

# CareFirst Formulary 2

---

## 2019

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

This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at [carefirst.com](http://carefirst.com).

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

# 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**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

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.

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

|   |  |
|---|--|
| <b>Tier 0: \$0 Drugs</b>                        | <ul style="list-style-type: none"> <li>■ 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.</li> <li>■ 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.</li> </ul> |
| <b>Tier 1: Generic Drugs \$</b>                 | <ul style="list-style-type: none"> <li>■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li> <li>■ Generic drugs generally cost less than brand-name drugs.</li> </ul>   |
| <b>Tier 2: Preferred Brand Drugs \$\$</b>       | <ul style="list-style-type: none"> <li>■ Preferred brand drugs are brand-name drugs that may not be available in generic form.</li> <li>■ They are chosen for their cost-effectiveness compared to alternatives.</li> <li>■ Your cost-share will be more than generic drugs but less than non-preferred brand drugs.</li> <li>■ If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand tier.</li> </ul>   |
| <b>Tier 3: Non-preferred Brand Drugs \$\$\$</b> | <ul style="list-style-type: none"> <li>■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.</li> </ul>   |
| <b>Tier 4: Self-Injectible Drugs \$\$\$\$</b>   | <ul style="list-style-type: none"> <li>■ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.</li> </ul>  |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>   |           |                     |
| <b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS</b> |           |                     |
| <b>(DNRIS)</b>   |           |                     |

|                  |   |
|------------------|---|
| SUNOSI TAB 75MG  | 2 |
| SUNOSI TAB 150MG | 2 |

| <b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>  |   |  |
|---|---|--|
| <b>COX-II INHIBITORS</b>                                  |   |  |
| CELEBREX CAP 50MG   | 3 |  |
| CELEBREX CAP 100MG  | 3 |  |
| CELEBREX CAP 200MG  | 3 |  |
| CELEBREX CAP 400MG  | 3 |  |
| <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 |  |
| <b>GOUT - DRUGS TO TREAT GOUT</b>                         |   |  |
| <i>allopurinol tab 100 mg</i>                             | 1 |  |
| <i>allopurinol tab 300 mg</i>                             | 1 |  |
| <i>colchicine cap 0.6 mg</i>                              | 1 |  |
| <i>colchicine tab 0.6 mg</i>                              | 1 |  |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>            | 1 |  |
| <i>febuxostat tab 40 mg</i>                               | 1 |  |
| <i>febuxostat tab 80 mg</i>                               | 1 |  |
| MITIGARE CAP 0.6MG  | 3 |  |
| <i>probenecid tab 500 mg</i>                              | 1 |  |
| ULORIC TAB 40MG   | 2 |  |
| ULORIC TAB 80MG   | 2 |  |
| ZYLOPRIM TAB 100MG  | 3 |  |
| ZYLOPRIM TAB 300MG  | 3 |  |
| <b>NON-OPIOID ANALGESICS</b>                              |   |  |
| BUPAP TAB 50-300MG  | 3 |  |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | 1 |  |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1 |  |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>       | 1 |  |
| EQUAGESIC TAB 200-325                                     | 3 |  |
| ESGIC TAB   | 2 |  |
| FIORINAL CAP  | 3 |  |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| LEVACET TAB  | 3                |                            |
| <b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>   |                  |                            |
| ANAPROX DS TAB 550MG                                   | 2                |                            |
| ANAPROX TAB 275MG                                      | 2                |                            |
| <i>choline &amp; magnesium salicylates tab 1000 mg</i> | 1                |                            |
| DAYPRO TAB 600MG                                       | 2                |                            |
| <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>diflunisal tab 500 mg</i>                           | 1                |                            |
| EC-NAPROSYN TAB 375MG                                  | 3                |                            |
| EC-NAPROSYN TAB 500MG                                  | 3                |                            |
| <i>etodolac cap 200 mg</i>                             | 1                |                            |
| <i>etodolac cap 300 mg</i>                             | 1                |                            |
| <i>etodolac tab 400 mg</i>                             | 1                |                            |
| <i>etodolac tab 500 mg</i>                             | 1                |                            |
| <i>etodolac tab er 24hr 400 mg</i>                     | 1                |                            |
| <i>etodolac tab er 24hr 500 mg</i>                     | 1                |                            |
| <i>etodolac tab er 24hr 600 mg</i>                     | 1                |                            |
| FELDENE CAP 10MG                                       | 3                |                            |
| FELDENE CAP 20MG                                       | 3                |                            |
| <i>fenoprofen calcium tab 600 mg</i>                   | 1                |                            |
| <i>flurbiprofen tab 50 mg</i>                          | 1                |                            |
| <i>flurbiprofen tab 100 mg</i>                         | 1                |                            |
| <i>ibuprofen tab 400 mg</i>                            | 1                |                            |
| <i>ibuprofen tab 600 mg</i>                            | 1                |                            |
| <i>ibuprofen tab 800 mg</i>                            | 1                |                            |
| <i>ketoprofen cap 50 mg</i>                            | 1                |                            |
| <i>ketoprofen cap 75 mg</i>                            | 1                |                            |
| <i>ketoprofen cap er 24hr 200 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                |                            |

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

2

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>meloxicam susp 7.5 mg/5ml</i>                               | 1                |                            |
| <i>meloxicam tab 7.5 mg</i>                                    | 1                |                            |
| <i>meloxicam tab 15 mg</i>                                     | 1                |                            |
| MOBIC SUS 7.5/5ML  | 2                |                            |
| MOBIC TAB 7.5MG  | 2                |                            |
| MOBIC TAB 15MG   | 2                |                            |
| <i>nabumetone tab 500 mg</i>                                   | 1                |                            |
| <i>nabumetone tab 750 mg</i>                                   | 1                |                            |
| NALFON CAP 400MG   | 3                |                            |
| NALFON TAB 600MG   | 3                |                            |
| NAPROSYN TAB 250MG   | 2                |                            |
| NAPROSYN TAB 375MG   | 2                |                            |
| NAPROSYN TAB 500MG   | 2                |                            |
| <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                |                            |
| PONSTEL CAP 250MG  | 3                |                            |
| <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 200 mg</i>                              | 1                |                            |
| <i>tolmetin sodium tab 600 mg</i>                              | 1                |                            |
| ZIPSOR CAP 25MG  | 3                |                            |
| <b>NSAIDS, COMBINATIONS</b>                                    |                  |                            |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1                |                            |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1                |                            |
| DUEXIS TAB 800-26.6  | 3                |                            |
| VIMOVO TAB 375-20MG  | 3                |                            |
| VIMOVO TAB 500-20MG  | 3                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <b>NSAIDS, TOPICAL</b>  |                  |                              |
| <i>diclofenac sodium soln 1.5%</i>                              | 1                | QL (150 mL / 21 days),<br>PA |
| VOLTAREN GEL 1%   | 3                |                              |
| <b>OPIOID ANALGESICS - DRUGS TO TREAT PAIN</b>                  |                  |                              |
| ABSTRAL SUB 100MCG  | 2                | PA                           |
| ABSTRAL SUB 200MCG  | 2                | PA                           |
| ABSTRAL SUB 300MCG  | 2                | PA                           |
| ABSTRAL SUB 400MCG  | 2                | PA                           |
| ABSTRAL SUB 600MCG  | 2                | PA                           |
| ABSTRAL SUB 800MCG  | 2                | PA                           |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | 1                | QL (2700 mL per month)       |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | 1                | QL (400 tabs per month)      |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | 1                | QL (360 tabs per month)      |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | 1                | QL (180 tabs per month)      |
| <i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> | 1                | QL (300 caps per month)      |
| ACTIQ LOZ 200MCG  | 3                | PA                           |
| ACTIQ LOZ 400MCG  | 3                | PA                           |
| ACTIQ LOZ 600MCG  | 3                | PA                           |
| ACTIQ LOZ 800MCG  | 3                | PA                           |
| ACTIQ LOZ 1200MCG   | 3                | PA                           |
| ACTIQ LOZ 1600MCG   | 3                | PA                           |
| <i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>       | 1                | QL (300 caps per month)      |
| BELBUCA MIS 75MCG   | 2                | QL (60 films per month)      |
| BELBUCA MIS 150MCG  | 2                | QL (60 films per month)      |
| BELBUCA MIS 300MCG  | 2                | QL (60 films per month)      |
| BELBUCA MIS 450MCG  | 2                | QL (60 films per month)      |
| BELBUCA MIS 600MCG  | 2                | PA                           |
| BELBUCA MIS 750MCG  | 2                | PA                           |
| BELBUCA MIS 900MCG  | 2                | PA                           |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 1                |                              |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 1                |                              |

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

4

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>butalbital-aspirin-caff w/ codeine cap<br/>50-325-40-30 mg</i> | 1                |                            |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                   | 1                | QL (2 inhalers per month)  |
| BUTRANS DIS 5MCG/HR   | 2                | QL (4 patches per month)   |
| BUTRANS DIS 7.5/HR  | 2                | QL (4 patches per month)   |
| BUTRANS DIS 10MCG/HR  | 2                | QL (4 patches per month)   |
| BUTRANS DIS 15MCG/HR  | 2                | PA                         |
| BUTRANS DIS 20MCG/HR  | 2                | PA                         |
| CAPITAL/COD SUS 120-12/5  | 3                | QL (2700 mL per month)     |
| CODEINE SULF TAB 15MG   | 3                |                            |
| CODEINE SULF TAB 60MG   | 3                |                            |
| <i>codeine sulfate tab 30 mg</i>                                  | 1                | QL (42 tabs per month)     |
| CONZIP CAP 100MG  | 3                | QL (30 caps per month)     |
| CONZIP CAP 200MG  | 3                | PA                         |
| CONZIP CAP 300MG  | 3                | PA                         |
| DILAUDID LIQ 1MG/ML   | 3                | QL (600 mL per month)      |
| DILAUDID TAB 2MG  | 3                | QL (180 tabs per month)    |
| DILAUDID TAB 4MG  | 3                | QL (150 tabs per month)    |
| DILAUDID TAB 8MG  | 3                | QL (60 tabs per month)     |
| DOLOPHINE TAB 5MG   | 3                | QL (90 tabs per month)     |
| DOLOPHINE TAB 10MG  | 3                | QL (90 tabs per month)     |
| DURAGESIC DIS 12MCG/HR  | 3                | QL (10 patches per month)  |
| DURAGESIC DIS 25MCG/HR  | 3                | QL (10 patches per month)  |
| DURAGESIC DIS 50MCG/HR  | 3                | PA                         |
| DURAGESIC DIS 75MCG/HR  | 3                | PA                         |
| DURAGESIC DIS 100MCG/H  | 3                | PA                         |
| EMBEDA CAP 20-0.8MG   | 2                | QL (60 caps per month)     |
| EMBEDA CAP 30-1.2MG   | 2                | QL (60 caps per month)     |
| EMBEDA CAP 50-2MG   | 2                | QL (30 caps per month)     |
| EMBEDA CAP 60-2.4MG   | 2                | QL (30 caps per month)     |
| EMBEDA CAP 80-3.2MG   | 2                | QL (30 caps per month)     |
| EMBEDA CAP 100-4MG  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| EXALGO TAB 8MG  | 3                | QL (30 tabs per month)     |
| EXALGO TAB 12MG                                       | 3                | QL (30 tabs per month)     |
| EXALGO TAB 16MG                                       | 3                | QL (30 tabs per month)     |
| EXALGO TAB 32MG                                       | 3                | 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                         |
| FENTANYL DIS 37.5MCG                                  | 3                | QL (10 patches per month)  |
| FENTANYL DIS 62.5MCG                                  | 3                | PA                         |
| FENTANYL DIS 87.5MCG                                  | 3                | PA                         |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>               | 1                | QL (10 patches per month)  |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>               | 1                | QL (10 patches per month)  |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>               | 1                | PA                         |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>               | 1                | PA                         |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>              | 1                | PA                         |
| FENTORA TAB 100MCG                                    | 3                | PA                         |
| FENTORA TAB 200MCG                                    | 3                | PA                         |
| FENTORA TAB 400MCG                                    | 3                | PA                         |
| FENTORA TAB 600MCG                                    | 3                | PA                         |
| FENTORA TAB 800MCG                                    | 3                | PA                         |
| FIORICET CAP CODEINE                                  | 3                |                            |
| FIORINAL/COD CAP 30MG                                 | 3                |                            |
| HYCET SOL 7.5-325                                     | 3                | QL (2700 mL per month)     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1                | QL (2700 mL per month)     |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>  | 1                | QL (2700 mL 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>hydrocodone-acetaminophen tab 2.5-325 mg</i>  | 1                | QL (360 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i>    | 1                | QL (240 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>    | 1                | QL (240 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>  | 1                | QL (180 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>  | 1                | QL (180 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i>   | 1                | QL (180 tabs per month)    |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>   | 1                | QL (180 tabs per month)    |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>        | 1                | QL (50 tabs per month)     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>      | 1                | QL (50 tabs per month)     |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>       | 1                | QL (50 tabs per month)     |
| HYDROMORPHON SUP 3MG                             | 3                | QL (120 supp per month)    |
| <i>hydromorphone hcl liqd 1 mg/ml</i>            | 1                | QL (600 mL per month)      |
| <i>hydromorphone hcl tab 2 mg</i>                | 1                | QL (180 tabs per month)    |
| <i>hydromorphone hcl tab 4 mg</i>                | 1                | QL (150 tabs per month)    |
| <i>hydromorphone hcl tab 8 mg</i>                | 1                | QL (60 tabs per month)     |
| <i>hydromorphone hcl tab er 24hr deter 8 mg</i>  | 1                | QL (30 tabs per month)     |
| <i>hydromorphone hcl tab er 24hr deter 12 mg</i> | 1                | QL (30 tabs per month)     |
| <i>hydromorphone hcl tab er 24hr deter 16 mg</i> | 1                | QL (30 tabs per month)     |
| <i>hydromorphone hcl tab er 24hr deter 32 mg</i> | 1                | PA                         |
| HYSINGLA ER TAB 20 MG                            | 2                | QL (30 tabs per month)     |
| HYSINGLA ER TAB 30 MG                            | 2                | QL (30 tabs per month)     |
| HYSINGLA ER TAB 40 MG                            | 2                | QL (30 tabs per month)     |
| HYSINGLA ER TAB 60 MG                            | 2                | QL (30 tabs per month)     |
| HYSINGLA ER TAB 80 MG                            | 2                | QL (30 tabs per month)     |
| HYSINGLA ER TAB 100 MG                           | 2                | PA                         |
| HYSINGLA ER TAB 120 MG                           | 2                | PA                         |
| KADIAN CAP 10MG ER                               | 3                | QL (60 caps per month)     |
| KADIAN CAP 20MG ER                               | 3                | QL (60 caps 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| KADIAN CAP 30MG ER                                      | 3                | QL (60 caps per month)     |
| KADIAN CAP 40MG ER                                      | 3                | QL (60 caps per month)     |
| KADIAN CAP 50MG ER                                      | 3                | QL (30 caps per month)     |
| KADIAN CAP 60MG ER                                      | 3                | QL (30 caps per month)     |
| KADIAN CAP 80MG ER                                      | 3                | QL (30 caps per month)     |
| KADIAN CAP 100MG ER                                     | 3                | PA                         |
| KADIAN CAP 200MG ER                                     | 3                | PA                         |
| LORTAB ELX 10-300MG                                     | 3                | QL (2025 mL per month)     |
| <i>methadone hcl conc 10 mg/ml</i>                      | 1                | QL (90 mL per month)       |
| <i>methadone hcl soln 5 mg/5ml</i>                      | 1                | QL (450 mL per month)      |
| <i>methadone hcl soln 10 mg/5ml</i>                     | 1                | QL (300 ml's per month)    |
| <i>methadone hcl tab 5 mg</i>                           | 1                | QL (90 tabs per month)     |
| <i>methadone hcl tab 10 mg</i>                          | 1                | QL (90 tabs per month)     |
| <i>methadone hcl tab for oral susp 40 mg</i>            | 1                |                            |
| METHADOSE CON 10MG/ML                                   | 3                | QL (90 mL per month)       |
| MORPHINE SUL SUP 30MG                                   | 3                | QL (90 supps per month)    |
| <i>morphine sulfate beads cap er 24hr 30 mg</i>         | 1                | QL (30 caps per month)     |
| <i>morphine sulfate beads cap er 24hr 45 mg</i>         | 1                | QL (30 caps per month)     |
| <i>morphine sulfate beads cap er 24hr 60 mg</i>         | 1                | QL (30 caps per month)     |
| <i>morphine sulfate beads cap er 24hr 75 mg</i>         | 1                | QL (30 caps per month)     |
| <i>morphine sulfate beads cap er 24hr 90 mg</i>         | 1                | QL (30 caps per month)     |
| <i>morphine sulfate beads cap er 24hr 120 mg</i>        | 1                | PA                         |
| <i>morphine sulfate cap er 24hr 10 mg</i>               | 1                | QL (60 caps per month)     |
| <i>morphine sulfate cap er 24hr 20 mg</i>               | 1                | QL (60 caps per month)     |
| <i>morphine sulfate cap er 24hr 30 mg</i>               | 1                | QL (60 caps per month)     |
| <i>morphine sulfate cap er 24hr 50 mg</i>               | 1                | QL (30 caps per month)     |
| <i>morphine sulfate cap er 24hr 60 mg</i>               | 1                | QL (30 caps per month)     |
| <i>morphine sulfate cap er 24hr 80 mg</i>               | 1                | QL (30 caps per month)     |
| <i>morphine sulfate cap er 24hr 100 mg</i>              | 1                | PA                         |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | 1                | QL (900 mL per month)      |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | 1                | QL (675 mL per month)      |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1                | QL (135 mL per month)      |
| <i>morphine sulfate suppos 5 mg</i>                     | 1                | QL (180 supps per month)   |
| <i>morphine sulfate suppos 10 mg</i>                    | 1                | QL (180 supp 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>morphine sulfate suppos 20 mg</i>  | 1                | QL (120 supp per month)    |
| <i>morphine sulfate tab 15 mg</i>     | 1                | QL (180 tabs per month)    |
| <i>morphine sulfate tab 30 mg</i>     | 1                | QL (90 tabs per month)     |
| <i>morphine sulfate tab er 15 mg</i>  | 1                | QL (90 tabs per month)     |
| <i>morphine sulfate tab er 30 mg</i>  | 1                | QL (90 tabs per month)     |
| <i>morphine sulfate tab er 60 mg</i>  | 1                | PA                         |
| <i>morphine sulfate tab er 100 mg</i> | 1                | PA                         |
| <i>morphine sulfate tab er 200 mg</i> | 1                | PA                         |
| MS CONTIN TAB 15MG ER                 | 3                | QL (90 tabs per month)     |
| MS CONTIN TAB 30MG ER                 | 3                | QL (90 tabs per month)     |
| MS CONTIN TAB 60MG ER                 | 3                | PA                         |
| MS CONTIN TAB 100MG ER                | 3                | PA                         |
| MS CONTIN TAB 200MG ER                | 3                | PA                         |
| NORCO TAB 5-325MG                     | 3                | QL (240 tabs per month)    |
| NORCO TAB 7.5-325                     | 3                | QL (180 tabs per month)    |
| NORCO TAB 10-325MG                    | 3                | QL (180 tabs per month)    |
| NUCYNTA ER TAB 50MG                   | 2                | QL (60 tabs per month)     |
| NUCYNTA ER TAB 100MG                  | 2                | QL (60 tabs per month)     |
| NUCYNTA ER TAB 150MG                  | 2                | PA                         |
| NUCYNTA ER TAB 200MG                  | 2                | PA                         |
| NUCYNTA ER TAB 250MG                  | 2                | PA                         |
| NUCYNTA TAB 50MG                      | 2                | QL (120 tabs per month)    |
| NUCYNTA TAB 75MG                      | 2                | QL (90 tabs per month)     |
| NUCYNTA TAB 100MG                     | 2                | QL (60 tabs per month)     |
| OPANA ER TAB 5MG                      | 3                | QL (60 tabs per month)     |
| OPANA ER TAB 7.5MG                    | 3                | QL (60 tabs per month)     |
| OPANA ER TAB 10MG                     | 3                | QL (60 tabs per month)     |
| OPANA ER TAB 15MG                     | 3                | QL (60 tabs per month)     |
| OPANA ER TAB 20MG                     | 3                | PA                         |
| OPANA ER TAB 30MG                     | 3                | PA                         |
| OPANA ER TAB 40MG                     | 3                | PA                         |
| OPANA TAB 5MG                         | 3                | QL (180 tabs per month)    |
| OPANA TAB 10MG                        | 3                | QL (90 tabs 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>oxycodone hcl cap 5 mg</i>                       | 1                | QL (180 caps per month)     |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>     | 1                | QL (90 mL per month)        |
| <i>oxycodone hcl soln 5 mg/5ml</i>                  | 1                | QL (900 mL per month)       |
| <i>oxycodone hcl tab 5 mg</i>                       | 1                | QL (180 tabs per month)     |
| <i>oxycodone hcl tab 10 mg</i>                      | 1                | QL (180 tabs per month)     |
| <i>oxycodone hcl tab 15 mg</i>                      | 1                | QL (120 tabs per month)     |
| <i>oxycodone hcl tab 20 mg</i>                      | 1                | QL (90 tabs per month)      |
| <i>oxycodone hcl tab 30 mg</i>                      | 1                | QL (60 tabs per month)      |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i>        | 1                | QL (60 tabs per month)      |
| <i>oxycodone hcl tab er 12hr deter 15 mg</i>        | 1                | QL (60 tabs per month)      |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i>        | 1                | QL (60 tabs per month)      |
| <i>oxycodone hcl tab er 12hr deter 30 mg</i>        | 1                | QL (60 tabs per month)      |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i>        | 1                | QL (120 tabs per month), PA |
| <i>oxycodone hcl tab er 12hr deter 60 mg</i>        | 1                | PA                          |
| <i>oxycodone hcl tab er 12hr deter 60 mg</i>        | 1                | QL (60 tabs per month), PA  |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i>        | 1                | QL (60 tabs per month), PA  |
| <i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> | 1                | QL (1800 mL per month)      |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>    | 1                | QL (360 tabs per month)     |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>      | 1                | QL (360 tabs per month)     |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>    | 1                | QL (240 tabs per month)     |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>     | 1                | QL (180 tabs per month)     |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i>          | 1                | QL (360 tabs per month)     |
| <i>oxycodone-ibuprofen tab 5-400 mg</i>             | 1                | QL (28 tabs per month)      |
| OXYCONTIN TAB 10MG CR                               | 2                | QL (60 tabs per month)      |
| OXYCONTIN TAB 15MG CR                               | 2                | QL (60 tabs per month)      |
| OXYCONTIN TAB 20MG CR                               | 2                | QL (60 tabs per month)      |
| OXYCONTIN TAB 30MG CR                               | 2                | QL (60 tabs per month)      |

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

10

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| OXYCONTIN TAB 40MG CR                                   | 2                | QL (120 tabs per month), PA |
| OXYCONTIN TAB 60MG CR                                   | 2                | QL (60 tabs per month), PA  |
| OXYCONTIN TAB 80MG CR                                   | 2                | QL (60 tabs per month), PA  |
| <i>oxymorphone hcl tab 5 mg</i>                         | 1                | QL (180 tabs per month)     |
| <i>oxymorphone hcl tab 10 mg</i>                        | 1                | QL (90 tabs per month)      |
| <i>oxymorphone hcl tab er 12hr 5 mg</i>                 | 1                | QL (60 tabs per month)      |
| <i>oxymorphone hcl tab er 12hr 7.5 mg</i>               | 1                | QL (60 tabs per month)      |
| <i>oxymorphone hcl tab er 12hr 10 mg</i>                | 1                | QL (60 tabs per month)      |
| <i>oxymorphone hcl tab er 12hr 15 mg</i>                | 1                | QL (60 tabs per month)      |
| <i>oxymorphone hcl tab er 12hr 20 mg</i>                | 1                | PA                          |
| <i>oxymorphone hcl tab er 12hr 30 mg</i>                | 1                | PA                          |
| <i>oxymorphone hcl tab er 12hr 40 mg</i>                | 1                | PA                          |
| PERCODAN TAB  | 3                | QL (360 tabs per month)     |
| REPREXAIN TAB 5-200MG                                   | 3                | QL (50 tabs per month)      |
| ROXICET SOL 5-325/5                                     | 2                | QL (1800 mL per month)      |
| ROXICODONE TAB 5MG                                      | 3                | QL (180 tabs per month)     |
| ROXICODONE TAB 15MG                                     | 3                | QL (120 tabs per month)     |
| ROXICODONE TAB 30MG                                     | 3                | QL (60 tabs per month)      |
| SUBSYS SPR 100MCG                                       | 2                | PA                          |
| SUBSYS SPR 200MCG                                       | 2                | PA                          |
| SUBSYS SPR 400MCG                                       | 2                | PA                          |
| SUBSYS SPR 600MCG                                       | 2                | PA                          |
| SUBSYS SPR 800MCG                                       | 2                | PA                          |
| SUBSYS SPR 1200MCG                                      | 2                | PA                          |
| SUBSYS SPR 1600MCG                                      | 2                | PA                          |
| SYNALGOS-DC CAP   | 3                | QL (300 caps per month)     |
| TRAMADOL HCL CAP 150MG ER                               | 3                | QL (30 caps per month)      |
| <i>tramadol hcl cap er 24hr biphasic release 100 mg</i> | 1                | QL (30 caps per month)      |
| <i>tramadol hcl cap er 24hr biphasic release 200 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tramadol hcl cap er 24hr biphasic release 300 mg</i> | 1                | PA                         |
| <i>tramadol hcl tab 50 mg</i>                           | 1                | QL (180 tabs per month)    |
| <i>tramadol hcl tab er 24hr 100 mg</i>                  | 1                | QL (30 tabs per month)     |
| <i>tramadol hcl tab er 24hr 200 mg</i>                  | 1                | PA                         |
| <i>tramadol hcl tab er 24hr 300 mg</i>                  | 1                | PA                         |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i> | 1                | QL (30 tabs per month)     |
| <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                         |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>           | 1                | QL (40 tabs per month)     |
| TREZIX CAP  | 3                | QL (300 caps per month)    |
| TYLENOL/COD TAB #3                                      | 3                | QL (360 tabs per month)    |
| TYLENOL/COD TAB #4                                      | 3                | QL (180 tabs per month)    |
| ULTRACET TAB 37.5-325                                   | 3                | QL (40 tabs per month)     |
| ULTRAM ER TAB 100MG                                     | 3                | QL (30 tabs per month)     |
| ULTRAM ER TAB 200MG                                     | 3                | PA                         |
| ULTRAM ER TAB 300MG                                     | 3                | PA                         |
| ULTRAM TAB 50MG   | 2                | QL (180 tabs per month)    |
| VERDROCET TAB 2.5-325                                   | 3                | QL (360 tabs per month)    |
| VICOPROFEN TAB 7.5-200                                  | 3                | QL (50 tabs per month)     |
| XARTEMIS XR TAB 7.5-325                                 | 3                | QL (120 tabs per month)    |
| XODOL TAB 5-300MG                                       | 3                | QL (240 tabs per month)    |
| XODOL TAB 7.5-300                                       | 3                | QL (180 tabs per month)    |
| XODOL TAB 10-300MG                                      | 3                | QL (180 tabs per month)    |
| XTAMPZA ER CAP 9MG                                      | 3                | QL (60 caps per month)     |
| XTAMPZA ER CAP 13.5MG                                   | 3                | QL (60 caps per month)     |
| XTAMPZA ER CAP 18MG                                     | 3                | QL (60 caps per month)     |
| XTAMPZA ER CAP 27MG                                     | 3                | QL (60 caps per month)     |

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

12

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------|------------------|----------------------------|
| XTAMPZA ER CAP 36MG | 3                | PA                         |
| ZOHYDRO ER CAP 10MG | 3                | QL (60 caps per month)     |
| ZOHYDRO ER CAP 15MG | 3                | QL (60 caps per month)     |
| ZOHYDRO ER CAP 20MG | 3                | QL (60 caps per month)     |
| ZOHYDRO ER CAP 30MG | 3                | QL (60 caps per month)     |
| ZOHYDRO ER CAP 40MG | 3                | QL (60 caps per month)     |
| ZOHYDRO ER CAP 50MG | 3                | PA                         |

**ANTI-INFECTIVE AGENTS - MISC.*****PLEUROMUTILINS***

|                   |   |  |
|-------------------|---|--|
| XENLETA TAB 600MG | 3 |  |
|-------------------|---|--|

**ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS*****AMINOGLYCOSIDES***

|                                       |   |  |
|---------------------------------------|---|--|
| ARIKAYCE SUS                          | 3 |  |
| <i>neomycin sulfate tab 500 mg</i>    | 1 |  |
| <i>paromomycin sulfate cap 250 mg</i> | 1 |  |

***ANTIBACTERIALS, CEPHALOSPORINS, First Generation***

|                                       |   |  |
|---------------------------------------|---|--|
| <i>cefadroxil cap 500 mg</i>          | 1 |  |
| <i>cefadroxil for susp 250 mg/5ml</i> | 1 |  |
| <i>cefadroxil for susp 500 mg/5ml</i> | 1 |  |
| <i>cefadroxil tab 1 gm</i>            | 1 |  |
| <i>cephalexin cap 250 mg</i>          | 1 |  |
| <i>cephalexin cap 500 mg</i>          | 1 |  |
| <i>cephalexin cap 750 mg</i>          | 1 |  |
| <i>cephalexin for susp 125 mg/5ml</i> | 1 |  |
| <i>cephalexin for susp 250 mg/5ml</i> | 1 |  |
| <i>cephalexin tab 250 mg</i>          | 1 |  |
| <i>cephalexin tab 500 mg</i>          | 1 |  |
| KEFLEX CAP 250MG                      | 3 |  |
| KEFLEX CAP 500MG                      | 3 |  |
| KEFLEX CAP 750MG                      | 3 |  |

***ANTIBACTERIALS, CEPHALOSPORINS, Second Generation***

|                                      |   |  |
|--------------------------------------|---|--|
| <i>cefaclor cap 250 mg</i>           | 1 |  |
| <i>cefaclor cap 500 mg</i>           | 1 |  |
| CEFACLOR ER TAB 500MG                | 3 |  |
| <i>cefaclor for susp 125 mg/5ml</i>  | 1 |  |
| <i>cefaclor for susp 250 mg/5ml</i>  | 1 |  |
| <i>cefaclor for susp 375 mg/5ml</i>  | 1 |  |
| <i>cefprozil for susp 125 mg/5ml</i> | 1 |  |
| <i>cefprozil for susp 250 mg/5ml</i> | 1 |  |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cefprozil tab 250 mg</i>                             | 1                |                            |
| <i>cefprozil tab 500 mg</i>                             | 1                |                            |
| CEFTIN SUS 125/5ML                                      | 3                |                            |
| CEFTIN SUS 250/5ML                                      | 3                |                            |
| CEFTIN TAB 250MG  | 3                |                            |
| CEFTIN TAB 500MG  | 3                |                            |
| <i>cefuroxime axetil tab 250 mg</i>                     | 1                |                            |
| <i>cefuroxime axetil tab 500 mg</i>                     | 1                |                            |
| <b>ANTIBACTERIALS, CEPHALOSPORINS, Third Generation</b> |                  |                            |
| CEDAX CAP 400MG   | 3                |                            |
| CEDAX SUS 90MG/5ML                                      | 3                |                            |
| CEDAX SUS 180/5ML                                       | 3                |                            |
| <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 for susp 100 mg/5ml</i>                     | 1                |                            |
| <i>cefixime for susp 200 mg/5ml</i>                     | 1                |                            |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>          | 1                |                            |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i>         | 1                |                            |
| <i>cefpodoxime proxetil tab 100 mg</i>                  | 1                |                            |
| <i>cefpodoxime proxetil tab 200 mg</i>                  | 1                |                            |
| <i>ceftibuten cap 400 mg</i>                            | 1                |                            |
| <i>ceftibuten for susp 180 mg/5ml</i>                   | 1                |                            |
| SUPRAX CAP 400MG  | 2                |                            |
| SUPRAX CHW 100MG  | 2                |                            |
| SUPRAX CHW 200MG  | 2                |                            |
| SUPRAX SUS 100/5ML                                      | 2                |                            |
| SUPRAX SUS 200/5ML                                      | 2                |                            |
| SUPRAX SUS 500/5ML                                      | 2                |                            |
| <b>ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES</b>         |                  |                            |
| <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                |                            |
| BIAXIN SUS 250/5ML                                      | 3                |                            |
| BIAXIN TAB 250MG  | 3                |                            |
| BIAXIN TAB 500MG  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clarithromycin for susp 125 mg/5ml</i>                         | 1                |                            |
| <i>clarithromycin for susp 250 mg/5ml</i>                         | 1                |                            |
| <i>clarithromycin tab 250 mg</i>                                  | 1                |                            |
| <i>clarithromycin tab 500 mg</i>                                  | 1                |                            |
| <i>clarithromycin tab er 24hr 500 mg</i>                          | 1                |                            |
| DIFICID TAB 200MG   | 2                |                            |
| <i>erythromycin ethylsuccinate for susp 200 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                |                            |
| PCE TAB 333MG EC  | 3                |                            |
| PCE TAB 500MG EC  | 3                |                            |
| ZITHROMAX POW 1GM PAK   | 3                |                            |
| ZITHROMAX SUS 100/5ML   | 3                |                            |
| ZITHROMAX SUS 200/5ML   | 3                |                            |
| ZITHROMAX TAB 250MG   | 3                |                            |
| ZITHROMAX TAB 500MG   | 3                |                            |
| ZITHROMAX TAB 600MG   | 3                |                            |
| ZMAX SUS 2GM  | 3                |                            |
| <b>ANTIBACTERIALS, FLUOROQUINOLONES</b>                           |                  |                            |
| AVELOX TAB 400MG  | 3                |                            |
| BAXDELA TAB 450MG   | 3                |                            |
| CIPRO (5%) SUS 250MG/5  | 3                |                            |
| CIPRO (10%) SUS 500MG/5   | 3                |                            |
| CIPRO TAB 250MG   | 3                |                            |
| CIPRO TAB 500MG   | 3                |                            |
| CIPRO XR TAB 500MG  | 3                |                            |
| CIPRO XR TAB 1000MG   | 3                |                            |
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>   | 1                |                            |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | 1                |                            |
| <i>ciprofloxacin hcl tab 100 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i> | 1                |                            |
| <i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i> | 1                |                            |
| FACTIVE TAB 320MG   | 3                |                            |
| LEVAQUIN TAB 250MG  | 3                |                            |
| LEVAQUIN TAB 500MG  | 3                |                            |
| LEVAQUIN TAB 750MG  | 3                |                            |
| <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                |                            |
| <b>ANTIBACTERIALS, PENICILLINS</b>                                  |                  |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>         | 1                |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>           | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>       | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>               | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>               | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>               | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>     | 1                |                            |
| <i>amoxicillin (trihydrate) cap 250 mg</i>                          | 1                |                            |
| <i>amoxicillin (trihydrate) cap 500 mg</i>                          | 1                |                            |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>                     | 1                |                            |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>                     | 1                |                            |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>                 | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>     | 1                |                            |
| <i>amoxicillin (trihydrate) tab 500 mg</i>              | 1                |                            |
| <i>amoxicillin (trihydrate) tab 875 mg</i>              | 1                |                            |
| <i>amoxicillin (trihydrate) tab er 24hr 775 mg</i>      | 1                |                            |
| <i>ampicillin cap 250 mg</i>                            | 1                |                            |
| <i>ampicillin cap 500 mg</i>                            | 1                |                            |
| <i>ampicillin for susp 125 mg/5ml</i>                   | 1                |                            |
| <i>ampicillin for susp 250 mg/5ml</i>                   | 1                |                            |
| AUGMENTIN SUS 125/5ML                                   | 3                |                            |
| AUGMENTIN SUS 250/5ML                                   | 3                |                            |
| AUGMENTIN SUS ES-600                                    | 3                |                            |
| AUGMENTIN TAB 500MG                                     | 3                |                            |
| AUGMENTIN TAB 875MG                                     | 3                |                            |
| AUGMENTIN XR TAB 12HR                                   | 3                |                            |
| <i>dicloxacillin sodium cap 250 mg</i>                  | 1                |                            |
| <i>dicloxacillin sodium cap 500 mg</i>                  | 1                |                            |
| MOXATAG TAB 775MG                                       | 3                |                            |
| <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                |                            |
| <b>ANTIBACTERIALS, SULFONAMIDES</b>                     |                  |                            |
| BACTRIM DS TAB 800-160                                  | 2                |                            |
| BACTRIM TAB 400-80MG                                    | 2                |                            |
| SULFADIAZINE TAB 500MG                                  | 3                |                            |
| <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                |                            |
| <b>ANTIBACTERIALS, TETRACYCLINES</b>                    |                  |                            |
| ADOXA CAP 150MG   | 3                |                            |
| ADOXA PAK 1/ TAB 100MG                                  | 3                |                            |
| ADOXA PAK 1/ TAB 150MG                                  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ADOXA TAB 50MG  | 3                |                            |
| ADOXA TAB 75MG  | 3                |                            |
| <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 50 mg</i>  | 1                |                            |
| <i>doxycycline hyclate tab delayed release 75 mg</i>  | 1                |                            |
| <i>doxycycline hyclate tab delayed release 100 mg</i> | 1                |                            |
| <i>doxycycline hyclate tab delayed release 150 mg</i> | 1                |                            |
| <i>doxycycline hyclate tab delayed release 200 mg</i> | 1                |                            |
| <i>doxycycline monohydrate cap 50 mg</i>              | 1                |                            |
| <i>doxycycline monohydrate cap 75 mg</i>              | 1                |                            |
| <i>doxycycline monohydrate cap 100 mg</i>             | 1                |                            |
| <i>doxycycline monohydrate cap 150 mg</i>             | 1                |                            |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i>     | 1                |                            |
| <i>doxycycline monohydrate tab 50 mg</i>              | 1                |                            |
| <i>doxycycline monohydrate tab 75 mg</i>              | 1                |                            |
| <i>doxycycline monohydrate tab 100 mg</i>             | 1                |                            |
| <i>doxycycline monohydrate tab 150 mg</i>             | 1                |                            |
| <i>minocycline hcl cap 50 mg</i>                      | 1                |                            |
| <i>minocycline hcl cap 75 mg</i>                      | 1                |                            |
| <i>minocycline hcl cap 100 mg</i>                     | 1                |                            |
| <i>minocycline hcl tab 50 mg</i>                      | 1                |                            |
| <i>minocycline hcl tab 75 mg</i>                      | 1                |                            |
| <i>minocycline hcl tab 100 mg</i>                     | 1                |                            |
| <i>minocycline hcl tab er 24hr 45 mg</i>              | 1                |                            |
| <i>minocycline hcl tab er 24hr 55 mg</i>              | 1                |                            |
| <i>minocycline hcl tab er 24hr 65 mg</i>              | 1                |                            |
| <i>minocycline hcl tab er 24hr 80 mg</i>              | 1                |                            |
| <i>minocycline hcl tab er 24hr 90 mg</i>              | 1                |                            |
| <i>minocycline hcl tab er 24hr 105 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>minocycline hcl tab er 24hr 115 mg</i>             | 1                |                            |
| <i>minocycline hcl tab er 24hr 135 mg</i>             | 1                |                            |
| NUZYRA TAB 150MG                                      | 3                |                            |
| SOLODYN TAB 55MG                                      | 3                |                            |
| SOLODYN TAB 65MG                                      | 3                |                            |
| SOLODYN TAB 80MG                                      | 3                |                            |
| SOLODYN TAB 105MG                                     | 3                |                            |
| SOLODYN TAB 115MG                                     | 3                |                            |
| <i>tetracycline hcl cap 250 mg</i>                    | 1                |                            |
| <i>tetracycline hcl cap 500 mg</i>                    | 1                |                            |
| VIBRAMYCIN CAP 100MG                                  | 3                |                            |
| VIBRAMYCIN SUS 25MG/5ML                               | 2                |                            |
| VIBRAMYCIN SYP 50MG/5ML                               | 2                |                            |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b> |                  |                            |
| BIO-STATIN CAP 500000                                 | 3                |                            |
| BIO-STATIN CAP 1000000                                | 3                |                            |
| <i>clotrimazole troche 10 mg</i>                      | 1                |                            |
| CRESEMBA CAP 186 MG                                   | 3                |                            |
| DIFLUCAN SUS 10MG/ML                                  | 3                |                            |
| DIFLUCAN SUS 40MG/ML                                  | 3                |                            |
| DIFLUCAN TAB 50MG                                     | 3                |                            |
| DIFLUCAN TAB 100MG                                    | 3                |                            |
| DIFLUCAN TAB 150MG                                    | 3                |                            |
| DIFLUCAN TAB 200MG                                    | 3                |                            |
| <i>fluconazole for susp 10 mg/ml</i>                  | 1                |                            |
| <i>fluconazole for susp 40 mg/ml</i>                  | 1                |                            |
| <i>fluconazole tab 50 mg</i>                          | 1                |                            |
| <i>fluconazole tab 100 mg</i>                         | 1                |                            |
| <i>fluconazole tab 150 mg</i>                         | 1                |                            |
| <i>fluconazole tab 200 mg</i>                         | 1                |                            |
| GRIS-PEG TAB 125MG                                    | 2                |                            |
| GRIS-PEG TAB 250MG                                    | 2                |                            |
| <i>griseofulvin microsize susp 125 mg/5ml</i>         | 1                |                            |
| <i>griseofulvin microsize tab 500 mg</i>              | 1                |                            |
| <i>griseofulvin ultramicrosize tab 125 mg</i>         | 1                |                            |
| <i>griseofulvin ultramicrosize tab 250 mg</i>         | 1                |                            |
| <i>itraconazole cap 100 mg</i>                        | 1                |                            |
| LAMISIL GRA 125MG                                     | 3                |                            |
| LAMISIL GRA 187.5MG                                   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| LAMISIL TAB 250MG  | 3                |                            |
| NOXAFIL SUS 40MG/ML  | 3                |                            |
| NOXAFIL TAB 100MG  | 3                |                            |
| <i>*nystatin oral powder*</i>                                    | 1                |                            |
| <i>nystatin susp 100000 unit/ml</i>                              | 1                |                            |
| <i>nystatin tab 500000 unit</i>                                  | 1                |                            |
| ONMEL TAB 200MG  | 3                |                            |
| ORAVIG TAB 50MG  | 3                |                            |
| SPORANOX CAP 100MG   | 3                |                            |
| SPORANOX SOL 10MG/ML   | 3                |                            |
| <i>terbinafine hcl tab 250 mg</i>                                | 1                |                            |
| VFEND SUS 40MG/ML  | 2                |                            |
| VFEND TAB 50MG   | 2                |                            |
| VFEND TAB 200MG  | 2                |                            |
| <i>voriconazole for susp 40 mg/ml</i>                            | 1                |                            |
| <i>voriconazole tab 50 mg</i>                                    | 1                |                            |
| <i>voriconazole tab 200 mg</i>                                   | 1                |                            |
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                    |                  |                            |
| ARALEN TAB 500MG   | 2                |                            |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>                   | 1                |                            |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>                   | 1                |                            |
| <i>chloroquine phosphate tab 250 mg</i>                          | 1                |                            |
| <i>chloroquine phosphate tab 500 mg</i>                          | 1                |                            |
| COARTEM TAB 20-120MG   | 3                |                            |
| MALARONE TAB 62.5-25   | 2                |                            |
| MALARONE TAB 250-100   | 2                |                            |
| <i>mefloquine hcl tab 250 mg</i>                                 | 1                |                            |
| PRIMAQUINE TAB 26.3MG  | 3                |                            |
| <b>ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS</b>                 |                  |                            |
| TYBOST TAB 150MG   | 3                |                            |
| <b>ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS</b>              |                  |                            |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                | 1                |                            |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 1                |                            |
| ATRIPLA TAB  | 2                |                            |
| BIKTARVY TAB   | 2                |                            |
| CIMDUO TAB 300-300   | 2                |                            |
| COMBIVIR TAB 150-300   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| COMPLERA TAB   | 2                |                            |
| DESCOVY TAB 200/25                                     | 2                |                            |
| EPZICOM TAB 600-300                                    | 3                |                            |
| EVOTAZ TAB 300-150                                     | 2                |                            |
| GENVOYA TAB  | 2                |                            |
| JULUCA TAB 50-25MG                                     | 3                |                            |
| <i>lamivudine-zidovudine tab 150-300 mg</i>            | 1                |                            |
| ODEFSEY TAB  | 2                |                            |
| PREZCOBIX TAB 800-150                                  | 2                |                            |
| STRIBILD TAB   | 2                |                            |
| SYMFI LO TAB   | 2                |                            |
| SYMFI TAB  | 2                |                            |
| TEMIXYS TAB 300-300                                    | 2                |                            |
| TRIUMEQ TAB  | 2                |                            |
| TRIZIVIR TAB   | 3                |                            |
| TRUVADA TAB 100-150                                    | 2                |                            |
| TRUVADA TAB 133-200                                    | 2                |                            |
| TRUVADA TAB 167-250                                    | 2                |                            |
| TRUVADA TAB 200-300                                    | 2                |                            |
| <b>ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS</b> |                  |                            |
| SELZENTRY SOL 20MG/ML                                  | 3                |                            |
| SELZENTRY TAB 25MG                                     | 3                |                            |
| SELZENTRY TAB 75MG                                     | 3                |                            |
| SELZENTRY TAB 150MG                                    | 3                |                            |
| SELZENTRY TAB 300MG                                    | 3                |                            |
| <b>ANTIRETROVIRALS, FUSION INHIBITORS</b>              |                  |                            |
| FUZEON INJ 90MG  | 4                | PA                         |
| <b>ANTIRETROVIRALS, INTEGRASE INHIBITORS</b>           |                  |                            |
| ISENTRESS CHW 25MG                                     | 2                |                            |
| ISENTRESS CHW 100MG                                    | 2                |                            |
| ISENTRESS POW 100MG                                    | 2                |                            |
| ISENTRESS TAB 400MG                                    | 2                |                            |
| TIVICAY TAB 10MG                                       | 2                |                            |
| TIVICAY TAB 25MG                                       | 2                |                            |
| TIVICAY TAB 50MG                                       | 2                |                            |
| VITEKTA TAB 85MG                                       | 3                |                            |
| VITEKTA TAB 150MG                                      | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b> |                  |                            |
| EDURANT TAB 25MG  | 2                |                            |
| <i>efavirenz cap 50 mg</i>  | 1                |                            |
| <i>efavirenz cap 200 mg</i>   | 1                |                            |
| <i>efavirenz tab 600 mg</i>   | 1                |                            |
| INTELENCE TAB 25MG  | 2                |                            |
| INTELENCE TAB 100MG   | 2                |                            |
| INTELENCE TAB 200MG   | 2                |                            |
| <i>nevirapine susp 50 mg/5ml</i>  | 1                |                            |
| <i>nevirapine tab 200 mg</i>  | 1                |                            |
| <i>nevirapine tab er 24hr 100 mg</i>                                    | 1                |                            |
| <i>nevirapine tab er 24hr 400 mg</i>                                    | 1                |                            |
| RESCRIPTOR TAB 100 MG   | 3                |                            |
| RESCRIPTOR TAB 200MG  | 3                |                            |
| SUSTIVA CAP 50MG  | 3                |                            |
| SUSTIVA CAP 200MG   | 3                |                            |
| SUSTIVA TAB 600MG   | 3                |                            |
| VIRAMUNE SUS 50MG/5ML   | 3                |                            |
| VIRAMUNE TAB 200MG  | 3                |                            |
| VIRAMUNE XR TAB 400MG   | 3                |                            |
| <b>ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>     |                  |                            |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>                      | 1                |                            |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>                         | 1                |                            |
| <i>didanosine delayed release capsule 125 mg</i>                        | 1                |                            |
| <i>didanosine delayed release capsule 200 mg</i>                        | 1                |                            |
| <i>didanosine delayed release capsule 250 mg</i>                        | 1                |                            |
| <i>didanosine delayed release capsule 400 mg</i>                        | 1                |                            |
| EMTRIVA CAP 200MG   | 2                |                            |
| EMTRIVA SOL 10MG/ML   | 2                |                            |
| EPIVIR SOL 10MG/ML  | 3                |                            |
| EPIVIR TAB 150MG  | 3                |                            |
| EPIVIR TAB 300MG  | 3                |                            |
| <i>lamivudine oral soln 10 mg/ml</i>                                    | 1                |                            |
| <i>lamivudine tab 150 mg</i>  | 1                |                            |
| <i>lamivudine tab 300 mg</i>  | 1                |                            |
| RETROVIR CAP 100MG  | 2                |                            |

