	102
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	47	<i>nitisinone cap 2 mg</i>	102
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	47	<i>nitisinone cap 5 mg</i>	102
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	47	<i>NITRO-DUR DIS 0.3MG/HR</i>	24
<i>nicardipine hcl cap 20 mg</i>	75	<i>NITRO-DUR DIS 0.8MG/HR</i>	24
<i>nicardipine hcl cap 30 mg</i>	75	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	24
<i>nicotine polacrilex gum 2 mg</i>	133	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	24
<i>nicotine polacrilex gum 4 mg</i>	133	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	24
<i>nicotine polacrilex lozenge 4 mg</i>	133	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	24
<i>nicotine td patch 24hr 14 mg/24hr</i> .	133	<i>nitrofurantoin susp 25 mg/5ml</i>	24
		<i>nitroglycerin sl tab 0.3 mg</i>	24
		<i>nitroglycerin sl tab 0.4 mg</i>	24
		<i>nitroglycerin sl tab 0.6 mg</i>	24
		<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	25
		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	25

<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>.....25	<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i> .....81
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>.....25	<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/0.75-35/1-35 mg-mcg</i> .....82
<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i> .....25	<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i> .....82
NIVESTYM INJ 300/0.5.....108	<i>norethindrone tab 0.35 mg</i>.....82
NIVESTYM INJ 300MCG .....108	<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i> .....82
NIVESTYM INJ 480/0.8.....108	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....82
NIVESTYM INJ 480MCG .....108	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....82
<i>nizatidine cap 150 mg</i>.....136	<i>norgestrel & ethinyl estradiol tab 0.3</i> <i>mg-30 mcg</i> .....82
<i>nizatidine cap 300 mg</i>.....136	NORPACE CAP 100MG CR .....26
<i>nizatidine oral soln 15 mg/ml</i>.....136	NORPACE CAP 150MG CR .....26
NORDITROPIN INJ 15/1.5ML.....101	<i>nortriptyline hcl cap 10 mg</i>.....38
NORDITROPIN INJ 30/3ML.....101	<i>nortriptyline hcl cap 25 mg</i>.....38
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i> .....82	<i>nortriptyline hcl cap 50 mg</i>.....38
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>.....81	<i>nortriptyline hcl cap 75 mg</i>.....38
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>.....81	<i>nortriptyline hcl soln 10 mg/5ml</i>.....38
<i>norethindrone & ethinyl estradiol tab</i> <i>0.4 mg-35 mcg</i> .....81	NORVIR POW 100MG .....69
<i>norethindrone & ethinyl estradiol tab</i> <i>0.5 mg-35 mcg</i> .....81	NORVIR SOL 80MG/ML .....69
<i>norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i> .....81	NORVIR TAB 100MG .....69
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i>.....82	NOVA SAFETY MIS LANC 23G.....115
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....82	NOVA SAFETY MIS LANC 28G.....115
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>.....81	NOVASOURCE LIQ RENAL.....96
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....81	NOVA SURE MIS LANCETS .....115
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i> .....82	NOVOLIN INJ 70/30 .....41
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i> .....82	NOVOLIN INJ 70/30 FP .....41
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i> .....82	NOVOLIN N INJ 100 UNIT.....41
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i> .....103	NOVOLIN N INJ U-100 .....41
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....103	NOVOLIN R INJ 100 UNIT.....41
<i>norethindrone acetate tab 5 mg</i> .....129	NOVOLIN R INJ U-100 .....41
	NOVOLOG INJ 100/ML .....41
	NOVOLOG INJ FLEXPEN .....41
	NOVOLOG INJ PENFILL .....41
	NOVOLOG MIX INJ 70/30 .....41
	NOVOLOG MIX INJ FLEXPEN .....41
	NUBEQA TAB 300MG .....56
	NUCALA INJ 100MG/ML.....27
	NUTRAMINE PAK.....96
	NUTREN 1.0 LIQ UNFLAVOR .....96
	NUTREN 1.5 LIQ FIBER .....96
	NUTREN 2.0 LIQ VANILLA .....96

NUTREN JR LIQ.....	96	olanzapine orally disintegrating tab 15 mg	64
NUTREN LIQ JUNIOR	96	olanzapine orally disintegrating tab 20 mg	64
NUTREN RENAL LIQ.....	96	olanzapine orally disintegrating tab 5 mg	64
NUTRIRENAL LIQ	96	olanzapine tab 10 mg	65
nystatin cream 100000 unit/gm	87	olanzapine tab 15 mg	65
nystatin oint 100000 unit/gm	87	olanzapine tab 2.5 mg	64
nystatin susp 100000 unit/ml.....	123	olanzapine tab 20 mg	65
nystatin tab 500000 unit.....	43	olanzapine tab 5 mg	64
nystatin topical powder 100000 unit/gm	87	olanzapine tab 7.5 mg	65
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	87	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	51
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	87	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	52
O		olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	52
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	103	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	52
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	103	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	51
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	103	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	51
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	103	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	51
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	103	olmesartan medoxomil tab 20 mg	48
ODEFSEY TAB.....	69	olmesartan medoxomil tab 40 mg	48
ODOMZO CAP 200MG	56	olmesartan medoxomil tab 5 mg	48
OFEV CAP 100MG	134	olopatadine hcl nasal soln 0.6%	125
OFEV CAP 150MG	134	omega-3-acid ethyl esters cap 1 gm	45
ofloxacin ophth soln 0.3%	126	omeprazole cap delayed release 10 mg	136
ofloxacin otic soln 0.3%	128	omeprazole cap delayed release 20 mg	136
ofloxacin tab 300 mg	104	omeprazole cap delayed release 40 mg	136
ofloxacin tab 400 mg	104		
olanzapine-fluoxetine hcl cap 12-25 mg	131		
olanzapine-fluoxetine hcl cap 12-50 mg	131		
olanzapine-fluoxetine hcl cap 3-25 mg	131		
olanzapine-fluoxetine hcl cap 6-25 mg	131		
olanzapine-fluoxetine hcl cap 6-50 mg	131		
olanzapine for im inj 10 mg	64		
olanzapine orally disintegrating tab 10 mg	64		

<i>ondansetron hcl oral soln 4 mg/5ml</i>	43
<i>ondansetron hcl tab 24 mg</i>	43
<i>ondansetron hcl tab 4 mg</i>	43
<i>ondansetron hcl tab 8 mg</i>	43
<i>ondansetron orally disintegrating tab 4 mg</i>	43
<i>ondansetron orally disintegrating tab 8 mg</i>	43
ONETOUCH DEL MIS PLUS 30G.....	116
ONETOUCH DEL MIS PLUS 33G.....	116
ONETOUCH FP MIS LANCETS.....	116
ONETOUCH MIS 30G.....	116
ONETOUCH MIS LANCETS.....	116
ONETOUCH TES ULTRA.....	94
ONETOUCH TES VERIO.....	94
ONETOUCH US MIS LANCETS.....	116
ON-THE-GO MIS LANC 30G.....	115
OPSUMIT TAB 10MG.....	78
OPTIMENTAL LIQ.....	96
ORACEA CAP 40MG.....	94
ORALAIR SUB 300 IR.....	5
ORENCIA CLCK INJ 125MG/ML.....	13
ORENCIA INJ 125MG/ML.....	14
ORENCIA INJ 50/0.4ML.....	13
ORENCIA INJ 87.5/0.7.....	13
ORENITRAM TAB 0.125MG.....	78
ORENITRAM TAB 0.25MG.....	78
ORENITRAM TAB 1MG.....	78
ORENITRAM TAB 2.5MG.....	78
ORENITRAM TAB 5MG.....	78
ORFADIN CAP 10MG.....	102
ORFADIN CAP 20MG.....	102
ORFADIN CAP 2MG.....	102
ORFADIN CAP 5MG.....	102
ORFADIN SUS 4MG/ML.....	102
ORILISSA TAB 150MG.....	101
ORILISSA TAB 200MG.....	101
<i>orphenadrine citrate tab er 12hr 100 mg</i>	124
ORTIKOS CAP 6MG ER.....	83
ORTIKOS CAP 9MG ER.....	83
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	72
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	72
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	72
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	72
OSMOLITE 1.2 LIQ CAL.....	96
OSMOLITE 1.5 LIQ CAL.....	96
OSMOLITE 1 LIQ CAL.....	96
OSMOLITE HN LIQ.....	96
OSMOLITE LIQ.....	96
OTEZLA TAB 10/20/30.....	12
OTEZLA TAB 30MG.....	13
OVIDREL INJ.....	101
<i>oxandrolone tab 10 mg</i>	22
<i>oxandrolone tab 2.5 mg</i>	22
<i>oxaprozin tab 600 mg</i>	12
<i>oxazepam cap 10 mg</i>	26
<i>oxazepam cap 15 mg</i>	26
<i>oxazepam cap 30 mg</i>	26
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	33
<i>oxcarbazepine tab 150 mg</i>	33
<i>oxcarbazepine tab 300 mg</i>	33
<i>oxcarbazepine tab 600 mg</i>	33
OXEPA 1.5 LIQ.....	96
OXEPA LIQ.....	96
<i>oxiconazole nitrate cream 1%</i>	87
<i>oxybutynin chloride syrup 5 mg/5ml</i>	137
<i>oxybutynin chloride tab 5 mg</i>	137
<i>oxybutynin chloride tab er 24hr 10 mg</i>	137
<i>oxybutynin chloride tab er 24hr 15 mg</i>	137
<i>oxybutynin chloride tab er 24hr 5 mg</i>	137
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	21
<i>oxycodone hcl cap 5 mg</i>	19
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	19
<i>oxycodone hcl soln 5 mg/5ml</i>	19
<i>oxycodone hcl tab 10 mg</i>	19
<i>oxycodone hcl tab 15 mg</i>	19
<i>oxycodone hcl tab 20 mg</i>	19
<i>oxycodone hcl tab 30 mg</i>	19
<i>oxycodone hcl tab 5 mg</i>	19