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

22

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| RETROVIR SYP 50MG/5ML                  | 2                |                            |
| <i>stavudine cap 15 mg</i>             | 1                |                            |
| <i>stavudine cap 20 mg</i>             | 1                |                            |
| <i>stavudine cap 30 mg</i>             | 1                |                            |
| <i>stavudine cap 40 mg</i>             | 1                |                            |
| <i>stavudine for oral soln 1 mg/ml</i> | 1                |                            |
| VIDEX EC CAP 125MG                     | 2                |                            |
| VIDEX EC CAP 200MG                     | 2                |                            |
| VIDEX EC CAP 250MG                     | 2                |                            |
| VIDEX EC CAP 400MG                     | 2                |                            |
| VIDEX SOL 2GM                          | 3                |                            |
| VIDEX SOL 4GM                          | 3                |                            |
| ZERIT CAP 15MG                         | 2                |                            |
| ZERIT CAP 20MG                         | 2                |                            |
| ZERIT CAP 30MG                         | 2                |                            |
| ZERIT CAP 40MG                         | 2                |                            |
| ZERIT SOL 1MG/ML                       | 2                |                            |
| ZIAGEN SOL 20MG/ML                     | 3                |                            |
| ZIAGEN TAB 300MG                       | 3                |                            |
| <i>zidovudine cap 100 mg</i>           | 1                |                            |
| <i>zidovudine syrup 10 mg/ml</i>       | 1                |                            |
| <i>zidovudine tab 300 mg</i>           | 1                |                            |

### **ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS**

|   |   |  |
|---|---|--|
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 1 |  |
| VIREAD POW 40MG/GM                              | 2 |  |
| VIREAD TAB 150MG                                | 2 |  |
| VIREAD TAB 200MG                                | 2 |  |
| VIREAD TAB 250MG                                | 2 |  |
| VIREAD TAB 300MG                                | 2 |  |

### **ANTIRETROVIRALS, PROTEASE INHIBITORS**

|   |   |  |
|---|---|--|
| APTIVUS CAP 250MG                                 | 3 |  |
| APTIVUS SOL                                       | 3 |  |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | 1 |  |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | 1 |  |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> | 1 |  |
| CRIXIVAN CAP 200MG                                | 3 |  |
| CRIXIVAN CAP 400MG                                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i>         | 1                |                            |
| INVIRASE CAP 200MG   | 3                |                            |
| INVIRASE TAB 500MG   | 3                |                            |
| KALETRA SOL  | 2                |                            |
| KALETRA TAB 100-25MG   | 2                |                            |
| KALETRA TAB 200-50MG   | 2                |                            |
| LEXIVA SUS 50MG/ML   | 3                |                            |
| LEXIVA TAB 700MG   | 3                |                            |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1                |                            |
| NORVIR CAP 100MG   | 2                |                            |
| NORVIR SOL 80MG/ML   | 2                |                            |
| NORVIR TAB 100MG   | 2                |                            |
| PREZISTA SUS 100MG/ML  | 2                |                            |
| PREZISTA TAB 75MG  | 2                |                            |
| PREZISTA TAB 150MG   | 2                |                            |
| PREZISTA TAB 600MG   | 2                |                            |
| PREZISTA TAB 800MG   | 2                |                            |
| REYATAZ CAP 150MG  | 2                |                            |
| REYATAZ CAP 200MG  | 2                |                            |
| REYATAZ CAP 300MG  | 2                |                            |
| REYATAZ POW 50MG   | 2                |                            |
| VIRACEPT TAB 250MG   | 3                |                            |
| VIRACEPT TAB 625MG   | 3                |                            |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>   |                  |                            |
| <i>cycloserine cap 250 mg</i>                                | 1                |                            |
| <i>ethambutol hcl tab 100 mg</i>                             | 1                |                            |
| <i>ethambutol hcl tab 400 mg</i>                             | 1                |                            |
| <i>isoniazid syrup 50 mg/5ml</i>                             | 1                |                            |
| <i>isoniazid tab 100 mg</i>                                  | 1                |                            |
| <i>isoniazid tab 300 mg</i>                                  | 1                |                            |
| MYAMBUTOL TAB 100MG  | 2                |                            |
| MYAMBUTOL TAB 400MG  | 2                |                            |
| PASER GRA 4GM  | 3                |                            |
| PRIFTIN TAB 150MG  | 3                |                            |
| <i>pyrazinamide tab 500 mg</i>                               | 1                |                            |
| RIFADIN CAP 150MG  | 2                |                            |
| RIFADIN CAP 300MG  | 2                |                            |
| RIFAMATE CAP   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>rifampin cap 150 mg</i>                               | 1                |                            |
| <i>rifampin cap 300 mg</i>                               | 1                |                            |
| RIFATER TAB  | 3                |                            |
| SIRTURO TAB 100MG  | 3                |                            |
| TRECTOR TAB 250MG  | 3                |                            |
| <b>ANTIVIRALS, CYTOMEGALOVIRUS AGENTS</b>                |                  |                            |
| PREVYMIS TAB 240MG                                       | 3                |                            |
| PREVYMIS TAB 480MG                                       | 3                |                            |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | 1                |                            |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | 1                |                            |
| <b>ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B</b>         |                  |                            |
| <i>adefovir dipivoxil tab 10 mg</i>                      | 1                |                            |
| BARACLUDE SOL  | 2                |                            |
| <i>entecavir tab 0.5 mg</i>                              | 1                |                            |
| <i>entecavir tab 1 mg</i>                                | 1                |                            |
| EPIVIR HBV SOL 5MG/ML                                    | 3                |                            |
| EPIVIR HBV TAB 100MG                                     | 3                |                            |
| HEPSERA TAB 10MG   | 3                |                            |
| <i>lamivudine tab 100 mg (hbv)</i>                       | 1                |                            |
| TYZEKA TAB 600MG   | 3                |                            |
| VEMLIDY TAB 25MG   | 3                |                            |
| <b>ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C</b>         |                  |                            |
| EPCLUSA TAB 400-100                                      | 2                | PA                         |
| HARVONI TAB 45-200MG                                     | 2                | PA                         |
| HARVONI TAB 90-400MG                                     | 2                | PA                         |
| MODERIBA PAK 800/DAY                                     | 3                | PA                         |
| MODERIBA PAK 1200/DAY                                    | 3                | PA                         |
| MODERIBA TAB 600/DAY                                     | 3                | PA                         |
| MODERIBA TAB 1000/DAY                                    | 3                | PA                         |
| REBETOL CAP 200MG  | 3                | PA                         |
| REBETOL SOL 40MG/ML                                      | 2                | PA                         |
| <i>ribavirin cap 200 mg</i>                              | 1                | PA                         |
| <i>ribavirin tab 200 mg</i>                              | 1                | PA                         |
| <i>ribavirin tab 400 mg</i>                              | 1                | PA                         |
| <i>ribavirin tab 600 mg</i>                              | 1                | PA                         |
| SOVALDI TAB 200MG  | 3                | PA                         |
| SOVALDI TAB 400MG  | 3                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b> | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|------------------|------------------|---|
| VOSEVI TAB       | 2                | PA; 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) |

**ANTIVIRALS, 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 |  |
| FAMVIR TAB 125MG                   | 3 |  |
| FAMVIR TAB 250MG                   | 3 |  |
| FAMVIR TAB 500MG                   | 3 |  |
| SITAVIG TAB 50MG                   | 3 |  |
| <i>valacyclovir hcl tab 1 gm</i>   | 1 |  |
| <i>valacyclovir hcl tab 500 mg</i> | 1 |  |
| ZOVIRAX CAP 200MG                  | 3 |  |
| ZOVIRAX SUS 200/5ML                | 3 |  |
| ZOVIRAX TAB 400MG                  | 3 |  |
| ZOVIRAX TAB 800MG                  | 3 |  |

**ANTIVIRALS, 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)     |
| RELENZA MIS DISKHALE                                       | 2 | QL (2 inhalers / 90 days) |
| TAMIFLU CAP 30MG   | 2 | QL (28 caps / 90 days)    |
| TAMIFLU CAP 45MG   | 2 | QL (14 caps / 90 days)    |
| TAMIFLU CAP 75MG   | 2 | QL (14 caps / 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TAMIFLU SUS 6MG/ML   | 2                | QL (180 mL / 90 days)      |
| <b>MISCELLANEOUS</b>   |                  |                            |
| AEMCOLO TAB 194MG  | 3                |                            |
| ALBENZA TAB 200MG  | 3                | QL (336 tabs / year)       |
| ALINIA SUS 100/5ML   | 3                |                            |
| ALINIA TAB 500MG   | 3                |                            |
| <i>atovaquone susp 750 mg/5ml</i>                                | 1                |                            |
| BENZNIDAZOLE TAB 12.5MG  | 3                |                            |
| BENZNIDAZOLE TAB 100MG   | 3                |                            |
| BILTRICIDE TAB 600MG   | 3                | QL (24 tabs / year)        |
| CLEOCIN CAP 75MG   | 2                |                            |
| CLEOCIN CAP 150MG  | 2                |                            |
| CLEOCIN CAP 300MG  | 2                |                            |
| CLEOCIN PED SOL 75MG/5ML   | 2                |                            |
| <i>clindamycin hcl cap 75 mg</i>                                 | 1                |                            |
| <i>clindamycin hcl cap 150 mg</i>                                | 1                |                            |
| <i>clindamycin hcl cap 300 mg</i>                                | 1                |                            |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 1                |                            |
| <i>dapsone tab 25 mg</i>   | 1                |                            |
| <i>dapsone tab 100 mg</i>  | 1                |                            |
| DARAPRIM TAB 25MG  | 3                | PA                         |
| EMVERM CHW 100MG   | 2                | QL (12 ea / year)          |
| FLAGYL CAP 375MG   | 3                |                            |
| FLAGYL ER TAB 750MG  | 3                |                            |
| FLAGYL TAB 250MG   | 3                |                            |
| FLAGYL TAB 500MG   | 3                |                            |
| FURADANTIN SUS 25MG/5ML  | 3                |                            |
| HIPREX TAB 1GM   | 3                |                            |
| IMPAVIDO CAP 50MG  | 3                |                            |
| <i>ivermectin tab 3 mg</i>                                       | 1                |                            |
| <i>linezolid for susp 100 mg/5ml</i>                             | 1                |                            |
| <i>linezolid tab 600 mg</i>                                      | 1                |                            |
| MACROBID CAP 100MG   | 2                |                            |
| MEPRON SUS   | 3                |                            |
| <i>methenamine hippurate tab 1 gm</i>                            | 1                |                            |
| <i>methenamine mandelate tab 0.5 gm</i>                          | 1                |                            |
| <i>methenamine mandelate tab 1 gm</i>                            | 1                |                            |
| <i>metronidazole cap 375 mg</i>                                  | 1                |                            |
| <i>metronidazole tab 250 mg</i>                                  | 1                |                            |

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

27

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>metronidazole tab 500 mg</i>                               | 1                |                            |
| MYCOBUTIN CAP 150MG   | 3                |                            |
| <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                |                            |
| <i>praziquantel tab 600 mg</i>                                | 1                | QL (24 tabs per year)      |
| PRIMSOL SOL 50MG/5ML  | 3                |                            |
| <i>rifabutin cap 150 mg</i>                                   | 1                |                            |
| SIVEXTRO TAB 200MG  | 3                |                            |
| STROMECTION TAB 3MG   | 3                |                            |
| TINDAMAX TAB 250MG  | 2                |                            |
| TINDAMAX TAB 500MG  | 2                |                            |
| <i>tinidazole tab 250 mg</i>                                  | 1                |                            |
| <i>tinidazole tab 500 mg</i>                                  | 1                |                            |
| <i>trimethoprim tab 100 mg</i>                                | 1                |                            |
| VANCOCIN CAP 250MG  | 2                |                            |
| VANCOCIN HCL CAP 125MG  | 2                |                            |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>            | 1                |                            |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>            | 1                |                            |
| XIFAXAN TAB 200MG   | 3                |                            |
| XIFAXAN TAB 550MG   | 2                |                            |
| ZYVOX TAB 600MG   | 3                |                            |

**ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER****ALKYLATING AGENTS**

|                           |   |  |
|---------------------------|---|--|
| ALKERAN TAB 2MG           | 0 |  |
| CYCLOPHOSPH CAP 25MG      | 0 |  |
| CYCLOPHOSPH CAP 50MG      | 0 |  |
| EMCYT CAP 140MG           | 0 |  |
| GLEOSTINE CAP 5MG         | 0 |  |
| GLEOSTINE CAP 10MG        | 0 |  |
| GLEOSTINE CAP 40MG        | 0 |  |
| GLEOSTINE CAP 100MG       | 0 |  |
| HEXALEN CAP 50MG          | 0 |  |
| LEUKERAN TAB 2MG          | 0 |  |
| <i>melphalan tab 2 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| MYLERAN TAB 2MG                                    | 0                |                            |
| TEMODAR CAP 5MG                                    | 0                | PA                         |
| TEMODAR CAP 20MG                                   | 0                | PA                         |
| TEMODAR CAP 100MG                                  | 0                | PA                         |
| TEMODAR CAP 140MG                                  | 0                | PA                         |
| TEMODAR CAP 180MG                                  | 0                | PA                         |
| TEMODAR CAP 250MG                                  | 0                | PA                         |
| <i>temozolomide cap 5 mg</i>                       | 0                | PA                         |
| <i>temozolomide cap 20 mg</i>                      | 0                | PA                         |
| <i>temozolomide cap 100 mg</i>                     | 0                | PA                         |
| <i>temozolomide cap 140 mg</i>                     | 0                | PA                         |
| <i>temozolomide cap 180 mg</i>                     | 0                | PA                         |
| <i>temozolomide cap 250 mg</i>                     | 0                | PA                         |
| VALCHLOR GEL 0.016%                                | 3                | PA                         |
| <b>ANTIMETABOLITES</b>                             |                  |                            |
| <i>azacitidine for inj 100 mg</i>                  | 4                | PA                         |
| <i>capecitabine tab 150 mg</i>                     | 0                | PA                         |
| <i>capecitabine tab 500 mg</i>                     | 0                | PA                         |
| <i>mercaptopurine tab 50 mg</i>                    | 0                |                            |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 0                |                            |
| PURIXAN SUS 20MG/ML                                | 0                |                            |
| TABLOID TAB 40MG                                   | 0                |                            |
| TREXALL TAB 5MG                                    | 0                |                            |
| TREXALL TAB 7.5MG                                  | 0                |                            |
| TREXALL TAB 10MG                                   | 0                |                            |
| TREXALL TAB 15MG                                   | 0                |                            |
| VIDAZA INJ 100MG                                   | 4                | PA                         |
| XATMEP SOL 2.5MG/ML                                | 0                |                            |
| XELODA TAB 150MG                                   | 0                | PA                         |
| XELODA TAB 500MG                                   | 0                | PA                         |
| <b>HORMONAL ANTINEOPLASTICS, ANTIANDROGENS</b>     |                  |                            |
| <i>abiraterone acetate tab 250 mg</i>              | 0                | PA                         |
| <i>bicalutamide tab 50 mg</i>                      | 0                |                            |
| CASODEX TAB 50MG                                   | 0                |                            |
| ERLEADA TAB 60MG                                   | 0                | PA                         |
| <i>flutamide cap 125 mg</i>                        | 0                |                            |
| <i>nilutamide tab 150 mg</i>                       | 1                |                            |
| NUBEQA TAB 300MG                                   | 0                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| XTANDI CAP 40MG  | 0                | PA                         |
| YONSA TAB 125MG  | 0                | PA                         |
| <b>HORMONAL ANTINEOPLASTICS, ANTIESTROGENS</b>   |                  |                            |
| FARESTON TAB 60MG  | 0                |                            |
| SOLTAMOX SOL 10MG/5ML  | 0                |                            |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>                                   | 0                |                            |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>                                   | 0                |                            |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>                                  | 0                |                            |
| <b>HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS</b>                                  |                  |                            |
| <i>anastrozole tab 1 mg</i>  | 0                |                            |
| ARIMIDEX TAB 1MG   | 0                |                            |
| AROMASIN TAB 25MG  | 0                |                            |
| <i>exemestane tab 25 mg</i>  | 0                |                            |
| FEMARA TAB 2.5MG   | 0                |                            |
| <i>letrozole tab 2.5 mg</i>  | 0                |                            |
| <b>HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b> |                  |                            |
| <i>leuprolide acetate inj kit 5 mg/ml</i>  | 4                | PA                         |
| <b>HORMONAL ANTINEOPLASTICS, PROGESTINS</b>  |                  |                            |
| <i>megestrol acetate tab 20 mg</i>   | 0                |                            |
| <i>megestrol acetate tab 40 mg</i>   | 0                |                            |
| <b>IMMUNOMODULATORS</b>  |                  |                            |
| POMALYST CAP 1MG   | 0                | PA                         |
| POMALYST CAP 2MG   | 0                | PA                         |
| POMALYST CAP 3MG   | 0                | PA                         |
| POMALYST CAP 4MG   | 0                | PA                         |
| REVLIMID CAP 2.5MG   | 0                | PA                         |
| REVLIMID CAP 5MG   | 0                | PA                         |
| REVLIMID CAP 10MG  | 0                | PA                         |
| REVLIMID CAP 15MG  | 0                | PA                         |
| REVLIMID CAP 20MG  | 0                | PA                         |
| REVLIMID CAP 25MG  | 0                | PA                         |
| THALOMID CAP 50MG  | 0                | PA                         |
| THALOMID CAP 100MG   | 0                | PA                         |
| THALOMID CAP 150MG   | 0                | PA                         |
| THALOMID CAP 200MG   | 0                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>KINASE INHIBITORS</b>                              |                  |                            |
| AFINITOR DIS TAB 2MG                                  | 0                | PA                         |
| AFINITOR DIS TAB 3MG                                  | 0                | PA                         |
| AFINITOR DIS TAB 5MG                                  | 0                | PA                         |
| AFINITOR TAB 2.5MG                                    | 0                | PA                         |
| AFINITOR TAB 5MG                                      | 0                | PA                         |
| AFINITOR TAB 7.5MG                                    | 0                | PA                         |
| AFINITOR TAB 10MG                                     | 0                | PA                         |
| ALECENSA CAP 150MG                                    | 0                | PA                         |
| ALUNBRIG PAK  | 0                | PA                         |
| ALUNBRIG TAB 30MG                                     | 0                | PA                         |
| ALUNBRIG TAB 90MG                                     | 0                | PA                         |
| ALUNBRIG TAB 180MG                                    | 0                | PA                         |
| BOSULIF TAB 100MG                                     | 0                | PA                         |
| BOSULIF TAB 400MG                                     | 1                | PA                         |
| BOSULIF TAB 500MG                                     | 0                | PA                         |
| BRAFTOVI CAP 50MG                                     | 0                | PA                         |
| BRAFTOVI CAP 75MG                                     | 0                | PA                         |
| CABOMETYX TAB 20MG                                    | 0                | PA                         |
| CABOMETYX TAB 40MG                                    | 0                | PA                         |
| CABOMETYX TAB 60MG                                    | 0                | PA                         |
| CALQUENCE CAP 100MG                                   | 0                | PA                         |
| CAPRELSA TAB 100MG                                    | 0                | PA                         |
| CAPRELSA TAB 300MG                                    | 0                | PA                         |
| COMETRIQ KIT 60MG                                     | 0                | PA                         |
| COMETRIQ KIT 100MG                                    | 0                | PA                         |
| COMETRIQ KIT 140MG                                    | 0                | PA                         |
| COTELLIC TAB 20MG                                     | 0                | PA                         |
| GILOTRIF TAB 20MG                                     | 0                | PA                         |
| GILOTRIF TAB 30MG                                     | 0                | PA                         |
| GILOTRIF TAB 40MG                                     | 0                | PA                         |
| IBRANCE CAP 75MG                                      | 0                | PA                         |
| IBRANCE CAP 100MG                                     | 0                | PA                         |
| IBRANCE CAP 125MG                                     | 0                | PA                         |
| ICLUSIG TAB 15MG                                      | 0                | PA                         |
| ICLUSIG TAB 45MG                                      | 0                | PA                         |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 0                | PA                         |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 0                | PA                         |

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

31

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------|------------------|----------------------------|
| IMBRUVICA CAP 70MG     | 0                | PA                         |
| IMBRUVICA CAP 140MG    | 0                | PA                         |
| IMBRUVICA TAB 280MG    | 0                | PA                         |
| IMBRUVICA TAB 420MG    | 0                | PA                         |
| IMBRUVICA TAB 560MG    | 0                | PA                         |
| INLYTA TAB 1MG         | 0                | PA                         |
| INLYTA TAB 5MG         | 0                | PA                         |
| IRESSA TAB 250MG       | 0                | PA                         |
| JAKAFI TAB 5MG         | 0                | PA                         |
| JAKAFI TAB 10MG        | 0                | PA                         |
| JAKAFI TAB 15MG        | 0                | PA                         |
| JAKAFI TAB 20MG        | 0                | PA                         |
| JAKAFI TAB 25MG        | 0                | PA                         |
| KISQALI 200 PAK FEMARA | 0                | PA                         |
| KISQALI 400 PAK FEMARA | 0                | PA                         |
| KISQALI 600 PAK FEMARA | 0                | PA                         |
| KISQALI TAB 200DOSE    | 0                | PA                         |
| KISQALI TAB 400DOSE    | 0                | PA                         |
| KISQALI TAB 600DOSE    | 0                | PA                         |
| LENVIMA CAP 4MG        | 0                | PA                         |
| LENVIMA CAP 10 MG      | 0                | PA                         |
| LENVIMA CAP 12MG       | 0                | PA                         |
| LENVIMA CAP 14 MG      | 0                | PA                         |
| LENVIMA CAP 20 MG      | 0                | PA                         |
| LENVIMA CAP 24 MG      | 0                | PA                         |
| LORBRENA TAB 25MG      | 0                | PA                         |
| LORBRENA TAB 100MG     | 0                | PA                         |
| MEKINIST TAB 0.5MG     | 0                | PA                         |
| MEKINIST TAB 2MG       | 0                | PA                         |
| MEKTOVI TAB 15MG       | 0                | PA                         |
| NERLYNX TAB 40MG       | 0                | PA                         |
| NEXAVAR TAB 200MG      | 0                | PA                         |
| RYDAPT CAP 25MG        | 0                | PA                         |
| SPRYCEL TAB 20MG       | 0                | PA                         |
| SPRYCEL TAB 50MG       | 0                | PA                         |
| SPRYCEL TAB 70MG       | 0                | PA                         |
| SPRYCEL TAB 80MG       | 0                | PA                         |
| SPRYCEL TAB 100MG      | 0                | PA                         |
| SPRYCEL TAB 140MG      | 0                | PA                         |
| STIVARGA TAB 40MG      | 0                | PA                         |

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

32

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------|------------------|----------------------------|
| SUTENT CAP 12.5MG                   | 0                | PA                         |
| SUTENT CAP 25MG                     | 0                | PA                         |
| SUTENT CAP 37.5MG                   | 0                | PA                         |
| SUTENT CAP 50MG                     | 0                | PA                         |
| TAFINLAR CAP 50MG                   | 0                | PA                         |
| TAFINLAR CAP 75MG                   | 0                | PA                         |
| TAGRISSE TAB 40MG                   | 0                | PA                         |
| TAGRISSE TAB 80MG                   | 0                | PA                         |
| TARCEVA TAB 25MG                    | 0                | PA                         |
| TARCEVA TAB 100MG                   | 0                | PA                         |
| TARCEVA TAB 150MG                   | 0                | PA                         |
| TYKERB TAB 250MG                    | 0                | PA                         |
| VERZENIO TAB 50MG                   | 0                | PA                         |
| VERZENIO TAB 100MG                  | 0                | PA                         |
| VERZENIO TAB 150MG                  | 0                | PA                         |
| VERZENIO TAB 200MG                  | 0                | PA                         |
| VITRAKVI CAP 25MG                   | 0                | PA                         |
| VITRAKVI CAP 100MG                  | 0                | PA                         |
| VITRAKVI SOL 20MG/ML                | 0                | PA                         |
| VOTRIENT TAB 200MG                  | 0                | PA                         |
| XALKORI CAP 200MG                   | 0                | PA                         |
| XALKORI CAP 250MG                   | 0                | PA                         |
| ZELBORAF TAB 240MG                  | 0                | PA                         |
| ZYDELIG TAB 100MG                   | 0                | PA                         |
| ZYDELIG TAB 150MG                   | 0                | PA                         |
| ZYKADIA CAP 150MG                   | 0                | PA                         |
| ZYKADIA TAB 150MG                   | 0                | PA                         |
| <b>MISCELLANEOUS</b>                |                  |                            |
| <i>bexarotene cap 75 mg</i>         | 0                | PA                         |
| DROXIA CAP 200MG                    | 0                |                            |
| DROXIA CAP 300MG                    | 0                |                            |
| DROXIA CAP 400MG                    | 0                |                            |
| ERIVEDGE CAP 150MG                  | 0                | PA                         |
| HYDREA CAP 500MG                    | 0                |                            |
| <i>hydroxyurea cap 500 mg</i>       | 0                |                            |
| IDHIFA TAB 50MG                     | 0                | PA                         |
| IDHIFA TAB 100MG                    | 0                | PA                         |
| <i>leucovorin calcium tab 5 mg</i>  | 0                |                            |
| <i>leucovorin calcium tab 10 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------|------------------|----------------------------|
| <i>leucovorin calcium tab 15 mg</i> | 0                |                            |
| <i>leucovorin calcium tab 25 mg</i> | 0                |                            |
| LYNPARZA CAP 50MG                   | 0                | PA                         |
| LYNPARZA TAB 100MG                  | 0                | PA                         |
| LYNPARZA TAB 150MG                  | 0                | PA                         |
| LYSODREN TAB 500MG                  | 0                |                            |
| MATULANE CAP 50MG                   | 0                |                            |
| MESNEX TAB 400MG                    | 0                |                            |
| NINLARO CAP 2.3MG                   | 0                | PA                         |
| NINLARO CAP 3MG                     | 0                | PA                         |
| NINLARO CAP 4MG                     | 0                | PA                         |
| ODOMZO CAP 200MG                    | 0                | PA                         |
| RUBRACA TAB 200MG                   | 0                | PA                         |
| RUBRACA TAB 250MG                   | 0                | PA                         |
| RUBRACA TAB 300MG                   | 0                | PA                         |
| SIKLOS TAB 100MG                    | 3                |                            |
| SIKLOS TAB 1000MG                   | 3                |                            |
| TARGRETIN CAP 75MG                  | 0                | PA                         |
| TARGRETIN GEL 1%                    | 3                | PA                         |
| TIBSOVO TAB 250MG                   | 0                | PA                         |
| <i>tretinoin cap 10 mg</i>          | 0                |                            |
| VENCLEXTA TAB 10MG                  | 0                | PA                         |
| VENCLEXTA TAB 50MG                  | 0                | PA                         |
| VENCLEXTA TAB 100MG                 | 0                | PA                         |
| VENCLEXTA TAB START PK              | 0                | PA                         |
| VISTOGARD PAK 10GM                  | 2                |                            |
| ZEJULA CAP 100MG                    | 0                | PA                         |
| ZOLINZA CAP 100MG                   | 0                | PA                         |

**MITOTIC INHIBITORS**

|                            |   |  |
|----------------------------|---|--|
| <i>etoposide cap 50 mg</i> | 0 |  |
|----------------------------|---|--|

**TOPOISOMERASE INHIBITORS**

|                     |   |    |
|---------------------|---|----|
| HYCAMTIN CAP 0.25MG | 0 | PA |
| HYCAMTIN CAP 1MG    | 0 | PA |

**CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS****ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

|   |   |  |
|---|---|--|
| <i>amlodipine besylate-benazepril hcl cap<br/>2.5-10 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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                |                            |
| LOTREL CAP 2.5-10MG  | 2                |                            |
| LOTREL CAP 5-10MG  | 2                |                            |
| LOTREL CAP 5-20MG  | 2                |                            |
| LOTREL CAP 10-20MG   | 2                |                            |
| LOTREL CAP 10-40MG   | 2                |                            |
| TARKA TAB 1-240 CR   | 2                |                            |
| TARKA TAB 2-180 CR   | 2                |                            |
| TARKA TAB 2-240 CR   | 2                |                            |
| TARKA TAB 4-240 CR   | 2                |                            |
| <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                |                            |
| <b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>                 |                  |                            |
| ACCURETIC TAB 10-12.5                                      | 3                |                            |
| ACCURETIC TAB 20-12.5                                      | 3                |                            |
| ACCURETIC TAB 20-25MG                                      | 3                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>  | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>   | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>    | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>    | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>    | 1                |                            |

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

35

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| LOTENSIN HCT TAB 10-12.5  | 3                |                            |
| LOTENSIN HCT TAB 20-12.5  | 3                |                            |
| LOTENSIN HCT TAB 20-25MG  | 3                |                            |
| <i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>              | 1                |                            |
| <i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>               | 1                |                            |
| <i>moexipril-hydrochlorothiazide tab 15-25 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                |                            |
| VASERETIC TAB 10-25MG   | 3                |                            |
| ZESTORETIC TAB 10-12.5  | 3                |                            |
| ZESTORETIC TAB 20-12.5  | 3                |                            |
| ZESTORETIC TAB 20-25MG  | 3                |                            |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>        |                  |                            |
| ACCUPRIL TAB 5MG  | 3                |                            |
| ACCUPRIL TAB 10MG   | 3                |                            |
| ACCUPRIL TAB 20MG   | 3                |                            |
| ACCUPRIL TAB 40MG   | 3                |                            |
| ACEON TAB 4MG   | 3                |                            |
| ACEON TAB 8MG   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| ALTACE CAP 1.25MG                    | 3                |                            |
| ALTACE CAP 2.5MG                     | 3                |                            |
| ALTACE CAP 5MG                       | 3                |                            |
| ALTACE CAP 10MG                      | 3                |                            |
| <i>benazepril hcl tab 5 mg</i>       | 1                |                            |
| <i>benazepril hcl tab 10 mg</i>      | 1                |                            |
| <i>benazepril hcl tab 20 mg</i>      | 1                |                            |
| <i>benazepril hcl tab 40 mg</i>      | 1                |                            |
| <i>captopril tab 12.5 mg</i>         | 1                |                            |
| <i>captopril tab 25 mg</i>           | 1                |                            |
| <i>captopril tab 50 mg</i>           | 1                |                            |
| <i>captopril tab 100 mg</i>          | 1                |                            |
| <i>enalapril maleate 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                |                            |
| EPANED SOL 1MG/ML                    | 3                |                            |
| <i>fosinopril sodium tab 10 mg</i>   | 1                |                            |
| <i>fosinopril sodium tab 20 mg</i>   | 1                |                            |
| <i>fosinopril sodium tab 40 mg</i>   | 1                |                            |
| <i>lisinopril tab 2.5 mg</i>         | 1                |                            |
| <i>lisinopril tab 5 mg</i>           | 1                |                            |
| <i>lisinopril tab 10 mg</i>          | 1                |                            |
| <i>lisinopril tab 20 mg</i>          | 1                |                            |
| <i>lisinopril tab 30 mg</i>          | 1                |                            |
| <i>lisinopril tab 40 mg</i>          | 1                |                            |
| LOTENSIN TAB 10MG                    | 3                |                            |
| LOTENSIN TAB 20MG                    | 3                |                            |
| LOTENSIN TAB 40MG                    | 3                |                            |
| MAVIK TAB 1MG                        | 3                |                            |
| MAVIK TAB 2MG                        | 3                |                            |
| MAVIK TAB 4MG                        | 3                |                            |
| <i>moexipril hcl tab 7.5 mg</i>      | 1                |                            |
| <i>moexipril hcl tab 15 mg</i>       | 1                |                            |
| <i>perindopril erbumine tab 2 mg</i> | 1                |                            |
| <i>perindopril erbumine tab 4 mg</i> | 1                |                            |
| <i>perindopril erbumine tab 8 mg</i> | 1                |                            |
| PRINIVIL TAB 5MG                     | 3                |                            |
| PRINIVIL TAB 10MG                    | 3                |                            |
| PRINIVIL TAB 20MG                    | 3                |                            |

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

37

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| QBRELIS SOL 1MG/ML                           | 3                |                            |
| <i>quinapril hcl tab 5 mg</i>                | 1                |                            |
| <i>quinapril hcl tab 10 mg</i>               | 1                |                            |
| <i>quinapril hcl tab 20 mg</i>               | 1                |                            |
| <i>quinapril hcl tab 40 mg</i>               | 1                |                            |
| <i>ramipril cap 1.25 mg</i>                  | 1                |                            |
| <i>ramipril cap 2.5 mg</i>                   | 1                |                            |
| <i>ramipril cap 5 mg</i>                     | 1                |                            |
| <i>ramipril cap 10 mg</i>                    | 1                |                            |
| <i>trandolapril tab 1 mg</i>                 | 1                |                            |
| <i>trandolapril tab 2 mg</i>                 | 1                |                            |
| <i>trandolapril tab 4 mg</i>                 | 1                |                            |
| VASOTEC TAB 2.5MG                            | 3                |                            |
| VASOTEC TAB 5MG                              | 3                |                            |
| VASOTEC TAB 10MG                             | 3                |                            |
| VASOTEC TAB 20MG                             | 3                |                            |
| ZESTRIL TAB 2.5MG                            | 3                |                            |
| ZESTRIL TAB 30MG                             | 3                |                            |
| ZESTRIL TAB 40MG                             | 3                |                            |
| <b>ADRENOLYTICS, CENTRAL</b>                 |                  |                            |
| CATAPRES TAB 0.1MG                           | 2                |                            |
| CATAPRES TAB 0.2MG                           | 2                |                            |
| CATAPRES TAB 0.3MG                           | 2                |                            |
| CATAPRES-TTS DIS 0.1/24HR                    | 2                |                            |
| CATAPRES-TTS DIS 0.2/24HR                    | 2                |                            |
| CATAPRES-TTS DIS 0.3/24HR                    | 2                |                            |
| <i>clonidine hcl tab 0.1 mg</i>              | 1                |                            |
| <i>clonidine hcl tab 0.2 mg</i>              | 1                |                            |
| <i>clonidine hcl tab 0.3 mg</i>              | 1                |                            |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | 1                |                            |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | 1                |                            |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | 1                |                            |
| <i>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                |                            |
| TENEX TAB 1MG                                | 2                |                            |
| TENEX TAB 2MG                                | 2                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS</b>                           |                  |                            |
| <i>clonidine &amp; chlorthalidone tab 0.1-15 mg</i>                          | 1                |                            |
| <i>clonidine &amp; chlorthalidone tab 0.2-15 mg</i>                          | 1                |                            |
| <i>clonidine &amp; chlorthalidone tab 0.3-15 mg</i>                          | 1                |                            |
| <i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>                    | 1                |                            |
| <i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>                    | 1                |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b> |                  |                            |
| ALDACTONE TAB 25MG   | 2                |                            |
| ALDACTONE TAB 50MG   | 2                |                            |
| ALDACTONE TAB 100MG  | 2                |                            |
| <i>eplerenone tab 25 mg</i>  | 1                |                            |
| <i>eplerenone tab 50 mg</i>  | 1                |                            |
| INSPRA TAB 25MG  | 2                |                            |
| INSPRA TAB 50MG  | 2                |                            |
| <i>spironolactone tab 25 mg</i>  | 1                |                            |
| <i>spironolactone tab 50 mg</i>  | 1                |                            |
| <i>spironolactone tab 100 mg</i>   | 1                |                            |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |                  |                            |
| CARDURA TAB 1MG  | 3                |                            |
| CARDURA TAB 2MG  | 3                |                            |
| CARDURA TAB 4MG  | 3                |                            |
| CARDURA TAB 8MG  | 3                |                            |
| <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                |                            |
| MINIPRESS CAP 1MG  | 3                |                            |
| MINIPRESS CAP 2MG  | 3                |                            |
| MINIPRESS CAP 5MG  | 3                |                            |
| <i>prazosin hcl cap 1 mg</i>   | 1                |                            |
| <i>prazosin hcl cap 2 mg</i>   | 1                |                            |
| <i>prazosin hcl cap 5 mg</i>   | 1                |                            |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>                              | 1                |                            |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>                              | 1                |                            |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>                              | 1                |                            |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>                             | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS</b>          |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>                             | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>                             | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>                            | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>                            | 1                |                            |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                                       | 1                |                            |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                                       | 1                |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                                      | 1                |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                                      | 1                |                            |
| AZOR TAB 5-20MG   | 3                |                            |
| AZOR TAB 5-40MG   | 3                |                            |
| AZOR TAB 10-20MG  | 3                |                            |
| AZOR TAB 10-40MG  | 3                |                            |
| <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                |                            |
| TWYNSTA TAB 40-5MG  | 3                |                            |
| TWYNSTA TAB 40-10MG   | 3                |                            |
| TWYNSTA TAB 80-5MG  | 3                |                            |
| TWYNSTA TAB 80-10MG   | 3                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS</b> |                  |                            |
| <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                |                            |

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

40

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>amlodipine-valsartan-hydrochlorothiazide<br/>tab 10-320-25 mg</i>   | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide<br/>tab 20-5-12.5 mg</i>  | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide<br/>tab 40-5-12.5 mg</i>  | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide<br/>tab 40-5-25 mg</i>    | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide<br/>tab 40-10-12.5 mg</i> | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide<br/>tab 40-10-25 mg</i>   | 1                |                            |
| TRIBENZOR20- TAB 5-12.5MG  | 3                |                            |
| TRIBENZOR40- TAB 5-12.5MG  | 3                |                            |
| TRIBENZOR40- TAB 5-25MG  | 3                |                            |
| TRIBENZOR40- TAB 10-12.5   | 3                |                            |
| TRIBENZOR40- TAB 10-25MG   | 3                |                            |

### **ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS**

|   |   |  |
|---|---|--|
| AVALIDE TAB 150-12.5  | 3 |  |
| AVALIDE TAB 300-12.5  | 3 |  |
| <i>candesartan cilexetil-hydrochlorothiazide<br/>tab 16-12.5 mg</i>     | 1 |  |
| <i>candesartan cilexetil-hydrochlorothiazide<br/>tab 32-12.5 mg</i>     | 1 |  |
| <i>candesartan cilexetil-hydrochlorothiazide<br/>tab 32-25 mg</i>       | 1 |  |
| HYZAAR TAB 50-12.5  | 3 |  |
| HYZAAR TAB 100-12.5   | 3 |  |
| HYZAAR TAB 100-25   | 3 |  |
| <i>irbesartan-hydrochlorothiazide tab<br/>150-12.5 mg</i>               | 1 |  |
| <i>irbesartan-hydrochlorothiazide tab<br/>300-12.5 mg</i>               | 1 |  |
| <i>losartan potassium &amp; hydrochlorothiazide<br/>tab 50-12.5 mg</i>  | 1 |  |
| <i>losartan potassium &amp; hydrochlorothiazide<br/>tab 100-12.5 mg</i> | 1 |  |
| <i>losartan potassium &amp; hydrochlorothiazide<br/>tab 100-25 mg</i>   | 1 |  |
| MICARDIS HCT TAB 40/12.5  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| MICARDIS HCT TAB 80-25MG                                       | 3                |                            |
| MICARDIS HCT TAB 80/12.5                                       | 3                |                            |
| <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>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>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>            | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>           | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>             | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>           | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>             | 1                |                            |

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

|  |   |  |
|--|---|--|
| AVAPRO TAB 75MG                        | 3 |  |
| AVAPRO TAB 150MG                       | 3 |  |
| AVAPRO TAB 300MG                       | 3 |  |
| <i>candesartan cilexetil tab 4 mg</i>  | 1 |  |
| <i>candesartan cilexetil tab 8 mg</i>  | 1 |  |
| <i>candesartan cilexetil tab 16 mg</i> | 1 |  |
| <i>candesartan cilexetil tab 32 mg</i> | 1 |  |
| COZAAR TAB 25MG                        | 3 |  |
| COZAAR TAB 50MG                        | 3 |  |
| COZAAR TAB 100MG                       | 3 |  |
| <i>eprosartan mesylate tab 600 mg</i>  | 1 |  |
| <i>irbesartan tab 75 mg</i>            | 1 |  |
| <i>irbesartan tab 150 mg</i>           | 1 |  |
| <i>irbesartan tab 300 mg</i>           | 1 |  |
| <i>losartan potassium tab 25 mg</i>    | 1 |  |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>losartan potassium tab 50 mg</i>                    | 1                |                            |
| <i>losartan potassium tab 100 mg</i>                   | 1                |                            |
| MICARDIS TAB 20MG                                      | 3                |                            |
| MICARDIS TAB 40MG                                      | 3                |                            |
| MICARDIS TAB 80MG                                      | 3                |                            |
| <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                |                            |
| <b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b> |                  |                            |
| <i>amiodarone hcl tab 100 mg</i>                       | 1                |                            |
| <i>amiodarone hcl tab 200 mg</i>                       | 1                |                            |
| <i>amiodarone hcl tab 400 mg</i>                       | 1                |                            |
| CORDARONE TAB 200MG                                    | 2                |                            |
| <i>disopyramide phosphate cap 100 mg</i>               | 1                |                            |
| <i>disopyramide phosphate cap 150 mg</i>               | 1                |                            |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>               | 1                |                            |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>                | 1                |                            |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>                 | 1                |                            |
| <i>flecainide acetate tab 50 mg</i>                    | 1                |                            |
| <i>flecainide acetate tab 100 mg</i>                   | 1                |                            |
| <i>flecainide acetate tab 150 mg</i>                   | 1                |                            |
| MULTAQ TAB 400MG                                       | 2                |                            |
| NORPACE CAP 100MG                                      | 2                |                            |
| NORPACE CAP 100MG CR                                   | 2                |                            |
| NORPACE CAP 150MG                                      | 2                |                            |
| NORPACE CAP 150MG CR                                   | 2                |                            |
| <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                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| RYTHMOL SR CAP 225MG                                   | 2                |                            |
| RYTHMOL SR CAP 325MG                                   | 2                |                            |
| RYTHMOL SR CAP 425MG                                   | 2                |                            |
| RYTHMOL TAB 150MG                                      | 2                |                            |
| RYTHMOL TAB 225MG                                      | 2                |                            |
| <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                |                            |
| SOTYLIZE SOL 5MG/ML                                    | 3                |                            |
| TIKOSYN CAP 125MCG                                     | 2                | PA                         |
| TIKOSYN CAP 250MCG                                     | 2                | PA                         |
| TIKOSYN CAP 500MCG                                     | 2                | PA                         |
| <b>ANTILIPEMICS, BILE ACID RESINS</b>                  |                  |                            |
| <i>cholestyramine light powder 4 gm/dose</i>           | 1                |                            |
| <i>cholestyramine light powder packets 4 gm</i>        | 1                |                            |
| <i>cholestyramine powder 4 gm/dose</i>                 | 1                |                            |
| <i>cholestyramine powder packets 4 gm</i>              | 1                |                            |
| <i>colesevelam hcl packet for susp 3.75 gm</i>         | 1                |                            |
| <i>colesevelam hcl tab 625 mg</i>                      | 1                |                            |
| COLESTID GRA 5GM                                       | 3                |                            |
| COLESTID POW 5GM                                       | 3                |                            |
| COLESTID TAB 1GM                                       | 3                |                            |
| <i>colestipol hcl granule packets 5 gm</i>             | 1                |                            |
| <i>colestipol hcl granules 5 gm</i>                    | 1                |                            |
| <i>colestipol hcl tab 1 gm</i>                         | 1                |                            |
| QUESTRAN POW 4GM                                       | 3                |                            |
| QUESTRAN POW 4GM LITE                                  | 3                |                            |
| WELCHOL PAK 3.75GM                                     | 3                |                            |
| WELCHOL TAB 625MG                                      | 3                |                            |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS</b> |                  |                            |
| <i>ezetimibe tab 10 mg</i>                             | 1                |                            |
| <b>ANTILIPEMICS, FIBRATES</b>                          |                  |                            |
| ANTARA CAP 30MG  | 3                |                            |
| ANTARA CAP 90MG  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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 50 mg</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 130 mg</i>                         | 1                |                            |
| <i>fenofibrate micronized cap 134 mg</i>                         | 1                |                            |
| <i>fenofibrate micronized cap 200 mg</i>                         | 1                |                            |
| <i>fenofibrate tab 40 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                |                            |
| FENOGLIDE TAB 40MG   | 3                |                            |
| FENOGLIDE TAB 120MG  | 3                |                            |
| FIBRICOR TAB 35MG  | 3                |                            |
| FIBRICOR TAB 105MG   | 3                |                            |
| <i>gemfibrozil tab 600 mg</i>                                    | 1                |                            |
| LIPOFEN CAP 50MG   | 3                |                            |
| LIPOFEN CAP 150MG  | 3                |                            |
| LOFIBRA CAP 67MG   | 3                |                            |
| LOFIBRA CAP 134MG  | 3                |                            |
| LOFIBRA CAP 200MG  | 3                |                            |
| LOFIBRA TAB 54MG   | 3                |                            |
| LOFIBRA TAB 160MG  | 3                |                            |
| LOPID TAB 600MG  | 3                |                            |
| TRIGLIDE TAB 160MG   | 3                |                            |
| TRILIPIX CAP 45MG  | 3                |                            |
| TRILIPIX CAP 135MG   | 3                |                            |

**ANTILIPEMICS, HMG-COA REDUCTASE  
INHIBITORS/COMBINATIONS**

|   |   |   |
|---|---|---|
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | 0 |   |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | 0 | \$0 copay for members age 40 through 75 |

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

45

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--|------------------|---|
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>        | 1                |   |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>        | 1                |   |
| <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                |   |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>          | 0                |   |
| <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                |   |
| <i>lovastatin tab 10 mg</i>                                    | 0                |   |
| <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 |
| MEVACOR TAB 40MG   | 3                |   |
| PRAVACHOL TAB 20MG   | 3                |   |
| PRAVACHOL TAB 40MG   | 3                |   |
| PRAVACHOL TAB 80MG   | 3                |   |
| <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                |   |
| <i>pravastatin sodium tab 80 mg</i>                            | 0                |   |
| <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                |   |
| <i>simvastatin tab 40 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>simvastatin tab 80 mg</i>   | 1                |                            |
| VYTORIN TAB 10-10MG  | 3                |                            |
| VYTORIN TAB 10-20MG  | 3                |                            |
| VYTORIN TAB 10-40MG  | 3                |                            |
| VYTORIN TAB 10-80MG  | 3                |                            |
| ZOCOR TAB 5MG  | 3                |                            |
| ZOCOR TAB 10MG   | 3                |                            |
| ZOCOR TAB 20MG   | 3                |                            |
| ZOCOR TAB 40MG   | 3                |                            |
| ZOCOR TAB 80MG   | 3                |                            |
| <b>ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS</b> |                  |                            |
| JUXTAPID CAP 5MG   | 3                | PA                         |
| JUXTAPID CAP 10MG  | 3                | PA                         |
| JUXTAPID CAP 20MG  | 3                | PA                         |
| JUXTAPID CAP 30MG  | 3                | PA                         |
| JUXTAPID CAP 40MG  | 3                | PA                         |
| JUXTAPID CAP 60MG  | 3                | PA                         |
| <b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>     |                  |                            |
| KYNAMRO INJ 200MG/ML   | 4                | PA                         |
| <b>ANTILIPEMICS, NIACINS</b>   |                  |                            |
| <i>niacin (antihyperlipidemic) tab 500 mg</i>                            | 1                |                            |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>                         | 1                |                            |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>                         | 1                |                            |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>                        | 1                |                            |
| NIASPAN TAB 500MG ER   | 3                |                            |
| NIASPAN TAB 750MG ER   | 3                |                            |
| NIASPAN TAB 1000 ER  | 3                |                            |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>                                 |                  |                            |
| LOVAZA CAP 1GM   | 3                |                            |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                                | 1                |                            |
| VASCEPA CAP 0.5GM  | 2                |                            |
| VASCEPA CAP 1GM  | 2                |                            |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS</b>                                    |                  |                            |
| REPATHA INJ 140MG/ML   | 4                | PA                         |
| REPATHA SURE INJ 140MG/ML  | 4                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

**Drug Name** **Drug Tier** **Requirements/Limits**  
**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT**  
**HIGH BLOOD PRESSURE AND HEART CONDITIONS**

|   |   |
|---|---|
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | 1 |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | 1 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | 1 |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | 1 |
| CORZIDE TAB 40-5MG  | 3 |
| CORZIDE TAB 80-5MG  | 3 |
| LOPRESS HCT TAB 50-25MG                                     | 2 |
| LOPRESS HCT TAB 100-25MG                                    | 2 |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>    | 1 |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1 |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>   | 1 |
| <i>nadolol &amp; bendroflumethiazide tab 40-5 mg</i>        | 1 |
| <i>nadolol &amp; bendroflumethiazide tab 80-5 mg</i>        | 1 |
| <i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>   | 1 |
| <i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>   | 1 |
| TENORETIC TAB 50  | 3 |
| TENORETIC TAB 100   | 3 |
| ZIAC TAB 2.5/6.25   | 2 |
| ZIAC TAB 5-6.25MG   | 2 |
| ZIAC TAB 10/6.25  | 2 |

**BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

|                                  |   |
|----------------------------------|---|
| <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 |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>bisoprolol fumarate tab 5 mg</i>                                      | 1                |                            |
| <i>bisoprolol fumarate tab 10 mg</i>                                     | 1                |                            |
| BYSTOLIC TAB 2.5MG   | 2                |                            |
| BYSTOLIC TAB 5MG   | 2                |                            |
| BYSTOLIC TAB 10MG  | 2                |                            |
| BYSTOLIC TAB 20MG  | 2                |                            |
| <i>carvedilol phosphate cap er 24hr 10 mg</i>                            | 1                |                            |
| <i>carvedilol phosphate cap er 24hr 20 mg</i>                            | 1                |                            |
| <i>carvedilol phosphate cap er 24hr 40 mg</i>                            | 1                |                            |
| <i>carvedilol phosphate cap er 24hr 80 mg</i>                            | 1                |                            |
| <i>carvedilol tab 3.125 mg</i>   | 1                |                            |
| <i>carvedilol tab 6.25 mg</i>  | 1                |                            |
| <i>carvedilol tab 12.5 mg</i>  | 1                |                            |
| <i>carvedilol tab 25 mg</i>  | 1                |                            |
| COREG CR CAP 10MG  | 3                |                            |
| COREG CR CAP 20MG  | 3                |                            |
| COREG CR CAP 40MG  | 3                |                            |
| COREG CR CAP 80MG  | 3                |                            |
| COREG TAB 3.125MG  | 3                |                            |
| COREG TAB 6.25MG   | 3                |                            |
| COREG TAB 12.5MG   | 3                |                            |
| COREG TAB 25MG   | 3                |                            |
| CORGARD TAB 20MG   | 3                |                            |
| CORGARD TAB 40MG   | 3                |                            |
| CORGARD TAB 80MG   | 3                |                            |
| HEMANGEOL SOL 4.28/ML  | 3                |                            |
| INDERAL LA CAP 60MG  | 3                |                            |
| INDERAL LA CAP 80MG  | 3                |                            |
| INDERAL LA CAP 120MG   | 3                |                            |
| INDERAL LA CAP 160MG   | 3                |                            |
| KERLONE TAB 10MG   | 3                |                            |
| KERLONE TAB 20MG   | 3                |                            |
| <i>labetalol hcl tab 100 mg</i>  | 1                |                            |
| <i>labetalol hcl tab 200 mg</i>  | 1                |                            |
| <i>labetalol hcl tab 300 mg</i>  | 1                |                            |
| LEVATOL TAB 20MG   | 3                |                            |
| LOPRESSOR TAB 50MG   | 3                |                            |
| LOPRESSOR TAB 100MG  | 3                |                            |
| <i>metoprolol succinate tab er 24hr 25 mg</i><br><i>(tartrate 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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>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                |                            |
| <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                |                            |
| SECTRAL CAP 200MG   | 3                |                            |
| SECTRAL CAP 400MG   | 3                |                            |
| TENORMIN TAB 25MG   | 3                |                            |
| TENORMIN TAB 50MG   | 3                |                            |
| TENORMIN TAB 100MG  | 3                |                            |
| <i>timolol maleate tab 5 mg</i>                                 | 1                |                            |
| <i>timolol maleate tab 10 mg</i>                                | 1                |                            |
| <i>timolol maleate tab 20 mg</i>                                | 1                |                            |
| ZEBETA TAB 5MG  | 3                |                            |
| ZEBETA TAB 10MG   | 3                |                            |
| <b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>         |                  |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>   | 1                |                            |

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

50

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>   | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>   | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>   | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>   | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>  | 1                |                            |
| CADUET TAB 2.5-10MG   | 3                |                            |
| CADUET TAB 2.5-20MG   | 3                |                            |
| CADUET TAB 2.5-40MG   | 3                |                            |
| CADUET TAB 5-10MG   | 3                |                            |
| CADUET TAB 5-20MG   | 3                |                            |
| CADUET TAB 5-40MG   | 3                |                            |
| CADUET TAB 5-80MG   | 3                |                            |
| CADUET TAB 10-10MG  | 3                |                            |
| CADUET TAB 10-20MG  | 3                |                            |
| CADUET TAB 10-40MG  | 3                |                            |
| CADUET TAB 10-80MG  | 3                |                            |
| <b>CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES</b>             |                  |                            |
| ADALAT CC TAB 30MG ER   | 3                |                            |
| ADALAT CC TAB 60MG ER   | 3                |                            |
| ADALAT CC TAB 90MG ER   | 3                |                            |
| <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                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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 tab er 24hr 30 mg</i>                   | 1                |                            |
| <i>nifedipine tab er 24hr 60 mg</i>                   | 1                |                            |
| <i>nifedipine tab er 24hr 90 mg</i>                   | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i>   | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i>   | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i>   | 1                |                            |
| <i>nimodipine cap 30 mg</i>                           | 1                |                            |
| <i>nisoldipine tab er 24hr 8.5 mg</i>                 | 1                |                            |
| <i>nisoldipine tab er 24hr 17 mg</i>                  | 1                |                            |
| <i>nisoldipine tab er 24hr 20 mg</i>                  | 1                |                            |
| <i>nisoldipine tab er 24hr 25.5 mg</i>                | 1                |                            |
| <i>nisoldipine tab er 24hr 30 mg</i>                  | 1                |                            |
| <i>nisoldipine tab er 24hr 34 mg</i>                  | 1                |                            |
| <i>nisoldipine tab er 24hr 40 mg</i>                  | 1                |                            |
| NYMALIZE SOL 60/20ML                                  | 3                |                            |
| PROCARDIA XL TAB 30MG CR                              | 3                |                            |
| PROCARDIA XL TAB 60MG CR                              | 3                |                            |
| PROCARDIA XL TAB 90MG CR                              | 3                |                            |
| SULAR TAB 8.5MG                                       | 3                |                            |
| SULAR TAB 17MG  | 3                |                            |
| SULAR TAB 34MG  | 3                |                            |
| <b>CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES</b> |                  |                            |
| CALAN SR TAB 120MG                                    | 3                |                            |
| CALAN SR TAB 180MG                                    | 3                |                            |
| CALAN SR TAB 240MG                                    | 3                |                            |
| CALAN TAB 80MG  | 3                |                            |
| CALAN TAB 120MG                                       | 3                |                            |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                | 1                |                            |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                | 1                |                            |
| <i>diltiazem hcl cap er 12hr 120 mg</i>               | 1                |                            |

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

52

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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                |                            |
| <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                |                            |
| TIAZAC CAP 120MG/24  | 3                |                            |
| TIAZAC CAP 180MG/24  | 3                |                            |
| TIAZAC CAP 240MG/24  | 3                |                            |
| TIAZAC CAP 300MG/24  | 3                |                            |
| TIAZAC CAP 360MG/24  | 3                |                            |
| TIAZAC CAP 420MG/24  | 3                |                            |
| <i>verapamil hcl cap er 24hr 100 mg</i>                        | 1                |                            |
| <i>verapamil hcl cap er 24hr 120 mg</i>                        | 1                |                            |
| <i>verapamil hcl cap er 24hr 180 mg</i>                        | 1                |                            |
| <i>verapamil hcl cap er 24hr 200 mg</i>                        | 1                |                            |
| <i>verapamil hcl cap er 24hr 240 mg</i>                        | 1                |                            |
| <i>verapamil hcl cap er 24hr 300 mg</i>                        | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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                |                            |
| VERELAN CAP 120MG SR   | 3                |                            |
| VERELAN CAP 180MG SR   | 3                |                            |
| VERELAN CAP 240MG SR   | 3                |                            |
| VERELAN CAP 360MG SR   | 3                |                            |
| VERELAN PM CAP 100MG ER  | 3                |                            |
| VERELAN PM CAP 200MG ER  | 3                |                            |
| VERELAN PM CAP 300MG ER  | 3                |                            |
| <b><i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i></b> |                  |                            |
| <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                |                            |
| LANOXIN TAB 0.1875MG   | 2                |                            |
| <b><i>DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS</i></b>          |                  |                            |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i>               | 1                |                            |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i>               | 1                |                            |
| TEKTURNA HCT TAB 150-12.5  | 2                |                            |
| TEKTURNA HCT TAB 150-25MG  | 2                |                            |
| TEKTURNA HCT TAB 300-12.5  | 2                |                            |
| TEKTURNA HCT TAB 300-25MG  | 2                |                            |
| TEKTURNA TAB 150MG   | 2                |                            |
| TEKTURNA TAB 300MG   | 2                |                            |
| <b><i>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</i></b>               |                  |                            |
| <i>acetazolamide cap er 12hr 500 mg</i>                              | 1                |                            |
| <i>acetazolamide tab 125 mg</i>                                      | 1                |                            |
| <i>acetazolamide tab 250 mg</i>                                      | 1                |                            |
| DIAMOX SEQUE CAP 500MG CR  | 2                |                            |
| KEVEYIS TAB 50MG   | 3                | PA                         |
| <i>methazolamide tab 25 mg</i>                                       | 1                |                            |
| <i>methazolamide tab 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| NEPTAZANE TAB 25MG   | 3                |                            |
| NEPTAZANE TAB 50MG   | 3                |                            |
| <b>DIURETICS, DIURETIC COMBINATIONS</b>                      |                  |                            |
| ALDACTAZIDE TAB 25/25  | 3                |                            |
| ALDACTAZIDE TAB 50/50  | 3                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>       | 1                |                            |
| DYAZIDE CAP 37.5-25  | 3                |                            |
| MAXZIDE TAB 75-50  | 3                |                            |
| MAXZIDE-25 TAB   | 3                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide cap 50-25 mg</i>    | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | 1                |                            |
| <b>DIURETICS, LOOP DIURETICS</b>                             |                  |                            |
| <i>bumetanide tab 0.5 mg</i>                                 | 1                |                            |
| <i>bumetanide tab 1 mg</i>                                   | 1                |                            |
| <i>bumetanide tab 2 mg</i>                                   | 1                |                            |
| DEMADEX TAB 5MG  | 3                |                            |
| DEMADEX TAB 10MG   | 3                |                            |
| DEMADEX TAB 20MG   | 3                |                            |
| EDECRIN TAB 25MG   | 3                |                            |
| <i>ethacrynic acid tab 25 mg</i>                             | 1                |                            |
| <i>furosemide oral soln 10 mg/ml</i>                         | 1                |                            |
| FUROSEMIDE SOL 8MG/ML  | 1                |                            |
| <i>furosemide tab 20 mg</i>                                  | 1                |                            |
| <i>furosemide tab 40 mg</i>                                  | 1                |                            |
| <i>furosemide tab 80 mg</i>                                  | 1                |                            |
| LASIX TAB 20MG   | 3                |                            |
| LASIX TAB 40MG   | 3                |                            |
| LASIX TAB 80MG   | 3                |                            |
| <i>toremide tab 5 mg</i>                                     | 1                |                            |
| <i>toremide tab 10 mg</i>                                    | 1                |                            |
| <i>toremide tab 20 mg</i>                                    | 1                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>toremide tab 100 mg</i>                              | 1                |                            |
| <b>DIURETICS, POTASSIUM-SPARING DIURETICS</b>           |                  |                            |
| <i>amiloride hcl tab 5 mg</i>                           | 1                |                            |
| <b>DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS</b> |                  |                            |
| <i>chlorothiazide tab 250 mg</i>                        | 1                |                            |
| <i>chlorothiazide tab 500 mg</i>                        | 1                |                            |
| <i>chlorthalidone tab 25 mg</i>                         | 1                |                            |
| <i>chlorthalidone tab 50 mg</i>                         | 1                |                            |
| DIURIL SUS 250/5ML                                      | 3                |                            |
| <i>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>methyclothiazide tab 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                |                            |
| MICROZIDE CAP 12.5MG                                    | 3                |                            |
| <b>HEART FAILURE</b>                                    |                  |                            |
| BIDIL TAB   | 2                |                            |
| CORLANOR SOL 5MG/5ML                                    | 3                |                            |
| CORLANOR TAB 5MG  | 2                |                            |
| CORLANOR TAB 7.5MG                                      | 2                |                            |
| ENTRESTO TAB 24-26MG                                    | 2                |                            |
| ENTRESTO TAB 49-51MG                                    | 2                |                            |
| ENTRESTO TAB 97-103MG                                   | 2                |                            |
| <b>MISCELLANEOUS</b>                                    |                  |                            |
| DEMSER CAP 250MG  | 3                |                            |
| DIBENZYLINE CAP 10MG                                    | 3                |                            |
| <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                |                            |
| NORTHERA CAP 100MG                                      | 3                | PA                         |
| NORTHERA CAP 200MG                                      | 3                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| NORTHERA CAP 300MG  | 3                | PA                         |
| <i>phenoxybenzamine hcl cap 10 mg</i>                     | 1                |                            |
| RANEXA TAB 500MG  | 3                |                            |
| RANEXA TAB 1000MG   | 3                |                            |
| <i>ranolazine tab er 12hr 500 mg</i>                      | 1                |                            |
| <i>ranolazine tab er 12hr 1000 mg</i>                     | 1                |                            |
| <i>reserpine tab 0.1 mg</i>                               | 1                |                            |
| <i>reserpine tab 0.25 mg</i>                              | 1                |                            |
| <b>NITRATES, ORAL</b>                                     |                  |                            |
| DILATRATE SR CAP 40MG                                     | 3                |                            |
| ISORDIL TAB 5MG   | 2                |                            |
| ISORDIL TAB 40MG  | 2                |                            |
| <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 dinitrate tab er 40 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                |                            |
| <b>NITRATES, SUBLINGUAL/TRANSLINGUAL</b>                  |                  |                            |
| <i>nitroglycerin lingual aerosol 400 mcg/spray</i>        | 1                |                            |
| <i>nitroglycerin sl tab 0.3 mg</i>                        | 1                |                            |
| <i>nitroglycerin sl tab 0.4 mg</i>                        | 1                |                            |
| <i>nitroglycerin sl tab 0.6 mg</i>                        | 1                |                            |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 1                |                            |
| NITROLINGUAL SPR PUMPSRA                                  | 3                |                            |
| NITROMIST AER 400MCG                                      | 3                |                            |
| NITROSTAT SUB 0.3MG                                       | 2                |                            |
| NITROSTAT SUB 0.4MG                                       | 2                |                            |
| NITROSTAT SUB 0.6MG                                       | 2                |                            |
| <b>NITRATES, TRANSDERMAL</b>                              |                  |                            |
| NITRO-BID OIN 2%  | 3                |                            |
| NITRO-DUR DIS 0.1MG/HR                                    | 2                |                            |
| NITRO-DUR DIS 0.2MG/HR                                    | 2                |                            |
| NITRO-DUR DIS 0.3MG/HR                                    | 2                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| NITRO-DUR DIS 0.4MG/HR  | 2                |                            |
| NITRO-DUR DIS 0.6MG/HR  | 2                |                            |
| NITRO-DUR DIS 0.8MG/HR  | 2                |                            |
| <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                |                            |
| <b>PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS</b> |                  |                            |
| LETAIRIS TAB 5MG  | 2                | PA                         |
| LETAIRIS TAB 10MG   | 2                | PA                         |
| OPSUMIT TAB 10MG  | 2                | PA                         |
| TRACLEER TAB 32MG   | 1                | PA                         |
| TRACLEER TAB 62.5MG   | 2                | PA                         |
| TRACLEER TAB 125MG  | 2                | PA                         |
| <b>PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS</b>    |                  |                            |
| ADCIRCA TAB 20MG  | 3                | PA                         |
| REVATIO SUS 10MG/ML   | 3                | PA                         |
| REVATIO TAB 20MG  | 3                | PA                         |
| <i>sildenafil citrate tab 20 mg</i>                                     | 1                | PA                         |
| <b>PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS</b>  |                  |                            |
| UPTRAVI TAB 200/800   | 2                | PA                         |
| UPTRAVI TAB 200MCG  | 2                | PA                         |
| UPTRAVI TAB 400MCG  | 2                | PA                         |
| UPTRAVI TAB 600MCG  | 2                | PA                         |
| UPTRAVI TAB 800MCG  | 2                | PA                         |
| UPTRAVI TAB 1000MCG   | 2                | PA                         |
| UPTRAVI TAB 1200MCG   | 2                | PA                         |
| UPTRAVI TAB 1400MCG   | 2                | PA                         |
| UPTRAVI TAB 1600MCG   | 2                | PA                         |
| <b>PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS</b>      |                  |                            |
| ORENITRAM TAB 0.25MG  | 2                | PA                         |
| ORENITRAM TAB 0.125MG   | 2                | PA                         |
| ORENITRAM TAB 1MG   | 2                | PA                         |
| ORENITRAM TAB 2.5MG   | 2                | PA                         |
| ORENITRAM TAB 5MG   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| TYVASO START SOL 0.6MG/ML | 3                | PA                         |
| VENTAVIS SOL 10MCG/ML     | 3                | PA                         |
| VENTAVIS SOL 20MCG/ML     | 3                | PA                         |

### **PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS**

|                   |   |    |
|-------------------|---|----|
| ADEMPAS TAB 0.5MG | 2 | PA |
| ADEMPAS TAB 1.5MG | 2 | PA |
| ADEMPAS TAB 1MG   | 2 | PA |
| ADEMPAS TAB 2.5MG | 2 | PA |
| ADEMPAS TAB 2MG   | 2 | PA |

### **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 |  |

## **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

### **ANTI-ANXIETY, BENZODIAZEPINES**

|   |   |  |
|---|---|--|
| ALPRAZOLAM CON 1 MG/ML                              | 3 |  |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>  | 1 |  |
| <i>alprazolam orally disintegrating tab 0.25 mg</i> | 1 |  |
| <i>alprazolam orally disintegrating tab 1 mg</i>    | 1 |  |
| <i>alprazolam orally disintegrating tab 2 mg</i>    | 1 |  |
| <i>alprazolam tab 0.5 mg</i>                        | 1 |  |
| <i>alprazolam tab 0.25 mg</i>                       | 1 |  |
| <i>alprazolam tab 1 mg</i>                          | 1 |  |
| <i>alprazolam tab 2 mg</i>                          | 1 |  |
| <i>alprazolam tab er 24hr 0.5 mg</i>                | 1 |  |
| <i>alprazolam tab er 24hr 1 mg</i>                  | 1 |  |
| <i>alprazolam tab er 24hr 2 mg</i>                  | 1 |  |
| <i>alprazolam tab er 24hr 3 mg</i>                  | 1 |  |
| ATIVAN TAB 0.5MG                                    | 2 |  |
| ATIVAN TAB 1MG                                      | 2 |  |
| ATIVAN TAB 2MG                                      | 2 |  |
| <i>chlordiazepoxide hcl cap 5 mg</i>                | 1 |  |
| <i>chlordiazepoxide hcl cap 10 mg</i>               | 1 |  |
| <i>chlordiazepoxide hcl cap 25 mg</i>               | 1 |  |
| <i>clonazepam orally disintegrating 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | 1                |                            |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 1                |                            |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | 1                |                            |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | 1                |                            |
| <i>clonazepam tab 0.5 mg</i>                         | 1                |                            |
| <i>clonazepam tab 1 mg</i>                           | 1                |                            |
| <i>clonazepam tab 2 mg</i>                           | 1                |                            |
| <i>clorazepate dipotassium tab 3.75 mg</i>           | 1                |                            |
| <i>clorazepate dipotassium tab 7.5 mg</i>            | 1                |                            |
| <i>clorazepate dipotassium tab 15 mg</i>             | 1                |                            |
| <i>diazepam conc 5 mg/ml</i>                         | 1                |                            |
| <i>diazepam oral soln 1 mg/ml</i>                    | 1                |                            |
| <i>diazepam tab 2 mg</i>                             | 1                |                            |
| <i>diazepam tab 5 mg</i>                             | 1                |                            |
| <i>diazepam tab 10 mg</i>                            | 1                |                            |
| KLONOPIN TAB 0.5MG                                   | 3                |                            |
| KLONOPIN TAB 1MG                                     | 3                |                            |
| KLONOPIN TAB 2MG                                     | 3                |                            |
| <i>lorazepam conc 2 mg/ml</i>                        | 1                |                            |
| <i>lorazepam tab 0.5 mg</i>                          | 1                |                            |
| <i>lorazepam tab 1 mg</i>                            | 1                |                            |
| <i>lorazepam tab 2 mg</i>                            | 1                |                            |
| NIRAVAM TAB 0.25MG                                   | 3                |                            |
| <i>oxazepam cap 10 mg</i>                            | 1                |                            |
| <i>oxazepam cap 15 mg</i>                            | 1                |                            |
| <i>oxazepam cap 30 mg</i>                            | 1                |                            |
| TRANXENE T TAB 3.75MG                                | 3                |                            |
| TRANXENE T TAB 7.5MG                                 | 3                |                            |
| TRANXENE T TAB 15MG                                  | 3                |                            |
| VALIUM TAB 2MG                                       | 2                |                            |
| VALIUM TAB 5MG                                       | 2                |                            |
| VALIUM TAB 10MG                                      | 2                |                            |
| <b>ANTIANKXIETY, MISCELLANEOUS</b>                   |                  |                            |
| ANAFRANIL CAP 25MG                                   | 2                |                            |
| ANAFRANIL CAP 50MG                                   | 2                |                            |
| ANAFRANIL CAP 75MG                                   | 2                |                            |
| <i>bupirone hcl tab 5 mg</i>                         | 1                |                            |
| <i>bupirone hcl tab 7.5 mg</i>                       | 1                |                            |

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

60

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>bupirone hcl tab 10 mg</i>                    | 1                |                            |
| <i>bupirone hcl tab 15 mg</i>                    | 1                |                            |
| <i>bupirone hcl tab 30 mg</i>                    | 1                |                            |
| <i>clomipramine hcl cap 25 mg</i>                | 1                |                            |
| <i>clomipramine hcl cap 50 mg</i>                | 1                |                            |
| <i>clomipramine hcl cap 75 mg</i>                | 1                |                            |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i>    | 1                |                            |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i>    | 1                |                            |
| <i>fluvoxamine maleate tab 25 mg</i>             | 1                |                            |
| <i>fluvoxamine maleate tab 50 mg</i>             | 1                |                            |
| <i>fluvoxamine maleate tab 100 mg</i>            | 1                |                            |
| <i>meprobamate tab 200 mg</i>                    | 1                |                            |
| <i>meprobamate tab 400 mg</i>                    | 1                |                            |
| <b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b> |                  |                            |
| APTIOIOM TAB 200MG                               | 3                |                            |
| APTIOIOM TAB 400MG                               | 3                |                            |
| APTIOIOM TAB 600MG                               | 3                |                            |
| APTIOIOM TAB 800MG                               | 3                |                            |
| BANZEL SUS 40MG/ML                               | 3                |                            |
| BANZEL TAB 200MG                                 | 3                |                            |
| BANZEL TAB 400MG                                 | 3                |                            |
| BRIVIACT TAB 10MG                                | 3                |                            |
| BRIVIACT TAB 25MG                                | 3                |                            |
| BRIVIACT TAB 50MG                                | 3                |                            |
| BRIVIACT TAB 75MG                                | 3                |                            |
| BRIVIACT TAB 100MG                               | 3                |                            |
| <i>carbamazepine cap er 12hr 100 mg</i>          | 1                |                            |
| <i>carbamazepine cap er 12hr 200 mg</i>          | 1                |                            |
| <i>carbamazepine cap er 12hr 300 mg</i>          | 1                |                            |
| <i>carbamazepine chew tab 100 mg</i>             | 1                |                            |
| <i>carbamazepine susp 100 mg/5ml</i>             | 1                |                            |
| <i>carbamazepine tab 200 mg</i>                  | 1                |                            |
| <i>carbamazepine tab er 12hr 200 mg</i>          | 1                |                            |
| <i>carbamazepine tab er 12hr 400 mg</i>          | 1                |                            |
| CARBATROL CAP 100MG                              | 3                |                            |
| CARBATROL CAP 200MG                              | 3                |                            |
| CARBATROL CAP 300MG                              | 3                |                            |
| CELONTIN CAP 300MG                               | 3                |                            |
| <i>clobazam suspension 2.5 mg/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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>clobazam tab 10 mg</i>                                    | 1                |                            |
| <i>clobazam tab 20 mg</i>                                    | 1                |                            |
| DEPAKENE CAP 250MG   | 3                |                            |
| DEPAKENE SOL 250/5ML   | 3                |                            |
| DEPAKOTE ER TAB 250MG  | 3                |                            |
| DEPAKOTE ER TAB 500MG  | 3                |                            |
| DEPAKOTE SPR CAP 125MG                                       | 3                |                            |
| DEPAKOTE TAB 125MG DR  | 3                |                            |
| DEPAKOTE TAB 250MG DR  | 3                |                            |
| DEPAKOTE TAB 500MG DR  | 3                |                            |
| DIACOMIT CAP 250MG   | 3                | PA                         |
| DIACOMIT CAP 500MG   | 3                | PA                         |
| DIACOMIT PAK 250MG   | 3                | PA                         |
| DIACOMIT PAK 500MG   | 3                | PA                         |
| DIASTAT ACDL GEL 5-10MG                                      | 3                |                            |
| DIASTAT ACDL GEL 12.5-20                                     | 3                |                            |
| DIASTAT PED GEL 2.5M GEL                                     | 3                |                            |
| <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                |                            |
| DILANTIN CAP 30MG  | 3                |                            |
| DILANTIN CAP 100MG   | 3                |                            |
| DILANTIN CHW 50MG  | 3                |                            |
| DILANTIN-125 SUS 125/5ML                                     | 3                |                            |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 1                |                            |
| <i>divalproex sodium tab delayed release 125 mg</i>          | 1                |                            |
| <i>divalproex sodium tab delayed release 250 mg</i>          | 1                |                            |
| <i>divalproex sodium tab delayed release 500 mg</i>          | 1                |                            |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | 1                |                            |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | 1                |                            |
| EPIDIOLEX SOL 100MG/ML                                       | 3                | PA                         |
| <i>ethosuximide cap 250 mg</i>                               | 1                |                            |
| <i>ethosuximide soln 250 mg/5ml</i>                          | 1                |                            |
| <i>felbamate susp 600 mg/5ml</i>                             | 1                |                            |
| <i>felbamate tab 400 mg</i>                                  | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>felbamate tab 600 mg</i>                                    | 1                |                            |
| FELBATOL SUS 600/5ML   | 3                |                            |
| FELBATOL TAB 400MG   | 3                |                            |
| FELBATOL TAB 600MG   | 3                |                            |
| FYCOMPA SUS 0.5MG/ML   | 2                |                            |
| FYCOMPA TAB 2MG  | 2                |                            |
| FYCOMPA TAB 4MG  | 2                |                            |
| FYCOMPA TAB 6MG  | 2                |                            |
| FYCOMPA TAB 8MG  | 2                |                            |
| FYCOMPA TAB 10MG   | 2                |                            |
| FYCOMPA TAB 12MG   | 2                |                            |
| <i>gabapentin cap 100 mg</i>                                   | 1                |                            |
| <i>gabapentin cap 300 mg</i>                                   | 1                |                            |
| <i>gabapentin cap 400 mg</i>                                   | 1                |                            |
| <i>gabapentin oral soln 250 mg/5ml</i>                         | 1                |                            |
| <i>gabapentin tab 600 mg</i>                                   | 1                |                            |
| <i>gabapentin tab 800 mg</i>                                   | 1                |                            |
| GABITRIL TAB 2MG   | 3                |                            |
| GABITRIL TAB 4MG   | 3                |                            |
| GABITRIL TAB 12MG  | 3                |                            |
| GABITRIL TAB 16MG  | 3                |                            |
| KEPPRA SOL 100MG/ML  | 3                |                            |
| KEPPRA TAB 250MG   | 3                |                            |
| KEPPRA TAB 500MG   | 3                |                            |
| KEPPRA TAB 750MG   | 3                |                            |
| KEPPRA TAB 1000MG  | 3                |                            |
| KEPPRA XR TAB 500MG  | 3                |                            |
| KEPPRA XR TAB 750MG  | 3                |                            |
| LAMICTAL CHW 2MG   | 3                |                            |
| <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 (35) starter kit</i>                  | 1                |                            |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>lamotrigine tab 25 mg (84) &amp; 100 mg (14) starter kit</i> | 1                |                            |
| <i>lamotrigine tab 100 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab 150 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab 200 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                | 1                |                            |
| <i>lamotrigine tab chewable dispersible 25 mg</i>               | 1                |                            |
| <i>lamotrigine tab er 24hr 25 mg</i>                            | 1                |                            |
| <i>lamotrigine tab er 24hr 50 mg</i>                            | 1                |                            |
| <i>lamotrigine tab er 24hr 100 mg</i>                           | 1                |                            |
| <i>lamotrigine tab er 24hr 200 mg</i>                           | 1                |                            |
| <i>lamotrigine tab er 24hr 250 mg</i>                           | 1                |                            |
| <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                |                            |
| <i>levetiracetam tab er 24hr 500 mg</i>                         | 1                |                            |
| <i>levetiracetam tab er 24hr 750 mg</i>                         | 1                |                            |
| MYSOLINE TAB 50MG   | 3                |                            |
| MYSOLINE TAB 250MG  | 3                |                            |
| NEURONTIN CAP 100MG   | 3                |                            |
| NEURONTIN CAP 300MG   | 3                |                            |
| NEURONTIN CAP 400MG   | 3                |                            |
| NEURONTIN SOL 250/5ML   | 3                |                            |
| NEURONTIN TAB 600MG   | 3                |                            |
| NEURONTIN TAB 800MG   | 3                |                            |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>                 | 1                |                            |
| <i>oxcarbazepine tab 150 mg</i>                                 | 1                |                            |
| <i>oxcarbazepine tab 300 mg</i>                                 | 1                |                            |
| <i>oxcarbazepine tab 600 mg</i>                                 | 1                |                            |
| OXTELLAR XR TAB 150MG   | 2                |                            |
| OXTELLAR XR TAB 300MG   | 2                |                            |
| OXTELLAR XR TAB 600MG   | 2                |                            |
| PEGANONE TAB 250MG  | 3                |                            |
| <i>phenobarbital elixir 20 mg/5ml</i>                           | 1                |                            |
| <i>phenobarbital tab 15 mg</i>                                  | 1                |                            |
| <i>phenobarbital tab 16.2 mg</i>                                | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>phenobarbital tab 30 mg</i>                | 1                |                            |
| <i>phenobarbital tab 32.4 mg</i>              | 1                |                            |
| <i>phenobarbital tab 60 mg</i>                | 1                |                            |
| <i>phenobarbital tab 64.8 mg</i>              | 1                |                            |
| <i>phenobarbital tab 97.2 mg</i>              | 1                |                            |
| <i>phenobarbital tab 100 mg</i>               | 1                |                            |
| PHENYTEK CAP 200MG                            | 3                |                            |
| PHENYTEK CAP 300MG                            | 3                |                            |
| <i>phenytoin chew tab 50 mg</i>               | 1                |                            |
| <i>phenytoin sodium extended cap 100 mg</i>   | 1                |                            |
| <i>phenytoin susp 125 mg/5ml</i>              | 1                |                            |
| <i>primidone tab 50 mg</i>                    | 1                |                            |
| <i>primidone tab 250 mg</i>                   | 1                |                            |
| QUDEXY XR CAP 25/24HR                         | 3                |                            |
| QUDEXY XR CAP 50/24HR                         | 3                |                            |
| QUDEXY XR CAP 100/24HR                        | 3                |                            |
| QUDEXY XR CAP 150/24HR                        | 3                |                            |
| QUDEXY XR CAP 200/24HR                        | 3                |                            |
| STAVZOR CAP 125MG                             | 3                |                            |
| STAVZOR CAP 250MG                             | 3                |                            |
| STAVZOR CAP 500MG                             | 3                |                            |
| TEGRETOL SUS 100/5ML                          | 3                |                            |
| TEGRETOL TAB 200MG                            | 3                |                            |
| TEGRETOL-XR TAB 100MG                         | 3                |                            |
| TEGRETOL-XR TAB 200MG                         | 3                |                            |
| TEGRETOL-XR TAB 400MG                         | 3                |                            |
| <i>tiagabine hcl tab 2 mg</i>                 | 1                |                            |
| <i>tiagabine hcl tab 4 mg</i>                 | 1                |                            |
| <i>tiagabine hcl tab 12 mg</i>                | 1                |                            |
| <i>tiagabine hcl tab 16 mg</i>                | 1                |                            |
| TOPAMAX SPR CAP 15MG                          | 3                |                            |
| TOPAMAX SPR CAP 25MG                          | 3                |                            |
| TOPAMAX TAB 25MG                              | 3                |                            |
| TOPAMAX TAB 50MG                              | 3                |                            |
| TOPAMAX TAB 100MG                             | 3                |                            |
| TOPAMAX TAB 200MG                             | 3                |                            |
| <i>topiramate cap er 24hr sprinkle 25 mg</i>  | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 50 mg</i>  | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 100 mg</i> | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>topiramate cap er 24hr sprinkle 200 mg</i>                      | 1                |                            |
| <i>topiramate sprinkle cap 15 mg</i>                               | 1                |                            |
| <i>topiramate sprinkle cap 25 mg</i>                               | 1                |                            |
| <i>topiramate tab 25 mg</i>  | 1                |                            |
| <i>topiramate tab 50 mg</i>  | 1                |                            |
| <i>topiramate tab 100 mg</i>                                       | 1                |                            |
| <i>topiramate tab 200 mg</i>                                       | 1                |                            |
| TRILEPTAL SUS 300MG/5M   | 3                |                            |
| TRILEPTAL TAB 150MG  | 3                |                            |
| TRILEPTAL TAB 300MG  | 3                |                            |
| TRILEPTAL TAB 600MG  | 3                |                            |
| TROKENDI XR CAP 25MG   | 2                |                            |
| TROKENDI XR CAP 50MG   | 2                |                            |
| TROKENDI XR CAP 100MG  | 2                |                            |
| TROKENDI XR CAP 200MG  | 2                |                            |
| <i>valproate sodium oral soln 250 mg/5ml<br/>(base equiv)</i>      | 1                |                            |
| <i>valproic acid cap 250 mg</i>                                    | 1                |                            |
| <i>vigabatrin powd pack 500 mg</i>                                 | 1                | PA                         |
| <i>vigabatrin tab 500 mg</i>                                       | 1                | PA                         |
| VIMPAT SOL 10MG/ML   | 2                |                            |
| VIMPAT TAB 50MG  | 2                |                            |
| VIMPAT TAB 100MG   | 2                |                            |
| VIMPAT TAB 150MG   | 2                |                            |
| VIMPAT TAB 200MG   | 2                |                            |
| ZARONTIN CAP 250MG   | 3                |                            |
| ZARONTIN SOL 250/5ML   | 3                |                            |
| <i>zonisamide cap 25 mg</i>  | 1                |                            |
| <i>zonisamide cap 50 mg</i>  | 1                |                            |
| <i>zonisamide cap 100 mg</i>                                       | 1                |                            |
| <b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>      |                  |                            |
| ARICEPT TAB 5MG  | 3                |                            |
| ARICEPT TAB 10MG   | 3                |                            |
| ARICEPT TAB 23MG   | 3                |                            |
| <i>donepezil hydrochloride orally<br/>disintegrating tab 5 mg</i>  | 1                |                            |
| <i>donepezil hydrochloride orally<br/>disintegrating tab 10 mg</i> | 1                |                            |
| <i>donepezil hydrochloride tab 5 mg</i>                            | 1                |                            |
| <i>donepezil hydrochloride 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>donepezil hydrochloride tab 23 mg</i>                          | 1                |                            |
| EXELON CAP 1.5MG  | 3                |                            |
| EXELON CAP 3MG  | 3                |                            |
| EXELON CAP 4.5MG  | 3                |                            |
| EXELON CAP 6MG  | 3                |                            |
| EXELON DIS 4.6MG/24   | 3                |                            |
| EXELON DIS 9.5MG/24   | 3                |                            |
| EXELON DIS 13.3/24  | 3                |                            |
| <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 5 mg (28) &amp; 10 mg (21) titration pak</i> | 1                |                            |
| <i>memantine hcl tab 10 mg</i>                                    | 1                |                            |
| NAMENDA SOL 10MG/5ML  | 3                |                            |
| NAMENDA TAB 5-10MG  | 3                |                            |
| NAMENDA TAB 5MG   | 3                |                            |
| NAMENDA TAB 10MG  | 3                |                            |
| NAMENDA XR CAP 7MG  | 3                |                            |
| NAMENDA XR CAP 14MG   | 3                |                            |
| NAMENDA XR CAP 21MG   | 3                |                            |
| NAMENDA XR CAP 28MG   | 3                |                            |
| NAMENDA XR CAP TITRATIO   | 3                |                            |
| NAMZARIC CAP  | 2                |                            |
| NAMZARIC CAP 7-10MG   | 2                |                            |
| NAMZARIC CAP 14-10MG  | 2                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| NAMZARIC CAP 21-10MG                                      | 2                |                            |
| NAMZARIC CAP 28-10MG                                      | 2                |                            |
| RAZADYNE ER CAP 8MG                                       | 3                |                            |
| RAZADYNE ER CAP 16MG                                      | 3                |                            |
| RAZADYNE ER CAP 24MG                                      | 3                |                            |
| RAZADYNE TAB 4MG  | 3                |                            |
| RAZADYNE TAB 8MG  | 3                |                            |
| RAZADYNE TAB 12MG   | 3                |                            |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | 1                |                            |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>   | 1                |                            |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 1                |                            |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>   | 1                |                            |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>             | 1                |                            |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>             | 1                |                            |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>            | 1                |                            |
| <b>ANTIDEPRESSANTS, MISCELLANEOUS</b>                     |                  |                            |
| ALENZIN TAB 174MG   | 3                |                            |
| ALENZIN TAB 348MG   | 3                |                            |
| ALENZIN TAB 522MG   | 3                |                            |
| <i>bupropion hcl tab 75 mg</i>                            | 1                |                            |
| <i>bupropion hcl tab 100 mg</i>                           | 1                |                            |
| <i>bupropion hcl tab er 12hr 100 mg</i>                   | 1                |                            |
| <i>bupropion hcl tab er 12hr 150 mg</i>                   | 1                |                            |
| <i>bupropion hcl tab er 12hr 200 mg</i>                   | 1                |                            |
| <i>bupropion hcl tab er 24hr 150 mg</i>                   | 1                |                            |
| <i>bupropion hcl tab er 24hr 300 mg</i>                   | 1                |                            |
| <i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>       | 1                |                            |
| <i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>        | 1                |                            |
| FORFIVO XL TAB 450MG                                      | 3                |                            |
| <i>maprotiline hcl tab 25 mg</i>                          | 1                |                            |
| <i>maprotiline hcl tab 50 mg</i>                          | 1                |                            |
| <i>maprotiline hcl tab 75 mg</i>                          | 1                |                            |
| <i>mirtazapine orally disintegrating tab 15 mg</i>        | 1                |                            |
| <i>mirtazapine orally disintegrating tab 30 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>mirtazapine orally disintegrating tab 45 mg</i>                             | 1                |                            |
| <i>mirtazapine tab 7.5 mg</i>  | 1                |                            |
| <i>mirtazapine tab 15 mg</i>   | 1                |                            |
| <i>mirtazapine tab 30 mg</i>   | 1                |                            |
| <i>mirtazapine tab 45 mg</i>   | 1                |                            |
| REMERON SLTB TAB 15MG  | 3                |                            |
| REMERON SLTB TAB 30MG  | 3                |                            |
| REMERON SLTB TAB 45MG  | 3                |                            |
| REMERON TAB 15MG   | 3                |                            |
| REMERON TAB 30MG   | 3                |                            |
| REMERON TAB 45MG   | 3                |                            |
| <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                |                            |
| WELLBUTRIN TAB 75MG  | 3                |                            |
| WELLBUTRIN TAB 100MG   | 3                |                            |
| WELLBUTRIN TAB 100MG SR  | 3                |                            |
| WELLBUTRIN TAB 150MG SR  | 3                |                            |
| WELLBUTRIN TAB 200MG SR  | 3                |                            |
| WELLBUTRIN TAB XL 150MG  | 3                |                            |
| WELLBUTRIN TAB XL 300MG  | 3                |                            |
| <b><i>ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)</i></b>            |                  |                            |
| EMSAM DIS 6MG/24HR   | 3                |                            |
| EMSAM DIS 9MG/24HR   | 3                |                            |
| EMSAM DIS 12MG/24H   | 3                |                            |
| MARPLAN TAB 10MG   | 3                |                            |
| NARDIL TAB 15MG  | 2                |                            |
| PARNATE TAB 10MG   | 2                |                            |
| <i>phenelzine sulfate tab 15 mg</i>  | 1                |                            |
| <i>tranylcypromine sulfate tab 10 mg</i>                                       | 1                |                            |
| <b><i>ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)</i></b> |                  |                            |
| CELEXA TAB 10MG  | 3                |                            |
| CELEXA TAB 20MG  | 3                |                            |
| CELEXA TAB 40MG  | 3                |                            |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>                             | 1                |                            |