<i>oxycodone hcl tab er 12hr deter 10 mg</i>.....19	PANCREAZE CAP 2600UNIT .....98
<i>oxycodone hcl tab er 12hr deter 15 mg</i>.....19	PANCREAZE CAP 4200UNIT .....98
<i>oxycodone hcl tab er 12hr deter 20 mg</i>.....19	<i>pantoprazole sodium ec tab 20 mg</i> (base equiv) .....136
<i>oxycodone hcl tab er 12hr deter 30 mg</i>.....19	<i>pantoprazole sodium ec tab 40 mg</i> (base equiv) .....137
<i>oxycodone hcl tab er 12hr deter 40 mg</i>.....19	<i>pantoprazole sodium for iv soln 40 mg</i> (base equiv) .....137
<i>oxycodone hcl tab er 12hr deter 60 mg</i>.....19	<i>paricalcitol cap 1 mcg</i> .....102
<i>oxycodone hcl tab er 12hr deter 80 mg</i>.....19	<i>paricalcitol cap 2 mcg</i> .....102
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i> .....21	<i>paricalcitol cap 4 mcg</i> .....102
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> .....20	<i>paromomycin sulfate cap 250 mg</i>.....5
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i> .....20	<i>paroxetine hcl oral susp 10 mg/5ml</i> (base equiv) .....36
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i> .....21	<i>paroxetine hcl tab 10 mg</i> .....36
<i>oxymorphone hcl tab 10 mg</i> .....19	<i>paroxetine hcl tab 20 mg</i> .....36
<i>oxymorphone hcl tab 5 mg</i> .....19	<i>paroxetine hcl tab 30 mg</i> .....36
OZEMPIC INJ 2/1.5ML.....40	<i>paroxetine hcl tab 40 mg</i> .....36
OZEMPIC INJ 4MG/3ML.....40	<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..36
P	<i>paroxetine hcl tab er 24hr 25 mg</i> ....36
PALFORZIA CAP ESCALAT .....5	<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..36
PALFORZIA CAP LEVEL 1.....5	PC LANCETS MIS 30G .....116
PALFORZIA CAP LEVEL 10 .....5	PEDIASURE EN LIQ /FIBER .....96
PALFORZIA CAP LEVEL 2.....5	PEDIASURE LIQ PEPTIDE .....97
PALFORZIA CAP LEVEL 3.....5	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 236 gm.....109
PALFORZIA CAP LEVEL 4.....5	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 240 gm.....109
PALFORZIA CAP LEVEL 5.....5	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm .....109
PALFORZIA CAP LEVEL 6.....5	<i>penicillamine cap 250 mg</i> .....122
PALFORZIA CAP LEVEL 7.....5	<i>penicillamine tab 250 mg</i> .....122
PALFORZIA CAP LEVEL 8.....5	<i>penicillin v potassium for soln 125</i> mg/5ml.....129
PALFORZIA CAP LEVEL 9.....5	<i>penicillin v potassium for soln 250</i> mg/5ml.....129
PALFORZIA POW LEVEL 11 .....5	<i>penicillin v potassium tab 250 mg</i> ...129
<i>paliperidone tab er 24hr 1.5 mg</i> .....63	<i>penicillin v potassium tab 500 mg</i> ...129
<i>paliperidone tab er 24hr 3 mg</i> .....63	<i>pentazocine w/ naloxone hcl tab 50-0.5</i> mg .....22
<i>paliperidone tab er 24hr 6 mg</i> .....63	<i>pentoxifylline tab er 400 mg</i> .....107
<i>paliperidone tab er 24hr 9 mg</i> .....63	PEPTAMEN LIQ PREBIO1 .....97
PANCREAZE CAP 10500UNT.....98	PEPTAMEN LIQ UNFLAVOR.....97
PANCREAZE CAP 16800UNT.....98	PEPTINEX DT LIQ .....97
PANCREAZE CAP 21000UNT.....98	PEPTINEX DT LIQ VANILLA .....97
	PERATIVE LIQ.....97

PERFECT 28G MIS LANCETS.....	116	<i>phenylephrine hcl ophth soln 2.5%</i> .	126
PERFECT 30G MIS LANCETS.....	116	<i>phenytoin chew tab 50 mg</i>	34
PERFOROMIST NEB 20MCG	29	<i>phenytoin sodium extended cap 100</i>	
<i>perindopril erbumine tab 2 mg</i>	47	<i>mg</i>	34
<i>perindopril erbumine tab 4 mg</i>	47	<i>phenytoin sodium extended cap 200</i>	
<i>perindopril erbumine tab 8 mg</i>	47	<i>mg</i>	34
<i>permethrin cream 5%</i>	94	<i>phenytoin sodium extended cap 300</i>	
<i>perphenazine-amitriptyline tab 2-10</i>		<i>mg</i>	34
<i>mg</i>	131	<i>phenytoin susp 125 mg/5ml</i>	34
<i>perphenazine-amitriptyline tab 2-25</i>		PHLEXY-10 POW	97
<i>mg</i>	131	<i>phytonadione tab 5 mg</i>	139
<i>perphenazine-amitriptyline tab 4-10</i>		<i>pilocarpine hcl ophth soln 1%</i>	126
<i>mg</i>	131	<i>pilocarpine hcl ophth soln 2%</i>	126
<i>perphenazine-amitriptyline tab 4-25</i>		<i>pilocarpine hcl ophth soln 4%</i>	126
<i>mg</i>	131	<i>pilocarpine hcl tab 5 mg</i>	123
<i>perphenazine-amitriptyline tab 4-50</i>		<i>pilocarpine hcl tab 7.5 mg</i>	124
<i>mg</i>	131	<i>pimecrolimus cream 1%</i>	93
<i>perphenazine tab 16 mg</i>	65	<i>pimozide tab 1 mg</i>	133
<i>perphenazine tab 2 mg</i>	65	<i>pimozide tab 2 mg</i>	133
<i>perphenazine tab 4 mg</i>	65	<i>pindolol tab 10 mg</i>	73
<i>perphenazine tab 8 mg</i>	65	<i>pindolol tab 5 mg</i>	73
PERTZYE CAP 16000U.....	98	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
PERTZYE CAP 24000U.....	98	<i>mg</i>	39
PERTZYE CAP 4000UNIT	98	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
PERTZYE CAP 8000UNIT	98	<i>mg</i>	39
PHARMACY COU MIS LANCETS	116	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenazopyridine hcl tab 200 mg</i>	106	<i>500 mg</i>	39
<i>phendimetrazine tartrate cap er 24hr</i>		<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>105 mg</i>	2	<i>850 mg</i>	39
<i>phendimetrazine tartrate tab 35 mg</i> ...	2	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenelzine sulfate tab 15 mg</i>	35	.....	41
<i>phenobarbital elixir 20 mg/5ml</i>	108	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenobarbital tab 100 mg</i>	109	.....	41
<i>phenobarbital tab 15 mg</i>	108	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phenobarbital tab 16.2 mg</i>	108	.....	41
<i>phenobarbital tab 30 mg</i>	108	PIP LANCETS MIS 28G	116
<i>phenobarbital tab 32.4 mg</i>	108	PIP LANCETS MIS 30G	116
<i>phenobarbital tab 60 mg</i>	108	<i>piroxicam cap 10 mg</i>	12
<i>phenobarbital tab 64.8 mg</i>	108	<i>piroxicam cap 20 mg</i>	12
<i>phenobarbital tab 97.2 mg</i>	108	PIVOT LIQ 1.5 CAL	97
<i>phenoxybenzamine hcl cap 10 mg</i> ...	48	PKU EXPLORE5 POW UNFLAVOR.....	97
<i>phentermine hcl cap 15 mg</i>	2	<i>podofilox soln 0.5%</i>	93
<i>phentermine hcl cap 30 mg</i>	2	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phentermine hcl cap 37.5 mg</i>	2	<i>10000 unit/ml-0.1%</i>	126
<i>phentermine hcl tab 37.5 mg</i>	2	<i>pot & sod citrates w/ cit ac soln 550-</i>	
<i>phenylephrine hcl ophth soln 10%</i> ..	126	<i>500-334 mg/5ml</i>	105