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

69

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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 (pmdd) cap 10 mg</i>                 | 1                |                            |
| <i>fluoxetine hcl (pmdd) cap 20 mg</i>                 | 1                |                            |
| <i>fluoxetine hcl (pmdd) tab 10 mg</i>                 | 1                |                            |
| <i>fluoxetine hcl (pmdd) tab 20 mg</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>fluoxetine hcl tab 60 mg</i>                        | 1                |                            |
| FLUOXETINE TAB 60MG                                    | 3                |                            |
| LEXAPRO SOL 5MG/5ML                                    | 3                |                            |
| <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                |                            |
| PAXIL CR TAB 12.5MG                                    | 3                |                            |
| PAXIL CR TAB 25MG                                      | 3                |                            |
| PAXIL CR TAB 37.5MG                                    | 3                |                            |
| PAXIL SUS 10MG/5ML                                     | 3                |                            |
| PAXIL TAB 10MG   | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PAXIL TAB 20MG   | 3                |                            |
| PAXIL TAB 30MG   | 3                |                            |
| PAXIL TAB 40MG   | 3                |                            |
| PEXEVA TAB 10MG  | 3                |                            |
| PEXEVA TAB 20MG  | 3                |                            |
| PEXEVA TAB 30MG  | 3                |                            |
| PEXEVA TAB 40MG  | 3                |                            |
| PROZAC WEEKL CAP 90MG  | 3                |                            |
| SARAFEM TAB 10MG   | 3                |                            |
| SARAFEM TAB 20MG   | 3                |                            |
| <i>sertraline hcl oral concentrate for solution<br/>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                |                            |
| TRINTELLIX TAB 5MG   | 2                |                            |
| TRINTELLIX TAB 10MG  | 2                |                            |
| TRINTELLIX TAB 20MG  | 2                |                            |
| VIIBRYD KIT STARTER  | 2                |                            |
| VIIBRYD TAB 10MG   | 2                |                            |
| VIIBRYD TAB 20MG   | 2                |                            |
| VIIBRYD TAB 40MG   | 2                |                            |
| ZOLOFT CON 20MG/ML   | 3                |                            |
| ZOLOFT TAB 25MG  | 3                |                            |
| ZOLOFT TAB 50MG  | 3                |                            |
| ZOLOFT TAB 100MG   | 3                |                            |

**ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE  
INHIBITORS (SNRIs)**

|  |   |  |
|--|---|--|
| DESVENLAFAX TAB 50MG ER  | 3 |  |
| DESVENLAFAX TAB 100MG ER   | 3 |  |
| <i>desvenlafaxine succinate tab er 24hr 25<br/>mg (base equiv)</i>   | 1 |  |
| <i>desvenlafaxine succinate tab er 24hr 50<br/>mg (base equiv)</i>   | 1 |  |
| <i>desvenlafaxine succinate tab er 24hr 100<br/>mg (base equiv)</i>  | 1 |  |
| <i>desvenlafaxine tab er 24hr 50 mg</i>                              | 1 |  |
| <i>desvenlafaxine tab er 24hr 100 mg</i>                             | 1 |  |
| <i>duloxetine hcl enteric coated pellets cap 20<br/>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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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                |                            |
| DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)        | 1                |                            |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 1                |                            |
| FETZIMA CAP 20MG   | 3                |                            |
| FETZIMA CAP 40MG   | 3                |                            |
| FETZIMA CAP 80MG   | 3                |                            |
| FETZIMA CAP 120MG  | 3                |                            |
| FETZIMA CAP TITRATIO   | 3                |                            |
| KHEDEZLA TAB 50MG ER   | 3                |                            |
| KHEDEZLA TAB 100MG ER  | 3                |                            |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>     | 1                |                            |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>       | 1                |                            |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>      | 1                |                            |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>             | 1                |                            |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>              | 1                |                            |
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>      | 1                |                            |
| VENLAFAXINE TAB 225MG ER   | 3                |                            |
| <b>ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)</b>         |                  |                            |
| <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                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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>desipramine hcl tab 10 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 25 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 50 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 75 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 100 mg</i>       | 1                |                            |
| <i>desipramine hcl tab 150 mg</i>       | 1                |                            |
| <i>doxepin hcl cap 10 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 25 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 50 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 75 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 100 mg</i>           | 1                |                            |
| <i>doxepin hcl cap 150 mg</i>           | 1                |                            |
| <i>doxepin hcl conc 10 mg/ml</i>        | 1                |                            |
| <i>imipramine hcl tab 10 mg</i>         | 1                |                            |
| <i>imipramine hcl tab 25 mg</i>         | 1                |                            |
| <i>imipramine hcl tab 50 mg</i>         | 1                |                            |
| <i>imipramine pamoate cap 75 mg</i>     | 1                |                            |
| <i>imipramine pamoate cap 100 mg</i>    | 1                |                            |
| <i>imipramine pamoate cap 125 mg</i>    | 1                |                            |
| <i>imipramine pamoate cap 150 mg</i>    | 1                |                            |
| NORPRAMIN TAB 10MG                      | 2                |                            |
| NORPRAMIN TAB 25MG                      | 2                |                            |
| NORPRAMIN TAB 50MG                      | 2                |                            |
| NORPRAMIN TAB 75MG                      | 2                |                            |
| NORPRAMIN TAB 100MG                     | 2                |                            |
| NORPRAMIN TAB 150MG                     | 2                |                            |
| <i>nortriptyline hcl cap 10 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 25 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 50 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 75 mg</i>      | 1                |                            |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 1                |                            |
| PAMELOR CAP 10MG                        | 2                |                            |
| PAMELOR CAP 25MG                        | 2                |                            |
| PAMELOR CAP 50MG                        | 2                |                            |
| PAMELOR CAP 75MG                        | 2                |                            |
| <i>protriptyline hcl 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>protriptyline hcl tab 10 mg</i>     | 1                |                            |
| SURMONTIL CAP 25MG                     | 3                |                            |
| SURMONTIL CAP 50MG                     | 3                |                            |
| SURMONTIL CAP 100MG                    | 3                |                            |
| TOFRANIL TAB 10MG                      | 2                |                            |
| TOFRANIL TAB 25MG                      | 2                |                            |
| TOFRANIL TAB 50MG                      | 2                |                            |
| TOFRANIL-PM CAP 75MG                   | 3                |                            |
| TOFRANIL-PM CAP 100MG                  | 3                |                            |
| TOFRANIL-PM CAP 125MG                  | 3                |                            |
| TOFRANIL-PM CAP 150MG                  | 3                |                            |
| <i>trimipramine maleate cap 25 mg</i>  | 1                |                            |
| <i>trimipramine maleate cap 50 mg</i>  | 1                |                            |
| <i>trimipramine maleate cap 100 mg</i> | 1                |                            |

### **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

|   |   |    |
|---|---|----|
| <i>amantadine hcl cap 100 mg</i>                                    | 1 |    |
| <i>amantadine hcl syrup 50 mg/5ml</i>                               | 1 |    |
| <i>amantadine hcl tab 100 mg</i>                                    | 1 |    |
| APOKYN INJ 10MG/ML  | 4 | PA |
| AZILECT TAB 0.5MG   | 3 |    |
| AZILECT TAB 1MG   | 3 |    |
| <i>benztropine mesylate tab 0.5 mg</i>                              | 1 |    |
| <i>benztropine mesylate tab 1 mg</i>                                | 1 |    |
| <i>benztropine mesylate tab 2 mg</i>                                | 1 |    |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>            | 1 |    |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | 1 |    |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | 1 |    |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | 1 |    |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | 1 |    |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | 1 |    |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | 1 |    |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | 1 |    |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                    | 1 |    |
| <i>carbidopa &amp; levodopa tab er 50-200 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>carbidopa tab 25 mg</i>                                 | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>   | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>  | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>    | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>  | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>    | 1                |                            |
| COMTAN TAB 200MG   | 3                |                            |
| ELDEPRYL CAP 5MG   | 3                |                            |
| <i>entacapone tab 200 mg</i>                               | 1                |                            |
| LODOSYN TAB 25MG   | 3                |                            |
| MIRAPEX ER TAB 0.75MG                                      | 3                |                            |
| MIRAPEX ER TAB 0.375MG                                     | 3                |                            |
| MIRAPEX ER TAB 1.5MG                                       | 3                |                            |
| MIRAPEX ER TAB 2.25MG                                      | 3                |                            |
| MIRAPEX ER TAB 3.75MG                                      | 3                |                            |
| MIRAPEX ER TAB 3MG   | 3                |                            |
| MIRAPEX ER TAB 4.5MG                                       | 3                |                            |
| MIRAPEX TAB 0.5MG  | 3                |                            |
| MIRAPEX TAB 0.25MG   | 3                |                            |
| MIRAPEX TAB 0.75MG   | 3                |                            |
| MIRAPEX TAB 0.125MG  | 3                |                            |
| MIRAPEX TAB 1.5MG  | 3                |                            |
| MIRAPEX TAB 1MG  | 3                |                            |
| NEUPRO DIS 1MG/24HR  | 2                |                            |
| NEUPRO DIS 2MG/24HR  | 2                |                            |
| NEUPRO DIS 3MG/24HR  | 2                |                            |
| NEUPRO DIS 4MG/24HR  | 2                |                            |
| NEUPRO DIS 6MG/24HR  | 2                |                            |
| NEUPRO DIS 8MG/24HR  | 2                |                            |
| PARLODEL CAP 5MG   | 3                |                            |
| PARLODEL TAB 2.5MG   | 3                |                            |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>              | 1                |                            |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>             | 1                |                            |

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

75

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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<br/>0.75 mg</i>  | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr<br/>0.375 mg</i> | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr<br/>1.5 mg</i>   | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr<br/>2.25 mg</i>  | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 3<br/>mg</i>     | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr<br/>3.75 mg</i>  | 1                |                            |
| <i>pramipexole dihydrochloride tab er 24hr<br/>4.5 mg</i>   | 1                |                            |
| <i>rasagiline mesylate tab 0.5 mg (base<br/>equiv)</i>      | 1                |                            |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>            | 1                |                            |
| REQUIP TAB 0.5MG  | 3                |                            |
| REQUIP TAB 0.25MG   | 3                |                            |
| REQUIP TAB 1MG  | 3                |                            |
| REQUIP TAB 2MG  | 3                |                            |
| REQUIP TAB 3MG  | 3                |                            |
| REQUIP TAB 4MG  | 3                |                            |
| REQUIP TAB 5MG  | 3                |                            |
| REQUIP XL TAB 2MG   | 3                |                            |
| REQUIP XL TAB 4MG   | 3                |                            |
| REQUIP XL TAB 6MG   | 3                |                            |
| REQUIP XL TAB 8MG   | 3                |                            |
| REQUIP XL TAB 12MG  | 3                |                            |
| <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                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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                |                            |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>  | 1                |                            |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> | 1                |                            |
| RYTARY CAP 95MG   | 3                |                            |
| RYTARY CAP 145MG  | 3                |                            |
| RYTARY CAP 195MG  | 3                |                            |
| RYTARY CAP 245MG  | 3                |                            |
| <i>selegiline hcl cap 5 mg</i>                                      | 1                |                            |
| <i>selegiline hcl tab 5 mg</i>                                      | 1                |                            |
| SINEMET CR TAB 25-100MG   | 3                |                            |
| SINEMET CR TAB 50-200MG   | 3                |                            |
| SINEMET TAB 10-100MG  | 3                |                            |
| SINEMET TAB 25-100MG  | 3                |                            |
| SINEMET TAB 25-250MG  | 3                |                            |
| STALEVO 50 TAB  | 3                |                            |
| STALEVO 75 TAB  | 3                |                            |
| STALEVO 100 TAB   | 3                |                            |
| STALEVO 125 TAB   | 3                |                            |
| STALEVO 150 TAB   | 3                |                            |
| STALEVO 200 TAB   | 3                |                            |
| <i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>                         | 1                |                            |
| <i>trihexyphenidyl hcl tab 2 mg</i>                                 | 1                |                            |
| <i>trihexyphenidyl hcl tab 5 mg</i>                                 | 1                |                            |
| ZELAPAR TAB 1.25MG  | 3                |                            |
| <b>ANTIPSYCHOTICS, ATYPICALS</b>                                    |                  |                            |
| <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                |                            |
| ARIPIPRAZOLE TAB 10MG ODT   | 1                |                            |
| <i>aripiprazole tab 15 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| ARIPIPRAZOLE TAB 15MG ODT                          | 1                |                            |
| <i>aripiprazole tab 20 mg</i>                      | 1                |                            |
| <i>aripiprazole tab 30 mg</i>                      | 1                |                            |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | 1                |                            |
| <i>clozapine orally disintegrating tab 25 mg</i>   | 1                |                            |
| <i>clozapine orally disintegrating tab 100 mg</i>  | 1                |                            |
| <i>clozapine orally disintegrating tab 150 mg</i>  | 1                |                            |
| <i>clozapine orally disintegrating tab 200 mg</i>  | 1                |                            |
| <i>clozapine tab 25 mg</i>                         | 1                |                            |
| <i>clozapine tab 50 mg</i>                         | 1                |                            |
| <i>clozapine tab 100 mg</i>                        | 1                |                            |
| <i>clozapine tab 200 mg</i>                        | 1                |                            |
| CLOZARIL TAB 25MG                                  | 3                |                            |
| CLOZARIL TAB 100MG                                 | 3                |                            |
| FAZACLO TAB 12.5 ODT                               | 3                |                            |
| FAZACLO TAB 25MG ODT                               | 3                |                            |
| FAZACLO TAB 100 ODT                                | 3                |                            |
| FAZACLO TAB 150 ODT                                | 3                |                            |
| FAZACLO TAB 200 ODT                                | 3                |                            |
| GEODON CAP 20MG                                    | 3                |                            |
| GEODON CAP 40MG                                    | 3                |                            |
| GEODON CAP 60MG                                    | 3                |                            |
| GEODON CAP 80MG                                    | 3                |                            |
| INVEGA TAB 1.5MG                                   | 3                |                            |
| INVEGA TAB 3MG                                     | 3                |                            |
| INVEGA TAB 6MG                                     | 3                |                            |
| INVEGA TAB 9MG                                     | 3                |                            |
| LATUDA TAB 20MG                                    | 2                |                            |
| LATUDA TAB 40MG                                    | 2                |                            |
| LATUDA TAB 60MG                                    | 2                |                            |
| LATUDA TAB 80MG                                    | 2                |                            |
| LATUDA TAB 120MG                                   | 2                |                            |
| <i>olanzapine orally disintegrating tab 5 mg</i>   | 1                |                            |
| <i>olanzapine orally disintegrating tab 10 mg</i>  | 1                |                            |
| <i>olanzapine orally disintegrating tab 15 mg</i>  | 1                |                            |
| <i>olanzapine orally disintegrating tab 20 mg</i>  | 1                |                            |
| <i>olanzapine tab 2.5 mg</i>                       | 1                |                            |
| <i>olanzapine tab 5 mg</i>                         | 1                |                            |
| <i>olanzapine tab 7.5 mg</i>                       | 1                |                            |
| <i>olanzapine tab 10 mg</i>                        | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>olanzapine tab 15 mg</i>                          | 1                |                            |
| <i>olanzapine tab 20 mg</i>                          | 1                |                            |
| <i>paliperidone tab er 24hr 1.5 mg</i>               | 1                |                            |
| <i>paliperidone tab er 24hr 3 mg</i>                 | 1                |                            |
| <i>paliperidone tab er 24hr 6 mg</i>                 | 1                |                            |
| <i>paliperidone tab er 24hr 9 mg</i>                 | 1                |                            |
| <i>quetiapine fumarate tab 25 mg</i>                 | 1                |                            |
| <i>quetiapine fumarate tab 50 mg</i>                 | 1                |                            |
| <i>quetiapine fumarate tab 100 mg</i>                | 1                |                            |
| <i>quetiapine fumarate tab 200 mg</i>                | 1                |                            |
| <i>quetiapine fumarate tab 300 mg</i>                | 1                |                            |
| <i>quetiapine fumarate tab 400 mg</i>                | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>         | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>        | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>        | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>        | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>        | 1                |                            |
| REXULTI TAB 0.5MG                                    | 3                |                            |
| REXULTI TAB 0.25MG                                   | 3                |                            |
| REXULTI TAB 1MG                                      | 3                |                            |
| REXULTI TAB 2MG                                      | 3                |                            |
| REXULTI TAB 3MG                                      | 3                |                            |
| REXULTI TAB 4MG                                      | 3                |                            |
| RISPERDAL M TAB 0.5MG                                | 3                |                            |
| RISPERDAL M TAB 1MG                                  | 3                |                            |
| RISPERDAL M TAB 2MG                                  | 3                |                            |
| RISPERDAL M TAB 3MG                                  | 3                |                            |
| RISPERDAL M TAB 4MG                                  | 3                |                            |
| RISPERDAL SOL 1MG/ML                                 | 3                |                            |
| RISPERDAL TAB 0.5MG                                  | 3                |                            |
| RISPERDAL TAB 0.25MG                                 | 3                |                            |
| RISPERDAL TAB 1MG                                    | 3                |                            |
| RISPERDAL TAB 2MG                                    | 3                |                            |
| RISPERDAL TAB 3MG                                    | 3                |                            |
| RISPERDAL TAB 4MG                                    | 3                |                            |
| <i>risperidone orally disintegrating tab 0.5 mg</i>  | 1                |                            |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | 1                |                            |
| <i>risperidone orally disintegrating tab 1 mg</i>    | 1                |                            |
| <i>risperidone orally disintegrating tab 2 mg</i>    | 1                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>risperidone orally disintegrating tab 3 mg</i> | 1                |                            |
| <i>risperidone orally disintegrating tab 4 mg</i> | 1                |                            |
| <i>risperidone soln 1 mg/ml</i>                   | 1                |                            |
| <i>risperidone tab 0.5 mg</i>                     | 1                |                            |
| <i>risperidone tab 0.25 mg</i>                    | 1                |                            |
| <i>risperidone tab 1 mg</i>                       | 1                |                            |
| <i>risperidone tab 2 mg</i>                       | 1                |                            |
| <i>risperidone tab 3 mg</i>                       | 1                |                            |
| <i>risperidone tab 4 mg</i>                       | 1                |                            |
| SAPHRIS SUB 2.5MG                                 | 3                |                            |
| SAPHRIS SUB 5MG                                   | 3                |                            |
| SAPHRIS SUB 10MG                                  | 3                |                            |
| SEROQUEL TAB 25MG                                 | 3                |                            |
| SEROQUEL TAB 50MG                                 | 3                |                            |
| SEROQUEL TAB 100MG                                | 3                |                            |
| SEROQUEL TAB 200MG                                | 3                |                            |
| SEROQUEL TAB 300MG                                | 3                |                            |
| SEROQUEL TAB 400MG                                | 3                |                            |
| VERSACLOZ SUS 50MG/ML                             | 3                |                            |
| VRAYLAR CAP 1.5-3MG                               | 2                |                            |
| VRAYLAR CAP 1.5MG                                 | 2                |                            |
| VRAYLAR CAP 3MG                                   | 2                |                            |
| VRAYLAR CAP 4.5MG                                 | 2                |                            |
| VRAYLAR CAP 6MG                                   | 2                |                            |
| <i>ziprasidone hcl cap 20 mg</i>                  | 1                |                            |
| <i>ziprasidone hcl cap 40 mg</i>                  | 1                |                            |
| <i>ziprasidone hcl cap 60 mg</i>                  | 1                |                            |
| <i>ziprasidone hcl cap 80 mg</i>                  | 1                |                            |
| ZYPREXA TAB 2.5MG                                 | 3                |                            |
| ZYPREXA TAB 5MG                                   | 3                |                            |
| ZYPREXA TAB 7.5MG                                 | 3                |                            |
| ZYPREXA TAB 10MG                                  | 3                |                            |
| ZYPREXA TAB 15MG                                  | 3                |                            |
| ZYPREXA TAB 20MG                                  | 3                |                            |
| ZYPREXA ZYDI TAB 5MG                              | 3                |                            |
| ZYPREXA ZYDI TAB 10MG                             | 3                |                            |
| ZYPREXA ZYDI TAB 15MG                             | 3                |                            |
| ZYPREXA ZYDI TAB 20MG                             | 3                |                            |

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

80

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ANTIPSYCHOTICS, MISCELLANEOUS</b>          |                  |                            |
| ADASUVE INH 10MG                              | 3                |                            |
| <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 hcl elixir 2.5 mg/5ml</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>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                |                            |
| <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>molindone hcl tab 5 mg</i>                 | 1                |                            |
| <i>molindone hcl tab 10 mg</i>                | 1                |                            |
| <i>molindone hcl tab 25 mg</i>                | 1                |                            |
| ORAP TAB 1MG                                  | 3                |                            |
| ORAP TAB 2MG                                  | 3                |                            |
| <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>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                |                            |
| <i>pimozide 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pimozide tab 2 mg</i>                               | 1                |                            |
| <i>thioridazine hcl tab 10 mg</i>                      | 1                |                            |
| <i>thioridazine hcl tab 25 mg</i>                      | 1                |                            |
| <i>thioridazine hcl tab 50 mg</i>                      | 1                |                            |
| <i>thioridazine hcl tab 100 mg</i>                     | 1                |                            |
| <i>thiothixene cap 1 mg</i>                            | 1                |                            |
| <i>thiothixene cap 2 mg</i>                            | 1                |                            |
| <i>thiothixene cap 5 mg</i>                            | 1                |                            |
| <i>thiothixene cap 10 mg</i>                           | 1                |                            |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>  | 1                |                            |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>  | 1                |                            |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>  | 1                |                            |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | 1                |                            |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

|  |   |                        |
|--|---|------------------------|
| ADDERALL TAB 5MG                                       | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 7.5MG                                     | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 10MG                                      | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 12.5MG                                    | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 15MG                                      | 3 | QL (60 tabs / 25 days) |
| ADDERALL TAB 20MG                                      | 3 | QL (60 tabs / 25 days) |
| ADDERALL TAB 30MG                                      | 3 | QL (30 tabs / 25 days) |
| ADZENYS ER SUS 1.25MG                                  | 3 | QL (450 mL / 25 days)  |
| ADZENYS XR TAB 3.1MG                                   | 3 | QL (60 ea / 25 days)   |
| ADZENYS XR TAB 6.3MG                                   | 3 | QL (60 ea / 25 days)   |
| ADZENYS XR TAB 9.4MG                                   | 3 | QL (60 ea / 25 days)   |
| ADZENYS XR TAB 12.5MG                                  | 3 | QL (30 ea / 25 days)   |
| ADZENYS XR TAB 15.7 MG                                 | 3 | QL (30 ea / 25 days)   |
| ADZENYS XR TAB 18.8MG                                  | 3 | QL (30 ea / 25 days)   |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | 1 | QL (90 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 1 | QL (90 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 1 | QL (30 caps / 25 days) |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 1                | QL (30 caps / 25 days)     |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 1                | QL (30 caps / 25 days)     |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 1                | QL (30 caps / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | 1                | QL (90 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | 1                | QL (90 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | 1                | QL (90 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | 1                | QL (90 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | 1                | QL (60 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | 1                | QL (60 tabs / 25 days)     |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | 1                | QL (30 tabs / 25 days)     |
| APTENSIO XR CAP 10MG                                   | 3                | QL (60 caps / 25 days)     |
| APTENSIO XR CAP 15MG                                   | 3                | QL (60 caps / 25 days)     |
| APTENSIO XR CAP 20MG                                   | 3                | QL (60 caps / 25 days)     |
| APTENSIO XR CAP 30MG                                   | 3                | QL (60 caps / 25 days)     |
| APTENSIO XR CAP 40MG                                   | 3                | QL (30 caps / 25 days)     |
| APTENSIO XR CAP 50MG                                   | 3                | QL (30 caps / 25 days)     |
| APTENSIO XR CAP 60MG                                   | 3                | QL (30 caps / 25 days)     |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>          | 1                | QL (120 caps / 25 days)    |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>          | 1                | QL (120 caps / 25 days)    |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>          | 1                | QL (120 caps / 25 days)    |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>          | 1                | QL (60 caps / 25 days)     |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>          | 1                | QL (30 caps / 25 days)     |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>          | 1                | QL (30 caps / 25 days)     |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>         | 1                | QL (30 caps / 25 days)     |
| CONCERTA TAB 18MG                                      | 3                | QL (60 tabs / 25 days)     |
| CONCERTA TAB 27MG                                      | 3                | QL (60 tabs / 25 days)     |
| CONCERTA TAB 36MG                                      | 3                | QL (60 tabs / 25 days)     |
| CONCERTA TAB 54MG                                      | 3                | QL (30 tabs / 25 days)     |
| DAYTRANA DIS 10MG/9HR                                  | 3                | QL (30 patches / 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| DAYTRANA DIS 15MG/9HR                                   | 3                | QL (30 patches / 25 days)  |
| DAYTRANA DIS 20MG/9HR                                   | 3                | QL (30 patches / 25 days)  |
| DAYTRANA DIS 30MG/9HR                                   | 3                | QL (30 patches / 25 days)  |
| DESOXYN TAB 5MG   | 3                | QL (150 tabs / 25 days)    |
| DEXEDRINE CAP 5MG CR                                    | 3                | QL (120 caps / 25 days)    |
| DEXEDRINE CAP 10MG CR                                   | 3                | QL (120 caps / 25 days)    |
| DEXEDRINE CAP 15MG CR                                   | 3                | QL (60 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>         | 1                | QL (60 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>        | 1                | QL (60 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>        | 1                | QL (60 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>        | 1                | QL (60 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>        | 1                | QL (30 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>        | 1                | QL (30 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>        | 1                | QL (30 caps / 25 days)     |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>        | 1                | QL (30 caps / 25 days)     |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>                | 1                | QL (120 tabs / 25 days)    |
| <i>dexmethylphenidate hcl tab 5 mg</i>                  | 1                | QL (120 tabs / 25 days)    |
| <i>dexmethylphenidate hcl tab 10 mg</i>                 | 1                | QL (60 tabs / 25 days)     |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>       | 1                | QL (120 caps / 25 days)    |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>      | 1                | QL (120 caps / 25 days)    |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i>      | 1                | QL (60 caps / 25 days)     |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 1                | QL (1200 mL / 25 days)     |
| <i>dextroamphetamine sulfate tab 2.5 mg</i>             | 1                | QL (120 tabs / 25 days)    |
| <i>dextroamphetamine sulfate tab 5 mg</i>               | 1                | QL (120 tabs / 25 days)    |
| <i>dextroamphetamine sulfate tab 7.5 mg</i>             | 1                | QL (120 tabs / 25 days)    |
| <i>dextroamphetamine sulfate tab 10 mg</i>              | 1                | QL (120 tabs / 25 days)    |
| <i>dextroamphetamine sulfate tab 15 mg</i>              | 1                | QL (60 tabs / 25 days)     |

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

84

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dextroamphetamine sulfate tab 20 mg</i>          | 1                | QL (60 tabs / 25 days)     |
| <i>dextroamphetamine sulfate tab 30 mg</i>          | 1                | QL (30 tabs / 25 days)     |
| DYANAVEL XR SUS 2.5MG/ML                            | 3                | QL (240 mL / 25 days)      |
| FOCALIN TAB 2.5MG                                   | 3                | QL (120 tabs / 25 days)    |
| FOCALIN TAB 5MG                                     | 3                | QL (120 tabs / 25 days)    |
| FOCALIN TAB 10MG                                    | 3                | QL (60 tabs / 25 days)     |
| FOCALIN XR CAP 5MG                                  | 3                | QL (60 caps / 25 days)     |
| FOCALIN XR CAP 10MG                                 | 3                | QL (60 caps / 25 days)     |
| FOCALIN XR CAP 15MG                                 | 3                | QL (60 caps / 25 days)     |
| FOCALIN XR CAP 20MG                                 | 3                | QL (60 caps / 25 days)     |
| FOCALIN XR CAP 25MG                                 | 3                | QL (30 caps / 25 days)     |
| FOCALIN XR CAP 30MG                                 | 3                | QL (30 caps / 25 days)     |
| FOCALIN XR CAP 35MG                                 | 3                | QL (30 caps / 25 days)     |
| FOCALIN XR CAP 40MG                                 | 3                | QL (30 caps / 25 days)     |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> | 1                |                            |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | 1                |                            |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | 1                |                            |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | 1                |                            |
| METADATE CD CAP 10MG                                | 3                | QL (60 caps / 25 days)     |
| METADATE CD CAP 20MG                                | 3                | QL (60 caps / 25 days)     |
| METADATE CD CAP 30MG                                | 3                | QL (60 caps / 25 days)     |
| METADATE CD CAP 40MG                                | 3                | QL (30 caps / 25 days)     |
| METADATE CD CAP 50MG                                | 3                | QL (30 caps / 25 days)     |
| METADATE CD CAP 60MG                                | 3                | QL (30 caps / 25 days)     |
| METHYLIN CHW 2.5MG                                  | 2                | QL (180 tabs / 25 days)    |
| METHYLIN CHW 5MG                                    | 2                | QL (180 tabs / 25 days)    |
| METHYLIN CHW 10MG                                   | 2                | QL (180 tabs / 25 days)    |
| METHYLIN SOL 5MG/5ML                                | 3                | QL (1800 mL / 25 days)     |
| METHYLIN SOL 10MG/5ML                               | 3                | QL (900 mL / 25 days)      |
| <i>methylphenid tab 72mg er</i>                     | 3                | QL (30 tabs / 25 days)     |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>        | 1                | QL (60 caps / 25 days)     |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>        | 1                | QL (60 caps / 25 days)     |
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i>   | 1                | QL (60 caps / 25 days)     |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>   | 1                | QL (60 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>             | 1                | QL (60 caps / 25 days)     |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>             | 1                | QL (30 caps / 25 days)     |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>                  | 1                | QL (60 caps / 25 days)     |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>                  | 1                | QL (30 caps / 25 days)     |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>                  | 1                | QL (30 caps / 25 days)     |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>                  | 1                | QL (30 caps / 25 days)     |
| <i>methylphenidate hcl chew tab 2.5 mg</i>                    | 1                | QL (180 tabs / 25 days)    |
| <i>methylphenidate hcl chew tab 5 mg</i>                      | 1                | QL (180 tabs / 25 days)    |
| <i>methylphenidate hcl chew tab 10 mg</i>                     | 1                | QL (180 tabs / 25 days)    |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                      | 1                | QL (1800 mL / 25 days)     |
| <i>methylphenidate hcl soln 10 mg/5ml</i>                     | 1                | QL (900 mL / 25 days)      |
| <i>methylphenidate hcl tab 5 mg</i>                           | 1                | QL (180 tabs / 25 days)    |
| <i>methylphenidate hcl tab 10 mg</i>                          | 1                | QL (180 tabs / 25 days)    |
| <i>methylphenidate hcl tab 20 mg</i>                          | 1                | QL (900 tabs / 25 days)    |
| <i>methylphenidate hcl tab er 10 mg</i>                       | 1                | QL (90 tabs / 25 days)     |
| <i>methylphenidate hcl tab er 20 mg</i>                       | 1                | QL (90 tabs / 25 days)     |
| <i>methylphenidate hcl tab er 24hr 18 mg</i>                  | 1                |                            |
| <i>methylphenidate hcl tab er 24hr 27 mg</i>                  | 1                |                            |
| <i>methylphenidate hcl tab er 24hr 36 mg</i>                  | 1                |                            |
| <i>methylphenidate hcl tab er 24hr 54 mg</i>                  | 1                |                            |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 1                | QL (60 tabs / 25 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 1                | QL (60 tabs / 25 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 1                | QL (60 tabs / 25 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | 1                | QL (30 tabs / 25 days)     |
| MYDAYIS CAP 12.5MG  | 2                | QL (60 caps / 25 days)     |
| MYDAYIS CAP 25MG  | 2                | QL (60 caps / 25 days)     |
| MYDAYIS CAP 37.5MG  | 2                | QL (30 caps / 25 days)     |
| MYDAYIS CAP 50MG  | 2                | QL (30 caps / 25 days)     |
| PROCENTRA SOL 5MG/5ML   | 3                | QL (1200 mL / 25 days)     |
| QUILLICHEW CHW 20MG ER  | 3                | QL (60 tabs / 25 days)     |
| QUILLICHEW CHW 30MG ER  | 3                | QL (60 tabs / 25 days)     |
| QUILLICHEW CHW 40MG ER  | 3                | QL (30 tabs / 25 days)     |
| QUILLIVANT SUS 25MG/5ML                                       | 3                | QL (360 mL / 25 days)      |
| RITALIN LA CAP 10MG   | 3                | QL (60 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------|------------------|----------------------------|
| RITALIN LA CAP 20MG         | 3                | QL (60 caps / 25 days)     |
| RITALIN LA CAP 30MG         | 3                | QL (60 caps / 25 days)     |
| RITALIN LA CAP 40MG         | 3                | QL (30 caps / 25 days)     |
| RITALIN LA CAP 60MG         | 3                | QL (30 caps / 25 days)     |
| RITALIN TAB 5MG             | 3                | QL (180 tabs / 25 days)    |
| RITALIN TAB 10MG            | 3                | QL (180 tabs / 25 days)    |
| RITALIN TAB 20MG            | 3                | QL (900 tabs / 25 days)    |
| STRATTERA CAP 10MG          | 3                | QL (120 caps / 25 days)    |
| STRATTERA CAP 18MG          | 3                | QL (120 caps / 25 days)    |
| STRATTERA CAP 25MG          | 3                | QL (120 caps / 25 days)    |
| STRATTERA CAP 40MG          | 3                | QL (60 caps / 25 days)     |
| STRATTERA CAP 60MG          | 3                | QL (30 caps / 25 days)     |
| STRATTERA CAP 80MG          | 3                | QL (30 caps / 25 days)     |
| STRATTERA CAP 100MG         | 3                | QL (30 caps / 25 days)     |
| VYVANSE CAP 10MG            | 2                | QL (60 caps / 25 days)     |
| VYVANSE CAP 20MG            | 2                | QL (60 caps / 25 days)     |
| VYVANSE CAP 30MG            | 2                | QL (60 caps / 25 days)     |
| VYVANSE CAP 40MG            | 2                | QL (30 caps / 25 days)     |
| VYVANSE CAP 50MG            | 2                | QL (30 caps / 25 days)     |
| VYVANSE CAP 60MG            | 2                | QL (30 caps / 25 days)     |
| VYVANSE CAP 70MG            | 2                | QL (30 caps / 25 days)     |
| VYVANSE CHW 10MG            | 2                | QL (60 tabs / 25 days)     |
| VYVANSE CHW 20MG            | 2                | QL (60 tabs / 25 days)     |
| VYVANSE CHW 30MG            | 2                | QL (60 tabs / 25 days)     |
| VYVANSE CHW 40MG            | 2                | QL (30 tabs / 25 days)     |
| VYVANSE CHW 50MG            | 2                | QL (30 tabs / 25 days)     |
| VYVANSE CHW 60MG            | 2                | QL (30 tabs / 25 days)     |
| <b>FIBROMYALGIA</b>         |                  |                            |
| LYRICA CAP 25MG             | 2                |                            |
| LYRICA CAP 50MG             | 2                |                            |
| LYRICA CAP 75MG             | 2                |                            |
| LYRICA CAP 100MG            | 2                |                            |
| LYRICA CAP 150MG            | 2                |                            |
| LYRICA CAP 200MG            | 2                |                            |
| LYRICA CAP 225MG            | 2                |                            |
| LYRICA CAP 300MG            | 2                |                            |
| LYRICA SOL 20MG/ML          | 2                |                            |
| <i>pregabalin cap 25 mg</i> | 1                |                            |
| <i>pregabalin cap 50 mg</i> | 1                |                            |

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

87

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pregabalin cap 75 mg</i>                          | 1                |                            |
| <i>pregabalin cap 100 mg</i>                         | 1                |                            |
| <i>pregabalin cap 150 mg</i>                         | 1                |                            |
| <i>pregabalin cap 200 mg</i>                         | 1                |                            |
| <i>pregabalin cap 225 mg</i>                         | 1                |                            |
| <i>pregabalin cap 300 mg</i>                         | 1                |                            |
| SAVELLA MIS TITR PAK                                 | 3                |                            |
| SAVELLA TAB 12.5MG                                   | 3                |                            |
| SAVELLA TAB 25MG                                     | 3                |                            |
| SAVELLA TAB 50MG                                     | 3                |                            |
| SAVELLA TAB 100MG                                    | 3                |                            |
| <b>HUNTINGTON'S DISEASE AGENTS</b>                   |                  |                            |
| AUSTEDO TAB 6MG                                      | 2                | PA                         |
| AUSTEDO TAB 9MG                                      | 2                | PA                         |
| AUSTEDO TAB 12MG                                     | 2                | PA                         |
| <i>tetrabenazine tab 12.5 mg</i>                     | 1                | PA                         |
| <i>tetrabenazine tab 25 mg</i>                       | 1                | PA                         |
| <b>HYPNOTICS, BENZODIAZEPINES</b>                    |                  |                            |
| <i>estazolam tab 1 mg</i>                            | 1                |                            |
| <i>estazolam tab 2 mg</i>                            | 1                |                            |
| HALCION TAB 0.25MG                                   | 3                |                            |
| <i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> | 1                |                            |
| RESTORIL CAP 7.5MG                                   | 3                |                            |
| RESTORIL CAP 15MG                                    | 3                |                            |
| RESTORIL CAP 22.5MG                                  | 3                |                            |
| RESTORIL CAP 30MG                                    | 3                |                            |
| <i>temazepam cap 7.5 mg</i>                          | 1                |                            |
| <i>temazepam cap 15 mg</i>                           | 1                |                            |
| <i>temazepam cap 22.5 mg</i>                         | 1                |                            |
| <i>temazepam cap 30 mg</i>                           | 1                |                            |
| <i>triazolam tab 0.25 mg</i>                         | 1                |                            |
| <i>triazolam tab 0.125 mg</i>                        | 1                |                            |
| <b>HYPNOTICS, NON-BENZODIAZEPINES</b>                |                  |                            |
| AMBIEN CR TAB 6.25MG                                 | 3                |                            |
| AMBIEN CR TAB 12.5MG                                 | 3                |                            |
| AMBIEN TAB 5MG                                       | 3                |                            |
| AMBIEN TAB 10MG                                      | 3                |                            |
| BELSOMRA TAB 5MG                                     | 2                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| BELSOMRA TAB 10MG   | 2                |                            |
| BELSOMRA TAB 15MG   | 2                |                            |
| BELSOMRA TAB 20MG   | 2                |                            |
| BUTISOL SOD TAB 30MG  | 3                |                            |
| BUTISOL SOD TAB 50MG  | 3                |                            |
| EDLUAR SUB 5MG  | 3                |                            |
| EDLUAR SUB 10MG   | 3                |                            |
| <i>eszopiclone tab 1 mg</i>                                     | 1                |                            |
| <i>eszopiclone tab 2 mg</i>                                     | 1                |                            |
| <i>eszopiclone tab 3 mg</i>                                     | 1                |                            |
| HETLIOZ CAP 20MG  | 3                | PA                         |
| <i>ramelteon tab 8 mg</i>                                       | 1                |                            |
| SONATA CAP 5MG  | 3                |                            |
| SONATA CAP 10MG   | 3                |                            |
| <i>zaleplon cap 5 mg</i>  | 1                |                            |
| <i>zaleplon cap 10 mg</i>                                       | 1                |                            |
| <i>zolpidem tartrate sl tab 1.75 mg</i>                         | 1                |                            |
| <i>zolpidem tartrate sl tab 3.5 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                |                            |
| <b>HYPNOTICS, TRICYCLICS</b>                                    |                  |                            |
| SILENOR TAB 3MG   | 2                |                            |
| SILENOR TAB 6MG   | 2                |                            |
| <b>MIGRAINE, ERGOTAMINE DERIVATIVES</b>                         |                  |                            |
| D.H.E. 45 INJ 1MG/ML  | 4                |                            |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                   | 4                |                            |
| ERGOMAR SUB 2MG   | 3                |                            |
| <i>ergotamine w/ caffeine suppos 2-100 mg</i>                   | 1                |                            |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                      | 1                |                            |
| MIGRANAL SPR 4MG/ML   | 3                | QL (8 mLper month)         |
| <b>MIGRAINE, MONOCLONAL ANTIBODIES</b>                          |                  |                            |
| AJOVY INJ 225/1.5   | 4                | ST                         |
| EMGALITY INJ 120MG/ML   | 4                | ST                         |
| <b>MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS</b> |                  |                            |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i>                | 1                | QL (9 tabs 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| TREXIMET TAB 10-60MG   | 2                | QL (9 tabs per month)        |
| TREXIMET TAB 85-500MG  | 2                | QL (9 tabs per month)        |
| <b>MIGRAINE, SELECTIVE SEROTONIN AGONISTS</b>                      |                  |                              |
| <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)       |
| ALSUMA INJ 6MG/0.5   | 4                | QL (24 injections per month) |
| AMERGE TAB 1MG   | 3                | QL (12 tabs per month)       |
| AMERGE TAB 2.5MG   | 3                | QL (12 tabs per month)       |
| AXERT TAB 6.25MG   | 3                | QL (12 tabs per month)       |
| AXERT TAB 12.5MG   | 3                | 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)       |
| FROVA TAB 2.5MG  | 3                | QL (18 tabs per month)       |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>         | 1                | QL (18 tabs per month)       |
| IMITREX INJ 4MG/0.5  | 4                | QL (12 inj per month)        |
| IMITREX INJ 6MG/0.5  | 4                | QL (12 inj per month)        |
| IMITREX INJ 6MG/0.5  | 4                | QL (12 injections per month) |
| IMITREX SPR 5MG/ACT  | 3                | QL (24 inhalers per month)   |
| IMITREX SPR 20MG/ACT   | 3                | QL (12 inhalers per month)   |
| IMITREX TAB 25MG   | 3                | QL (12 tabs per month)       |
| IMITREX TAB 50MG   | 3                | QL (12 tabs per month)       |
| IMITREX TAB 100MG  | 3                | QL (12 tabs eper month)      |
| MAXALT TAB 5MG   | 3                | QL (18 tabs per month)       |
| MAXALT TAB 10MG  | 3                | QL (18 tabs per month)       |
| MAXALT-MLT TAB 5MG   | 3                | QL (18 ea per month)         |
| MAXALT-MLT TAB 10MG  | 3                | QL (18 ea per 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)       |
| ONZETRA XSAI MIS 11MG  | 2                | QL (1 kit per month)         |
| RELPAK TAB 20MG  | 3                | QL (12 tabs per month)       |
| RELPAK TAB 40MG  | 3                | QL (12 tabs per month)       |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | 1                | QL (18 ea per month)         |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 1                | QL (18 ea per month)         |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | 1                | QL (18 ea per month)         |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | 1                | QL (18 ea per month)         |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | 1                | QL (24 inhalers per month)   |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | 1                | QL (12 inhalers per month)   |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                         | 4                | QL (12 inj per month)        |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | 4                | QL (12 injections per month) |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | 4                | QL (12 injections per month) |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>          | 4                | QL (12 injections per month) |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>          | 4                | QL (12 inj per month)        |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>  | 4                | QL (12 inj 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)       |
| ZEMBRACE SYM INJ 3/0.5ML  | 4                | QL (48 injections 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)       |
| ZOMIG SPR 2.5MG   | 2                | QL (12 units per month)      |
| ZOMIG SPR 5MG   | 2                | QL (12 units per month)      |
| ZOMIG TAB 2.5MG   | 3                | QL (12 tabs per month)       |
| ZOMIG TAB 5MG   | 3                | QL (12 tabs per month)       |
| ZOMIG ZMT TAB 2.5 MG  | 3                | QL (12 ea per month)         |
| ZOMIG ZMT TAB 5MG ODT   | 3                | QL (12 ea per month)         |
| <b>MISCELLANEOUS</b>  |                  |                              |
| FIRDAPSE TAB 10MG   | 3                | PA                           |
| GUANIDINE TAB 125MG   | 3                |                              |
| RILUTEK TAB 50MG  | 3                |                              |

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

91

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>riluzole tab 50 mg</i>                                 | 1                |                            |
| <b>MOOD STABILIZERS</b>                                   |                  |                            |
| EQUETRO CAP 100MG   | 3                |                            |
| EQUETRO CAP 200MG   | 3                |                            |
| EQUETRO CAP 300MG   | 3                |                            |
| <i>lithium carbonate cap 150 mg</i>                       | 1                |                            |
| <i>lithium carbonate cap 300 mg</i>                       | 1                |                            |
| <i>lithium carbonate cap 600 mg</i>                       | 1                |                            |
| <i>lithium carbonate tab 300 mg</i>                       | 1                |                            |
| <i>lithium carbonate tab er 300 mg</i>                    | 1                |                            |
| <i>lithium carbonate tab er 450 mg</i>                    | 1                |                            |
| LITHIUM SOL 8MEQ/5ML                                      | 3                |                            |
| LITHOBID TAB 300MG CR                                     | 3                |                            |
| <b>MULTIPLE SCLEROSIS</b>                                 |                  |                            |
| AMPYRA TAB 10MG   | 3                | PA                         |
| AUBAGIO TAB 7MG   | 2                | PA                         |
| AUBAGIO TAB 14MG  | 2                | PA                         |
| AVONEX KIT 30MCG  | 4                | PA                         |
| AVONEX PEN KIT 30MCG                                      | 4                | PA                         |
| AVONEX PREFL KIT 30MCG                                    | 4                | PA                         |
| BETASERON INJ 0.3MG                                       | 4                | PA                         |
| COPAXONE INJ 20MG/ML                                      | 4                | PA                         |
| COPAXONE INJ 40MG/ML                                      | 4                | PA                         |
| GILENYA CAP 0.5MG   | 2                | PA                         |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 4                | PA                         |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 4                | PA                         |
| MAYZENT TAB 0.25MG  | 2                | PA                         |
| MAYZENT TAB 2MG   | 2                | PA                         |
| PLEGRIDY INJ  | 4                | PA                         |
| PLEGRIDY INJ PEN  | 4                | PA                         |
| PLEGRIDY INJ STARTER                                      | 4                | PA                         |
| PLEGRIDY PEN INJ STARTER                                  | 4                | PA                         |
| REBIF INJ 22/0.5  | 4                | PA                         |
| REBIF INJ 44/0.5  | 4                | PA                         |
| REBIF REBIDO INJ 22/0.5                                   | 4                | PA                         |
| REBIF REBIDO INJ 44/0.5                                   | 4                | PA                         |
| REBIF REBIDO INJ TITRATN                                  | 4                | PA                         |
| REBIF TITRTN INJ PACK                                     | 4                | PA                         |

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

92

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------|------------------|----------------------------|
| TECFIDERA CAP 120MG   | 2                | PA                         |
| TECFIDERA CAP 240MG   | 2                | PA                         |
| TECFIDERA MIS STARTER | 2                | PA                         |

### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

|                        |   |    |
|------------------------|---|----|
| MAVENCLAD PAK 10MG (4) | 3 | PA |
| MAVENCLAD PAK 10MG (5) | 3 | PA |
| MAVENCLAD PAK 10MG (6) | 3 | PA |
| MAVENCLAD PAK 10MG (7) | 3 | PA |
| MAVENCLAD PAK 10MG (8) | 3 | PA |
| MAVENCLAD PAK 10MG (9) | 3 | PA |
| MAVENCLAD PAK 10MG(4)  | 3 | PA |
| MAVENCLAD PAK 10MG(5)  | 3 | PA |
| MAVENCLAD PAK 10MG(6)  | 3 | PA |
| MAVENCLAD PAK 10MG(7)  | 3 | PA |
| MAVENCLAD PAK 10MG(8)  | 3 | PA |
| MAVENCLAD PAK 10MG(9)  | 3 | PA |
| MAVENCLAD PAK 10MG(10) | 3 | PA |

### **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

|  |   |  |
|--|---|--|
| BACLOFEN TAB 5MG   | 3 |  |
| <i>baclofen tab 10 mg</i>                                      | 1 |  |
| <i>baclofen tab 20 mg</i>                                      | 1 |  |
| <i>carisoprodol tab 250 mg</i>                                 | 1 |  |
| <i>carisoprodol tab 350 mg</i>                                 | 1 |  |
| <i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i> | 1 |  |
| <i>carisoprodol w/ aspirin tab 200-325 mg</i>                  | 1 |  |
| <i>chlorzoxazone tab 500 mg</i>                                | 1 |  |
| <i>cyclobenzaprine hcl cap er 24hr 15 mg</i>                   | 1 |  |
| <i>cyclobenzaprine hcl cap er 24hr 30 mg</i>                   | 1 |  |
| <i>cyclobenzaprine hcl tab 5 mg</i>                            | 1 |  |
| <i>cyclobenzaprine hcl tab 7.5 mg</i>                          | 1 |  |
| <i>cyclobenzaprine hcl tab 10 mg</i>                           | 1 |  |
| DANTRIUM CAP 25MG  | 2 |  |
| DANTRIUM CAP 50MG  | 2 |  |
| <i>dantrolene sodium cap 25 mg</i>                             | 1 |  |
| <i>dantrolene sodium cap 50 mg</i>                             | 1 |  |
| <i>dantrolene sodium cap 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| FEXMID TAB 7.5MG   | 3                |                            |
| LORZONE TAB 375MG  | 3                |                            |
| LORZONE TAB 750MG  | 3                |                            |
| <i>metaxalone tab 400 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>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i> | 1                |                            |
| PARAFON FORT TAB 500MG   | 2                |                            |
| ROBAXIN TAB 500MG  | 2                |                            |
| ROBAXIN-750 TAB 750MG  | 2                |                            |
| SKELAXIN TAB 800MG   | 2                |                            |
| SOMA TAB 250MG   | 3                |                            |
| SOMA TAB 350MG   | 3                |                            |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i>               | 1                |                            |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i>               | 1                |                            |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i>               | 1                |                            |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i>               | 1                |                            |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>               | 1                |                            |
| ZANAFLEX CAP 2MG   | 3                |                            |
| ZANAFLEX CAP 4MG   | 3                |                            |
| ZANAFLEX CAP 6MG   | 3                |                            |
| ZANAFLEX TAB 4MG   | 2                |                            |
| <b>MYASTHENIA GRAVIS</b>                                       |                  |                            |
| MESTINON SOL 60MG/5ML  | 2                |                            |
| MESTINON TAB 60MG  | 2                |                            |
| MESTINON TAB TIMESPAN  | 3                |                            |
| <i>pyridostigmine bromide tab 60 mg</i>                        | 1                |                            |
| <i>pyridostigmine bromide tab er 180 mg</i>                    | 1                |                            |
| <b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>        |                  |                            |
| <i>armodafinil tab 50 mg</i>                                   | 1                | PA                         |
| <i>armodafinil tab 150 mg</i>                                  | 1                | PA                         |
| <i>armodafinil tab 200 mg</i>                                  | 1                | PA                         |
| <i>armodafinil tab 250 mg</i>                                  | 1                | PA                         |
| <i>modafinil tab 100 mg</i>                                    | 1                | PA                         |
| <i>modafinil tab 200 mg</i>                                    | 1                | PA                         |
| PROVIGIL TAB 100MG   | 3                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| PROVIGIL TAB 200MG  | 3                | PA                         |
| XYREM SOL 500MG/ML  | 3                | PA                         |
| <b>POSTHERPETIC NEURALGIA (PHN)</b>   |                  |                            |
| GRALISE STAR MIS 300/600  | 2                |                            |
| GRALISE TAB 300MG   | 2                |                            |
| GRALISE TAB 600MG   | 2                |                            |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS</b>                                    |                  |                            |
| <i>acamprosate calcium tab delayed release<br/>333 mg</i>                                     | 1                |                            |
| ANTABUSE TAB 250MG  | 2                |                            |
| ANTABUSE TAB 500MG  | 2                |                            |
| <i>disulfiram tab 250 mg</i>  | 1                |                            |
| <i>disulfiram tab 500 mg</i>  | 1                |                            |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS</b>                                    |                  |                            |
| <i>naloxone hcl inj 0.4 mg/ml</i>   | 4                |                            |
| <i>naltrexone hcl tab 50 mg</i>   | 1                |                            |
| NARCAN SPR  | 2                |                            |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS</b> |                  |                            |
| BUNAVAIL MIS 2.1-0.3  | 3                |                            |
| BUNAVAIL MIS 4.2-0.7  | 3                |                            |
| BUNAVAIL MIS 6.3-1MG  | 3                |                            |
| <i>buprenorphine hcl-naloxone hcl sl film<br/>2-0.5 mg (base equiv)</i>                       | 1                |                            |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1<br/>mg (base equiv)</i>                         | 1                |                            |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2<br/>mg (base equiv)</i>                         | 1                |                            |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3<br/>mg (base equiv)</i>                        | 1                |                            |
| <i>buprenorphine hcl-naloxone hcl sl tab<br/>2-0.5 mg (base equiv)</i>                        | 1                |                            |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2<br/>mg (base equiv)</i>                          | 1                |                            |
| SUBOXONE MIS 2-0.5MG  | 2                |                            |
| SUBOXONE MIS 4-1MG  | 2                |                            |
| SUBOXONE MIS 8-2MG  | 2                |                            |
| ZUBSOLV SUB 0.7-0.18  | 2                |                            |
| ZUBSOLV SUB 1.4-0.36  | 2                |                            |
| ZUBSOLV SUB 2.9-0.71  | 2                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|---|------------------|---|
| ZUBSOLV SUB 5.7-1.4   | 2                |   |
| ZUBSOLV SUB 8.6-2.1   | 2                |   |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS</b>   |                  |   |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                 | 1                |   |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                 | 1                |   |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBLBAR AFFECT AGENTS</b> |                  |   |
| NUEDEXTA CAP 20-10MG  | 2                |   |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS</b>        |                  |   |
| <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                |   |
| <i>nicotine polacrilex gum 2 mg</i>                               | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex gum 4 mg</i>                               | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex lozenge 2 mg</i>                           | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex lozenge 4 mg</i>                           | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine td patch 24hr 7 mg/24hr</i>                           | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine td patch 24hr 14 mg/24hr</i>                          | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine td patch 24hr 21 mg/24hr</i>                          | 0                | OTC; \$0 limited to 2 treatment cycles/year |
| NICOTROL INH  | 0                |   |
| NICOTROL NS SPR 10MG/ML   | 0                |   |
| ZYBAN TAB 150MG SR  | 2                |   |
| <b>PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS</b>  |                  |   |
| BRISDELLE CAP 7.5MG   | 3                |   |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i>                | 1                |   |

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

96

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

**Drug Name** **Drug Tier** **Requirements/Limits**  
**ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND**  
**REGULATE HORMONES**

**ACROMEGALY**

|  |   |    |
|--|---|----|
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 4 | PA |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 4 | PA |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 4 | PA |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 4 | PA |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>  | 4 | PA |
| SANDOSTATIN INJ 50MCG/ML                             | 4 | PA |
| SANDOSTATIN INJ 100MCG                               | 4 | PA |
| SANDOSTATIN INJ 200MCG                               | 4 | PA |
| SANDOSTATIN INJ 500MCG                               | 4 | PA |
| SANDOSTATIN INJ 1000MCG                              | 4 | PA |
| SOMAVERT INJ 10MG                                    | 4 | PA |
| SOMAVERT INJ 15MG                                    | 4 | PA |
| SOMAVERT INJ 20MG                                    | 4 | PA |
| SOMAVERT INJ 25MG                                    | 4 | PA |
| SOMAVERT INJ 30MG                                    | 4 | PA |

**ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

|   |   |  |
|---|---|--|
| ANDRODERM DIS 2MG/24HR                      | 2 |  |
| ANDRODERM DIS 4MG/24HR                      | 2 |  |
| ANDROGEL GEL 1.62%                          | 3 |  |
| AXIRON SOL 30MG/ACT                         | 3 |  |
| OXANDRIN TAB 2.5MG                          | 3 |  |
| OXANDRIN TAB 10MG                           | 3 |  |
| <i>oxandrolone tab 2.5 mg</i>               | 1 |  |
| <i>oxandrolone tab 10 mg</i>                | 1 |  |
| STRIANT MIS 30MG                            | 3 |  |
| <i>testosterone td gel 10mg/act (2%)</i>    | 1 |  |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> | 1 |  |
| <i>testosterone td gel 50 mg/5gm (1%)</i>   | 1 |  |
| <i>testosterone td soln 30 mg/act</i>       | 1 |  |
| XYOSTED INJ 50/0.5                          | 4 |  |
| XYOSTED INJ 75/0.5                          | 4 |  |
| XYOSTED INJ 100/0.5                         | 4 |  |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>        |                  |                            |
| <i>acarbose tab 25 mg</i>                                 | 1                |                            |
| <i>acarbose tab 50 mg</i>                                 | 1                |                            |
| <i>acarbose tab 100 mg</i>                                | 1                |                            |
| GLYSET TAB 25MG   | 3                |                            |
| GLYSET TAB 50MG   | 3                |                            |
| GLYSET TAB 100MG  | 3                |                            |
| <i>miglitol tab 25 mg</i>                                 | 1                |                            |
| <i>miglitol tab 50 mg</i>                                 | 1                |                            |
| <i>miglitol tab 100 mg</i>                                | 1                |                            |
| PRECOSE TAB 25MG  | 2                |                            |
| PRECOSE TAB 50MG  | 2                |                            |
| PRECOSE TAB 100MG   | 2                |                            |
| <b>ANTIDIABETICS, AMYLIN ANALOGS</b>                      |                  |                            |
| SYMLINPEN 60 INJ 1000MCG                                  | 4                |                            |
| SYMLNPEN 120 INJ 1000MCG                                  | 4                |                            |
| <b>ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS</b> |                  |                            |
| <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                |                            |
| GLUCOVANCE TAB 1.25-250                                   | 3                |                            |
| GLUCOVANCE TAB 2.5-500                                    | 3                |                            |
| GLUCOVANCE TAB 5-500MG                                    | 3                |                            |
| <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                |                            |
| <b>ANTIDIABETICS, BIGUANIDES</b>                          |                  |                            |
| GLUCOPHAGE TAB 500MG                                      | 3                |                            |
| GLUCOPHAGE TAB 500MG XR                                   | 3                |                            |
| GLUCOPHAGE TAB 750MG XR                                   | 3                |                            |
| GLUCOPHAGE TAB 850MG                                      | 3                |                            |
| GLUCOPHAGE TAB 1000MG                                     | 3                |                            |
| <i>metformin hcl tab 500 mg</i>                           | 1                |                            |
| <i>metformin hcl tab 850 mg</i>                           | 1                |                            |
| <i>metformin hcl tab 1000 mg</i>                          | 1                |                            |
| <i>metformin hcl tab er 24hr 500 mg</i>                   | 1                |                            |
| <i>metformin hcl tab er 24hr 750 mg</i>                   | 1                |                            |

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

98

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4)<br/>INHIBITOR/BIGUANIDE COMBINATIONS</b> |                  |                                      |
| JANUMET TAB 50-500MG  | 2                |                                      |
| JANUMET TAB 50-1000   | 2                |                                      |
| JANUMET XR TAB 50-500MG   | 2                |                                      |
| JANUMET XR TAB 50-1000  | 2                |                                      |
| JANUMET XR TAB 100-1000   | 2                |                                      |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                           |                  |                                      |
| JANUVIA TAB 25MG  | 2                |                                      |
| JANUVIA TAB 50MG  | 2                |                                      |
| JANUVIA TAB 100MG   | 2                |                                      |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN<br/>COMBINATIONS</b>                     |                  |                                      |
| SOLIQUA INJ 100/33  | 4                |                                      |
| XULTOPHY INJ 100/3.6  | 4                |                                      |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>   |                  |                                      |
| OZEMPIC INJ 2/1.5ML   | 4                | QL (1 Pen Per Month);<br>Starter Pen |
| OZEMPIC INJ 2/1.5ML   | 4                | QL (3 Pens Per Month)                |
| TRULICITY INJ 0.75/0.5  | 4                | QL (4 Pens Per Month)                |
| TRULICITY INJ 1.5/0.5   | 4                | QL (4 Pens Per Month)                |
| VICTOZA INJ 18MG/3ML  | 4                | QL (3 Pens Per Month)                |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE<br/>COMBINATIONS</b>                       |                  |                                      |
| ACTOPLUS MET TAB 15-500MG   | 3                |                                      |
| ACTOPLUS MET TAB 15-850MG   | 3                |                                      |
| ACTOPLUS MET TAB XR   | 3                |                                      |
| <i>pioglitazone hcl-metformin hcl tab 15-500<br/>mg</i>                                   | 1                |                                      |
| <i>pioglitazone hcl-metformin hcl tab 15-850<br/>mg</i>                                   | 1                |                                      |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA<br/>COMBINATIONS</b>                    |                  |                                      |
| DUETACT TAB 30-2MG  | 3                |                                      |
| DUETACT TAB 30-4MG  | 3                |                                      |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>   | 1                |                                      |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>   | 1                |                                      |
| <b>ANTIDIABETICS, INSULIN SENSITIZERS</b>   |                  |                                      |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>  | 1                |                                      |

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

99

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>           | 1                |                            |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>           | 1                |                            |
| <b>ANTIDIABETICS, INSULINS</b>                           |                  |                            |
| BASAGLAR INJ 100UNIT                                     | 2                |                            |
| FIASP FLEX INJ TOUCH                                     | 2                |                            |
| FIASP INJ 100/ML   | 2                |                            |
| FIASP PENFIL INJ U-100                                   | 2                |                            |
| HUMULIN R INJ U-500                                      | 2                |                            |
| LEVEMIR INJ  | 2                |                            |
| LEVEMIR INJ FLEXTouc                                     | 2                |                            |
| NOVOLIN INJ 70/30  | 2                |                            |
| NOVOLIN INJ FLEXPEN                                      | 2                |                            |
| NOVOLIN N INJ U-100                                      | 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                |                            |
| TRESIBA FLEX INJ 100UNIT                                 | 2                |                            |
| TRESIBA FLEX INJ 200UNIT                                 | 2                |                            |
| TRESIBA INJ 100UNIT                                      | 2                |                            |
| <b>ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS</b> |                  |                            |
| PRANDIMET TAB 1-500MG                                    | 3                |                            |
| PRANDIMET TAB 2-500MG                                    | 3                |                            |
| <i>repaglinide-metformin hcl tab 1-500 mg</i>            | 1                |                            |
| <i>repaglinide-metformin hcl tab 2-500 mg</i>            | 1                |                            |
| <b>ANTIDIABETICS, MEGLITINIDES</b>                       |                  |                            |
| <i>nateglinide tab 60 mg</i>                             | 1                |                            |
| <i>nateglinide tab 120 mg</i>                            | 1                |                            |
| PRANDIN TAB 0.5MG  | 3                |                            |
| PRANDIN TAB 1MG  | 3                |                            |
| PRANDIN TAB 2MG  | 3                |                            |
| <i>repaglinide tab 0.5 mg</i>                            | 1                |                            |
| <i>repaglinide tab 1 mg</i>                              | 1                |                            |
| <i>repaglinide tab 2 mg</i>                              | 1                |                            |
| STARLIX TAB 60MG   | 3                |                            |
| STARLIX TAB 120MG  | 3                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS</b> |                  |                            |
| SYNJARDY TAB   | 2                |                            |
| SYNJARDY TAB 5-500MG   | 2                |                            |
| SYNJARDY TAB 5-1000MG  | 2                |                            |
| SYNJARDY TAB 12.5-500  | 2                |                            |
| SYNJARDY XR TAB  | 2                |                            |
| SYNJARDY XR TAB 5-1000MG   | 2                |                            |
| SYNJARDY XR TAB 10-1000  | 2                |                            |
| SYNJARDY XR TAB 25-1000  | 2                |                            |
| XIGDUO XR TAB 2.5-1000   | 2                |                            |
| XIGDUO XR TAB 5-500MG  | 2                |                            |
| XIGDUO XR TAB 5-1000MG   | 2                |                            |
| XIGDUO XR TAB 10-500MG   | 2                |                            |
| XIGDUO XR TAB 10-1000  | 2                |                            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>                       |                  |                            |
| FARXIGA TAB 5MG  | 2                |                            |
| FARXIGA TAB 10MG   | 2                |                            |
| JARDIANCE TAB 10MG   | 2                |                            |
| JARDIANCE TAB 25MG   | 2                |                            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>   |                  |                            |
| GLYXAMBI TAB 10-5 MG   | 2                |                            |
| GLYXAMBI TAB 25-5 MG   | 2                |                            |
| <b>ANTIDIABETICS, SULFONYLUREAS</b>  |                  |                            |
| AMARYL TAB 1MG   | 3                |                            |
| AMARYL TAB 2MG   | 3                |                            |
| AMARYL TAB 4MG   | 3                |                            |
| <i>chlorpropamide tab 100 mg</i>   | 1                |                            |
| <i>chlorpropamide tab 250 mg</i>   | 1                |                            |
| <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                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| GLUCOTROL TAB 5MG                      | 3                |                                |
| GLUCOTROL TAB 10MG                     | 3                |                                |
| GLUCOTROL XL TAB 2.5MG                 | 3                |                                |
| GLUCOTROL XL TAB 5MG                   | 3                |                                |
| GLUCOTROL XL TAB 10MG                  | 3                |                                |
| <i>glyburide micronized tab 1.5 mg</i> | 1                |                                |
| <i>glyburide micronized tab 3 mg</i>   | 1                |                                |
| <i>glyburide micronized tab 6 mg</i>   | 1                |                                |
| <i>glyburide tab 1.25 mg</i>           | 1                |                                |
| <i>glyburide tab 2.5 mg</i>            | 1                |                                |
| <i>glyburide tab 5 mg</i>              | 1                |                                |
| GLYNASE TAB 1.5MG                      | 3                |                                |
| GLYNASE TAB 3MG                        | 3                |                                |
| GLYNASE TAB 6MG                        | 3                |                                |
| <i>tolbutamide tab 500 mg</i>          | 1                |                                |
| <b>ANTIDIABETICS, SUPPLIES</b>         |                  |                                |
| ACCU-CHEK TES AVIVA PL                 | 0                | QL (204 test strips per month) |
| ACCU-CHEK TES COMPACT                  | 0                | QL (204 test strips per month) |
| ACCU-CHEK TES GUIDE                    | 0                | QL (204 test strips per month) |
| ACCU-CHEK TES SMART                    | 0                | QL (204 test strips per month) |
| ACETEST TAB TABLETS                    | 0                |                                |
| ACTIVE 1ST MIS LANC 30G                | 0                |                                |
| AUTOLET LITE KIT STARTER               | 0                |                                |
| BD ULTRAFINE INSULIN SYRINGES/NEEDLES  | 0                |                                |
| BD ULTRAFINE PEN NEEDLES               | 0                |                                |
| CARDIO CHEK MIS KIT                    | 0                |                                |
| DEXCOM G5 MIS RECEIVER                 | 2                |                                |
| DEXCOM G5 MIS TRANSMIT                 | 2                |                                |
| DEXCOM G6 MIS RECEIVER                 | 2                |                                |
| DEXCOM G6 MIS SENSOR                   | 2                |                                |
| DEXCOM G6 MIS TRANSMIT                 | 2                |                                |
| DIASTIX TES STRIPS                     | 0                |                                |
| FINGERSTIX MIS LANCETS                 | 0                |                                |
| FORA LANCETS MIS 30G                   | 0                |                                |
| FREESTYLE KIT SENSOR                   | 3                | FREESTYLE LIBRE                |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------|------------------|------------------------------------|
| FREESTYLE MIS READER      | 3                | FREESTYLE LIBRE                    |
| FREESTYLE TES             | 0                | QL (204 test strips per month), PA |
| FREESTYLE TES INSULINX    | 0                | QL (204 test strips per month), PA |
| FREESTYLE TES LITE        | 0                | QL (204 test strips per month), PA |
| G4 PLAT PED MIS RVC/SHAR  | 2                |                                    |
| G4 PLATINUM MIS PEDIATRC  | 2                |                                    |
| G4 PLATINUM MIS RCV/SHAR  | 2                |                                    |
| G4 PLATINUM MIS RECEIVER  | 2                |                                    |
| G4 PLATINUM MIS TRANSMIT  | 2                |                                    |
| G4 SENSOR MIS             | 2                |                                    |
| G5/G4 MIS SENSOR          | 2                |                                    |
| GOODSENSE MIS LANC 30G    | 0                |                                    |
| HUMAPEN MIS LUXURA        | 0                |                                    |
| INCONTROL MIS LANC 33G    | 0                |                                    |
| KETO-DIASTIX TES          | 0                |                                    |
| MONOJECTOR MIS END CAPS   | 0                |                                    |
| PEN NEEDLES MIS 31GX8MM   | 0                |                                    |
| PTS PANELS TES KETONE     | 0                |                                    |
| READYLANCE MIS 30G        | 0                |                                    |
| RELION KETON TES          | 0                |                                    |
| SAFETY 28G 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                |                                    |
| TOPCARE MIS LANC 33G      | 0                |                                    |
| TRAVEL LANCE MIS ADV 28G  | 0                |                                    |
| UNILET LANCT MIS 28G      | 0                |                                    |
| UNILET LANCT MIS 30G      | 0                |                                    |
| UNILET LANCT MIS 33G      | 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                |                                    |
| <b>ANTIDOTES</b>          |                  |                                    |
| CA-DTPA SOL 1000MG        | 3                |                                    |
| CHEMET CAP 100MG          | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| RADIOGARDASE CAP 0.5GM                                 | 3                |                            |
| ZN-DTPA SOL 1000MG                                     | 3                |                            |
| <b>CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE</b>  |                  |                            |
| <b>PARATHYROID LEVELS</b>                              |                  |                            |
| SENSIPAR TAB 30MG                                      | 2                | PA                         |
| SENSIPAR TAB 60MG                                      | 2                | PA                         |
| SENSIPAR TAB 90MG                                      | 2                | PA                         |
| <b>CALCIUM REGULATORS, BISPHOSPHONATES</b>             |                  |                            |
| ACTONEL TAB 5MG  | 3                |                            |
| ACTONEL TAB 30MG                                       | 3                |                            |
| ACTONEL TAB 35MG                                       | 3                |                            |
| ACTONEL TAB 150MG                                      | 3                |                            |
| <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 40 mg</i>                    | 1                |                            |
| <i>alendronate sodium tab 70 mg</i>                    | 1                |                            |
| ATELVIA TAB  | 3                |                            |
| BINOSTO TAB 70MG                                       | 3                |                            |
| BONIVA TAB 150MG                                       | 3                |                            |
| FOSAMAX + D TAB 70-2800                                | 3                |                            |
| FOSAMAX + D TAB 70-5600                                | 3                |                            |
| FOSAMAX TAB 70MG                                       | 3                |                            |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 1                |                            |
| <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                |                            |
| <b>CALCIUM REGULATORS, CALCITONINS</b>                 |                  |                            |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>     | 1                |                            |
| FORTICAL SPR 200/ACT                                   | 3                |                            |
| <b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>        |                  |                            |
| FORTEO SOL 600/2.4                                     | 4                | PA                         |
| NATPARA INJ 25MCG                                      | 4                | PA                         |
| NATPARA INJ 50MCG                                      | 4                | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| NATPARA INJ 75MCG  | 4                | PA                         |
| NATPARA INJ 100MCG   | 4                | PA                         |
| TYMLOS INJ   | 4                | PA                         |
| <b>CARNITINE DEFICIENCY AGENTS</b>                                       |                  |                            |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>                           | 1                |                            |
| <i>levocarnitine tab 330 mg</i>  | 1                |                            |
| <b>CONTRACEPTIVES, BIPHASIC</b>  |                  |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>  | 0                |                            |
| LO LOESTRIN TAB 1-10-10  | 0                |                            |
| MIRCETTE TAB 28 DAY  | 2                |                            |
| NECON TAB 10/11-28   | 0                |                            |
| <b>CONTRACEPTIVES, CONTINUOUS</b>  |                  |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>       | 0                |                            |
| <b>CONTRACEPTIVES, EMERGENCY CONTRACEPTION</b>                           |                  |                            |
| ELLA TAB 30MG  | 0                |                            |
| <i>levonorgestrel tab 1.5 mg</i>   | 0                |                            |
| <b>CONTRACEPTIVES, EXTENDED CYCLE</b>                                    |                  |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 0                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 0                |                            |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 0                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 0                |                            |
| QUARTETTE TAB  | 0                |                            |
| <b>CONTRACEPTIVES, FOUR PHASE</b>  |                  |                            |
| NATAZIA TAB  | 0                |                            |
| <b>CONTRACEPTIVES, IMPLANT</b>   |                  |                            |
| NEXPLANON IMP 68MG   | 0                |                            |
| <b>CONTRACEPTIVES, INJECTABLE</b>  |                  |                            |
| DEPO-PROVERA INJ 150MG/ML  | 4                |                            |
| DEPO-SQ PROV INJ 104   | 0                |                            |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>                     | 0                |                            |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>       | 0                |                            |

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

105

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| <b>CONTRACEPTIVES, MISCELLANEOUS</b> |                  |                            |
| CAYA DPR                             | 0                |                            |
| ENCARE SUP 100MG                     | 0                | OTC                        |
| FC FEMALE MIS CONDOM                 | 0                |                            |
| FEMCAP MIS 26MM                      | 0                |                            |
| FEMCAP MIS 30MM                      | 0                |                            |
| GYNOL II GEL 3%                      | 0                | OTC                        |
| <i>nonoxynol-9 gel 4%</i>            | 0                |                            |
| OMNIFLEX DPR                         | 0                |                            |
| ORTHO COIL DPR KIT 50                | 0                |                            |
| ORTHO COIL DPR KIT 100               | 0                |                            |
| ORTHO COIL DPR KIT 105               | 0                |                            |
| ORTHO FLAT DPR KIT 55                | 0                |                            |
| ORTHO FLAT DPR KIT 60                | 0                |                            |
| ORTHO FLAT DPR KIT 65                | 0                |                            |
| ORTHO FLAT DPR KIT 70                | 0                |                            |
| ORTHO FLAT DPR KIT 75                | 0                |                            |
| ORTHO FLAT DPR KIT 80                | 0                |                            |
| ORTHO FLAT DPR KIT 85                | 0                |                            |
| ORTHO FLAT DPR KIT 90                | 0                |                            |
| ORTHO FLAT DPR KIT 95                | 0                |                            |
| PRENTIF MIS 22MM                     | 0                |                            |
| PRENTIF MIS 25MM                     | 0                |                            |
| PRENTIF MIS 28MM                     | 0                |                            |
| PRENTIF MIS 31MM                     | 0                |                            |
| PRENTIF MIS FITTING                  | 0                |                            |
| SHUR-SEAL GEL 2%                     | 0                | OTC                        |
| TODAY SPONGE MIS                     | 0                | OTC                        |
| VCF VAGINAL AER CONTRACP             | 0                |                            |
| VCF VAGINAL MIS CONTRACP             | 0                | OTC                        |
| WIDE-SEAL DPR KIT 60                 | 0                |                            |
| WIDE-SEAL DPR KIT 65                 | 0                |                            |
| WIDE-SEAL DPR KIT 70                 | 0                |                            |
| WIDE-SEAL DPR KIT 75                 | 0                |                            |
| WIDE-SEAL DPR KIT 80                 | 0                |                            |
| WIDE-SEAL DPR KIT 85                 | 0                |                            |
| WIDE-SEAL DPR KIT 90                 | 0                |                            |
| WIDE-SEAL DPR KIT 95                 | 0                |                            |

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

106

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen</b>                     |                  |                            |
| BALCOLTRA TAB 0.1-20   | 0                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>    | 0                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                    | 0                |                            |
| FALESSA KIT  | 3                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 0                |                            |
| LOESTRIN FE TAB 1/20   | 3                |                            |
| LOESTRIN TAB 1/20-21   | 3                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | 0                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 0                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 0                |                            |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 0                |                            |
| <b>CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen</b>                     |                  |                            |
| GENERESS FE CHW  | 3                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 0                |                            |
| <b>CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen</b>                     |                  |                            |
| DESOGEN-28 TAB   | 3                |                            |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 0                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>    | 0                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 0                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>       | 0                |                            |
| LOESTRIN 21 TAB 1.5/30   | 3                |                            |
| LOESTRIN FE TAB 1.5/30   | 3                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>     | 0                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 0                |                            |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>            | 0                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| SAFYRAL TAB  | 2                |                            |
| YASMIN 28 TAB 3-0.03MG   | 3                |                            |
| <b>CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen</b>                     |                  |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 0                |                            |
| FEMCON FE CHW  | 3                |                            |
| MODICON TAB 0.5/35   | 3                |                            |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>         | 0                |                            |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>         | 0                |                            |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 0                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 0                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 0                |                            |
| ORTHO-CYCLEN TAB 0.25/35   | 3                |                            |
| ORTHO-NOVUM TAB 1/35   | 3                |                            |
| OVCON-35 TAB   | 3                |                            |
| <b>CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen</b>                     |                  |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>    | 0                |                            |
| <i>norethindrone &amp; mestranol tab 1 mg-50 mcg</i>                   | 0                |                            |
| <i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</i>            | 0                |                            |
| NORINYL TAB 1+50-28  | 3                |                            |
| <b>CONTRACEPTIVES, PROGESTIN ONLY</b>                                  |                  |                            |
| <i>norethindrone tab 0.35 mg</i>                                       | 0                |                            |
| ORTHO MICRON TAB 0.35MG  | 2                |                            |
| <b>CONTRACEPTIVES, TRANSDERMAL</b>                                     |                  |                            |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 0                |                            |
| <b>CONTRACEPTIVES, TRIPHASIC</b>                                       |                  |                            |
| CYCLESSA PAK   | 3                |                            |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>    | 0                |                            |
| ESTROSTEP FE TAB   | 3                |                            |