<i>potassium chloride cap er 10 meq</i> ..121	<i>pramipexole dihydrochloride tab er</i>
<i>potassium chloride cap er 8 meq</i> ....121	24hr 0.75 mg .....62
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>
<i>crys er tab 10 meq</i> .....121	24hr 1.5 mg .....62
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>
<i>crys er tab 15 meq</i> .....121	24hr 2.25 mg .....62
<i>potassium chloride microencapsulated</i>	<i>pramipexole dihydrochloride tab er</i>
<i>crys er tab 20 meq</i> .....121	24hr 3.75 mg .....62
<i>potassium chloride oral soln 10% (20</i>	<i>pramipexole dihydrochloride tab er</i>
<i>meq/15ml)</i> .....121	24hr 3 mg .....62
<i>potassium chloride oral soln 20% (40</i>	<i>pramipexole dihydrochloride tab er</i>
<i>meq/15ml)</i> .....122	24hr 4.5 mg .....62
<i>potassium chloride powder packet 20</i>	<i>prasugrel hcl tab 10 mg (base equiv)</i>
<i>meq</i>.....122	107
<i>potassium chloride tab er 10 meq</i> ...122	<i>prasugrel hcl tab 5 mg (base equiv)</i> 107
<i>potassium chloride tab er 20 meq</i>	<i>pravastatin sodium tab 10 mg</i> .....46
<i>(1500 mg)</i>.....122	<i>pravastatin sodium tab 20 mg</i> .....46
<i>potassium chloride tab er 8 meq (600</i>	<i>pravastatin sodium tab 40 mg</i> .....46
<i>mg)</i> .....122	<i>pravastatin sodium tab 80 mg</i> .....46
<i>potassium citrate & citric acid powder</i>	<i>praziquantel tab 600 mg</i> .....23
<i>pack 3300-1002 mg</i>.....105	<i>prazosin hcl cap 1 mg</i> .....49
<i>potassium citrate & citric acid soln</i>	<i>prazosin hcl cap 2 mg</i> .....49
<i>1100-334 mg/5ml</i> .....106	<i>prazosin hcl cap 5 mg</i> .....49
<i>potassium citrate tab er 10 meq (1080</i>	<i>prednicarbate cream 0.1%</i> .....93
<i>mg)</i> .....106	<i>prednicarbate oint 0.1%</i> .....93
<i>potassium citrate tab er 15 meq (1620</i>	<i>prednisolone acetate ophth susp 1%</i>
<i>mg)</i> .....106	127
<i>potassium citrate tab er 5 meq (540</i>	<i>prednisolone sodium phosphate oral</i>
<i>mg)</i> .....106	<i>soln 25 mg/5ml (base eq)</i> .....84
PPA/MMA POW EXPRESS .....97	<i>prednisolone sod phos orally disintegr</i>
PRALUENT INJ 150MG/ML .....47	<i>tab 10 mg (base eq)</i> .....83
PRALUENT INJ 75MG/ML .....47	<i>prednisolone sod phos orally disintegr</i>
<i>pramipexole dihydrochloride tab 0.125</i>	<i>tab 15 mg (base eq)</i> .....83
<i>mg</i> .....62	<i>prednisolone sod phos orally disintegr</i>
<i>pramipexole dihydrochloride tab 0.25</i>	<i>tab 30 mg (base eq)</i> .....83
<i>mg</i> .....62	<i>prednisolone sod phosphate oral soln</i>
<i>pramipexole dihydrochloride tab 0.5</i>	<i>10 mg/5ml (base equiv)</i>.....84
<i>mg</i> .....62	<i>prednisolone sod phosphate oral soln</i>
<i>pramipexole dihydrochloride tab 0.75</i>	<i>15 mg/5ml (base equiv)</i>.....84
<i>mg</i> .....62	<i>prednisolone sod phosphate oral soln</i>
<i>pramipexole dihydrochloride tab 1.5</i>	<i>20 mg/5ml (base equiv)</i>.....84
<i>mg</i> .....62	<i>prednisolone sod phosph oral soln 6.7</i>
<i>pramipexole dihydrochloride tab 1 mg</i>	<i>mg/5ml (5 mg/5ml base)</i> .....84
.....62	<i>prednisolone syrup 15 mg/5ml (usp</i>
<i>pramipexole dihydrochloride tab er</i>	<i>solution equivalent)</i> .....84
24hr 0.375 mg.....62	<i>prednisone oral soln 5 mg/5ml</i>.....84

<i>prednisone tab 10 mg</i>	84	<i>prochlorperazine edisylate inj 10</i>	
<i>prednisone tab 1 mg</i>	84	<i>mg/2ml</i>	65
<i>prednisone tab 2.5 mg</i>	84	<i>prochlorperazine edisylate inj 50</i>	
<i>prednisone tab 20 mg</i>	84	<i>mg/10ml</i>	66
<i>prednisone tab 50 mg</i>	84	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 5 mg</i>	84	<i>(base equivalent)</i>	66
<i>prednisone tab therapy pack 10 mg</i>		<i>prochlorperazine maleate tab 5 mg</i>	
<i>(21)</i>	84	<i>(base equivalent)</i>	66
<i>prednisone tab therapy pack 10 mg</i>		<i>prochlorperazine suppos 25 mg</i>	66
<i>(48)</i>	84	PRO COMFORT MIS 31G	116
<i>prednisone tab therapy pack 5 mg (21)</i>		PRO COMFORT MIS LANCETS	116
.....	84	PRODIGY MIS 26G.....	116
<i>prednisone tab therapy pack 5 mg (48)</i>		PRODIGY MIS 28G.....	116
.....	84	<i>progesterone cap 100 mg</i>	129
PRED SOD PHO SOL 1% OP	127	<i>progesterone cap 200 mg</i>	129
<i>pregabalin cap 100 mg</i>	33	<i>progesterone im in oil 50 mg/ml</i>	129
<i>pregabalin cap 150 mg</i>	33	<i>promethazine & phenylephrine syrup</i>	
<i>pregabalin cap 200 mg</i>	33	<i>6.25-5 mg/5ml</i>	84
<i>pregabalin cap 225 mg</i>	33	<i>promethazine-dm syrup 6.25-15</i>	
<i>pregabalin cap 25 mg</i>	33	<i>mg/5ml</i>	85
<i>pregabalin cap 300 mg</i>	33	<i>promethazine hcl suppos 12.5 mg</i>	44
<i>pregabalin cap 50 mg</i>	33	<i>promethazine hcl suppos 25 mg</i>	44
<i>pregabalin cap 75 mg</i>	33	<i>promethazine hcl suppos 50 mg</i>	44
<i>pregabalin soln 20 mg/ml</i>	33	<i>promethazine hcl syrup 6.25 mg/5ml</i>	44
<i>pregabalin tab er 24hr 165 mg</i>	133	<i>promethazine hcl tab 12.5 mg</i>	44
<i>pregabalin tab er 24hr 330 mg</i>	133	<i>promethazine hcl tab 25 mg</i>	44
<i>pregabalin tab er 24hr 82.5 mg</i>	133	<i>promethazine hcl tab 50 mg</i>	44
PRESSURE ACT MIS LANCET	116	<i>promethazine-phenylephrine-codeine</i>	
PRESSURE ACT MIS LANCETS	116	<i>syrup 6.25-5-10 mg/5ml</i>	85
PREZCOBIX TAB 800-150	69	<i>promethazine w/ codeine syrup 6.25-</i>	
PREZISTA SUS 100MG/ML.....	69	<i>10 mg/5ml</i>	84
PREZISTA TAB 150MG	69	PROMOTE/ LIQ FIBER	97
PREZISTA TAB 600MG	70	PROMOTE 1.0 LIQ W/ FIBER	97
PREZISTA TAB 75MG	69	PROMOTE LIQ VANILLA	97
PREZISTA TAB 800MG	70	PROMOTE W/FB LIQ VANILLA	97
PRIFTIN TAB 150MG.....	54	PROMOTE W/ LIQ FIBER	97
PRILOSEC POW 10MG	137	<i>propafenone hcl cap er 12hr 225 mg</i> 26	
PRILOSEC POW 2.5MG	137	<i>propafenone hcl cap er 12hr 325 mg</i> 26	
<i>primaquine phosphate tab 26.3 mg (15</i>		<i>propafenone hcl cap er 12hr 425 mg</i> 26	
<i>mg base)</i>	53	<i>propafenone hcl tab 150 mg</i>	26
<i>primidone tab 250 mg</i>	33	<i>propafenone hcl tab 225 mg</i>	26
<i>primidone tab 50 mg</i>	33	<i>propafenone hcl tab 300 mg</i>	26
PROAIR HFA AER	29	<i>proparacaine hcl ophth soln 0.5%</i> ...127	
PROAIR RESPI AER.....	29	PRO-PHREE POW.....	97
<i>probenecid tab 500 mg</i>	106	<i>propranolol & hydrochlorothiazide tab</i>	
		<i>40-25 mg</i>	52