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

108

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>levonorgestrel-eth estra tab</i><br><i>0.05-30/0.075-40/0.125-30mg-mcg</i> | 0                |                            |
| <i>norethindrone ac-ethinyl estrad-fe tab</i><br><i>1-20/1-30/1-35 mg-mcg</i> | 0                |                            |
| <i>norethindrone-eth estradiol tab</i><br><i>0.5-35/0.75-35/1-35 mg-mcg</i>   | 0                |                            |
| <i>norethindrone-eth estradiol tab</i><br><i>0.5-35/1-35/0.5-35 mg-mcg</i>    | 0                |                            |
| <i>norgestimate-eth estrad tab</i><br><i>0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 0                |                            |
| <i>norgestimate-eth estrad tab</i><br><i>0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 0                |                            |
| ORTHO TRI- TAB CYCLEN   | 3                |                            |
| ORTHO-NOVUM TAB 7/7/7   | 3                |                            |
| TRI-NORINYL TAB 28  | 3                |                            |
| <b>CONTRACEPTIVES, VAGINAL</b>  |                  |                            |
| NUVARING MIS  | 0                |                            |
| <b>ENDOMETRIOSIS</b>  |                  |                            |
| <i>danazol cap 50 mg</i>  | 1                |                            |
| <i>danazol cap 100 mg</i>   | 1                |                            |
| <i>danazol cap 200 mg</i>   | 1                |                            |
| ORILISSA TAB 150MG  | 2                |                            |
| ORILISSA TAB 200MG  | 2                |                            |
| SYNAREL SOL 2MG/ML  | 3                |                            |
| <b>ESTROGEN/PROGESTIN, ORAL</b>   |                  |                            |
| ACTIVELLA TAB 0.5-0.1   | 3                |                            |
| ACTIVELLA TAB 1-0.5MG   | 3                |                            |
| <i>estradiol &amp; norethindrone acetate tab</i><br><i>0.5-0.1 mg</i>         | 1                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5</i><br><i>mg</i>           | 1                |                            |
| FEMHRT TAB 0.5-2.5  | 3                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab</i><br><i>0.5 mg-2.5 mcg</i>   | 1                |                            |
| NORETHINDRONE ACETATE-ETHINYL<br>ESTRADIOL TAB 0.5 MG-2.5 MCG                 | 1                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab</i><br><i>1 mg-5 mcg</i>       | 1                |                            |
| PREFEST TAB   | 3                |                            |
| PREMPHASE TAB   | 2                |                            |

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

109

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PREMPRO TAB  | 2                |                            |
| PREMPRO TAB 0.3-1.5  | 2                |                            |
| PREMPRO TAB 0.45-1.5   | 2                |                            |
| PREMPRO TAB 0.625-5  | 2                |                            |
| <b>ESTROGEN/PROGESTIN, TRANSDERMAL</b>                             |                  |                            |
| CLIMARA PRO DIS WEEKLY   | 2                |                            |
| COMBIPATCH DIS   | 2                |                            |
| COMBIPATCH DIS .05/.14   | 2                |                            |
| <b>ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS</b> |                  |                            |
| DUAVEE TAB 0.45-20   | 2                |                            |
| <b>ESTROGENS, ORAL</b>   |                  |                            |
| ENJUVIA TAB 0.3MG  | 3                |                            |
| ENJUVIA TAB 0.9MG  | 3                |                            |
| ENJUVIA TAB 0.45MG   | 3                |                            |
| ENJUVIA TAB 0.625MG  | 3                |                            |
| ENJUVIA TAB 1.25MG   | 3                |                            |
| ESTRACE TAB 0.5MG  | 3                |                            |
| ESTRACE TAB 1MG  | 3                |                            |
| ESTRACE TAB 2MG  | 3                |                            |
| <i>estradiol tab 0.5 mg</i>  | 1                |                            |
| <i>estradiol tab 1 mg</i>  | 1                |                            |
| <i>estradiol tab 2 mg</i>  | 1                |                            |
| <i>estropipate tab 0.75 mg</i>                                     | 1                |                            |
| <i>estropipate tab 1.5 mg</i>                                      | 1                |                            |
| <i>estropipate tab 3 mg</i>  | 1                |                            |
| MENEST TAB 0.3MG   | 3                |                            |
| MENEST TAB 0.625MG   | 3                |                            |
| MENEST TAB 1.25MG  | 3                |                            |
| MENEST TAB 2.5MG   | 3                |                            |
| PREMARIN TAB 0.3MG   | 2                |                            |
| PREMARIN TAB 0.9MG   | 2                |                            |
| PREMARIN TAB 0.45MG  | 2                |                            |
| PREMARIN TAB 0.625MG   | 2                |                            |
| PREMARIN TAB 1.25MG  | 2                |                            |
| <b>ESTROGENS, TRANSDERMAL</b>                                      |                  |                            |
| ALORA DIS 0.1MG  | 3                |                            |
| ALORA DIS 0.05MG   | 3                |                            |
| ALORA DIS 0.025MG  | 3                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ALORA DIS 0.075MG   | 3                |                            |
| CLIMARA DIS 0.1MG   | 3                |                            |
| CLIMARA DIS 0.05MG  | 3                |                            |
| CLIMARA DIS 0.06MG  | 3                |                            |
| CLIMARA DIS 0.025MG   | 3                |                            |
| CLIMARA DIS 0.075MG   | 3                |                            |
| CLIMARA DIS 0.0375MG  | 3                |                            |
| DIVIGEL GEL 0.5MG   | 2                |                            |
| DIVIGEL GEL 0.25MG  | 2                |                            |
| DIVIGEL GEL 0.75MG  | 2                |                            |
| DIVIGEL GEL 1MG/GM  | 2                |                            |
| ELESTRIN GEL 0.06%  | 3                |                            |
| <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                |                            |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 1                |                            |
| ESTROGEL GEL  | 3                |                            |
| EVAMIST SPR 1.53MG  | 2                |                            |
| MENOSTAR DIS 14MCG  | 3                |                            |
| <b>ESTROGENS, VAGINAL</b>                                       |                  |                            |
| ESTRACE VAG CRE 0.01%   | 3                |                            |
| <i>estradiol vaginal tab 10 mcg</i>                             | 1                |                            |
| ESTRING MIS 2MG   | 2                |                            |
| FEMRING MIS 0.1MG/24  | 3                |                            |
| FEMRING MIS 0.05/24H  | 3                |                            |
| IMVEXXY MAIN SUP 4MCG   | 3                |                            |
| IMVEXXY MAIN SUP 10MCG  | 3                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| IMVEXXY STRT SUP 4MCG  | 3                |                            |
| IMVEXXY STRT SUP 10MCG   | 3                |                            |
| PREMARIN VAG CRE 0.625MG   | 2                |                            |
| VAGIFEM TAB 10MCG  | 3                |                            |
| <b>FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS</b>               |                  |                            |
| CETROTIDE KIT 0.25MG   | 4                |                            |
| GANIRELIX AC INJ 250/0.5   | 4                | PA                         |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>    | 4                | PA                         |
| <b>FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS</b> |                  |                            |
| BRAVELLE INJ 75UNIT  | 4                |                            |
| CHOR GONADOT INJ 10000UNT  | 4                | PA                         |
| <i>chorionic gonadotropin for im inj 10000 unit</i>              | 4                |                            |
| GONAL-F INJ 450UNIT  | 4                |                            |
| GONAL-F INJ 1050UNIT   | 4                |                            |
| GONAL-F RFF INJ 75UNIT   | 4                |                            |
| GONAL-F RFF INJ 300  | 4                |                            |
| GONAL-F RFF INJ 450  | 4                |                            |
| GONAL-F RFF INJ 900  | 4                |                            |
| MENOPUR INJ 75UNIT   | 4                |                            |
| NOVAREL INJ 10000UNT   | 4                | PA                         |
| OVIDREL INJ  | 4                |                            |
| <b>FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC</b>     |                  |                            |
| <i>clomiphene citrate tab 50 mg</i>                              | 1                |                            |
| <b>GAUCHER DISEASE</b>   |                  |                            |
| CERDELGA CAP 84MG  | 2                | PA                         |
| <i>miglustat cap 100 mg</i>                                      | 1                | PA                         |
| ZAVESCA CAP 100MG  | 3                | PA                         |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>    |                  |                            |
| CORTEF TAB 5MG   | 3                |                            |
| CORTEF TAB 10MG  | 3                |                            |
| CORTEF TAB 20MG  | 3                |                            |
| <i>cortisone acetate tab 25 mg</i>                               | 1                |                            |
| DEXAMETHASON CON 1MG/ML  | 3                |                            |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                           | 1                |                            |
| <i>dexamethasone soln 0.5 mg/5ml</i>                             | 1                |                            |
| <i>dexamethasone tab 0.5 mg</i>                                  | 1                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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                |                            |
| FLO-PRED SUS  | 3                |                            |
| <i>hydrocortisone tab 5 mg</i>                                      | 1                |                            |
| <i>hydrocortisone tab 10 mg</i>                                     | 1                |                            |
| <i>hydrocortisone tab 20 mg</i>                                     | 1                |                            |
| MEDROL TAB 2MG  | 3                |                            |
| MEDROL TAB 4MG  | 3                |                            |
| MEDROL TAB 8MG  | 3                |                            |
| MEDROL TAB 16MG   | 3                |                            |
| MEDROL TAB 32MG   | 3                |                            |
| <i>methylprednisolone tab 4 mg</i>                                  | 1                |                            |
| <i>methylprednisolone tab 8 mg</i>                                  | 1                |                            |
| <i>methylprednisolone tab 16 mg</i>                                 | 1                |                            |
| <i>methylprednisolone tab 32 mg</i>                                 | 1                |                            |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>                | 1                |                            |
| ORAPRED ODT TAB 10MG  | 2                |                            |
| ORAPRED ODT TAB 15MG  | 2                |                            |
| ORAPRED ODT TAB 30MG  | 2                |                            |
| PEDIAPRED SOL 6.7/5ML   | 3                |                            |
| <i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>   | 1                |                            |
| <i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>   | 1                |                            |
| <i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>   | 1                |                            |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 1                |                            |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>  | 1                |                            |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | 1                |                            |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>       | 1                |                            |
| PREDNISON CON 5MG/ML  | 3                |                            |
| <i>prednisone oral soln 5 mg/5ml</i>                                | 1                |                            |

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

113

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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 10 mg (21)</i>                       | 1                |                            |
| VERIPRED 20 SOL 20MG/5ML  | 3                |                            |
| <b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>    |                  |                            |
| GLUCAGEN INJ HYPOKIT  | 4                |                            |
| GLUCAGON KIT 1MG  | 4                |                            |
| PROGLYCEM SUS 50MG/ML   | 3                |                            |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>                         |                  |                            |
| NITYR TAB 2MG   | 3                | PA                         |
| NITYR TAB 5MG   | 3                | PA                         |
| NITYR TAB 10MG  | 3                | PA                         |
| ORFADIN CAP 2MG   | 2                | PA                         |
| ORFADIN CAP 5MG   | 2                | PA                         |
| ORFADIN CAP 10MG  | 2                | PA                         |
| ORFADIN CAP 20MG  | 2                | PA                         |
| ORFADIN SUS 4MG/ML  | 2                | PA                         |
| <b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b> |                  |                            |
| HUMATROPE INJ 5MG   | 4                | PA                         |
| HUMATROPE INJ 6MG   | 4                | PA                         |
| HUMATROPE INJ 12MG  | 4                | PA                         |
| HUMATROPE INJ 24MG  | 4                | PA                         |
| NORDITROPIN INJ 5/1.5ML   | 4                | PA                         |
| NORDITROPIN INJ 10/1.5ML  | 4                | PA                         |
| SEROSTIM INJ 4MG  | 4                | PA                         |
| SEROSTIM INJ 5MG  | 4                | PA                         |
| SEROSTIM INJ 6MG  | 4                | PA                         |
| ZORBTIVE INJ 8.8MG  | 4                | PA                         |
| <b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b>                |                  |                            |
| <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                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>doxercalciferol cap 0.5 mcg</i>         | 1                |                            |
| <i>doxercalciferol cap 1 mcg</i>           | 1                |                            |
| <i>doxercalciferol cap 2.5 mcg</i>         | 1                |                            |
| HECTOROL CAP 0.5MCG                        | 2                |                            |
| HECTOROL CAP 1MCG                          | 2                |                            |
| HECTOROL CAP 2.5MCG                        | 2                |                            |
| <i>paricalcitol cap 1 mcg</i>              | 1                |                            |
| <i>paricalcitol cap 2 mcg</i>              | 1                |                            |
| <i>paricalcitol cap 4 mcg</i>              | 1                |                            |
| RAYALDEE CAP 30MCG                         | 3                |                            |
| ROCALTROL CAP 0.5MCG                       | 2                |                            |
| ROCALTROL CAP 0.25MCG                      | 2                |                            |
| ROCALTROL SOL 1MCG/ML                      | 2                |                            |
| ZEMPLAR CAP 1MCG                           | 2                |                            |
| ZEMPLAR CAP 2MCG                           | 2                |                            |
| <b>INSULIN-LIKE GROWTH FACTORS</b>         |                  |                            |
| INCRELEX INJ 40MG/4ML                      | 4                | PA                         |
| <b>MINERALOCORTICOIDS</b>                  |                  |                            |
| <i>fludrocortisone acetate tab 0.1 mg</i>  | 1                |                            |
| <b>MISCELLANEOUS</b>                       |                  |                            |
| ACTHAR INJ 80UNIT                          | 4                | PA                         |
| BUPHENYL POW                               | 3                | PA                         |
| BUPHENYL TAB 500MG                         | 3                | PA                         |
| <i>cabergoline tab 0.5 mg</i>              | 1                |                            |
| CARBAGLU TAB 200MG                         | 3                | PA                         |
| CERVIDIL VAG MIS 10MG INS                  | 3                |                            |
| CYSTADANE POW                              | 3                |                            |
| CYSTAGON CAP 50MG                          | 3                | PA                         |
| CYSTAGON CAP 150MG                         | 3                | PA                         |
| EGRIFTA SOL 1MG                            | 4                | PA                         |
| EGRIFTA SOL 2MG                            | 4                | PA                         |
| GALAFOLD CAP 123MG                         | 3                | PA                         |
| KORLYM TAB 300MG                           | 3                | PA                         |
| METHERGINE TAB 0.2MG                       | 3                |                            |
| <i>methylergonovine maleate tab 0.2 mg</i> | 1                |                            |
| MIFEPREX TAB 200MG                         | 3                |                            |
| MYALEPT INJ 11.3MG                         | 4                | PA                         |
| PREPIDIL GEL 0.5MG/3G                      | 3                |                            |
| PROCYSBI CAP 25MG                          | 3                | PA                         |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PROCYSBI CAP 75MG  | 3                | PA                         |
| PROSTIN E2 SUP 20MG  | 3                |                            |
| RAVICTI LIQ 1.1GM/ML   | 3                | PA                         |
| REVCovi INJ 1.6MG/ML   | 4                |                            |
| SIGNIFOR INJ 0.3MG/ML  | 4                | PA                         |
| SIGNIFOR INJ 0.6MG/ML  | 4                | PA                         |
| SIGNIFOR INJ 0.9MG/ML  | 4                | PA                         |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>                        | 1                | PA                         |
| <i>sodium phenylbutyrate tab 500 mg</i>  | 1                | PA                         |
| STRENSIQ INJ 18/0.45   | 4                | PA                         |
| STRENSIQ INJ 28/0.7ML  | 4                | PA                         |
| STRENSIQ INJ 40MG/ML   | 4                | PA                         |
| STRENSIQ INJ 80/0.8ML  | 4                | PA                         |
| SYPRINE CAP 250MG  | 3                |                            |
| <i>trientine hcl cap 250 mg</i>  | 1                |                            |
| <b>PHENYLKETONURIA TREATMENT AGENTS</b>  |                  |                            |
| KUVAN POW 100MG  | 2                | PA                         |
| KUVAN POW 500MG  | 2                | PA                         |
| KUVAN TAB 100MG  | 2                | PA                         |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b> |                  |                            |
| AURYXIA TAB 210MG  | 3                |                            |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>                 | 1                |                            |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>                             | 1                |                            |
| ELIPHOS TAB 667MG  | 3                |                            |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>                           | 1                |                            |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>                           | 1                |                            |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>                          | 1                |                            |
| PHOSLO CAP 667MG   | 3                |                            |
| PHOSLYRA SOL   | 2                |                            |
| RENAGEL TAB 400MG  | 3                |                            |
| RENAGEL TAB 800MG  | 3                |                            |
| RENVELA POW 0.8GM  | 3                |                            |
| RENVELA POW 2.4GM  | 3                |                            |

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

116

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RENVELA TAB 800MG   | 3                |                            |
| <i>sevelamer carbonate packet 0.8 gm</i>                    | 1                |                            |
| <i>sevelamer carbonate packet 2.4 gm</i>                    | 1                |                            |
| <i>sevelamer carbonate tab 800 mg</i>                       | 1                |                            |
| <i>sevelamer tab 400mg</i>                                  | 1                |                            |
| VELPHORO CHW 500MG  | 2                |                            |
| <b>POTASSIUM-REMOVING AGENTS</b>                            |                  |                            |
| KAYEXALATE POW  | 3                |                            |
| LOKELMA PAK 5GM   | 2                |                            |
| LOKELMA PAK 10GM  | 2                |                            |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>    | 1                |                            |
| <i>*sodium polystyrene sulfonate powder**</i>               | 1                |                            |
| <i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i> | 1                |                            |
| VELTASSA POW 8.4GM  | 2                |                            |
| VELTASSA POW 16.8GM   | 2                |                            |
| VELTASSA POW 25.2GM   | 2                |                            |
| <b>PROGESTINS, ORAL</b>                                     |                  |                            |
| AYGESTIN TAB 5MG  | 3                |                            |
| <i>medroxyprogesterone acetate tab 2.5 mg</i>               | 1                |                            |
| <i>medroxyprogesterone acetate tab 5 mg</i>                 | 1                |                            |
| <i>medroxyprogesterone acetate tab 10 mg</i>                | 1                |                            |
| MEGACE ES SUS 625/5ML                                       | 0                |                            |
| MEGACE ORAL SUS 40MG/ML                                     | 0                |                            |
| <i>megestrol acetate susp 40 mg/ml</i>                      | 0                |                            |
| <i>megestrol acetate susp 625 mg/5ml</i>                    | 0                |                            |
| <i>norethindrone acetate tab 5 mg</i>                       | 1                |                            |
| <i>progesterone micronized cap 100 mg</i>                   | 1                |                            |
| <i>progesterone micronized cap 200 mg</i>                   | 1                |                            |
| PROMETRIUM CAP 100MG  | 3                |                            |
| PROMETRIUM CAP 200MG  | 3                |                            |
| PROVERA TAB 2.5MG   | 3                |                            |
| PROVERA TAB 5MG   | 3                |                            |
| PROVERA TAB 10MG  | 3                |                            |
| <b>PROGESTINS, VAGINAL</b>                                  |                  |                            |
| CRINONE GEL 4% VAG  | 2                |                            |
| CRINONE GEL 8% VAG  | 2                |                            |
| ENDOMETRIN SUP 100MG  | 2                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS</b> |                  |                            |
| EVISTA TAB 60MG  | 3                |                            |
| OSPHENA TAB 60MG   | 2                |                            |
| <i>raloxifene hcl tab 60 mg</i>  | 0                |                            |
| <b>THYROID AGENTS, ANTITHYROID AGENTS</b>                                |                  |                            |
| <i>methimazole tab 5 mg</i>  | 1                |                            |
| <i>methimazole tab 10 mg</i>   | 1                |                            |
| <i>propylthiouracil tab 50 mg</i>  | 1                |                            |
| TAPAZOLE TAB 5MG   | 2                |                            |
| TAPAZOLE TAB 10MG  | 2                |                            |
| <b>THYROID AGENTS, THYROID SUPPLEMENTS</b>                               |                  |                            |
| CYTOMEL TAB 5MCG   | 2                |                            |
| CYTOMEL TAB 25MCG  | 2                |                            |
| CYTOMEL TAB 50MCG  | 2                |                            |
| <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                |                            |
| SYNTHROID TAB 25MCG  | 2                |                            |
| SYNTHROID TAB 50MCG  | 2                |                            |
| SYNTHROID TAB 75MCG  | 2                |                            |
| SYNTHROID TAB 88MCG  | 2                |                            |
| SYNTHROID TAB 100MCG   | 2                |                            |
| SYNTHROID TAB 112MCG   | 2                |                            |
| SYNTHROID TAB 125MCG   | 2                |                            |
| SYNTHROID TAB 137MCG   | 2                |                            |
| SYNTHROID TAB 150MCG   | 2                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| SYNTHROID TAB 175MCG  | 2                |                            |
| SYNTHROID TAB 200MCG  | 2                |                            |
| SYNTHROID TAB 300MCG  | 2                |                            |
| THYROLAR-1 TAB 60MG   | 3                |                            |
| THYROLAR-1/2 TAB 30MG   | 3                |                            |
| THYROLAR-1/4 TAB 15MG   | 3                |                            |
| THYROLAR-2 TAB 120MG  | 3                |                            |
| THYROLAR-3 TAB 180MG  | 3                |                            |
| <b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>                                   |                  |                            |
| JYNARQUE PAK 45-15MG  | 3                | PA                         |
| JYNARQUE PAK 60-30MG  | 3                | PA                         |
| JYNARQUE PAK 90-30MG  | 3                | PA                         |
| SAMSCA TAB 15MG   | 3                | PA                         |
| SAMSCA TAB 30MG   | 3                | PA                         |
| <b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>                |                  |                            |
| DDAVP INJ 4MCG/ML   | 4                |                            |
| DDAVP SOL 0.01%   | 2                |                            |
| DDAVP SPR 0.01%   | 2                |                            |
| DDAVP TAB 0.1MG   | 2                |                            |
| DDAVP TAB 0.2MG   | 2                |                            |
| <i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>               | 1                |                            |
| <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                |                            |
| STIMATE SOL 1.5MG/ML  | 3                | PA                         |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b> |                  |                            |
| <b>ANTIDIARRHEALS</b>   |                  |                            |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>                     | 1                |                            |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                         | 1                |                            |
| LOMOTIL TAB 2.5MG   | 2                |                            |
| MOTOFEN TAB   | 3                |                            |

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

119

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>                 |                  |                            |
| AKYNZEO CAP 300-0.5  | 3                |                            |
| ANZEMET TAB 50MG   | 3                | QL (6 tabs / 21 days)      |
| ANZEMET TAB 100MG  | 3                | QL (6 tabs / 21 days)      |
| <i>aprepitant capsule 40 mg</i>                                    | 1                | QL (3 caps per 180 days)   |
| <i>aprepitant capsule 80 mg</i>                                    | 1                | QL (4 caps per 21 days)    |
| <i>aprepitant capsule 125 mg</i>                                   | 1                | QL (2 caps per 21 days)    |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>             | 1                | QL (2 caps / 21 days)      |
| CESAMET CAP 1MG  | 3                |                            |
| COMPAZINE PAK 5MG  | 3                |                            |
| COMPAZINE TAB 10MG   | 3                |                            |
| DICLEGIS TAB 10-10MG   | 2                |                            |
| <i>dronabinol cap 2.5 mg</i>                                       | 1                |                            |
| <i>dronabinol cap 5 mg</i>   | 1                |                            |
| <i>dronabinol cap 10 mg</i>  | 1                |                            |
| EMEND CAP 40MG   | 3                | QL (3 caps per 180 days)   |
| EMEND CAP 80MG   | 3                | QL (4 caps / 21 days)      |
| EMEND CAP 125MG  | 3                | QL (2 caps / 21 days)      |
| EMEND SOL 150MG  | 4                | QL (2 vials / 21 days)     |
| EMEND SUS 125MG  | 3                | QL (6 kits per 21 days)    |
| EMEND TRIPAC PAK 80 & 125  | 3                | QL (2 packs per 21 days)   |
| <i>granisetron hcl tab 1 mg</i>                                    | 1                | QL (12 tabs per 21 days)   |
| MARINOL CAP 2.5MG  | 3                |                            |
| MARINOL CAP 5MG  | 3                |                            |
| MARINOL CAP 10MG   | 3                |                            |
| METOCLOPRAMI TAB 10MG ODT  | 3                |                            |
| <i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> | 1                |                            |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>  | 1                |                            |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>               | 1                |                            |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>              | 1                |                            |
| METOZOLV ODT TAB 5MG   | 3                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                   | 1                | QL (200ml per 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 per 21 days)   |
| <i>ondansetron hcl tab 24 mg</i>                            | 1                | QL (2 tabs per 21 days)    |
| <i>ondansetron orally disintegrating tab 4 mg</i>           | 1                | QL (18 tabs per 21 days)   |
| <i>ondansetron orally disintegrating tab 8 mg</i>           | 1                | QL (18 tabs per 21 days)   |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  | 1                |                            |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 1                |                            |
| <i>prochlorperazine suppos 25 mg</i>                        | 1                |                            |
| <i>promethazine hcl 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                |                            |
| REGLAN TAB 5MG  | 3                |                            |
| REGLAN TAB 10MG   | 3                |                            |
| SANCUSO DIS 3.1MG   | 2                | QL (2 patches / 21 days)   |
| TIGAN CAP 300MG   | 3                |                            |
| TRANSDERM-SC DIS 1.5MG                                      | 3                |                            |
| <i>trimethobenzamide hcl cap 300 mg</i>                     | 1                |                            |
| VARUBI TAB 90MG   | 2                | QL (4 tabs / 21 days)      |
| ZOFRAN SOL 4MG/5ML  | 3                | QL (200 mL / 21 days)      |
| ZOFRAN TAB 4MG  | 3                | QL (18 tabs per 21 days)   |
| ZOFRAN TAB 4MG ODT  | 3                | QL (18 tabs / 21 days)     |
| ZOFRAN TAB 8MG  | 3                | QL (18 tabs per 21 days)   |
| ZOFRAN TAB 8MG ODT  | 3                | QL (18 tabs / 21 days)     |
| <b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>            |                  |                            |
| ANASPAZ TAB 0.125MG   | 2                |                            |
| BENTYL CAP 10MG   | 2                |                            |
| BENTYL TAB 20MG   | 2                |                            |

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

121

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| CANTIL TAB 25MG  | 3                |                            |
| <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>         | 1                |                            |
| <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                |                            |
| <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>hyoscyamine sulfate tab er 12hr 0.375 mg</i>                    | 1                |                            |
| LEVBID TAB 0.375 ER  | 2                |                            |
| LEVSIN TAB 0.125MG   | 2                |                            |
| LEVSIN/SL SUB 0.125MG  | 2                |                            |
| <i>methscopolamine bromide tab 2.5 mg</i>                          | 1                |                            |
| <i>methscopolamine bromide tab 5 mg</i>                            | 1                |                            |
| PAMINE FORTE TAB 5MG   | 3                |                            |
| PAMINE TAB 2.5MG   | 3                |                            |
| <i>propantheline bromide tab 15 mg</i>                             | 1                |                            |
| ROBINUL FORT TAB 2MG   | 3                |                            |
| ROBINUL TAB 1MG  | 3                |                            |
| SYMAX DUOTAB TAB   | 3                |                            |
| <b>CHOLELITHOLYTICS</b>  |                  |                            |
| ACTIGALL CAP 300MG   | 2                |                            |
| URSO 250 TAB 250MG   | 2                |                            |
| URSO FORTE TAB 500MG   | 2                |                            |
| <i>ursodiol cap 300 mg</i>   | 1                |                            |
| <i>ursodiol tab 250 mg</i>   | 1                |                            |
| <i>ursodiol tab 500 mg</i>   | 1                |                            |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b> |                  |                            |
| AXID CAP 300MG   | 3                |                            |
| <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                |                            |

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

122

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>famotidine for susp 40 mg/5ml</i>                           | 1                |                            |
| <i>famotidine tab 40 mg</i>                                    | 1                |                            |
| <i>nizatidine cap 150 mg</i>                                   | 1                |                            |
| <i>nizatidine cap 300 mg</i>                                   | 1                |                            |
| <i>nizatidine oral soln 15 mg/ml</i>                           | 1                |                            |
| PEPCID SUS 40MG/5ML  | 3                |                            |
| PEPCID TAB 40MG  | 3                |                            |
| <i>ranitidine hcl cap 300 mg</i>                               | 1                |                            |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>               | 1                |                            |
| <i>ranitidine hcl tab 300 mg</i>                               | 1                |                            |
| ZANTAC TAB 300MG   | 3                |                            |
| <b>INFLAMMATORY BOWEL DISEASE, ORAL AGENTS</b>                 |                  |                            |
| APRISO CAP 0.375GM   | 2                |                            |
| AZULFIDINE TAB 500MG   | 3                |                            |
| AZULFIDINE TAB 500MG EN  | 3                |                            |
| <i>balsalazide disodium cap 750 mg</i>                         | 1                |                            |
| <i>budesonide delayed release particles cap 3 mg</i>           | 1                |                            |
| <i>budesonide tab er 24hr 9 mg</i>                             | 1                |                            |
| DIPENTUM CAP 250MG   | 3                |                            |
| ENTOCORT EC CAP 3MG DR   | 3                |                            |
| GIAZO TAB 1.1GM  | 3                |                            |
| PENTASA CAP 250MG CR   | 2                |                            |
| PENTASA CAP 500MG CR   | 2                |                            |
| <i>sulfasalazine tab 500 mg</i>                                | 1                |                            |
| <i>sulfasalazine tab delayed release 500 mg</i>                | 1                |                            |
| UCERIS TAB 9MG   | 2                |                            |
| <b>INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS</b>               |                  |                            |
| CANASA SUP 1000MG  | 3                |                            |
| CORTENEMA ENE 100MG  | 3                |                            |
| CORTIFOAM AER 90MG   | 2                |                            |
| <i>hydrocortisone enema 100 mg/60ml</i>                        | 1                |                            |
| <i>mesalamine enema 4 gm</i>                                   | 1                |                            |
| <i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i> | 1                |                            |
| <i>mesalamine suppos 1000 mg</i>                               | 1                |                            |
| ROWASA KIT 4GM   | 3                |                            |
| SFROWASA ENE 4GM   | 3                |                            |
| UCERIS AER 2MG/ACT   | 3                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                 |
|---|------------------|--|
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION</b> |                  |  |
| AMITIZA CAP 8MCG  | 2                |  |
| AMITIZA CAP 24MCG   | 2                |  |
| LINZESS CAP 72MCG   | 2                |  |
| LINZESS CAP 145MCG  | 2                |  |
| LINZESS CAP 290MCG  | 2                |  |
| TRULANCE TAB 3MG  | 3                |  |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                                     |                  |  |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                                      | 1                |  |
| <i>alosetron hcl tab 1 mg (base equiv)</i>  | 1                |  |
| LOTRONEX TAB 0.5MG  | 3                |  |
| LOTRONEX TAB 1MG  | 3                |  |
| <i>viberzi tab 75mg</i>   | 2                |  |
| <i>viberzi tab 100mg</i>  | 2                |  |
| <b>LAXATIVES</b>  |                  |  |
| <i>bisacodyl tab &amp; peg 3350-kcl-sod<br/>bicarb-nacl for soln kit</i>          | 0                |  |
| <i>bisacodyl tab &amp; peg 3350-kcl-sod<br/>bicarb-nacl for soln kit</i>          | 0                | \$0 copay for members<br>age 50 through 74 |
| CASCARA EXT SAGRADA   | 3                |  |
| CLENPIQ SOL   | 0                |  |
| COLYTE/FLAVR SOL PACKS  | 3                |  |
| GOLYTELY SOL  | 3                |  |
| KRISTALOSE PAK 10GM   | 3                |  |
| KRISTALOSE PAK 20GM   | 3                |  |
| <i>lactulose solution 10 gm/15ml</i>  | 1                |  |
| MOVIPREP SOL  | 0                | \$0 copay for members<br>age 50 through 74 |
| NULYTELY SOL FLAV PKS   | 3                |  |
| OSMOPREP TAB 1.5GM  | 3                |  |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for<br/>soln 236 gm</i>                 | 1                |  |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for<br/>soln 240 gm</i>                 | 1                |  |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420<br/>gm</i>                           | 1                |  |
| PREPOPIK PAK  | 0                |  |
| SUPREP BOWEL SOL PREP KIT   | 0                |  |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>MISCELLANEOUS</b>                                  |                  |                            |
| CARAFATE SUS 1GM/10ML                                 | 3                |                            |
| CARAFATE TAB 1GM                                      | 3                |                            |
| CHOLBAM CAP 50MG                                      | 3                | PA                         |
| CHOLBAM CAP 250MG                                     | 3                | PA                         |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>           | 1                |                            |
| CUVPOSA SOL 1MG/5ML                                   | 3                |                            |
| ENTEREG CAP 12MG                                      | 3                |                            |
| GASTROCROM CON 100/5ML                                | 3                |                            |
| GATTEX KIT 5MG  | 4                | PA                         |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> | 1                |                            |
| OCALIVA TAB 5MG                                       | 3                | PA                         |
| OCALIVA TAB 10MG                                      | 3                | PA                         |
| RECTIV OIN 0.4%                                       | 3                |                            |
| RESTORA RX CAP 60-1.25                                | 3                |                            |
| SUCRAID SOL 8500/ML                                   | 3                |                            |
| SUCRALFATE SUS 1GM/10ML                               | 3                |                            |
| <i>sucralfate tab 1 gm</i>                            | 1                |                            |
| XERMELO TAB 250MG                                     | 3                | PA                         |
| <b>OPIOID-INDUCED CONSTIPATION</b>                    |                  |                            |
| MOVANTIK TAB 12.5MG                                   | 2                |                            |
| MOVANTIK TAB 25MG                                     | 2                |                            |
| <b>PANCREATIC ENZYMES</b>                             |                  |                            |
| CREON CAP 3000UNIT                                    | 2                |                            |
| CREON CAP 6000UNIT                                    | 2                |                            |
| CREON CAP 12000UNT                                    | 2                |                            |
| CREON CAP 24000UNT                                    | 2                |                            |
| CREON CAP 36000UNT                                    | 2                |                            |
| PANCREAZE CAP   | 3                |                            |
| PANCREAZE CAP 4200UNIT                                | 3                |                            |
| PANCREAZE CAP 10500UNT                                | 3                |                            |
| PANCREAZE CAP 16800UNT                                | 3                |                            |
| PANCREAZE CAP 21000UNT                                | 3                |                            |
| PERTZYE CAP 4000UNIT                                  | 3                |                            |
| PERTZYE CAP 8000UNIT                                  | 3                |                            |
| PERTZYE CAP 16000U                                    | 3                |                            |
| PERTZYE CAP 24000U                                    | 3                |                            |
| VIOKACE TAB 10440                                     | 2                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| VIOKACE TAB 20880   | 2                |                            |
| ZENPEP CAP 3000UNIT   | 2                |                            |
| ZENPEP CAP 5000UNIT   | 2                |                            |
| ZENPEP CAP 10000UNT   | 2                |                            |
| ZENPEP CAP 15000UNT   | 2                |                            |
| ZENPEP CAP 20000UNT   | 2                |                            |
| ZENPEP CAP 25000  | 2                |                            |
| ZENPEP CAP 25000UNT   | 2                |                            |
| ZENPEP CAP 40000  | 2                |                            |
| ZENPEP CAP 40000UNT   | 2                |                            |
| <b>PROSTAGLANDINS</b>   |                  |                            |
| CYTOTEC TAB 100MCG  | 2                |                            |
| CYTOTEC TAB 200MCG  | 2                |                            |
| <i>misoprostol tab 100 mcg</i>                                    | 1                |                            |
| <i>misoprostol tab 200 mcg</i>                                    | 1                |                            |
| <b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b> |                  |                            |
| ACIPHEX SPR CAP 10MG  | 3                | QL (90 units per 365 days) |
| DEXILANT CAP 30MG DR  | 2                | QL (90 units per 365 days) |
| DEXILANT CAP 60MG DR  | 2                | QL (90 units per 365 days) |
| <i>esomeprazole cap 24.65mg</i>                                   | 3                | QL (90 units per 365 days) |
| <i>esomeprazole cap 49.3mg</i>                                    | 3                | QL (90 units per 365 days) |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> | 1                | QL (90 units per 365 days) |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> | 1                | QL (90 units per 365 days) |
| <i>lansoprazole cap delayed release 15 mg</i>                     | 1                | QL (90 units per 365 days) |
| <i>lansoprazole cap delayed release 30 mg</i>                     | 1                | QL (90 units per 365 days) |
| <i>omeprazole cap delayed release 10 mg</i>                       | 1                | QL (90 units per 365 days) |
| <i>omeprazole cap delayed release 20 mg</i>                       | 1                | QL (90 units per 365 days) |
| <i>omeprazole cap delayed release 40 mg</i>                       | 1                | QL (90 units per 365 days) |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | 1                | QL (90 units per 365 days) |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | 1                | QL (90 units per 365 days) |
| PRILOSEC CAP 10MG                                    | 3                | QL (90 units per 365 days) |
| PRILOSEC CAP 20MG                                    | 3                | QL (90 units per 365 days) |
| PRILOSEC CAP 40MG                                    | 3                | QL (90 units per 365 days) |
| PRILOSEC POW 2.5MG                                   | 3                | QL (90 units per 365 days) |
| PRILOSEC POW 10MG                                    | 3                | QL (90 units per 365 days) |
| RABEPRAZOLE CAP 10MG DR                              | 3                | QL (90 units per 365 days) |
| <i>rabeprazole sodium ec tab 20 mg</i>               | 1                | QL (90 units per 365 days) |

**SALIVA STIMULANTS**

|                                   |   |  |
|-----------------------------------|---|--|
| <i>cevimeline hcl cap 30 mg</i>   | 1 |  |
| EVOXAC CAP 30MG                   | 2 |  |
| <i>pilocarpine hcl tab 5 mg</i>   | 1 |  |
| <i>pilocarpine hcl tab 7.5 mg</i> | 1 |  |
| SALAGEN TAB 5MG                   | 2 |  |
| SALAGEN TAB 7.5MG                 | 2 |  |

**STEROIDS, RECTAL**

|  |   |  |
|--|---|--|
| ANALPRAM HC CRE 2.5-1%   | 3 |  |
| ANALPRAM-HC CRE 1-1%   | 3 |  |
| ANALPRAM-HC LOT 2.5%   | 3 |  |
| ANALPRM SNGL CRE HC 2.5-1                                      | 3 |  |
| ANUSOL-HC CRE 2.5%   | 2 |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                     | 1 |  |
| <i>hydrocortisone acetate suppos 30 mg</i>                     | 1 |  |
| <i>hydrocortisone acetate w/ pramoxine rectal cream 1-1%</i>   | 1 |  |
| <i>hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%</i> | 1 |  |
| <i>hydrocortisone enema 100 mg/60ml</i>                        | 1 |  |
| <i>hydrocortisone rectal cream 1%</i>                          | 1 |  |
| <i>hydrocortisone rectal cream 2.5%</i>                        | 1 |  |
| PROCORT CRE  | 3 |  |

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

127

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------|------------------|----------------------------|
| PROCTOCORT CRE 1%    | 3                |                            |
| PROCTOCORT SUP 30MG  | 3                |                            |
| PROCTOFOAM AER HC 1% | 2                |                            |

**ULCER THERAPY COMBINATIONS**

|  |   |  |
|--|---|--|
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | 1 |  |
| OMECLAMOX- MIS PAK   | 3 |  |
| PREVPAC MIS  | 3 |  |
| PYLERA CAP   | 2 |  |

**GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS****BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

|  |   |  |
|--|---|--|
| <i>alfuzosin hcl tab er 24hr 10 mg</i>           | 1 |  |
| AVODART CAP 0.5MG                                | 3 |  |
| CARDURA XL TAB 4MG                               | 3 |  |
| CARDURA XL TAB 8MG                               | 3 |  |
| <i>dutasteride cap 0.5 mg</i>                    | 1 |  |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 1 |  |
| <i>finasteride tab 5 mg</i>                      | 1 |  |
| FLOMAX CAP 0.4MG                                 | 3 |  |
| PROSCAR TAB 5MG                                  | 3 |  |
| <i>silodosin cap 4 mg</i>                        | 1 |  |
| <i>silodosin cap 8 mg</i>                        | 1 |  |
| <i>tamsulosin hcl cap 0.4 mg</i>                 | 1 |  |

**ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS**

|                        |   |                        |
|------------------------|---|------------------------|
| CAVERJECT IM KIT 10MCG | 4 | QL (6 each per month)  |
| CAVERJECT INJ 20MCG    | 4 | QL (6 vials per month) |
| CAVERJECT INJ 40MCG    | 4 | QL (6 vials per month) |
| CAVERJECT KIT 20MCG    | 4 | QL (6 kits per month)  |
| EDEX KIT 40MCG         | 4 | QL (6 kits per month)  |
| MUSE SUP 125MCG        | 2 | QL (6 sup per month)   |
| MUSE SUP 250MCG        | 2 | QL (6 sup per month)   |
| MUSE SUP 500MCG        | 2 | QL (6 per month)       |
| MUSE SUP 1000MCG       | 2 | QL (6 sup per month)   |

**ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS**

|                   |   |                       |
|-------------------|---|-----------------------|
| LEVITRA TAB 2.5MG | 3 | QL (6 tabs per month) |
| LEVITRA TAB 5MG   | 3 | QL (6 tabs per month) |
| LEVITRA TAB 10MG  | 3 | QL (6 tabs per month) |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| LEVITRA TAB 20MG                                     | 3                | QL (6 tabs per month)   |
| <i>sildenafil citrate tab 25 mg</i>                  | 1                | QL (6 tabs per month)   |
| <i>sildenafil citrate tab 50 mg</i>                  | 1                | QL (6 tabs per month)   |
| <i>sildenafil citrate tab 100 mg</i>                 | 1                | QL (6 tabs per month)   |
| STAXYN TAB 10MG                                      | 3                | QL (6 tabs per month)   |
| <i>tadalafil tab 2.5 mg</i>                          | 1                | QL (30 tabs per month),<br>ST                                     |
| <i>tadalafil tab 5 mg</i>                            | 1                | QL (30 tabs per month<br>for BPH, 6 tabs per<br>month for ED), ST |
| <i>tadalafil tab 10 mg</i>                           | 1                | QL (6 tabs per month)   |
| <i>tadalafil tab 20 mg</i>                           | 1                | QL (6 tabs per month)   |
| <i>vardeafil hcl orally disintegrating tab 10 mg</i> | 1                | QL (6 ea per month)   |