<i>propranolol & hydrochlorothiazide tab</i>	
80-25 mg	52
<i>propranolol hcl cap er 24hr 120 mg</i> ..	73
<i>propranolol hcl cap er 24hr 160 mg</i> ..	73
<i>propranolol hcl cap er 24hr 60 mg</i>	73
<i>propranolol hcl cap er 24hr 80 mg</i>	73
<i>propranolol hcl oral soln 20 mg/5ml</i> ..	73
<i>propranolol hcl oral soln 40 mg/5ml</i> ..	73
<i>propranolol hcl tab 10 mg</i>	74
<i>propranolol hcl tab 20 mg</i>	74
<i>propranolol hcl tab 40 mg</i>	74
<i>propranolol hcl tab 60 mg</i>	74
<i>propranolol hcl tab 80 mg</i>	74
<i>propylthiouracil tab 50 mg</i>	135
PROSOURCE LIQ TF	97
<i>protriptyline hcl tab 10 mg</i>	38
<i>protriptyline hcl tab 5 mg</i>	38
<i>pseudoephed-bromphen-dm syrup 30-</i>	
<i>2-10 mg/5ml</i>	85
PSS SAFE LAN MIS	116
PSS SEL LANC MIS	116
PURE COMFORT MIS 30G LAN	116
PX LANCETS MIS 28G	116
PX LANCETS MIS ULT THIN	116
<i>pyrazinamide tab 500 mg</i>	54
<i>pyridostigmine bromide oral soln 60</i>	
<i>mg/5ml</i>	53
<i>pyridostigmine bromide tab 30 mg</i> ...	53
<i>pyridostigmine bromide tab 60 mg</i> ...	53
<i>pyridostigmine bromide tab er 180 mg</i>	
.....	53
<i>pyrimethamine tab 25 mg</i>	53
Q	
QC LANCETS MIS 28G	116
QC LANCETS MIS 30G	116
<i>quetiapine fumarate tab 100 mg</i>	65
<i>quetiapine fumarate tab 200 mg</i>	65
<i>quetiapine fumarate tab 25 mg</i>	65
<i>quetiapine fumarate tab 300 mg</i>	65
<i>quetiapine fumarate tab 400 mg</i>	65
<i>quetiapine fumarate tab 50 mg</i>	65
<i>quetiapine fumarate tab er 24hr 150</i>	
<i>mg</i>	65
<i>quetiapine fumarate tab er 24hr 200</i>	
<i>mg</i>	65

<i>quetiapine fumarate tab er 24hr 300</i>	
<i>mg</i>	65
<i>quetiapine fumarate tab er 24hr 400</i>	
<i>mg</i>	65
<i>quetiapine fumarate tab er 24hr 50 mg</i>	
.....	65
<i>quinapril hcl tab 10 mg</i>	47
<i>quinapril hcl tab 20 mg</i>	48
<i>quinapril hcl tab 40 mg</i>	48
<i>quinapril hcl tab 5 mg</i>	47
<i>quinapril-hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	52
<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	52
<i>quinapril-hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	52
<i>quinidine gluconate tab er 324 mg</i> ...	26
<i>quinidine sulfate tab 200 mg</i>	26
<i>quinidine sulfate tab 300 mg</i>	26
<i>quinine sulfate cap 324 mg</i>	53
QVAR REDIHA AER 80MCG	28
QVAR REDIHAL AER 40MCG	28
R	
<i>rabeprazole sodium ec tab 20 mg</i> ...	137
RA E-ZJECT MIS 28G	116
RA E-ZJECT MIS THIN 26G	116
RA E-ZJECT MIS THIN 28G	116
RA E-ZJECT MIS ULT THIN	116
<i>raloxifene hcl tab 60 mg</i>	101
<i>ramelteon tab 8 mg</i>	109
<i>ramipril cap 1.25 mg</i>	48
<i>ramipril cap 10 mg</i>	48
<i>ramipril cap 2.5 mg</i>	48
<i>ramipril cap 5 mg</i>	48
<i>ranolazine tab er 12hr 1000 mg</i>	24
<i>ranolazine tab er 12hr 500 mg</i>	24
<i>rasagiline mesylate tab 0.5 mg (base</i>	
<i>equiv)</i>	63
<i>rasagiline mesylate tab 1 mg (base</i>	
<i>equiv)</i>	63
RASUVO INJ 10MG	10
RASUVO INJ 12.5MG	10
RASUVO INJ 15MG	10
RASUVO INJ 17.5MG	10
RASUVO INJ 22.5MG	10
RASUVO INJ 25MG	10

RASUVO INJ 30MG	10	RIGHTEST MIS GL300	117
RASUVO INJ 7.5MG	10	<i>riluzole tab 50 mg</i>	125
READYLANC MIS 21G	116	<i>rimantadine hydrochloride tab 100 mg</i>	72
READYLANC MIS 23G	116	RINVOQ TAB 15MG ER.....	9
READYLANC MIS 26G	116	<i>risedronate sodium tab 150 mg</i>	100
READYLANC MIS 28G	116	<i>risedronate sodium tab 30 mg</i>	100
READYLANC MIS 30G	116	<i>risedronate sodium tab 35 mg</i>	100
REALITY MIS LANCETS.....	116	<i>risedronate sodium tab 5 mg</i>	100
REALITY TRIG MIS LANCETS	116	<i>risedronate sodium tab delayed release</i> <i>35 mg</i>	100
REBIF INJ 22/0.5	132	<i>risperidone orally disintegrating tab</i> <i>0.25 mg</i>	63
REBIF INJ 44/0.5	132	<i>risperidone orally disintegrating tab 0.5</i> <i>mg</i>	63
REBIF REBIDO INJ 22/0.5.....	132	<i>risperidone orally disintegrating tab 1</i> <i>mg</i>	63
REBIF REBIDO INJ 44/0.5.....	132	<i>risperidone orally disintegrating tab 2</i> <i>mg</i>	63
REBIF REBIDO INJ TITRATN.....	132	<i>risperidone orally disintegrating tab 3</i> <i>mg</i>	63
REBIF TITRTN INJ PACK	132	<i>risperidone orally disintegrating tab 4</i> <i>mg</i>	63
RELION LANCE MIS THIN 26G	116	<i>risperidone soln 1 mg/ml</i>	63
RELION LANCE MIS THIN 30G	116	<i>risperidone tab 0.25 mg</i>	63
RELION MICRO MIS THIN 33G.....	116	<i>risperidone tab 0.5 mg</i>	63
RELION ULTRA MIS THIN 30G	116	<i>risperidone tab 1 mg</i>	63
RELION ULTRA MIS THIN PLS.....	116	<i>risperidone tab 2 mg</i>	64
RELTONE CAP 200MG	104	<i>risperidone tab 3 mg</i>	64
RELTONE CAP 400MG	104	<i>risperidone tab 4 mg</i>	64
<i>repaglinide tab 0.5 mg</i>	41	<i>ritonavir tab 100 mg</i>	70
<i>repaglinide tab 1 mg</i>	41	<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	130
<i>repaglinide tab 2 mg</i>	41	<i>rivastigmine tartrate cap 3 mg (base</i> <i>equivalent)</i>	130
REPLETE FIBE LIQ 1 CAL	97	<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	130
REPLETE LIQ ULTRAPAK	97	<i>rivastigmine tartrate cap 6 mg (base</i> <i>equivalent)</i>	130
<i>resorcinol-sulfur lotion 2-5%</i>	86	<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	131
RESOURCE DIA LIQ TF.....	97	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	131
RETACRIT INJ 10000UNT.....	108	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	131
RETACRIT INJ 20000UNI	108		
RETACRIT INJ 2000UNIT	108		
RETACRIT INJ 3000UNIT	108		
RETACRIT INJ 40000UNT.....	108		
RETACRIT INJ 4000UNIT	108		
REVLIMID CAP 10MG	122		
REVLIMID CAP 15MG	122		
REVLIMID CAP 2.5MG	122		
REVLIMID CAP 20MG	122		
REVLIMID CAP 25MG	122		
REVLIMID CAP 5MG	122		
<i>ribavirin cap 200 mg</i>	71		
<i>ribavirin tab 200 mg</i>	71		
<i>rifabutin cap 150 mg</i>	54		
<i>rifampin cap 150 mg</i>	54		
<i>rifampin cap 300 mg</i>	54		