**MISCELLANEOUS**

|   |   |  |
|---|---|--|
| <i>acetic acid-oxyquinoline vaginal gel 0.9-0.025%</i>                  | 1 |  |
| <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 |  |
| ELMIRON CAP 100MG   | 3 |  |
| INTRAROSA SUP 6.5MG   | 3 |  |
| K-PHOS TAB  | 3 |  |
| K-PHOS TAB NEUTRAL  | 3 |  |
| K-PHOS TAB NO 2   | 3 |  |
| LITHOSTAT TAB 250MG   | 3 |  |
| ORACIT SOL  | 3 |  |
| <i>phenazopyridine hcl tab 100 mg</i>                                   | 1 |  |
| <i>phenazopyridine hcl tab 200 mg</i>                                   | 1 |  |
| <i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>         | 1 |  |
| <i>pot &amp; sod citrates w/ cit ac syrup 550-500-334 mg/5ml</i>        | 1 |  |
| <i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i> | 1 |  |
| <i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i>     | 1 |  |
| <i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>         | 1 |  |
| <i>potassium citrate tab er 5 meq (540 mg)</i>                          | 1 |  |

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

129

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>potassium citrate tab er 10 meq (1080 mg)</i>            | 1                |                            |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>            | 1                |                            |
| PYRIDIUM TAB 100MG  | 3                |                            |
| PYRIDIUM TAB 200MG  | 3                |                            |
| SHOHL'S SOL MODIFIED  | 3                |                            |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> | 1                |                            |
| THIOLA EC TAB 100MG   | 3                |                            |
| THIOLA EC TAB 300MG   | 3                |                            |
| THIOLA TAB 100MG  | 3                |                            |
| URECHOLINE TAB 5MG  | 2                |                            |
| URECHOLINE TAB 10MG   | 2                |                            |
| URECHOLINE TAB 25MG   | 2                |                            |
| URECHOLINE TAB 50MG   | 2                |                            |
| UROCIT-K 5 TAB  | 2                |                            |
| UROCIT-K 10 TAB   | 2                |                            |
| UROCIT-K 15 TAB   | 2                |                            |

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

|   |   |  |
|---|---|--|
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 1 |  |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>  | 1 |  |
| DETROL TAB 1MG  | 3 |  |
| DETROL TAB 2MG  | 3 |  |
| DITROPAN XL TAB 5MG   | 3 |  |
| DITROPAN XL TAB 10MG  | 3 |  |
| DITROPAN XL TAB 15MG  | 3 |  |
| GELNIQUE GEL 3%   | 3 |  |
| GELNIQUE GEL 10%  | 3 |  |
| MYRBETRIQ TAB 25MG  | 2 |  |
| MYRBETRIQ TAB 50MG  | 2 |  |
| <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 |  |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tolterodine tartrate cap er 24hr 4 mg</i>        | 1                |                            |
| <i>tolterodine tartrate tab 1 mg</i>                | 1                |                            |
| <i>tolterodine tartrate tab 2 mg</i>                | 1                |                            |
| TOVIAZ TAB 4MG                                      | 2                |                            |
| TOVIAZ TAB 8MG                                      | 2                |                            |
| <i>trospium chloride cap er 24hr 60 mg</i>          | 1                |                            |
| <i>trospium chloride tab 20 mg</i>                  | 1                |                            |
| VESICARE TAB 5MG                                    | 3                |                            |
| VESICARE TAB 10MG                                   | 3                |                            |
| <b>VAGINAL ANTI-INFECTIVES</b>                      |                  |                            |
| AVC CRE 15%   | 3                |                            |
| CLEOCIN CRE 2% VAG                                  | 2                |                            |
| CLEOCIN SUP 100MG                                   | 3                |                            |
| <i>clindamycin phosphate vaginal cream 2%</i>       | 1                |                            |
| CLINDESSE CRE 2%                                    | 3                |                            |
| GYNAZOLE-1 CRE 2%                                   | 3                |                            |
| METROGEL-VAG GEL 0.75%                              | 2                |                            |
| <i>metronidazole vaginal gel 0.75%</i>              | 1                |                            |
| <i>miconazole nitrate vaginal suppos 200 mg</i>     | 1                |                            |
| TERAZOL 3 CRE 0.8%                                  | 2                |                            |
| TERAZOL 7 CRE 0.4%                                  | 2                |                            |
| <i>terconazole vaginal cream 0.4%</i>               | 1                |                            |
| <i>terconazole vaginal cream 0.8%</i>               | 1                |                            |
| <i>terconazole vaginal suppos 80 mg</i>             | 1                |                            |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b> |                  |                            |
| <b>ANTICOAGULANTS, INJECTABLE</b>                   |                  |                            |
| ARIXTRA INJ 2.5/0.5                                 | 4                |                            |
| ARIXTRA INJ 5/0.4ML                                 | 4                |                            |
| ARIXTRA INJ 7.5/0.6                                 | 4                |                            |
| ARIXTRA INJ 10/0.8ML                                | 4                |                            |
| <i>enoxaparin sodium inj 30 mg/0.3ml</i>            | 4                |                            |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i>            | 4                |                            |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i>            | 4                |                            |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i>            | 4                |                            |
| <i>enoxaparin sodium inj 100 mg/ml</i>              | 4                |                            |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i>           | 4                |                            |
| <i>enoxaparin sodium inj 150 mg/ml</i>              | 4                |                            |
| <i>enoxaparin sodium inj 300 mg/3ml</i>             | 4                |                            |

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

131

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 4                |                            |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   | 4                |                            |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 4                |                            |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>  | 4                |                            |
| FRAGMIN INJ 2500/0.2                                     | 4                |                            |
| FRAGMIN INJ 5000/0.2                                     | 4                |                            |
| FRAGMIN INJ 7500/0.3                                     | 4                |                            |
| FRAGMIN INJ 10000/ML                                     | 4                |                            |
| FRAGMIN INJ 12500UNT                                     | 4                |                            |
| FRAGMIN INJ 15000UNT                                     | 4                |                            |
| FRAGMIN INJ 18000UNT                                     | 4                |                            |
| FRAGMIN INJ 95000UNT                                     | 4                |                            |
| LOVENOX INJ 30/0.3ML                                     | 4                |                            |
| LOVENOX INJ 40/0.4ML                                     | 4                |                            |
| LOVENOX INJ 60/0.6ML                                     | 4                |                            |
| LOVENOX INJ 80/0.8ML                                     | 4                |                            |
| LOVENOX INJ 100MG/ML                                     | 4                |                            |
| LOVENOX INJ 120/0.8                                      | 4                |                            |
| LOVENOX INJ 150MG/ML                                     | 4                |                            |
| LOVENOX INJ 300/3ML                                      | 4                |                            |
| <b>ANTICOAGULANTS, ORAL</b>                              |                  |                            |
| ELIQUIS TAB 2.5MG  | 2                |                            |
| ELIQUIS TAB 5MG  | 2                |                            |
| <i>warfarin sodium tab 1 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 2 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 2.5 mg</i>                        | 1                |                            |
| <i>warfarin sodium tab 3 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 4 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 5 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 6 mg</i>                          | 1                |                            |
| <i>warfarin sodium tab 7.5 mg</i>                        | 1                |                            |
| <i>warfarin sodium tab 10 mg</i>                         | 1                |                            |
| XARELTO STAR TAB 15/20MG                                 | 2                |                            |
| XARELTO TAB 2.5MG  | 2                |                            |
| XARELTO TAB 10MG   | 2                |                            |
| XARELTO TAB 15MG   | 2                |                            |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| XARELTO TAB 20MG   | 2                |                            |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                      |                  |                            |
| 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                         |
| LEUKINE INJ 250MCG                                       | 4                | PA                         |
| NEULASTA INJ 6MG/0.6M                                    | 4                | PA                         |
| NEULASTA KIT 6MG/0.6M                                    | 4                | PA                         |
| 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 40000UNT                                    | 4                | PA                         |
| UDENYCA INJ 6MG/.6ML                                     | 4                | PA                         |
| <b>HEMOSTATICS, SYSTEMIC</b>                             |                  |                            |
| AMICAR SYP 25%   | 3                |                            |
| AMICAR TAB 500MG   | 3                |                            |
| AMICAR TAB 1000MG  | 3                |                            |
| LYSTEDA TAB 650MG  | 3                |                            |
| <i>tranexamic acid tab 650 mg</i>                        | 1                |                            |
| <b>HEREDITARY ANGIOEDEMA AGENTS</b>                      |                  |                            |
| CINRYZE SOL 500 UNIT                                     | 4                | PA                         |
| FIRAZYR INJ 30MG/3ML                                     | 4                | PA                         |
| HAEGARDA INJ 2000UNIT                                    | 4                | PA                         |
| HAEGARDA INJ 3000UNIT                                    | 4                | PA                         |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | 4                | PA                         |
| KALBITOR INJ 10MG/ML                                     | 4                | PA                         |
| RUCONEST INJ 2100UNIT                                    | 4                | PA                         |

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

133

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|--|------------------|--|
| <b>IRON CHELATING AGENTS</b>                         |                  |  |
| <i>deferasirox tab for oral susp 125 mg</i>          | 1                | PA   |
| <i>deferasirox tab for oral susp 250 mg</i>          | 1                | PA   |
| <i>deferasirox tab for oral susp 500 mg</i>          | 1                | PA   |
| EXJADE TAB 125MG                                     | 3                | PA   |
| EXJADE TAB 250MG                                     | 3                | PA   |
| EXJADE TAB 500MG                                     | 3                | PA   |
| FERRIPROX TAB 500MG                                  | 3                | PA   |
| FERRIPROX TAB 1000MG                                 | 3                | PA   |
| JADENU SPRKL GRA 90MG                                | 3                | PA   |
| JADENU SPRKL GRA 180MG                               | 3                | PA   |
| JADENU SPRKL GRA 360MG                               | 3                | PA   |
| JADENU TAB 90MG                                      | 3                | PA   |
| JADENU TAB 180MG                                     | 3                | PA   |
| JADENU TAB 360MG                                     | 3                | PA   |
| <b>MISCELLANEOUS</b>                                 |                  |  |
| <i>cilostazol tab 50 mg</i>                          | 1                |  |
| <i>cilostazol tab 100 mg</i>                         | 1                |  |
| ENDARI POW 5GM                                       | 3                | PA   |
| <i>pentoxifylline tab er 400 mg</i>                  | 1                |  |
| PLETAL TAB 50MG                                      | 2                |  |
| PLETAL TAB 100MG                                     | 2                |  |
| <b>PLATELET AGGREGATION INHIBITORS</b>               |                  |  |
| AGGRENOX CAP 25-200MG                                | 3                |  |
| <i>aspirin chew tab 81 mg</i>                        | 0                |  |
| <i>aspirin tab delayed release 81 mg</i>             | 0                |  |
| <i>aspirin tab delayed release 81 mg</i>             | 0                | OTC; \$0 copay-age and gender restrictions apply |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>    | 1                |  |
| BRILINTA TAB 60MG                                    | 2                |  |
| BRILINTA TAB 90MG                                    | 2                |  |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>  | 1                |  |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | 1                |  |
| <i>dipyridamole tab 25 mg</i>                        | 1                |  |
| <i>dipyridamole tab 50 mg</i>                        | 1                |  |
| <i>dipyridamole tab 75 mg</i>                        | 1                |  |
| EFFIENT TAB 5MG                                      | 3                |  |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| EFFIENT TAB 10MG  | 3                |                            |
| PERSANTINE TAB 25MG   | 2                |                            |
| PERSANTINE TAB 50MG   | 2                |                            |
| PERSANTINE TAB 75MG   | 2                |                            |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>                                | 1                |                            |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>                               | 1                |                            |
| ZONTIVITY TAB 2.08MG  | 3                |                            |
| <b>PLATELET SYNTHESIS INHIBITOR</b>                                       |                  |                            |
| AGRYLIN CAP 0.5MG   | 2                |                            |
| <i>anagrelide hcl cap 0.5 mg</i>  | 1                |                            |
| <i>anagrelide hcl cap 1 mg</i>  | 1                |                            |
| <b>THROMBOCYTOPENIA AGENTS</b>  |                  |                            |
| MULPLETA TAB 3MG  | 2                |                            |
| PROMACTA POW 12.5MG   | 2                | PA                         |
| PROMACTA TAB 12.5MG   | 2                | PA                         |
| PROMACTA TAB 25MG   | 2                | PA                         |
| PROMACTA TAB 50MG   | 2                | PA                         |
| PROMACTA TAB 75MG   | 2                | PA                         |
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b> |                  |                            |
| <b>ALLERGENIC EXTRACTS</b>  |                  |                            |
| GRASTEK SUB 2800BAU   | 2                |                            |
| ODACTRA SUB   | 3                |                            |
| ORALAIR SUB 300 IR  | 2                |                            |
| RAGWITEK SUB  | 2                |                            |
| <b>AUTOIMMUNE AGENTS</b>  |                  |                            |
| COSENTYX INJ 150MG/ML   | 4                | PA                         |
| COSENTYX PEN INJ 300DOSE  | 4                | PA                         |
| ENBREL INJ 25/0.5ML   | 4                | PA                         |
| ENBREL INJ 25MG   | 4                | PA                         |
| ENBREL INJ 50MG/ML  | 4                | PA                         |
| ENBREL MINI INJ 50MG/ML   | 4                | PA                         |
| ENBREL SRCLK INJ 50MG/ML  | 4                | PA                         |
| HUMIRA INJ 10/0.1ML   | 4                | PA                         |
| HUMIRA INJ 10MG/0.2   | 4                | PA                         |
| HUMIRA INJ 20/0.2ML   | 4                | PA                         |
| HUMIRA INJ 40/0.4ML   | 4                | PA                         |
| HUMIRA KIT 20MG/0.4   | 4                | PA                         |
| HUMIRA KIT 40MG/0.8   | 4                | PA                         |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| HUMIRA PEDIA INJ CROHNS                                      | 4                | PA                         |
| HUMIRA PEN INJ 40/0.4ML                                      | 4                | PA                         |
| HUMIRA PEN INJ 40MG/0.8                                      | 4                | PA                         |
| HUMIRA PEN INJ PS/UV   | 4                | PA                         |
| HUMIRA PEN KIT CD/UC/HS                                      | 4                | PA                         |
| HUMIRA PEN KIT PS/UV   | 4                | PA                         |
| KEVZARA INJ 150/1.14   | 4                | PA                         |
| KEVZARA INJ 200/1.14   | 4                | PA                         |
| OTEZLA TAB 10/20/30  | 2                | PA                         |
| OTEZLA TAB 30MG  | 2                | PA                         |
| STELARA INJ 45MG/0.5   | 4                | PA                         |
| STELARA INJ 90MG/ML  | 4                | PA                         |
| XELJANZ TAB 5MG  | 2                | PA                         |
| XELJANZ TAB 10MG   | 2                | PA                         |
| XELJANZ XR TAB 11MG  | 2                | PA                         |
| <b><i>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)</i></b> |                  |                            |
| ARAHA TAB 10MG   | 2                |                            |
| ARAHA TAB 20MG   | 2                |                            |
| CUPRIMINE CAP 250MG  | 3                |                            |
| <i>hydroxychloroquine sulfate tab 200 mg</i>                 | 1                |                            |
| <i>leflunomide tab 10 mg</i>                                 | 1                |                            |
| <i>leflunomide tab 20 mg</i>                                 | 1                |                            |
| OTREXUP INJ 7.5/0.4  | 4                | PA                         |
| OTREXUP INJ 10MG   | 4                | PA                         |
| OTREXUP INJ 15MG   | 4                | PA                         |
| <i>otrexup inj 17.5/0.4</i>                                  | 4                | PA                         |
| OTREXUP INJ 20MG   | 4                | PA                         |
| <i>otrexup inj 22.5/0.4</i>                                  | 4                | PA                         |
| OTREXUP INJ 25MG   | 4                | PA                         |
| PLAQUENIL TAB 200MG  | 2                |                            |
| RASUVO INJ 7.5MG   | 4                | PA                         |
| RASUVO INJ 10MG  | 4                | PA                         |
| RASUVO INJ 12.5MG  | 4                | PA                         |
| RASUVO INJ 15MG  | 4                | PA                         |
| RASUVO INJ 17.5MG  | 4                | PA                         |
| RASUVO INJ 22.5MG  | 4                | PA                         |
| RASUVO INJ 25MG  | 4                | PA                         |
| RASUVO INJ 27.5MG  | 4                | PA                         |
| RASUVO INJ 30MG  | 4                | PA                         |

**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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RHEUMATREX TAB 2.5MG  | 0                |                            |
| <b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)</b>               |                  |                            |
| OTREXUP INJ 12.5/0.4  | 4                | PA                         |
| <b>IMMUNOMODULATORS, INTERFERONS</b>                                |                  |                            |
| ACTIMMUNE INJ 2MU/0.5   | 4                | PA                         |
| INTRON A INJ 10MU   | 4                | PA                         |
| INTRON A INJ 18MU   | 4                | PA                         |
| INTRON A INJ 25MU   | 4                | PA                         |
| INTRON A INJ 50MU   | 4                | PA                         |
| PEGASYS INJ   | 4                | PA                         |
| PEGASYS INJ 180MCG/M  | 4                | PA                         |
| PEGASYS INJ PROCLICK  | 4                | PA                         |
| SYLATRON KIT 200MCG   | 4                | PA                         |
| SYLATRON KIT 300MCG   | 4                | PA                         |
| SYLATRON KIT 600MCG   | 4                | PA                         |
| <b>IMMUNOMODULATORS, MISCELLANEOUS</b>                              |                  |                            |
| ARCALYST INJ 220MG  | 4                | PA                         |
| <b>IMMUNOSUPPRESSANTS, ANTIMETABOLITES</b>                          |                  |                            |
| AZASAN TAB 75 MG  | 2                |                            |
| AZASAN TAB 100MG  | 2                |                            |
| <i>azathioprine tab 50 mg</i>                                       | 1                |                            |
| CELLCEPT CAP 250MG  | 3                |                            |
| CELLCEPT SUS 200MG/ML   | 3                |                            |
| CELLCEPT TAB 500MG  | 3                |                            |
| IMURAN TAB 50MG   | 2                |                            |
| <i>mycophenolate mofetil cap 250 mg</i>                             | 1                |                            |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | 1                |                            |
| <i>mycophenolate mofetil tab 500 mg</i>                             | 1                |                            |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 1                |                            |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 1                |                            |
| MYFORTIC TAB 180MG  | 3                |                            |
| MYFORTIC TAB 360MG  | 3                |                            |
| <b>IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS</b>                   |                  |                            |
| ASTAGRAF XL CAP 0.5MG   | 3                |                            |
| ASTAGRAF XL CAP 1MG   | 3                |                            |
| ASTAGRAF XL CAP 5MG   | 3                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <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                |                            |
| NEORAL CAP 25MG                                  | 3                |                            |
| NEORAL CAP 100MG                                 | 3                |                            |
| NEORAL SOL 100MG/ML                              | 3                |                            |
| PROGRAF CAP 0.5MG                                | 3                |                            |
| PROGRAF CAP 1MG                                  | 3                |                            |
| PROGRAF CAP 5MG                                  | 3                |                            |
| SANDIMMUNE CAP 25MG                              | 3                |                            |
| SANDIMMUNE CAP 100MG                             | 3                |                            |
| SANDIMMUNE SOL 100MG/ML                          | 3                |                            |
| <i>tacrolimus cap 0.5 mg</i>                     | 1                |                            |
| <i>tacrolimus cap 1 mg</i>                       | 1                |                            |
| <i>tacrolimus cap 5 mg</i>                       | 1                |                            |
| <b>IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE</b>  |                  |                            |
| RAPAMUNE SOL 1MG/ML                              | 3                |                            |
| RAPAMUNE TAB 0.5MG                               | 3                |                            |
| RAPAMUNE TAB 1MG                                 | 3                |                            |
| RAPAMUNE TAB 2MG                                 | 3                |                            |
| <i>sirolimus tab 0.5 mg</i>                      | 1                |                            |
| <i>sirolimus tab 1 mg</i>                        | 1                |                            |
| <i>sirolimus tab 2 mg</i>                        | 1                |                            |
| ZORTRESS TAB 0.5MG                               | 3                |                            |
| ZORTRESS TAB 0.25MG                              | 3                |                            |
| ZORTRESS TAB 0.75MG                              | 3                |                            |
| ZORTRESS TAB 1MG                                 | 3                |                            |
| <b>VACCINES</b>                                  |                  |                            |
| FLUMIST QUAD SUS 2014-15                         | 0                |                            |
| <b>NUTRITIONAL / SUPPLEMENTS</b>                 |                  |                            |
| <b>ELECTROLYTES, POTASSIUM</b>                   |                  |                            |
| K-TAB TAB 8MEQ CR                                | 3                |                            |
| K-TAB TAB 10MEQ CR                               | 2                |                            |
| K-TAB TAB 20MEQ                                  | 3                |                            |
| KLOR-CON M15 TAB 15MEQ ER                        | 3                |                            |
| MICRO-K CAP 8MEQ CR                              | 2                |                            |

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

138

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                 |
|---|------------------|--|
| MICRO-K CAP 10MEQ CR  | 2                |  |
| <i>pot bicarbonate &amp; chloride effer tab 25 meq</i>            | 1                |  |
| <i>potassium bicarbonate effer tab 25 meq</i>                     | 1                |  |
| <i>potassium chloride cap er 8 meq</i>                            | 1                |  |
| <i>potassium chloride cap er 10 meq</i>                           | 1                |  |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i>    | 1                |  |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i>    | 1                |  |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>             | 1                |  |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i>             | 1                |  |
| <i>potassium chloride 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                |  |
| <b>VITAMINS AND MINERALS, FOLIC ACID AGENTS</b>                   |                  |  |
| <i>folic acid tab 1 mg</i>  | 1                |  |
| <i>folic acid tab 400 mcg</i>                                     | 0                | OTC; \$0 copay for women ages 55 and under |
| <i>folic acid tab 800 mcg</i>                                     | 0                |  |
| <b>VITAMINS AND MINERALS, IRON/COMBINATIONS</b>                   |                  |  |
| <i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>           | 0                |  |
| FER-IN-SOL DRO 15MG/ML  | 0                |  |
| FERROUS SUL LIQ 220/5ML   | 0                |  |
| FERROUS SULF SYP 300/5ML  | 0                |  |
| <i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> | 0                |  |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>      | 0                |  |
| ICAR PEDS SUS GRAPE   | 0                |  |
| MYKIDZ IRON SUS 15/1.5ML  | 0                |  |
| <b>VITAMINS AND MINERALS, MISCELLANEOUS</b>                       |                  |  |
| DRISDOL CAP 50000UNT  | 2                |  |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>                    | 1                |  |

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

139

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| FLUORABON DRO  | 0                |                                  |
| LURIDE CHW 0.5MG F   | 0                | \$0 applies for ages 5 and under |
| LURIDE CHW 0.25MG F  | 0                |                                  |
| LURIDE DRO 0.5MG/ML  | 0                |                                  |
| MEPHYTON TAB 5MG   | 3                |                                  |
| NASCOBAL SPR 500MCG  | 3                |                                  |
| <i>phytonadione tab 5 mg</i>                                       | 1                |                                  |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>         | 0                |                                  |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>       | 0                |                                  |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>       | 0                |                                  |
| <i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> | 0                |                                  |
| <i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>    | 0                | \$0 applies for ages 5 and under |
| <i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>              | 0                |                                  |

#### **VITAMINS AND MINERALS, PRENATAL VITAMINS**

|                           |   |  |
|---------------------------|---|--|
| ACTIVE OB CAP             | 3 |  |
| ATABEX EC TAB             | 3 |  |
| C-NATE DHA CAP 28-1-200   | 3 |  |
| CITRANATAL CAP HARMONY    | 2 |  |
| CITRANATAL CAP MEDLEY     | 2 |  |
| CITRANATAL MIS 90 DHA     | 2 |  |
| CITRANATAL MIS B-CALM     | 2 |  |
| CITRANATAL PAK ASSURE     | 2 |  |
| CITRANATAL PAK DHA        | 2 |  |
| CITRANATAL TAB BLOOM      | 2 |  |
| CITRANATAL TAB RX         | 2 |  |
| CO-NATAL FA TAB 29-1MG    | 3 |  |
| COMPLETE NAT PAK DHA      | 3 |  |
| COMPLETENATE CHW          | 3 |  |
| DUET DHA 400 MIS 25-1-400 | 3 |  |
| DUET DHA MIS BALANCED     | 3 |  |
| FOLET DHA PAK             | 3 |  |
| FOLET ONE CAP 38-1-225    | 3 |  |
| FOLIVANE-OB CAP           | 3 |  |

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

140

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| HEMENATAL OB MIS + DHA   | 3                |                            |
| INFANATE CAP BALANCE   | 3                |                            |
| LEVOMEFOLATE CAP DHA   | 3                |                            |
| MARNATAL-F CAP   | 3                |                            |
| MYNATAL CAP  | 3                |                            |
| MYNATE 90 TAB PLUS   | 3                |                            |
| NATACHEW CHW   | 3                |                            |
| NATALVIT TAB 75-1MG  | 3                |                            |
| NATELLE ONE CAP  | 3                |                            |
| NEEVO DHA CAP 27-1.13  | 3                |                            |
| NESTABS ABC MIS  | 3                |                            |
| NEWGEN TAB 32-1MG  | 3                |                            |
| NEXA PLUS CAP  | 3                |                            |
| O-CAL FA TAB   | 3                |                            |
| O-CAL TAB PRENATAL   | 3                |                            |
| OB COMPLETE CAP ONE  | 3                |                            |
| OB COMPLETE CAP PETITE   | 3                |                            |
| OB COMPLETE TAB  | 3                |                            |
| OB COMPLETE TAB PREMIER  | 3                |                            |
| OB COMPLETE/ CAP DHA   | 3                |                            |
| OBSTETRIX EC TAB   | 3                |                            |
| OBSTETRIX PAK DHA  | 3                |                            |
| PAIRE OB MIS   | 3                |                            |
| PNV-TOTAL CAP  | 3                |                            |
| PR NATAL 400 PAK EC  | 3                |                            |
| PR NATAL 430 PAK   | 3                |                            |
| PR NATAL 430 PAK EC  | 3                |                            |
| PREFERAOB CAP ONE  | 3                |                            |
| PREMESISRX TAB   | 3                |                            |
| PRENAISSANCE CAP BALANCE   | 3                |                            |
| PRENAISSANCE CAP PLUS  | 3                |                            |
| PRENAISSANCE MIS HARMONY   | 3                |                            |
| PRENAISSANCE TAB NEXT  | 3                |                            |
| PRENAISSANCE TAB NEXT-B  | 3                |                            |
| <i>*prenat w/o a w/feum-methfol-fa-dha cap<br/>27-0.6-0.4-300 mg**</i> | 1                |                            |
| PRENATA CHW 29-1MG   | 3                |                            |
| PRENATAL MIS COMPLEAT  | 3                |                            |
| PRENATAL VIT TAB LOW IRON  | 3                |                            |

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

141

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>*prenatal vit w/ dss-fe fumarate-fa tab 29-1 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/ fe fumarate-fa tab 29-1 mg***</i>               | 1                |                            |
| <i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>             | 1                |                            |
| <i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>          | 1                |                            |
| <i>*prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg***</i>         | 1                |                            |
| <i>*prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg***</i>         | 1                |                            |
| <i>*prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg***</i>         | 1                |                            |
| PRENATAL-U CAP 106.5-1  | 3                |                            |
| PRENATE AM TAB 1MG  | 3                |                            |
| PRENATE CAP ENHANCE   | 3                |                            |
| PRENATE CAP ESSENTIA  | 3                |                            |
| PRENATE CAP PIXIE   | 3                |                            |
| PRENATE CAP RESTORE   | 3                |                            |
| PRENATE CHW 0.6-0.4   | 3                |                            |
| PRENATE DHA CAP   | 3                |                            |
| PRENATE MINI CAP  | 3                |                            |
| PRENATE STAR TAB 20-1MG   | 3                |                            |
| PRENATE TAB ELITE   | 3                |                            |
| PREQUE 10 TAB   | 3                |                            |
| PROVIDA OB CAP  | 3                |                            |
| PUREFE OB CAP PLUS  | 3                |                            |
| REDICHEW RX CHW   | 3                |                            |
| RELNATE DHA CAP   | 3                |                            |
| SE-NATAL 19 TAB   | 3                |                            |
| SE-TAN DHA CAP  | 3                |                            |
| SELECT-OB CHW   | 3                |                            |

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

142

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------|------------------|----------------------------|
| SELECT-OB+ PAK DHA       | 3                |                            |
| TARON-BC MIS             | 3                |                            |
| TARON-C DHA CAP          | 3                |                            |
| TARON-PREX CAP           | 3                |                            |
| TL FOLATE TAB            | 3                |                            |
| TL-CARE DHA CAP 27-1-500 | 3                |                            |
| TL-SELECT CAP            | 3                |                            |
| TRI-TABS DHA MIS         | 3                |                            |
| TRINATAL GT TAB          | 3                |                            |
| TRINATAL RX TAB 1        | 3                |                            |
| TRIVEEN-DUO PAK DHA      | 3                |                            |
| TRIVEEN-PRX CAP RNF      | 3                |                            |
| ULTIMATECARE CAP ONE     | 3                |                            |
| ULTIMATECARE CAP ONE NF  | 3                |                            |
| VEMAVITE- CAP PRX 2      | 3                |                            |
| VENA-BAL MIS DHA         | 3                |                            |
| VINATE C TAB             | 3                |                            |
| VINATE CAL TAB           | 3                |                            |
| VINATE CARE CHW 40-1MG   | 3                |                            |
| VINATE II TAB            | 3                |                            |
| VINATE M TAB             | 3                |                            |
| VIRT-PN TAB              | 3                |                            |
| VITA-PREN TAB            | 3                |                            |
| VITAFOL CAP ULTRA        | 3                |                            |
| VITAFOL-NANO TAB         | 3                |                            |
| VITAFOL-OB PAK +DHA      | 3                |                            |
| VITAFOL-OB TAB 65-1MG    | 3                |                            |
| VITAFOL-ONE CAP          | 3                |                            |
| VITAMEDMD CAP ONE RX     | 3                |                            |
| VITAMEDMD MIS PLUS RX    | 3                |                            |
| VITAPEARL CAP            | 3                |                            |
| VOL-NATE TAB             | 3                |                            |
| VOL-TAB RX TAB           | 3                |                            |
| VP-PNV-DHA CAP           | 3                |                            |
| ZATEAN-CH CAP            | 3                |                            |
| ZATEAN-PN CAP DHA        | 3                |                            |
| ZATEAN-PN CAP PLUS       | 3                |                            |

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

143

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>           |                  |                            |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>                               |                  |                            |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>   | 4                |                            |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>  | 4                |                            |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | 4                |                            |
| EPIPEN 2-PAK INJ 0.3MG  | 4                |                            |
| EPIPEN-JR INJ 0.15MG  | 4                |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING</b>     |                  |                            |
| ANORO ELLIPT AER 62.5-25  | 2                |                            |
| STIOLTO AER 2.5-2.5   | 2                |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting</b>     |                  |                            |
| BEVESPI AER 9-4.8MCG  | 2                |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING</b>    |                  |                            |
| COMBIVENT AER 20-100  | 2                |                            |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>          | 1                |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS</b> |                  |                            |
| TRELEGY AER ELLIPTA   | 2                |                            |
| <b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>                     |                  |                            |
| ATROVENT HFA AER 17MCG  | 3                |                            |
| INCRUSE ELPT INH 62.5MCG  | 2                |                            |
| <i>ipratropium bromide inhal soln 0.02%</i>                       | 1                |                            |
| SPIRIVA CAP HANDIHLR  | 2                |                            |
| SPIRIVA SPR 2.5MCG  | 2                |                            |
| <b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>                   |                  |                            |
| CLARINEX-D TAB 2.5-120  | 3                |                            |
| DECON-A ELX 2-5MG/5M  | 3                |                            |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>       | 1                |                            |
| RELHIST CHW   | 3                |                            |
| SEMPREX-D CAP 8-60MG  | 3                |                            |
| <b>ANTI-HISTAMINES, NONSEDATING</b>                               |                  |                            |
| CLARINEX RDT TAB 2.5MG  | 3                |                            |
| CLARINEX RDT TAB 5MG  | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| CLARINEX SYP 0.5MG/ML   | 3                |                            |
| CLARINEX TAB 5MG  | 3                |                            |
| <i>desloratadine tab 5 mg</i>                                 | 1                |                            |
| <i>desloratadine tab orally disintegrating 2.5 mg</i>         | 1                |                            |
| <i>desloratadine tab orally disintegrating 5 mg</i>           | 1                |                            |
| <b>ANTIHISTAMINES, SEDATING</b>                               |                  |                            |
| <i>brompheniramine tannate chew tab 12 mg</i>                 | 1                |                            |
| <i>carbinoxamine maleate soln 4 mg/5ml</i>                    | 1                |                            |
| <i>carbinoxamine maleate tab 4 mg</i>                         | 1                |                            |
| <i>clemastine fumarate tab 2.68 mg</i>                        | 1                |                            |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>                      | 1                |                            |
| <i>cyproheptadine hcl tab 4 mg</i>                            | 1                |                            |
| <i>dexchlorpheniramine maleate oral soln 2 mg/5ml</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                |                            |
| KARBINAL ER SUS 4MG/5ML                                       | 3                |                            |
| RESPA-BR TAB 11MG   | 3                |                            |
| VISTARIL CAP 25MG   | 3                |                            |
| VISTARIL CAP 50MG   | 3                |                            |
| <b>ANTITUSSIVE COMBINATIONS, NON-OPIOID</b>                   |                  |                            |
| CARBAPHEN 12 LIQ  | 3                |                            |
| CARBAPHEN 12 SUS PED  | 3                |                            |
| NEOTUSS PLUS LIQ  | 3                |                            |
| NORTUSS-EX LIQ 200-20/5                                       | 3                |                            |
| PEDIATEX TDM SUS  | 3                |                            |
| <i>phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml</i> | 1                |                            |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                   | 1                |                            |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>           | 1                |                            |
| TGQ 15DM/5PE SYP H/2CPM                                       | 3                |                            |
| TGQ 30/ SYP 150/15  | 3                |                            |

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

145

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TGQ 30/PSE/3 SYP BRM/15DM  | 3                |                            |
| <b>ANTITUSSIVE COMBINATIONS, OPIOID</b>                                    |                  |                            |
| CODAR AR LIQ 2-8/5ML   | 3                |                            |
| FLOWTUSS SOL 2.5-200   | 3                |                            |
| GILTUSS LIQ PED-C  | 3                |                            |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                              | 3                |                            |
| HYCOFENIX SOL  | 3                |                            |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>                  | 1                |                            |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>                       | 1                |                            |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i>                             | 1                |                            |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>                        | 3                |                            |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>           | 1                |                            |
| <i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>               | 1                |                            |
| REZIRA SOL 60-5/5ML  | 3                |                            |
| SUTTAR-SF SYP  | 3                |                            |
| TUSSICAPS CAP 5-4MG  | 3                |                            |
| TUSSICAPS CAP 10-8MG   | 3                |                            |
| TUSSIONEX SUS 10-8/5ML   | 3                |                            |
| TUZISTRA XR SUS  | 3                |                            |
| VITUZ SOL 5-4MG  | 3                |                            |
| ZUTRIPRO LIQ 60-4-5MG  | 3                |                            |
| <b>ANTITUSSIVES</b>  |                  |                            |
| <i>benzonatate cap 100 mg</i>  | 1                |                            |
| <i>benzonatate cap 200 mg</i>  | 1                |                            |
| TESSALON PER CAP 100MG   | 2                |                            |
| ZONATUSS CAP 150MG   | 3                |                            |
| <b>BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active Inhalation</b>  |                  |                            |
| ARCAPTA CAP 75MCG  | 3                |                            |
| SEREVENT DIS AER 50MCG   | 2                |                            |
| STRIVERDI AER 2.5MCG   | 2                |                            |
| <b>BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive Inhalation</b> |                  |                            |
| BROVANA NEB 15MCG  | 3                |                            |

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

146

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PERFOROMIST NEB 20MCG  | 2                |                            |
| <b>BETA AGONISTS, INHALANTS, SHORT ACTING</b>                      |                  |                            |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 1                |                            |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | 1                |                            |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | 1                |                            |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | 1                |                            |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | 1                |                            |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | 1                |                            |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | 1                |                            |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | 1                |                            |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | 1                |                            |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | 1                |                            |
| PROAIR HFA AER   | 2                |                            |
| XOPENEX CONC NEB 1.25/0.5  | 2                |                            |
| XOPENEX NEB 0.31MG   | 3                |                            |
| XOPENEX NEB 0.63MG   | 3                |                            |
| XOPENEX NEB 1.25/3ML   | 3                |                            |
| <b>BETA AGONISTS, ORAL AGENTS</b>                                  |                  |                            |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 1                |                            |
| <i>albuterol sulfate tab 2 mg</i>                                  | 1                |                            |
| <i>albuterol sulfate tab 4 mg</i>                                  | 1                |                            |
| <i>albuterol sulfate tab er 12hr 4 mg</i>                          | 1                |                            |
| <i>albuterol sulfate tab er 12hr 8 mg</i>                          | 1                |                            |
| <i>metaproterenol sulfate syrup 10 mg/5ml</i>                      | 1                |                            |
| <i>metaproterenol sulfate tab 10 mg</i>                            | 1                |                            |
| <i>metaproterenol sulfate tab 20 mg</i>                            | 1                |                            |
| <i>terbutaline sulfate tab 2.5 mg</i>                              | 1                |                            |
| <i>terbutaline sulfate tab 5 mg</i>                                | 1                |                            |
| VOSPIRE ER TAB 4MG   | 2                |                            |
| VOSPIRE ER TAB 8MG   | 2                |                            |

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

147

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>CYSTIC FIBROSIS</b>   |                  |                            |
| BETHKIS NEB 300/4ML  | 3                | PA                         |
| CAYSTON INH 75MG   | 3                | PA                         |
| KALYDECO PAK 25MG  | 3                | PA                         |
| KALYDECO PAK 50MG  | 3                | PA                         |
| KALYDECO PAK 75MG  | 3                | PA                         |
| KALYDECO TAB 150MG   | 3                | PA                         |
| KITABIS PAK NEB 300/5ML  | 3                | PA                         |
| ORKAMBI GRA 100-125  | 3                | PA                         |
| ORKAMBI GRA 150-188  | 3                | PA                         |
| ORKAMBI TAB 100-125  | 3                | PA                         |
| ORKAMBI TAB 200-125  | 3                | PA                         |
| PULMOZYME SOL 1MG/ML   | 2                | PA                         |
| SYMDEKO TAB 50-75MG  | 3                | PA                         |
| SYMDEKO TAB 100-150  | 3                | PA                         |
| <i>tobramycin nebu soln 300 mg/5ml</i>                           | 1                | PA                         |
| <b>LEUKOTRIENE MODULATORS</b>                                    |                  |                            |
| ACCOLATE TAB 10MG  | 3                |                            |
| ACCOLATE TAB 20MG  | 3                |                            |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | 1                |                            |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | 1                |                            |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | 1                |                            |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                 | 1                |                            |
| <i>zafirlukast tab 10 mg</i>                                     | 1                |                            |
| <i>zafirlukast tab 20 mg</i>                                     | 1                |                            |
| <i>zileuton tab er 12hr 600 mg</i>                               | 1                |                            |
| ZYFLO CR TAB 600MG   | 3                |                            |
| ZYFLO TAB 600MG  | 3                |                            |
| <b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>          |                  |                            |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                       | 1                |                            |
| <b>MISCELLANEOUS</b>   |                  |                            |
| <i>acetylcysteine inhal soln 10%</i>                             | 1                |                            |
| <i>acetylcysteine inhal soln 20%</i>                             | 1                |                            |
| ATROVENT NAS SOL 0.03%   | 2                |                            |
| ATROVENT NAS SOL 0.06%   | 2                |                            |

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

148

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>  | 1                |                            |
| HYPER-SAL NEB 7%   | 3                |                            |
| HYPERSAL NEB 3.5%  | 3                |                            |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>         | 1                |                            |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>         | 1                |                            |
| NEBUSAL NEB 6%   | 3                |                            |
| <i>sodium chloride soln nebu 0.9%</i>                              | 1                |                            |
| <i>sodium chloride soln nebu 3%</i>                                | 1                |                            |
| <i>sodium chloride soln nebu 7%</i>                                | 1                |                            |
| <i>sodium chloride soln nebu 10%</i>                               | 1                |                            |
| SURFAXIN SUS 30MG/ML   | 3                |                            |
| <b>NASAL ANTIHISTAMINES</b>  |                  |                            |
| ASTEPRO SPR 0.15%  | 3                |                            |
| <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                |                            |
| PATANASE SPR 0.6%  | 3                |                            |
| <b>NASAL DECONGESTANTS</b>   |                  |                            |
| ADRENALIN SOL 1:1000   | 3                |                            |
| TYZINE PED DRO 0.05%   | 3                |                            |
| TYZINE SOL 0.1%  | 3                |                            |
| <b>NASAL STEROIDS/COMBINATIONS</b>                                 |                  |                            |
| <i>budesonide nasal susp 32 mcg/act</i>                            | 1                |                            |
| DYMISTA SPR 137-50   | 2                |                            |
| FLONASE SPR 0.05%  | 3                |                            |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                  | 1                |                            |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>                | 1                |                            |
| NASONEX SPR 50MCG/AC   | 3                |                            |
| <i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> | 1                |                            |
| XHANCE MIS 93MCG   | 3                |                            |
| <b>PHOSPHODIESTERASE-4 INHIBITORS</b>                              |                  |                            |
| DALIRESP TAB 250MCG  | 2                |                            |
| DALIRESP TAB 500MCG  | 2                |                            |

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>PULMONARY FIBROSIS AGENTS</b>                 |                  |                            |
| ESBRIET CAP 267MG                                | 2                | PA                         |
| ESBRIET TAB 267MG                                | 2                | PA                         |
| ESBRIET TAB 801MG                                | 2                | PA                         |
| OFEV CAP 100MG                                   | 2                | PA                         |
| OFEV CAP 150MG                                   | 2                | PA                         |
| <b>RESPIRATORY SYNCYTIAL VIRUS</b>               |                  |                            |
| <i>ribavirin for inhal soln 6 gm</i>             | 1                |                            |
| VIRAZOLE INH 6GM                                 | 3                |                            |
| <b>SEVERE ASTHMA AGENTS</b>                      |                  |                            |
| DUPIXENT INJ 200/1.14                            | 4                | PA                         |
| FASENRA PEN INJ 30MG/ML                          | 4                | PA                         |
| NUCALA INJ 100MG/ML                              | 4                | PA                         |
| <b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b> |                  |                            |
| ARNUITY ELPT INH 50MCG                           | 2                |                            |
| ARNUITY ELPT INH 100MCG                          | 2                |                            |
| ARNUITY ELPT INH 200MCG                          | 2                |                            |
| ASMANEX 30 AER 110MCG                            | 2                |                            |
| ASMANEX 120 AER 220MCG                           | 2                |                            |
| ASMANEX HFA AER 100 MCG                          | 2                |                            |
| ASMANEX HFA AER 200 MCG                          | 2                |                            |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>     | 1                |                            |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>    | 1                |                            |
| <i>budesonide inhalation susp 1 mg/2ml</i>       | 1                |                            |
| FLOVENT DISK AER 50MCG                           | 2                |                            |
| FLOVENT DISK AER 100MCG                          | 2                |                            |
| FLOVENT DISK AER 250MCG                          | 2                |                            |
| FLOVENT HFA AER 44MCG                            | 2                |                            |
| FLOVENT HFA AER 110MCG                           | 2                |                            |
| FLOVENT HFA AER 220MCG                           | 2                |                            |
| PULMICORT INH 90MCG                              | 2                |                            |
| PULMICORT INH 180MCG                             | 2                |                            |
| PULMICORT SUS 0.5MG/2                            | 3                |                            |
| PULMICORT SUS 0.25MG/2                           | 3                |                            |
| PULMICORT SUS 1MG/2ML                            | 3                |                            |
| QVAR REDIIHA AER 80MCG                           | 2                |                            |
| QVAR REDIIHAL AER 40MCG                          | 2                |                            |
| <b>STEROID/BETA AGONIST COMBINATIONS</b>         |                  |                            |
| ADVAIR DISKU AER 100/50                          | 1                |                            |