<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	120
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	120
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	120
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	120
<i>ropinirole hydrochloride tab 0.25 mg</i>	62
<i>ropinirole hydrochloride tab 0.5 mg</i>	62
<i>ropinirole hydrochloride tab 1 mg</i>	62
<i>ropinirole hydrochloride tab 2 mg</i>	62
<i>ropinirole hydrochloride tab 3 mg</i>	62
<i>ropinirole hydrochloride tab 4 mg</i>	62
<i>ropinirole hydrochloride tab 5 mg</i>	62
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	63
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	62
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	62
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	62
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	63
<i>rosuvastatin calcium tab 10 mg</i>	46
<i>rosuvastatin calcium tab 20 mg</i>	46
<i>rosuvastatin calcium tab 40 mg</i>	46
<i>rosuvastatin calcium tab 5 mg</i>	46
RUBRACA TAB 200MG.....	59
RUBRACA TAB 250MG.....	59
RUBRACA TAB 300MG.....	59
RUCONEST INJ 2100UNIT.....	107
<i>rufinamide susp 40 mg/ml</i>	33
RYBELSUS TAB 14MG	40
RYBELSUS TAB 3MG	40
RYBELSUS TAB 7MG	40
RYDAPT CAP 25MG	59
S	
S.O.S. 20 POW	97
S.O.S. 25 POW	98
SAFE-T-LANCE MIS 21G	117
SAFE-T-LANCE MIS 25G	117
SAFE-T-LANCE MIS HI FLOW.....	117
SAFE-T-LANCE MIS LOW FLOW	117
SAFE-T-LANCE MIS NOR FLOW.....	117
SAFE-T-PRO MIS LANCETS	117
SAFE-T-PRO MIS PLUS	117
SAFETY 21G MIS LANCETS	117
SAFETY 23G MIS LANCETS	117
SAFETY 28G MIS LANCETS	117
SAFETY 30G MIS LANCETS	117
SAFETY MIS LANCETS	117
<i>salsalate tab 500 mg</i>	16
<i>salsalate tab 750 mg</i>	16
SANDIMMUNE SOL 100MG/ML.....	123
<i>sapropterin dihydrochloride powder packet 100 mg</i>	102
<i>sapropterin dihydrochloride powder packet 500 mg</i>	102
SAPSCARE MIS TWIST	117
SAPS HEALTH MIS TWIST.....	117
SAPS TWIST MIS 30G	117
SAVELLA MIS TITR PAK.....	131
SAVELLA TAB 100MG	131
SAVELLA TAB 12.5MG	131
SAVELLA TAB 25MG.....	131
SAVELLA TAB 50MG.....	131
SB LANCETS MIS THIN.....	117
SB LANCETS MIS ULTR THN.....	117
<i>scopolamine td patch 72hr 1 mg/3days</i>	43
<i>selegiline hcl cap 5 mg</i>	63
<i>selegiline hcl tab 5 mg</i>	63
<i>selenium sulfide lotion 2.5%</i>	90
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	36
<i>sertraline hcl tab 100 mg</i>	36
<i>sertraline hcl tab 25 mg</i>	36
<i>sertraline hcl tab 50 mg</i>	36
<i>sevelamer carbonate packet 0.8 gm</i>	105
<i>sevelamer carbonate packet 2.4 gm</i>	105
<i>sevelamer carbonate tab 800 mg</i> ...	105
<i>sevelamer hcl tab 400 mg</i>	105
<i>sevelamer hcl tab 800 mg</i>	105
SIDE BUTTON MIS SAFETY	117
<i>sildenafil citrate for suspension 10 mg/ml</i>	78
<i>sildenafil citrate tab 100 mg</i>	77
<i>sildenafil citrate tab 20 mg</i>	79
<i>sildenafil citrate tab 25 mg</i>	77
<i>sildenafil citrate tab 50 mg</i>	77

<i>silodosin cap 4 mg</i>	106	<i>sotalol hcl tab 80 mg</i>	74
<i>silodosin cap 8 mg</i>	106	<i>spinosad susp 0.9%</i>	94
<i>silver sulfadiazine cream 1%</i>	91	SPIRIVA AER 1.25MCG.....	27
<i>simvastatin tab 10 mg</i>	46	SPIRIVA CAP HANDIHLR	27
<i>simvastatin tab 20 mg</i>	46	SPIRIVA SPR 2.5MCG	27
<i>simvastatin tab 40 mg</i>	46	<i>spironolactone & hydrochlorothiazide</i>	
<i>simvastatin tab 5 mg</i>	46	<i>tab 25-25 mg</i>	99
<i>simvastatin tab 80 mg</i>	46	<i>spironolactone tab 100 mg</i>	99
SINGLE-LET MIS 23G.....	117	<i>spironolactone tab 25 mg</i>	99
<i>sirolimus oral soln 1 mg/ml</i>	123	<i>spironolactone tab 50 mg</i>	99
<i>sirolimus tab 0.5 mg</i>	123	SPRYCEL TAB 100MG.....	60
<i>sirolimus tab 1 mg</i>	123	SPRYCEL TAB 140MG.....	60
<i>sirolimus tab 2 mg</i>	123	SPRYCEL TAB 20MG	59
SKYRIZI INJ 150DOSE	89	SPRYCEL TAB 50MG	59
SKYRIZI INJ 150MG/ML	89	SPRYCEL TAB 70MG	59
SKYRIZI PEN INJ 150MG/ML	89	SPRYCEL TAB 80MG	60
SMARTEST MIS LANCETS	117	<i>stannous fluoride conc 0.63%</i>	123
SMART SENSE MIS LANC 21G	117	<i>stannous fluoride gel 0.4%</i>	123
SMART SENSE MIS LANC 26G	117	<i>stavudine cap 15 mg</i>	70
SMART SENSE MIS LANC 30G	117	<i>stavudine cap 20 mg</i>	70
SMART SENSE MIS LANC 33G	117	<i>stavudine cap 30 mg</i>	70
SM LANCETS MIS 33G.....	117	<i>stavudine cap 40 mg</i>	70
<i>sodium chloride soln nebu 0.9%</i>	85	STELARA INJ 45MG/0.5.....	89
<i>sodium chloride soln nebu 10%</i>	85	STELARA INJ 90MG/ML	90
<i>sodium chloride soln nebu 3%</i>	85	STERILANCE MIS TL 28G.....	117
<i>sodium chloride soln nebu 7%</i>	85	STERILANCE MIS TL 30G.....	117
<i>sodium citrate & citric acid soln 500-</i>		STERILANCE MIS TL 32G.....	117
<i>334 mg/5ml</i>	106	STRIVERDI AER 2.5MCG	29
<i>sodium fluoride gel 1.1% (0.5% f)</i> ..	123	<i>sucralfate tab 1 gm</i>	136
<i>sodium phenylbutyrate oral powder 3</i>		<i>sulconazole nitrate cream 1%</i>	87
<i>gm/teaspoonful</i>	102	<i>sulconazole nitrate solution 1%</i>	87
<i>sodium phenylbutyrate tab 500 mg</i> ..	102	<i>sulfacetamide sodium lotion 10%</i>	
<i>sodium polystyrene sulfonate oral susp</i>		<i>(acne)</i>	86
<i>15 gm/60ml</i>	123	<i>sulfacetamide sodium ophth oint 10%</i>	
SOFTCLIX MIS LANCETS.....	117	.....	126
<i>solifenacin succinate tab 10 mg</i>	137	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>solifenacin succinate tab 5 mg</i>	137	.....	126
SOLQUA INJ 100/33	39	<i>sulfacetamide sodium-prednisolone</i>	
SOLUS V2 MIS LANC 28G	117	<i>ophth soln 10-0.23(0.25)%</i>	127
SOLUS V2 MIS LANC 30G	117	<i>sulfacetamide sodium w/ sulfur</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	74	<i>cleansing pad 10-4%</i>	86
<i>sotalol hcl (afib/afl) tab 160 mg</i>	74	<i>sulfacetamide sodium w/ sulfur</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	74	<i>emulsion 10-1%</i>	86
<i>sotalol hcl tab 120 mg</i>	74	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sotalol hcl tab 160 mg</i>	74	<i>200-40 mg/5ml</i>	23
<i>sotalol hcl tab 240 mg</i>	74		

<i>sulfamethoxazole-trimethoprim tab</i>		
400-80 mg	23	
<i>sulfamethoxazole-trimethoprim tab</i>		
800-160 mg	23	
<i>sulfasalazine tab 500 mg</i>	105	
<i>sulfasalazine tab delayed release 500</i>		
mg	105	
<i>sulindac tab 150 mg</i>	12	
<i>sulindac tab 200 mg</i>	12	
<i>sumatriptan nasal spray 20 mg/act.</i>	120	
<i>sumatriptan nasal spray 5 mg/act ..</i>	120	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		
.....	121	
<i>sumatriptan succinate solution auto-</i>		
<i>injector 4 mg/0.5ml</i>	121	
<i>sumatriptan succinate solution auto-</i>		
<i>injector 6 mg/0.5ml</i>	121	
<i>sumatriptan succinate solution</i>		
<i>cartridge 4 mg/0.5ml</i>	121	
<i>sumatriptan succinate solution</i>		
<i>cartridge 6 mg/0.5ml</i>	121	
<i>sumatriptan succinate solution prefilled</i>		
<i>syringe 6 mg/0.5ml</i>	121	
<i>sumatriptan succinate tab 100 mg..</i>	121	
<i>sumatriptan succinate tab 25 mg....</i>	121	
<i>sumatriptan succinate tab 50 mg....</i>	121	
<i>sunitinib malate cap 12.5 mg (base</i>		
<i>equivalent)</i>	60	
<i>sunitinib malate cap 25 mg (base</i>		
<i>equivalent)</i>	60	
<i>sunitinib malate cap 37.5 mg (base</i>		
<i>equivalent)</i>	60	
<i>sunitinib malate cap 50 mg (base</i>		
<i>equivalent)</i>	60	
SUPER THIN MIS LANC 28G	117	
SUPER THIN MIS LANCETS	117	
SUPLINA LIQ VANILLA.....	98	
SURE COMFORT MIS LANC 18G	117	
SURE COMFORT MIS LANC 21G	117	
SURE COMFORT MIS LANC 23G	117	
SURE COMFORT MIS LANC 30G	117	
SURE COMFORT MIS LANCETS	117	
SUREFLEX MIS LANCETS	118	
SURE-LANCE MIS 26G.....	117	
SURE-LANCE MIS LANCETS	117	
SURELITE MIS LANCETS.....	118	
SURE-TOUCH MIS UNV LANC	118	
SUTENT CAP 12.5MG	60	
SUTENT CAP 25MG.....	60	
SUTENT CAP 37.5MG	60	
SUTENT CAP 50MG.....	60	
SYMBICORT AER 160-4.5	30	
SYMBICORT AER 80-4.5.....	30	
SYMDEKO TAB 100-150	134	
SYMDEKO TAB 50-75MG	134	
SYMJEPI INJ 0.15MG.....	138	
SYMJEPI INJ 0.3MG	138	
SYMLINPEN 60 INJ 1000MCG.....	38	
SYMLNPEN 120 INJ 1000MCG	38	
SYMTUZA TAB	70	
SYNAREL SOL 2MG/ML.....	101	
SYNJARDY TAB	39	
SYNJARDY TAB 12.5-500.....	39	
SYNJARDY TAB 5-1000MG.....	39	
SYNJARDY TAB 5-500MG.....	39	
SYNJARDY XR TAB	39	
SYNJARDY XR TAB 10-1000.....	39	
SYNJARDY XR TAB 25-1000.....	39	
SYNJARDY XR TAB 5-1000MG	39	
T		
TABLOID TAB 40MG	55	
TACLONEX OIN	93	
TACLONEX SUS.....	93	
<i>tacrolimus cap 0.5 mg</i>	123	
<i>tacrolimus cap 1 mg</i>	123	
<i>tacrolimus cap 5 mg</i>	123	
<i>tacrolimus oint 0.03%</i>	93	
<i>tacrolimus oint 0.1%</i>	93	
<i>tadalafil tab 10 mg</i>	77	
<i>tadalafil tab 2.5 mg</i>	77	
<i>tadalafil tab 20 mg</i>	77	
<i>tadalafil tab 5 mg</i>	77	
TAGRISSO TAB 40MG	56	
TAGRISSO TAB 80MG	56	
TAKHZYRO INJ 300/2ML.....	107	
TALTZ INJ 80MG/ML	90	
<i>tamoxifen citrate tab 10 mg (base</i>		
<i>equivalent)</i>	56	
<i>tamoxifen citrate tab 20 mg (base</i>		
<i>equivalent)</i>	56	
<i>tamsulosin hcl cap 0.4 mg</i>	106	
<i>tavaborole soln 5%</i>	87	

<i>tazarotene cream 0.1%</i>	90	<i>terconazole vaginal suppos 80 mg</i> ..	138
TECHLITE AST MIS LANCETS	118	<i>testosterone cyp im or subcutaneous</i>	
TECHLITE MIS LANC 30G.....	118	<i>inj in oil 200 mg/ml</i>	22
TECHLITE MIS LANCETS	118	<i>testosterone cypionate im inj in oil 100</i>	
TEGSEDI INJ 284/1.5.....	133	<i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 40-10 mg</i>		<i>testosterone cypionate im inj in oil 200</i>	
.....	52	<i>mg/ml</i>	22
<i>telmisartan-amlodipine tab 40-5 mg</i> .	52	<i>testosterone enanthate im inj in oil 200</i>	
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>mg/ml</i>	22
.....	52	<i>testosterone td gel 10mg/act (2%)</i> ...22	
<i>telmisartan-amlodipine tab 80-5 mg</i> .	52	<i>testosterone td gel 12.5 mg/act (1%)</i>	
<i>telmisartan-hydrochlorothiazide tab 40-</i>		.....	22
<i>12.5 mg</i>	52	<i>testosterone td gel 20.25 mg/1.25gm</i>	
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>(1.62%)</i>	22
<i>12.5 mg</i>	52	<i>testosterone td gel 20.25 mg/act</i>	
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>(1.62%)</i>	22
<i>25 mg</i>	52	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
<i>telmisartan tab 20 mg</i>	48	.....	22
<i>telmisartan tab 40 mg</i>	48	<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>telmisartan tab 80 mg</i>	48	<i>(1.62%)</i>	22
<i>temazepam cap 15 mg</i>	109	<i>testosterone td gel 50 mg/5gm (1%)</i> 22	
<i>temazepam cap 22.5 mg</i>	109	<i>testosterone td soln 30 mg/act</i>	22
<i>temazepam cap 30 mg</i>	109	<i>tetrabenazine tab 12.5 mg</i>	131
<i>temazepam cap 7.5 mg</i>	109	<i>tetrabenazine tab 25 mg</i>	132
TEMIXYS TAB 300-300.....	70	<i>tetracaine hcl ophth soln 0.5%</i>	127
<i>temozolomide cap 100 mg</i>	54	<i>tetracycline hcl cap 250 mg</i>	135
<i>temozolomide cap 140 mg</i>	54	<i>tetracycline hcl cap 500 mg</i>	135
<i>temozolomide cap 180 mg</i>	54	TGT LANCET MIS 26G	118
<i>temozolomide cap 20 mg</i>	54	TGT LANCET MIS 30G	118
<i>temozolomide cap 250 mg</i>	54	TGT LANCET MIS 33G	118
<i>temozolomide cap 5 mg</i>	54	THALOMID CAP 100MG	122
<i>tenofovir disoproxil fumarate tab 300</i>		THALOMID CAP 150MG	122
<i>mg</i>	70	THALOMID CAP 200MG	122
<i>terazosin hcl cap 10 mg (base</i>		THALOMID CAP 50MG	122
<i>equivalent)</i>	49	<i>theophylline soln 80 mg/15ml</i>	30
<i>terazosin hcl cap 1 mg (base</i>		<i>theophylline tab er 12hr 300 mg</i>	30
<i>equivalent)</i>	49	<i>theophylline tab er 12hr 450 mg</i>	30
<i>terazosin hcl cap 2 mg (base</i>		<i>theophylline tab er 24hr 400 mg</i>	30
<i>equivalent)</i>	49	<i>theophylline tab er 24hr 600 mg</i>	30
<i>terazosin hcl cap 5 mg (base</i>		THIN LANCETS MIS	118
<i>equivalent)</i>	49	THIN LANCETS MIS 26G.....	118
<i>terbinafine hcl tab 250 mg</i>	44	THIN LANCETS MIS 30G.....	118
<i>terbutaline sulfate tab 2.5 mg</i>	30	THINLETS GP MIS 26G.....	118
<i>terbutaline sulfate tab 5 mg</i>	30	<i>thioridazine hcl tab 100 mg</i>	66
<i>terconazole vaginal cream 0.4%</i>	138	<i>thioridazine hcl tab 10 mg</i>	66
<i>terconazole vaginal cream 0.8%</i>	138	<i>thioridazine hcl tab 25 mg</i>	66

<i>thioridazine hcl tab 50 mg</i>	66	<i>tobramycin nebu soln 300 mg/4ml</i>	5
<i>thiothixene cap 10 mg</i>	66	<i>tobramycin nebu soln 300 mg/5ml</i>	5
<i>thiothixene cap 1 mg</i>	66	<i>tobramycin ophth soln 0.3%</i>	127
<i>thiothixene cap 2 mg</i>	66	TOBREX OIN 0.3% OP.....	127
<i>thiothixene cap 5 mg</i>	66	<i>tolbutamide tab 500 mg</i>	42
<i>thyroid tab 120 mg (2 grain)</i>	135	<i>tolcapone tab 100 mg</i>	61
<i>thyroid tab 15 mg (1/4 grain)</i>	135	TOLEREX POW	98
<i>thyroid tab 30 mg (1/2 grain)</i>	135	<i>tolmetin sodium cap 400 mg</i>	12
<i>thyroid tab 60 mg (1 grain)</i>	135	<i>tolmetin sodium tab 600 mg</i>	12
<i>thyroid tab 90 mg (1 1/2 grain)</i>	135	<i>tolterodine tartrate cap er 24hr 2 mg</i>	137
<i>tiagabine hcl tab 12 mg</i>	33	<i>tolterodine tartrate cap er 24hr 4 mg</i>	137
<i>tiagabine hcl tab 16 mg</i>	34	<i>tolterodine tartrate tab 1 mg</i>	137
<i>tiagabine hcl tab 2 mg</i>	33	<i>tolterodine tartrate tab 2 mg</i>	137
<i>tiagabine hcl tab 4 mg</i>	33	TOPCARE MIS LANC 33G	118
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	125	<i>topiramate sprinkle cap 15 mg</i>	33
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	125	<i>topiramate sprinkle cap 25 mg</i>	33
<i>timolol maleate ophth soln 0.25%</i> ..	125	<i>topiramate tab 100 mg</i>	33
<i>timolol maleate ophth soln 0.5%</i>	125	<i>topiramate tab 200 mg</i>	33
<i>timolol maleate ophth soln 0.5%</i> <i>(once-daily)</i>	125	<i>topiramate tab 25 mg</i>	33
<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i>	126	<i>topiramate tab 50 mg</i>	33
<i>timolol maleate tab 10 mg</i>	74	<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	57
<i>timolol maleate tab 20 mg</i>	74	<i>torsemide tab 100 mg</i>	99
<i>timolol maleate tab 5 mg</i>	74	<i>torsemide tab 10 mg</i>	99
<i>tinidazole tab 250 mg</i>	23	<i>torsemide tab 20 mg</i>	99
<i>tinidazole tab 500 mg</i>	23	<i>torsemide tab 5 mg</i>	99
<i>tiopronin tab 100 mg</i>	106	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	21
TIVICAY PD TAB 5MG	70	<i>tramadol hcl tab 50 mg</i>	19
TIVICAY TAB 10MG	70	<i>tramadol hcl tab er 24hr 100 mg</i>	19
TIVICAY TAB 25MG	70	<i>tramadol hcl tab er 24hr 200 mg</i>	19
TIVICAY TAB 50MG	70	<i>tramadol hcl tab er 24hr 300 mg</i>	19
<i>tizanidine hcl cap 2 mg (base</i> <i>equivalent)</i>	124	<i>tramadol hcl tab er 24hr biphasic</i> <i>release 100 mg</i>	19
<i>tizanidine hcl cap 4 mg (base</i> <i>equivalent)</i>	124	<i>tramadol hcl tab er 24hr biphasic</i> <i>release 200 mg</i>	19
<i>tizanidine hcl cap 6 mg (base</i> <i>equivalent)</i>	124	<i>tramadol hcl tab er 24hr biphasic</i> <i>release 300 mg</i>	19
<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	124	<i>trandolapril tab 1 mg</i>	48
<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	124	<i>trandolapril tab 2 mg</i>	48
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	127	<i>trandolapril tab 4 mg</i>	48
		<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	52

<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	52	<i>triamterene cap 50 mg</i>	100
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	52	<i>triazolam tab 0.125 mg</i>	109
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	52	<i>triazolam tab 0.25 mg</i>	109
<i>tranexamic acid tab 650 mg</i>	108	<i>trientine hcl cap 250 mg</i>	122
<i>tranylcypromine sulfate tab 10 mg</i> ...	35	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	66
TRAVEL LANCE MIS 30G.....	118	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	66
TRAVEL LANCE MIS ADV 28G.....	118	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	66
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	128	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	66
<i>trazodone hcl tab 100 mg</i>	36	<i>trifluridine ophth soln 1%</i>	127
<i>trazodone hcl tab 150 mg</i>	36	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	61
<i>trazodone hcl tab 300 mg</i>	36	<i>trihexyphenidyl hcl tab 2 mg</i>	61
<i>trazodone hcl tab 50 mg</i>	36	<i>trihexyphenidyl hcl tab 5 mg</i>	61
TRECATOR TAB 250MG	54	TRIJARDY XR TAB	39
TREMFYA INJ 100MG/ML	90	TRIKAFTA TAB	134
<i>tretinoin cap 10 mg</i>	60	<i>trimethobenzamide hcl cap 300 mg</i> ..	43
<i>tretinoin cream 0.025%</i>	86	<i>trimethoprim tab 100 mg</i>	23
<i>tretinoin cream 0.05%</i>	86	<i>trimipramine maleate cap 100 mg</i> ...	38
<i>tretinoin cream 0.1%</i>	86	<i>trimipramine maleate cap 25 mg</i>	38
<i>tretinoin gel 0.01%</i>	86	<i>trimipramine maleate cap 50 mg</i>	38
<i>tretinoin gel 0.025%</i>	86	TRIUMEQ TAB.....	70
<i>tretinoin gel 0.05%</i>	86	<i>trospium chloride cap er 24hr 60 mg</i>	137
<i>tretinoin gel 0.05%</i>	86	<i>trospium chloride tab 20 mg</i>	137
<i>tretinoin microsphere gel 0.04%</i>	86	TRUE COMFORT MIS LANC 30G	118
<i>tretinoin microsphere gel 0.1%</i>	86	TRULICITY INJ 0.75/0.5	40
<i>triamcinolone acetonide cream 0.025%</i>	93	TRULICITY INJ 1.5/0.5.....	40
<i>triamcinolone acetonide cream 0.1%</i> 93		TRULICITY INJ 3/0.5	41
<i>triamcinolone acetonide cream 0.5%</i> 93		TRULICITY INJ 4.5/0.5.....	41
<i>triamcinolone acetonide dental paste 0.1%</i>	123	TRUPLUS LANC MIS 26G	118
<i>triamcinolone acetonide lotion 0.025%</i>	93	TRUPLUS LANC MIS 28G	118
<i>triamcinolone acetonide lotion 0.1%</i> .93		TRUPLUS LANC MIS 30G	118
<i>triamcinolone acetonide oint 0.025%</i> 93		TRUPLUS LANC MIS 33G	118
<i>triamcinolone acetonide oint 0.1%</i> ...93		TRUVADA TAB 100-150.....	70
<i>triamcinolone acetonide oint 0.5%</i> ...93		TRUVADA TAB 133-200.....	70
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	99	TRUVADA TAB 167-250.....	70
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	99	TRUVADA TAB 200-300.....	70
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	99	TUKYSA TAB 150MG	55
<i>triamterene cap 100 mg</i>	100	TUKYSA TAB 50MG.....	55
		TWOCAL HN LIQ	98
		TYMLOS INJ.....	100

U	
ULTILET MIS 26G	118
ULTILET MIS 28G	118
ULTILET MIS 30G	118
ULTILET MIS 33G	118
ULTILET MIS LANCETS	118
ULTILET MIS SAFETY	118
ULTILET SAFE MIS 21G	118
ULTRACAL HN LIQ PLUS	98
ULTRACAL LIQ	98
ULTRA THIN MIS 28G	118
ULTRA THIN MIS 30G	118
ULTRA THIN MIS 31G	118
ULTRA THIN MIS 33G	118
ULTRA THIN MIS LAN 31G	118
ULTRA THIN MIS LANC 28G	118
ULTRA THIN MIS LANC 30G	118
ULTRA THIN MIS LANCETS	118
ULTRIENT 1.5 LIQ SAFE-T	98
UNILET CMFR MIS TCH 28G	118
UNILET CMFR MIS TCH 30G	118
UNILET EXCEL MIS 23G	118
UNILET EX II MIS 28G	118
UNILET G.P. MIS 21G	119
UNILET G.P MIS SUPR 23G	118
UNILET GP 28 MIS ULT THIN	119
UNILET LANCE MIS 21G	119
UNILET LANCE MIS 28G	119
UNILET LANCE MIS 33G	119
UNILET LANC MIS 33G	119
UNILET LANCT MIS 28G	119
UNILET LANCT MIS 30G	119
UNILET LANCT MIS 33G	119
UNILET MICRO MIS 33G	119
UNILET MIS 21G	119
UNILET SUPER MIS 23G	119
UNILET SUPER MIS G.P. 23G	119
UNISTIK 3 MIS GENT 30G	119
UNISTIK II MIS LANCETS	119
UNISTIK PRO MIS LANC 21G	119
UNISTIK PRO MIS LANC 28G	119
UNISTIK SAFE MIS LANC 28G	119
UNISTIK SAFE MIS LANC 30G	119
UNISTIK TOUC MIS LANC 21G	119
UNISTIK TOUC MIS LANC 23G	119
UNISTIK TOUC MIS LANC 28G	119
UNISTIK TOUC MIS LANC 30G	119
UNITSTIK PRO MIS LANC 25G	119
UNIVERSAL 1 MIS 33G	119
UNIVERSAL 1 MIS LANC 26G	119
UNIVERSAL 1 MIS LANC 30G	119
UPTRAVI TAB 1000MCG	79
UPTRAVI TAB 1200MCG	79
UPTRAVI TAB 1400MCG	79
UPTRAVI TAB 1600MCG	79
UPTRAVI TAB 200/800	79
UPTRAVI TAB 200MCG	79
UPTRAVI TAB 400MCG	79
UPTRAVI TAB 600MCG	79
UPTRAVI TAB 800MCG	79
<i>urea cream 39%</i>	93
<i>ursodiol cap 300 mg</i>	104
<i>ursodiol tab 250 mg</i>	104
<i>ursodiol tab 500 mg</i>	104
V	
VAGIFEM TAB 10MCG	138
<i>valacyclovir hcl tab 1 gm</i>	72
<i>valacyclovir hcl tab 500 mg</i>	72
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	71
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	71
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	34
<i>valproic acid cap 250 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	52
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	52
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	52
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	52
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	52
<i>valsartan tab 160 mg</i>	48
<i>valsartan tab 320 mg</i>	48
<i>valsartan tab 40 mg</i>	48
<i>valsartan tab 80 mg</i>	48
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	23

<i>vancomycin hcl cap 250 mg (base equivalent)</i>	23	<i>verapamil hcl tab 120 mg</i>	76
<i>varidenafil hcl orally disintegrating tab 10 mg</i>	78	<i>verapamil hcl tab 40 mg</i>	76
<i>varidenafil hcl tab 10 mg</i>	78	<i>verapamil hcl tab 80 mg</i>	76
<i>varidenafil hcl tab 2.5 mg</i>	78	<i>verapamil hcl tab er 120 mg</i>	76
<i>varidenafil hcl tab 20 mg</i>	78	<i>verapamil hcl tab er 180 mg</i>	76
<i>varidenafil hcl tab 5 mg</i>	78	<i>verapamil hcl tab er 240 mg</i>	76
VASCEPA CAP 0.5GM	45	V-GO 20 KIT	119
VASCEPA CAP 1GM	45	V-GO 30 KIT	119
VEMLIDY TAB 25MG	71	V-GO 40 KIT	119
VENCLEXTA TAB 100MG	55	VICTOZA INJ 18MG/3ML	41
VENCLEXTA TAB 10MG	55	<i>vigabatrin powd pack 500 mg</i>	34
VENCLEXTA TAB 50MG	55	<i>vigabatrin tab 500 mg</i>	34
VENCLEXTA TAB START PK	55	VILACTIN AA LIQ PLUS	98
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	37	VIOKACE TAB 10440	98
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	36	VIOKACE TAB 20880	98
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	37	VIRAMUNE SUS 50MG/5ML	70
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	37	VISTOGARD PAK 10GM	42
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	37	VITAL HN POW	98
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	37	VIVAGUARD MIS 30G	119
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	37	VIVONEX RTF LIQ	98
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	37	<i>voriconazole for inj 200 mg</i>	44
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	37	<i>voriconazole for susp 40 mg/ml</i>	44
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	37	<i>voriconazole tab 200 mg</i>	44
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	37	<i>voriconazole tab 50 mg</i>	44
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	37	VOSEVI TAB	72
<i>verapamil hcl cap er 24hr 100 mg</i>	76	VOTRIENT TAB 200MG	60
<i>verapamil hcl cap er 24hr 120 mg</i>	76	VUMERITY CAP 231MG	133
<i>verapamil hcl cap er 24hr 180 mg</i>	76	W	
<i>verapamil hcl cap er 24hr 200 mg</i>	76	<i>warfarin sodium tab 10 mg</i>	30
<i>verapamil hcl cap er 24hr 240 mg</i>	76	<i>warfarin sodium tab 1 mg</i>	30
<i>verapamil hcl cap er 24hr 300 mg</i>	76	<i>warfarin sodium tab 2.5 mg</i>	30
<i>verapamil hcl cap er 24hr 360 mg</i>	76	<i>warfarin sodium tab 2 mg</i>	30
		<i>warfarin sodium tab 3 mg</i>	30
		<i>warfarin sodium tab 4 mg</i>	30
		<i>warfarin sodium tab 5 mg</i>	30
		<i>warfarin sodium tab 6 mg</i>	30
		<i>warfarin sodium tab 7.5 mg</i>	30
		X	
		XARELTO STAR TAB 15/20MG	30
		XARELTO TAB 10MG	30
		XARELTO TAB 15MG	30
		XARELTO TAB 2.5MG	30
		XARELTO TAB 20MG	30
		XELJANZ SOL 1MG/ML	9
		XELJANZ TAB 10MG	9
		XELJANZ TAB 5MG	9

XELJANZ XR TAB 11MG.....	10	ZENPEP CAP 5000UNIT	98
XIFAXAN TAB 550MG.....	23	ZEPOSIA 7DAY CAP STR PACK	133
XIGDUO XR TAB 10-1000.....	39	ZEPOSIA CAP .92MG.....	133
XIGDUO XR TAB 10-500MG	39	ZEPOSIA CAP STR KIT	133
XIGDUO XR TAB 2.5-1000.....	39	<i>zidovudine cap 100 mg</i>	70
XIGDUO XR TAB 5-1000MG	39	<i>zidovudine syrup 10 mg/ml</i>	71
XIGDUO XR TAB 5-500MG.....	39	<i>zidovudine tab 300 mg</i>	71
XIIDRA DRO 5%	127	ZIEXTENZO INJ 6/0.6ML	108
XOSPATA TAB 40MG.....	60	<i>ziprasidone hcl cap 20 mg</i>	63
XTAMPZA ER CAP 13.5MG	19	<i>ziprasidone hcl cap 40 mg</i>	63
XTAMPZA ER CAP 18MG	19	<i>ziprasidone hcl cap 60 mg</i>	63
XTAMPZA ER CAP 27MG	19	<i>ziprasidone hcl cap 80 mg</i>	63
XTAMPZA ER CAP 36MG	19	<i>ziprasidone mesylate for inj 20 mg</i>	
XTAMPZA ER CAP 9MG.....	19	<i>(base equivalent)</i>	63
XTANDI CAP 40MG	57	ZOLINZA CAP 100MG	60
XTANDI TAB 40MG	57	<i>zolmitriptan nasal spray 2.5 mg/spray</i>	
XTANDI TAB 80MG	57	<i>unit</i>	121
Y		<i>zolmitriptan nasal spray 5 mg/spray</i>	
YAZ TAB 3-0.02MG.....	82	<i>unit</i>	121
YONSA TAB 125MG	57	<i>zolmitriptan orally disintegrating tab</i>	
YUPELRI SOL.....	27	<i>2.5 mg</i>	121
Z		<i>zolmitriptan orally disintegrating tab 5</i>	
<i>zafirlukast tab 10 mg.....</i>	27	<i>mg</i>	121
<i>zafirlukast tab 20 mg.....</i>	27	<i>zolmitriptan tab 2.5 mg.....</i>	121
<i>zaleplon cap 10 mg</i>	109	<i>zolmitriptan tab 5 mg</i>	121
<i>zaleplon cap 5 mg</i>	109	<i>zolpidem tartrate tab 10 mg</i>	109
ZEJULA CAP 100MG.....	60	<i>zolpidem tartrate tab 5 mg</i>	109
ZENPEP CAP 10000UNT	98	<i>zolpidem tartrate tab er 12.5 mg....</i>	109
ZENPEP CAP 15000UNT	98	<i>zolpidem tartrate tab er 6.25 mg....</i>	109
ZENPEP CAP 20000UNT	99	<i>zonisamide cap 100 mg</i>	33
ZENPEP CAP 25000	99	<i>zonisamide cap 25 mg</i>	33
ZENPEP CAP 3000UNIT	98	<i>zonisamide cap 50 mg</i>	33
ZENPEP CAP 40000	99		

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



10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/fedhmo

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

SUM5478-1S (9/21)

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>.

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

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 ከፍተኛ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé igbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfẹ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòònú tò wà lẹ̀yìn kààdì ìdánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjìròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.

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

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang 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।

Bàsɔ̀ò-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̩ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̩ kɛ dɛ wa mó m̩ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ̀ mò nì kpé bǝ m̩ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̩ móɛ dyé dɛ nì bídí-wùdù mú bǝ m̩ kɛ se wídí dò pɛè. Kpooò nyo bǝ m̩ dǎ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̩ dǎ nòbà nìà kɛ: 855-258-6518, kɛ m̩ m̩ fò tee bǝ wa kɛ m̩ gbo cǝ bǝ m̩ kɛ nòbà mòò 0 kɛ dyi pàdàin hwè. ɔ̀ jǔ kɛ nyo dò dyi m̩ gǝ jǔĩn, po wuqu m̩ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ̀ kɛ 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। অন্যরা 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ụbọchị ndị dị mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. I nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwughị ugwo ọ bụla. Ndị otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ 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 dóó t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diiłts'ííł yałtí'ígíí t'áá níléljį áádóó éi bikéé'dóó naasbaqas bił adidiilchil. Áká'ánidaalwó'ígíí neidiitąągo, saad bee yániłt'í'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.