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

150

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ADVAIR DISKU AER 250/50                                 | 1                |                            |
| ADVAIR DISKU AER 500/50                                 | 1                |                            |
| ADVAIR HFA AER 45/21                                    | 2                |                            |
| ADVAIR HFA AER 115/21                                   | 2                |                            |
| ADVAIR HFA AER 230/21                                   | 2                |                            |
| BREO ELLIPTA INH 100-25                                 | 2                |                            |
| SYMBICORT AER 80-4.5                                    | 2                |                            |
| SYMBICORT AER 160-4.5                                   | 2                |                            |
| <b>XANTHINES - DRUGS TO TREAT COPD</b>                  |                  |                            |
| <i>dyphylline-guaifenesin liqd 100-100 mg/5ml</i>       | 1                |                            |
| ELIXOPHYLLIN ELX 80/15ML                                | 3                |                            |
| LUFYLLIN TAB 400MG                                      | 3                |                            |
| THEO-24 CAP 100MG CR                                    | 3                |                            |
| THEO-24 CAP 200MG CR                                    | 3                |                            |
| THEO-24 CAP 300MG CR                                    | 3                |                            |
| THEO-24 CAP 400MG ER                                    | 3                |                            |
| <i>theophylline soln 80 mg/15ml</i>                     | 1                |                            |
| <i>theophylline tab er 12hr 100 mg</i>                  | 1                |                            |
| <i>theophylline tab er 12hr 200 mg</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                |                            |
| <b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b> |                  |                            |
| <b>DERMATOLOGY, ACNE, Oral</b>                          |                  |                            |
| ABSORICA CAP 10MG                                       | 3                |                            |
| ABSORICA CAP 20MG                                       | 3                |                            |
| ABSORICA CAP 25MG                                       | 3                |                            |
| ABSORICA CAP 30MG                                       | 3                |                            |
| ABSORICA CAP 35MG                                       | 3                |                            |
| ABSORICA CAP 40MG                                       | 3                |                            |
| ISOTRETINOIN CAP 10 MG                                  | 1                |                            |
| ISOTRETINOIN CAP 20 MG                                  | 1                |                            |
| <i>isotretinoin cap 30 mg</i>                           | 1                |                            |
| ISOTRETINOIN CAP 40 MG                                  | 1                |                            |
| <b>DERMATOLOGY, ACNE, Topical</b>                       |                  |                            |
| ACZONE GEL 5%   | 3                |                            |
| ACZONE GEL 7.5%   | 3                |                            |

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

151

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>adapalene cream 0.1%</i>  | 1                |                            |
| <i>adapalene gel 0.1%</i>  | 1                |                            |
| <i>adapalene gel 0.3%</i>  | 1                |                            |
| <i>adapalene lotion 0.1%</i>                                       | 1                |                            |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                     | 1                |                            |
| ATRALIN GEL 0.05%  | 3                | PA                         |
| AZELEX CRE 20%   | 3                |                            |
| BENZ PEROXID GEL 6.5%  | 2                |                            |
| BENZAMYCIN GEL 5-3%  | 3                |                            |
| BENZAMYCIN GEL PAK   | 3                |                            |
| BENZI Q GEL 5.25%  | 3                |                            |
| BENZI Q LS GEL 2.75%   | 3                |                            |
| <i>benzoyl peroxide liq 7%</i>                                     | 1                |                            |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 1                |                            |
| CLEOCIN-T GEL 1%   | 3                |                            |
| CLEOCIN-T LOT 1%   | 3                |                            |
| CLEOCIN-T PAD 1%   | 3                |                            |
| CLEOCIN-T SOL 1%   | 3                |                            |
| CLINDAGEL GEL 1%   | 3                |                            |
| <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                |                            |
| <i>clindamycin phosphate lotion 1%</i>                             | 1                |                            |
| <i>clindamycin phosphate soln 1%</i>                               | 1                |                            |
| <i>clindamycin phosphate swab 1%</i>                               | 1                |                            |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | 1                |                            |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>              | 1                | PA                         |
| <i>dapsone gel 5%</i>  | 1                |                            |
| DIFFERIN CRE 0.1%  | 3                |                            |
| DIFFERIN GEL 0.1%  | 3                |                            |
| DIFFERIN GEL 0.3%  | 3                |                            |
| DIFFERIN LOT 0.1%  | 3                |                            |
| DUAC GEL 1.2-5%  | 3                |                            |
| EPIDUO FORTE GEL 0.3-2.5%  | 2                |                            |
| EPIDUO GEL 0.1-2.5%  | 2                |                            |
| ERYGEL GEL 2%  | 3                |                            |
| <i>erythromycin gel 2%</i>   | 1                |                            |

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

152

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>erythromycin pads 2%</i>                         | 1                |                            |
| <i>erythromycin soln 2%</i>                         | 1                |                            |
| EVOCLIN AER 1%                                      | 3                |                            |
| FABIOR AER 0.1%                                     | 3                |                            |
| KLARON LOT 10%                                      | 3                |                            |
| RETIN-A CRE 0.1%                                    | 3                | PA                         |
| RETIN-A CRE 0.05%                                   | 3                | PA                         |
| RETIN-A CRE 0.025%                                  | 3                | PA                         |
| RETIN-A GEL 0.01%                                   | 3                | PA                         |
| RETIN-A GEL 0.025%                                  | 3                | PA                         |
| RETIN-A MICR GEL 0.1%                               | 2                | PA                         |
| RETIN-A MICR GEL 0.04%                              | 2                | PA                         |
| RETIN-A MICR GEL 0.08%                              | 2                | PA                         |
| SOD SUL/SULF EMU 10-5%                              | 2                |                            |
| <i>sulfacetamide sodium lotion 10% (acne)</i>       | 1                |                            |
| SULFOAM SHA 2%                                      | 3                |                            |
| <i>tazarotene cream 0.1%</i>                        | 1                |                            |
| TAZORAC CRE 0.1%                                    | 2                |                            |
| TAZORAC CRE 0.05%                                   | 2                |                            |
| TAZORAC GEL 0.1%                                    | 2                |                            |
| TAZORAC GEL 0.05%                                   | 2                |                            |
| TRETIN-X CRE 0.075%                                 | 3                | PA                         |
| TRETIN-X CRE 0.0375%                                | 3                | PA                         |
| <i>tretinoin cream 0.1%</i>                         | 1                | PA                         |
| <i>tretinoin cream 0.05%</i>                        | 1                | PA                         |
| <i>tretinoin cream 0.025%</i>                       | 1                | PA                         |
| <i>tretinoin gel 0.01%</i>                          | 1                | PA                         |
| <i>tretinoin gel 0.05%</i>                          | 1                | PA                         |
| <i>tretinoin gel 0.025%</i>                         | 1                | PA                         |
| <i>tretinoin microsphere gel 0.1%</i>               | 1                | PA                         |
| <i>tretinoin microsphere gel 0.04%</i>              | 1                | PA                         |
| ZACLIR LOT 8%                                       | 3                |                            |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>               |                  |                            |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i> | 1                | PA                         |
| EFUDEX CRE 5%                                       | 3                |                            |
| FLUOROPLEX CRE 1%                                   | 3                |                            |
| <i>fluorouracil cream 5%</i>                        | 1                |                            |
| <i>fluorouracil soln 2%</i>                         | 1                |                            |
| <i>fluorouracil soln 5%</i>                         | 1                |                            |

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

153

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------|------------------|----------------------------|
| LEVULAN KERA SOL 20%  | 3                |                            |
| METVIXIA CRE 16.8%    | 3                |                            |
| PICATO GEL 0.05%      | 2                |                            |
| PICATO GEL 0.015%     | 2                |                            |
| SOLARAZE GEL 3% W/W   | 3                | PA                         |
| TOLAK CRE 4%          | 2                |                            |
| ZYCLARA CRE 3.75%     | 2                |                            |
| ZYCLARA PUMP CRE 2.5% | 2                |                            |

### **DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS**

|                      |   |  |
|----------------------|---|--|
| CORTISPORIN CRE 0.5% | 3 |  |
| CORTISPORIN OIN 1%   | 3 |  |
| NEO-SYNALAR CRE      | 3 |  |

### **DERMATOLOGY, ANTIBIOTICS**

|                                      |   |  |
|--------------------------------------|---|--|
| ALTABAX OIN 1%                       | 3 |  |
| BACTROBAN CRE 2%                     | 2 |  |
| BACTROBAN OIN 2%                     | 2 |  |
| BACTROBAN OIN NASAL 2%               | 3 |  |
| CENTANY OIN 2%                       | 3 |  |
| <i>gentamicin sulfate cream 0.1%</i> | 1 |  |
| <i>gentamicin sulfate oint 0.1%</i>  | 1 |  |
| <i>mupirocin oint 2%</i>             | 1 |  |
| SILVADENE CRE 1%                     | 2 |  |
| <i>silver sulfadiazine cream 1%</i>  | 1 |  |
| SULFAMYLON CRE 85MG/GM               | 3 |  |
| SULFAMYLON PAK 5%                    | 3 |  |
| XEPI CRE 1%                          | 3 |  |

### **DERMATOLOGY, ANTIFUNGALS**

|  |   |  |
|--|---|--|
| <i>ciclopirox gel 0.77%</i>                        | 1 |  |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | 1 |  |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>  | 1 |  |
| <i>ciclopirox shampoo 1%</i>                       | 1 |  |
| <i>econazole nitrate cream 1%</i>                  | 1 |  |
| ECOZA AER 1%                                       | 3 |  |
| ERTACZO CRE 2%                                     | 3 |  |
| EXELDERM CRE 1%                                    | 3 |  |
| EXELDERM SOL 1%                                    | 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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| EXODERM LOT 25-1%                             | 3                |                            |
| EXTINA AER 2%                                 | 3                |                            |
| HALOTIN CRE 1%                                | 3                |                            |
| JUBLIA SOL 10%                                | 2                | PA                         |
| KERYDIN SOL 5%                                | 3                | PA                         |
| <i>ketoconazole cream 2%</i>                  | 1                |                            |
| <i>ketoconazole foam 2%</i>                   | 1                |                            |
| <i>ketoconazole shampoo 2%</i>                | 1                |                            |
| LOPROX SHA 1%                                 | 3                |                            |
| <i>luliconazole cream 1%</i>                  | 1                |                            |
| LUZU CRE 1%                                   | 3                |                            |
| <i>naftifine hcl cream 1%</i>                 | 1                |                            |
| <i>naftifine hcl cream 2%</i>                 | 1                |                            |
| NAFTIN CRE 1%                                 | 2                |                            |
| NAFTIN CRE 2%                                 | 2                |                            |
| NAFTIN GEL 1%                                 | 2                |                            |
| NAFTIN GEL 2%                                 | 2                |                            |
| NIZORAL SHA 2%                                | 3                |                            |
| <i>nystatin cream 100000 unit/gm</i>          | 1                |                            |
| <i>nystatin oint 100000 unit/gm</i>           | 1                |                            |
| <i>nystatin topical powder 100000 unit/gm</i> | 1                |                            |
| <i>oxiconazole nitrate cream 1%</i>           | 1                |                            |
| OXISTAT CRE 1%                                | 3                |                            |
| OXISTAT LOT 1%                                | 3                |                            |
| VUSION OIN                                    | 3                |                            |
| <b>DERMATOLOGY, ANTIPSORIATICS, ORAL</b>      |                  |                            |
| <i>acitretin cap 10 mg</i>                    | 1                |                            |
| <i>acitretin cap 17.5 mg</i>                  | 1                |                            |
| <i>acitretin cap 25 mg</i>                    | 1                |                            |
| <i>methoxsalen rapid cap 10 mg</i>            | 1                |                            |
| 8-MOP CAP 10MG                                | 3                |                            |
| OXSORALEN-UL CAP 10MG                         | 3                |                            |
| SKYRIZI INJ 150DOSE                           | 4                | PA                         |
| SORIATANE CAP 10MG                            | 3                |                            |
| SORIATANE CAP 17.5MG                          | 3                |                            |
| SORIATANE CAP 25MG                            | 3                |                            |
| <b>DERMATOLOGY, ANTIPSORIATICS, TOPICAL</b>   |                  |                            |
| <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

155

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 1                |                            |
| <i>calcitriol oint 3 mcg/gm</i>                                   | 1                |                            |
| DOVONEX CRE 0.005%  | 3                |                            |
| ENSTILAR AER  | 3                |                            |
| TACLONEX OIN  | 3                |                            |
| TACLONEX SUS  | 3                |                            |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                               |                  |                            |
| PROMISEB KIT COMPLETE   | 3                |                            |
| <i>selenium sulfide lotion 2.5%</i>                               | 1                |                            |
| SODIUM SULFA LIQ 10% WASH   | 3                |                            |
| <b>DERMATOLOGY, ANTISEPTICS/DISINFECTANTS</b>                     |                  |                            |
| BENZALKONIUM SOL 50%  | 3                |                            |
| CHLORHEX GLU SOL 20%  | 3                |                            |
| <b>DERMATOLOGY, ATOPIC DERMATITIS, Injectable</b>                 |                  |                            |
| DUPIXENT INJ 300/2ML  | 4                | PA                         |
| <b>DERMATOLOGY, ATOPIC DERMATITIS, Topical</b>                    |                  |                            |
| ELIDEL CRE 1%   | 2                |                            |
| EUCRISA OIN 2%  | 2                |                            |
| <i>pimecrolimus cream 1%</i>                                      | 1                |                            |
| PROTOPIC OIN 0.1%   | 3                |                            |
| PROTOPIC OIN 0.03%  | 3                |                            |
| <i>tacrolimus oint 0.1%</i>                                       | 1                |                            |
| <i>tacrolimus oint 0.03%</i>                                      | 1                |                            |
| <b>DERMATOLOGY, CORTICOSTEROID COMBINATIONS</b>                   |                  |                            |
| EPIFOAM AER 1%  | 3                |                            |
| PRAMOSONE LOT 1%  | 3                |                            |
| PRAMOSONE LOT 2.5%  | 3                |                            |
| <b>DERMATOLOGY, CORTICOSTEROIDS, High Potency</b>                 |                  |                            |
| <i>amcinonide cream 0.1%</i>                                      | 1                |                            |
| <i>amcinonide lotion 0.1%</i>                                     | 1                |                            |
| AMCINONIDE OIN 0.1%   | 3                |                            |
| <i>betamethasone dipropionate augmented cream 0.05%</i>           | 1                |                            |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>          | 1                |                            |
| <i>betamethasone dipropionate cream 0.05%</i>                     | 1                |                            |
| <i>betamethasone dipropionate lotion 0.05%</i>                    | 1                |                            |
| <i>betamethasone dipropionate oint 0.05%</i>                      | 1                |                            |

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

156

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>desoximetasone cream 0.25%</i>                   | 1                |                            |
| <i>desoximetasone gel 0.05%</i>                     | 1                |                            |
| <i>desoximetasone oint 0.25%</i>                    | 1                |                            |
| DIPROLENE AF CRE 0.05%                              | 3                |                            |
| DIPROLENE LOT 0.05%                                 | 3                |                            |
| <i>fluocinonide cream 0.05%</i>                     | 1                |                            |
| <i>fluocinonide emulsified base cream 0.05%</i>     | 1                |                            |
| <i>fluocinonide gel 0.05%</i>                       | 1                |                            |
| <i>fluocinonide oint 0.05%</i>                      | 1                |                            |
| <i>fluocinonide soln 0.05%</i>                      | 1                |                            |
| HALOG CRE 0.1%                                      | 3                |                            |
| HALOG OIN 0.1%                                      | 3                |                            |
| PSORCON CRE 0.05%                                   | 3                |                            |
| TOPICORT CRE 0.25%                                  | 3                |                            |
| TOPICORT GEL 0.05%                                  | 3                |                            |
| TOPICORT OIN 0.25%                                  | 3                |                            |
| TOPICORT SPR 0.25%                                  | 3                |                            |
| <i>triamcinolone acetonide cream 0.5%</i>           | 1                |                            |
| <i>triamcinolone acetonide oint 0.5%</i>            | 1                |                            |
| VANOS CRE 0.1%                                      | 3                |                            |
| <b>DERMATOLOGY, CORTICOSTEROIDS, Low Potency</b>    |                  |                            |
| ACLOVATE CRE 0.05%                                  | 2                |                            |
| ALA SCALP LOT 2%                                    | 3                |                            |
| <i>alclometasone dipropionate cream 0.05%</i>       | 1                |                            |
| <i>alclometasone dipropionate oint 0.05%</i>        | 1                |                            |
| CAPEX SHA 0.01%                                     | 2                |                            |
| DERMA-SMOOTH OIL /FS BODY                           | 2                |                            |
| DERMA-SMOOTH OIL /FS SCLP                           | 2                |                            |
| DESONATE GEL 0.05%                                  | 3                |                            |
| <i>desonide cream 0.05%</i>                         | 1                |                            |
| <i>desonide lotion 0.05%</i>                        | 1                |                            |
| <i>desonide oint 0.05%</i>                          | 1                |                            |
| DESOWEN CRE 0.05%                                   | 2                |                            |
| DESOWEN LOT 0.05%                                   | 2                |                            |
| DESOWEN OIN 0.05%                                   | 2                |                            |
| <i>fluocinolone acetonide cream 0.01%</i>           | 1                |                            |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>  | 1                |                            |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> | 1                |                            |
| <i>fluocinolone acetonide soln 0.01%</i>            | 1                |                            |

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

157

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------|------------------|----------------------------|
| <i>hydrocortisone cream 2.5%</i>  | 1                |                            |
| <i>hydrocortisone lotion 2%</i>   | 1                |                            |
| <i>hydrocortisone lotion 2.5%</i> | 1                |                            |
| <i>hydrocortisone oint 1%</i>     | 1                |                            |
| <i>hydrocortisone oint 2.5%</i>   | 1                |                            |
| SYNALAR SOL 0.01%                 | 2                |                            |
| TEXACORT SOL 2.5%                 | 2                |                            |
| VERDESO AER 0.05%                 | 3                |                            |

### ***DERMATOLOGY, CORTICOSTEROIDS, Medium Potency***

|   |   |  |
|---|---|--|
| <i>betamethasone valerate aerosol foam 0.12%</i>            | 1 |  |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | 1 |  |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 1 |  |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | 1 |  |
| <i>clocortolone pivalate cream 0.1%</i>                     | 1 |  |
| CLODERM CRE 0.1% PMP  | 3 |  |
| CORDRAN 24X3 TAP 4MCG/CM                                    | 3 |  |
| CORDRAN CRE 0.05%   | 3 |  |
| CORDRAN LOT 0.05%   | 3 |  |
| CUTIVATE CRE 0.05%  | 3 |  |
| CUTIVATE LOT 0.05%  | 3 |  |
| DERMATOP CRE 0.1%   | 3 |  |
| DERMATOP OIN 0.1%   | 3 |  |
| <i>desoximetasone cream 0.05%</i>                           | 1 |  |
| <i>desoximetasone oint 0.05%</i>                            | 1 |  |
| ELOCON CRE 0.1%   | 3 |  |
| ELOCON LOT 0.1%   | 3 |  |
| ELOCON OIN 0.1%   | 2 |  |
| <i>fluocinolone acetonide cream 0.025%</i>                  | 1 |  |
| <i>fluocinolone acetonide oint 0.025%</i>                   | 1 |  |
| <i>flurandrenolide cream 0.05%</i>                          | 1 |  |
| <i>flurandrenolide lotion 0.05%</i>                         | 1 |  |
| <i>flurandrenolide oint 0.05%</i>                           | 1 |  |
| <i>fluticasone propionate cream 0.05%</i>                   | 1 |  |
| <i>fluticasone propionate lotion 0.05%</i>                  | 1 |  |
| <i>fluticasone propionate oint 0.005%</i>                   | 1 |  |
| <i>hydrocortisone butyrate cream 0.1%</i>                   | 1 |  |

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

158

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> | 1                |                            |
| <i>hydrocortisone butyrate lotion 0.1%</i>                      | 1                |                            |
| <i>hydrocortisone butyrate oint 0.1%</i>                        | 1                |                            |
| <i>hydrocortisone butyrate soln 0.1%</i>                        | 1                |                            |
| <i>hydrocortisone valerate cream 0.2%</i>                       | 1                |                            |
| <i>hydrocortisone valerate oint 0.2%</i>                        | 1                |                            |
| KENALOG AER SPRAY   | 3                |                            |
| LOCOID CRE 0.1%   | 3                |                            |
| LOCOID LIPO CRE 0.1%  | 3                |                            |
| LOCOID LOT 0.1%   | 3                |                            |
| LOCOID OIN 0.1%   | 3                |                            |
| LOCOID SOL 0.1%   | 3                |                            |
| LUXIQ AER 0.12%   | 3                |                            |
| <i>mometasone furoate cream 0.1%</i>                            | 1                |                            |
| <i>mometasone furoate oint 0.1%</i>                             | 1                |                            |
| <i>mometasone furoate solution 0.1% (lotion)</i>                | 1                |                            |
| PANDEL CRE 0.1%   | 3                |                            |
| <i>prednicarbate cream 0.1%</i>                                 | 1                |                            |
| <i>prednicarbate oint 0.1%</i>                                  | 1                |                            |
| SYNALAR CRE 0.025%  | 3                |                            |
| SYNALAR OIN 0.025%  | 3                |                            |
| TOPICORT CRE 0.05%  | 3                |                            |
| TOPICORT OIN 0.05%  | 3                |                            |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>         | 1                |                            |
| <i>triamcinolone acetonide cream 0.1%</i>                       | 1                |                            |
| <i>triamcinolone acetonide cream 0.025%</i>                     | 1                |                            |
| <i>triamcinolone acetonide lotion 0.1%</i>                      | 1                |                            |
| <i>triamcinolone acetonide lotion 0.025%</i>                    | 1                |                            |
| <i>triamcinolone acetonide oint 0.1%</i>                        | 1                |                            |
| <i>triamcinolone acetonide oint 0.025%</i>                      | 1                |                            |
| TRIANEX OIN 0.05%   | 3                |                            |
| WESTCORT OIN 0.2%   | 2                |                            |
| <b>DERMATOLOGY, CORTICOSTEROIDS, Very High Potency</b>          |                  |                            |
| <i>betamethasone dipropionate augmented gel 0.05%</i>           | 1                |                            |
| <i>betamethasone dipropionate augmented oint 0.05%</i>          | 1                |                            |
| BRYHALI LOT 0.01%   | 3                |                            |

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

159

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clobetasol propionate cream 0.05%</i>                | 1                |                            |
| <i>clobetasol propionate emollient base cream 0.05%</i> | 1                |                            |
| <i>clobetasol propionate emulsion foam 0.05%</i>        | 1                |                            |
| <i>clobetasol propionate foam 0.05%</i>                 | 1                |                            |
| <i>clobetasol propionate gel 0.05%</i>                  | 1                |                            |
| <i>clobetasol propionate lotion 0.05%</i>               | 1                |                            |
| <i>clobetasol propionate oint 0.05%</i>                 | 1                |                            |
| <i>clobetasol propionate shampoo 0.05%</i>              | 1                |                            |
| <i>clobetasol propionate soln 0.05%</i>                 | 1                |                            |
| CLOBEX LOT 0.05%  | 2                |                            |
| CLOBEX SHA 0.05%  | 2                |                            |
| DIPROLENE OIN 0.05%                                     | 2                |                            |
| <i>halobetasol propionate cream 0.05%</i>               | 1                |                            |
| <i>halobetasol propionate oint 0.05%</i>                | 1                |                            |
| OLUX AER 0.05%  | 3                |                            |
| TEMOVATE CRE 0.05%                                      | 2                |                            |
| TEMOVATE E CRE 0.05%EML                                 | 2                |                            |
| TEMOVATE GEL 0.05%                                      | 2                |                            |
| TEMOVATE OIN 0.05%                                      | 2                |                            |
| TEMOVATE SOL 0.05%                                      | 3                |                            |
| ULTRAVATE CRE 0.05%                                     | 2                |                            |
| ULTRAVATE LOT 0.05%                                     | 3                |                            |
| ULTRAVATE OIN 0.05%                                     | 2                |                            |
| <b>DERMATOLOGY, EMOLLIENTS</b>                          |                  |                            |
| HPR PLUS MB KIT HYDROGEL                                | 3                |                            |
| <i>hyaluronate sodium (emollient) gel 0.2%</i>          | 1                |                            |
| HYLIRA GEL 0.2%   | 3                |                            |
| HYLIRA LOT 0.1%   | 3                |                            |
| <b>DERMATOLOGY, LOCAL ANALGESICS</b>                    |                  |                            |
| <i>lidocaine patch 5%</i>                               | 1                | PA                         |
| LIDODERM DIS 5%   | 2                | PA                         |
| QUTENZA KIT 8% 1-PCH                                    | 3                |                            |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                   |                  |                            |
| ANACAINE OIN  | 3                |                            |
| EMLA CRE 2.5-2.5%                                       | 3                | QL (30 gm per month)       |
| <i>lidocaine hcl soln 4%</i>                            | 1                | QL (50 ml per month)       |
| <i>lidocaine hcl urethral/mucosal gel 2%</i>            | 1                | QL (30 gms per month)      |

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

160

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>lidocaine oint 5%</i>                                   | 1                | QL (50 gm per month)        |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                 | 1                | QL (30 gms per month)       |
| SYNERA DIS 70-70MG   | 3                | QL (2 patches per month)    |
| XYLOCAINE SOL 4%   | 3                | QL (50 mL per month)        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |                  |                             |
| <i>acyclovir cream 5%</i>                                  | 1                |                             |
| <i>acyclovir oint 5%</i>                                   | 1                |                             |
| ALDARA CRE 5%  | 3                |                             |
| ARNICA TIN FLOWER  | 3                |                             |
| DENAVIR CRE 1%   | 3                |                             |
| DRYSOL SOL 20%   | 3                |                             |
| HYLATOPIC AER  | 3                |                             |
| <i>imiquimod cream 5%</i>                                  | 1                |                             |
| NUVAIL SOL 16%   | 3                |                             |
| OXSORALEN LOT 1%   | 3                |                             |
| PANRETIN GEL 0.1%  | 3                |                             |
| <i>podofilox soln 0.5%</i>                                 | 1                |                             |
| <i>prudoxin cre 5%</i>                                     | 1                | QL (90 gm per month),<br>ST |
| SANTYL OIN 250/GM  | 3                |                             |
| SILVER NITRA OIN 10%                                       | 3                |                             |
| XERAC-AC SOL 6.25%   | 3                |                             |
| XERESE CRE 5-1%  | 3                |                             |
| ZONALON CRE 5%   | 3                | QL (90 gm per month),<br>ST |
| ZOVIRAX CRE 5%   | 3                |                             |
| ZOVIRAX OIN 5%   | 3                |                             |
| <b>DERMATOLOGY, ROSACEA</b>                                |                  |                             |
| <i>azelaic acid gel 15%</i>                                | 1                |                             |
| <i>doxycycline (rosacea) cap delayed release 40 mg</i>     | 1                |                             |
| FINACEA AER 15%  | 2                |                             |
| METROCREAM CRE 0.75%                                       | 3                |                             |
| METROGEL GEL 1%  | 3                |                             |
| METROLOTION LOT 0.75%                                      | 3                |                             |
| <i>metronidazole cream 0.75%</i>                           | 1                |                             |
| <i>metronidazole gel 0.75%</i>                             | 1                |                             |
| <i>metronidazole gel 1%</i>                                | 1                |                             |
| <i>metronidazole lotion 0.75%</i>                          | 1                |                             |

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

161

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| MIRVASO GEL 0.33%                                     | 3                |                            |
| ORACEA CAP 40MG                                       | 3                |                            |
| RHOFADE CRE 1%  | 3                |                            |
| ROSADAN KIT 0.75%                                     | 3                |                            |
| SOOLANTRA CRE 1%                                      | 2                |                            |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>      |                  |                            |
| ELIMITE CRE 5%  | 2                |                            |
| EURAX CRE 10%   | 3                |                            |
| EURAX LOT 10%   | 3                |                            |
| <i>malathion lotion 0.5%</i>                          | 1                |                            |
| NATROBA SUS 0.9%                                      | 3                |                            |
| OVIDE LOT 0.5%  | 2                |                            |
| <i>permethrin cream 5%</i>                            | 1                |                            |
| SKLICE LOT 0.5%                                       | 3                |                            |
| <i>spinosad susp 0.9%</i>                             | 1                |                            |
| SULF LIME SOL   | 3                |                            |
| ULESFIA LOT 5%  | 3                |                            |
| <b>DERMATOLOGY, WOUND CARE PRODUCTS</b>               |                  |                            |
| REGRANEX GEL 0.01%                                    | 3                |                            |
| <b>MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS</b>      |                  |                            |
| AQUORAL AER   | 3                |                            |
| <i>chlorhexidine gluconate soln 0.12%</i>             | 1                |                            |
| FLUORIDEX GEL SENSITIV                                | 3                |                            |
| <i>lidocaine hcl laryngotracheal soln 4%</i>          | 1                |                            |
| <i>lidocaine hcl viscous soln 2%</i>                  | 1                |                            |
| LTA 360 KIT SOL 4%                                    | 3                |                            |
| NAFRINSE DLY SOL /NEUTRAL                             | 3                |                            |
| NAFRINSE SOL DAILY                                    | 3                |                            |
| NAFRINSE WK SOL 0.2%                                  | 3                |                            |
| PERIDEX SOL 0.12%                                     | 3                |                            |
| <i>sodium fluoride cream 1.1%</i>                     | 1                |                            |
| <i>sodium fluoride gel 1.1% (0.5% f)</i>              | 1                |                            |
| <i>sodium fluoride paste 1.1%</i>                     | 1                |                            |
| <i>sodium fluoride rinse 0.2%</i>                     | 1                |                            |
| <i>sodium fluoride-potassium nitrate paste 1.1-5%</i> | 1                |                            |
| <i>triamcinolone acetonide dental paste 0.1%</i>      | 1                |                            |
| <b>MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS</b>        |                  |                            |
| EPISIL LIQ  | 2                |                            |

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

162

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| MUGARD LIQ   | 2                |                            |
| ORAFATE PST 10%  | 3                |                            |
| <b>OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS</b>   |                  |                            |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1                |                            |
| BLEPHAMIDE OIN S.O.P.  | 3                |                            |
| BLEPHAMIDE SUS OP  | 3                |                            |
| MAXITROL OIN 0.1% OP   | 3                |                            |
| MAXITROL SUS 0.1% OP   | 3                |                            |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 1                |                            |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1                |                            |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 1                |                            |
| PRED-G S.O.P OIN OP  | 3                |                            |
| PRED-G SUS OP  | 3                |                            |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1                |                            |
| TOBRADEX OIN 0.3-0.1%  | 2                |                            |
| TOBRADEX ST SUS 0.3-0.05   | 2                |                            |
| TOBRADEX SUS 0.3-0.1%  | 3                |                            |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 1                |                            |
| ZYLET SUS 0.5-0.3%   | 2                |                            |
| <b>OPHTHALMIC, ANTI-INFECTIVES</b>                                 |                  |                            |
| AZASITE SOL 1%   | 3                |                            |
| <i>bacitracin ophth oint 500 unit/gm</i>                           | 1                |                            |
| <i>bacitracin-polymyxin b ophth oint</i>                           | 1                |                            |
| BESIVANCE SUS 0.6%   | 2                |                            |
| BETADINE SOL 5% OP   | 3                |                            |
| BLEPH-10 SOL 10% OP  | 3                |                            |
| CILOXAN OIN 0.3% OP  | 2                |                            |
| CILOXAN SOL 0.3% OP  | 3                |                            |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>         | 1                |                            |
| <i>erythromycin ophth oint 5 mg/gm</i>                             | 1                |                            |
| GARAMYCIN SOL 0.3% OP  | 3                |                            |
| <i>gatifloxacin ophth soln 0.5%</i>                                | 1                |                            |
| <i>gentamicin sulfate ophth oint 0.3%</i>                          | 1                |                            |

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

163

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>gentamicin sulfate ophth soln 0.3%</i>                           | 1                |                            |
| <i>levofloxacin ophth soln 0.5%</i>                                 | 1                |                            |
| MITOSOL KIT 0.2MG   | 3                |                            |
| MOXEZA SOL 0.5%   | 2                |                            |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                | 1                |                            |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1                |                            |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1                |                            |
| NEOSPORIN SOL OP  | 3                |                            |
| OCUFLOX DRO 0.3% OP   | 3                |                            |
| <i>ofloxacin ophth soln 0.3%</i>                                    | 1                |                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1                |                            |
| POLYTRIM SOL OP   | 3                |                            |
| <i>sulfacetamide sodium ophth oint 10%</i>                          | 1                |                            |
| <i>sulfacetamide sodium ophth soln 10%</i>                          | 1                |                            |
| <i>tobramycin ophth soln 0.3%</i>                                   | 1                |                            |
| TOBEX OIN 0.3% OP   | 3                |                            |
| TOBEX SOL 0.3% OP   | 3                |                            |
| VIGAMOX DRO 0.5%  | 3                |                            |
| ZYMAXID SOL 0.5%  | 3                |                            |
| <b>OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal</b>                  |                  |                            |
| ACULAR LS SOL 0.4%  | 3                |                            |
| ACULAR SOL 0.5% OP  | 3                |                            |
| ACUVAIL SOL 0.45%   | 2                |                            |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>  | 1                |                            |
| <i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>          | 1                |                            |
| <i>diclofenac sodium ophth soln 0.1%</i>                            | 1                |                            |
| <i>flurbiprofen sodium ophth soln 0.03%</i>                         | 1                |                            |
| ILEVRO DRO 0.3% OP  | 2                |                            |
| <i>ketorolac tromethamine ophth soln 0.4%</i>                       | 1                |                            |
| <i>ketorolac tromethamine ophth soln 0.5%</i>                       | 1                |                            |
| NEVANAC SUS 0.1%  | 2                |                            |
| OCUFEN SOL 0.03% OP   | 3                |                            |
| PROLENSA SOL 0.07%  | 3                |                            |

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

164

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal</b>          |                  |                            |
| ALREX SUS 0.2%   | 3                |                            |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i>    | 1                |                            |
| DUREZOL EMU 0.05%  | 2                |                            |
| FLAREX SUS 0.1% OP                                       | 2                |                            |
| <i>fluorometholone ophth susp 0.1%</i>                   | 1                |                            |
| FML FORTE SUS 0.25% OP                                   | 2                |                            |
| FML OIN 0.1% OP  | 2                |                            |
| LOTEMAX GEL 0.5%   | 3                |                            |
| LOTEMAX OIN 0.5%   | 3                |                            |
| LOTEMAX SUS 0.5%   | 3                |                            |
| <i>loteprednol etabonate ophth susp 0.5%</i>             | 1                |                            |
| MAXIDEX SUS 0.1% OP                                      | 2                |                            |
| OMNIPRED SUS 1% OP                                       | 3                |                            |
| PRED MILD SUS 0.12% OP                                   | 2                |                            |
| PRED SOD PHO SOL 1% OP                                   | 3                |                            |
| <i>prednisolone acetate ophth susp 1%</i>                | 1                |                            |
| VEXOL SUS 1% OP  | 3                |                            |
| <b>OPHTHALMIC, ANTIALLERGICS</b>                         |                  |                            |
| ALOCRI SOL 2%  | 3                |                            |
| ALOMIDE SOL 0.1% OP                                      | 3                |                            |
| <i>azelastine hcl ophth soln 0.05%</i>                   | 1                |                            |
| BEPREVE DRO 1.5%   | 3                |                            |
| <i>cromolyn sodium ophth soln 4%</i>                     | 1                |                            |
| ELESTAT DRO 0.05%  | 3                |                            |
| EMADINE SOL 0.05% OP                                     | 3                |                            |
| <i>epinastine hcl ophth soln 0.05%</i>                   | 1                |                            |
| LASTACFT SOL 0.25%                                       | 2                |                            |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> | 1                |                            |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | 1                |                            |
| PATADAY SOL 0.2%   | 3                |                            |
| PATANOL SOL 0.1% OP                                      | 3                |                            |
| PAZEO DRO 0.7%   | 2                |                            |
| <b>OPHTHALMIC, ANTIFUNGALS</b>                           |                  |                            |
| NATACYN SUS 5% OP  | 3                |                            |

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

165

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>OPHTHALMIC, ANTIVIRALS</b>   |                  |                            |
| <i>trifluridine ophth soln 1%</i>   | 1                |                            |
| VIROPTIC SOL 1% OP  | 2                |                            |
| ZIRGAN GEL 0.15%  | 3                |                            |
| <b>OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS</b>                            |                  |                            |
| LACRISERT MIS 5MG OP  | 3                |                            |
| <b>OPHTHALMIC, BETA-BLOCKERS, Nonselective</b>                            |                  |                            |
| BETAGAN SOL 0.5% OP   | 3                |                            |
| BETIMOL SOL 0.5%  | 2                |                            |
| BETIMOL SOL 0.25%   | 2                |                            |
| <i>carteolol hcl ophth soln 1%</i>  | 1                |                            |
| ISTALOL SOL 0.5% OP   | 3                |                            |
| <i>levobunolol hcl ophth soln 0.5%</i>                                    | 1                |                            |
| <i>levobunolol hcl ophth soln 0.25%</i>                                   | 1                |                            |
| <i>metipranolol ophth soln 0.3%</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                |                            |
| TIMOPTIC OCU SOL 0.5% OP  | 3                |                            |
| TIMOPTIC OCU SOL 0.25% OP   | 3                |                            |
| TIMOPTIC SOL 0.5% OP  | 3                |                            |
| TIMOPTIC SOL 0.25% OP   | 3                |                            |
| TIMOPTIC-XE SOL 0.5% OP   | 3                |                            |
| TIMOPTIC-XE SOL 0.25% OP  | 3                |                            |
| <b>OPHTHALMIC, BETA-BLOCKERS, Selective</b>                               |                  |                            |
| <i>betaxolol hcl ophth soln 0.5%</i>                                      | 1                |                            |
| BETOPTIC-S SUS 0.25% OP   | 2                |                            |
| <b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS</b> |                  |                            |
| COSOPT PF SOL   | 3                |                            |
| COSOPT SOL 22.3-6.8   | 3                |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>          | 1                |                            |

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

166

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS</b> |                  |                            |
| SIMBRINZA SUS 1-0.2%   | 2                |                            |
| <b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS</b>                             |                  |                            |
| AZOPT SUS 1% OP  | 2                |                            |
| <i>dorzolamide hcl ophth soln 2%</i>   | 1                |                            |
| TRUSOPT SOL 2% OP  | 3                |                            |
| <b>OPHTHALMIC, DRY EYE DISEASE</b>   |                  |                            |
| RESTASIS EMU 0.05%   | 2                |                            |
| XIIDRA DRO 5%  | 2                |                            |
| <b>OPHTHALMIC, MISCELLANEOUS</b>   |                  |                            |
| AKTEN GEL 3.5%   | 3                |                            |
| ALCAINE SOL 0.5% OP  | 3                |                            |
| CYSTARAN SOL 0.44%   | 3                | PA                         |
| GELFILM MIS OP   | 3                |                            |
| <i>naphazoline hcl ophth soln 0.1%</i>                                       | 1                |                            |
| OXERVATE SOL 20MCG/ML  | 3                |                            |
| <i>phenylephrine hcl ophth soln 2.5%</i>                                     | 1                |                            |
| <i>proparacaine hcl ophth soln 0.5%</i>                                      | 1                |                            |
| <i>tetracaine hcl ophth soln 0.5%</i>  | 1                |                            |
| <b>OPHTHALMIC, MYDRIATICS</b>  |                  |                            |
| <i>atropine sulfate ophth soln 1%</i>  | 1                |                            |
| CYCLOMYDRIL SOL OP   | 3                |                            |
| ISO HYOSCINE SOL 0.25% OP  | 3                |                            |
| MYDRIACYL SOL 1% OP  | 3                |                            |
| <i>tropicamide ophth soln 0.5%</i>   | 1                |                            |
| <i>tropicamide ophth soln 1%</i>   | 1                |                            |
| <b>OPHTHALMIC, PARASYMPATHOMIMETICS</b>                                      |                  |                            |
| ISOPTO CARP SOL 1% OP  | 3                |                            |
| ISOPTO CARP SOL 2% OP  | 3                |                            |
| ISOPTO CARP SOL 4% OP  | 3                |                            |
| PHOSPHOLINE SOL 0.125%OP   | 3                |                            |
| <i>pilocarpine hcl ophth soln 1%</i>   | 1                |                            |
| <i>pilocarpine hcl ophth soln 2%</i>   | 1                |                            |
| <i>pilocarpine hcl ophth soln 4%</i>   | 1                |                            |
| <b>OPHTHALMIC, PROSTAGLANDIN/RHO KINASE INHIBITOR COMBINATIONS</b>           |                  |                            |
| ROCKLATAN DRO  | 2                |                            |

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

167

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>OPHTHALMIC, PROSTAGLANDINS</b>                                 |                  |                            |
| <i>bimatoprost ophth soln 0.03%</i>                               | 1                |                            |
| <i>bimatoprost soln 0.03%</i>                                     | 1                |                            |
| <i>latanoprost ophth soln 0.005%</i>                              | 1                |                            |
| LUMIGAN SOL 0.01%   | 2                |                            |
| TRAVATAN Z DRO 0.004%   | 2                |                            |
| <i>travoprost ophth soln 0.004%</i>                               | 1                |                            |
| VYZULTA SOL 0.024%  | 3                |                            |
| XALATAN SOL 0.005%  | 3                |                            |
| ZIOPTAN DRO 0.0015%   | 3                |                            |
| <b>OPHTHALMIC, RHO KINASE INHIBITORS</b>                          |                  |                            |
| RHOPRESSA SOL 0.02%   | 2                |                            |
| <b>OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS</b>      |                  |                            |
| COMBIGAN SOL 0.2/0.5%   | 2                |                            |
| <b>OPHTHALMIC, SYMPATHOMIMETICS</b>                               |                  |                            |
| ALPHAGAN P SOL 0.1%   | 2                |                            |
| ALPHAGAN P SOL 0.15%  | 2                |                            |
| <i>brimonidine tartrate ophth soln 0.2%</i>                       | 1                |                            |
| <i>brimonidine tartrate ophth soln 0.15%</i>                      | 1                |                            |
| <b>OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS</b>        |                  |                            |
| CIPRO HC SUS OTIC   | 3                |                            |
| CIPRODEX SUS 0.3-0.1%   | 2                |                            |
| <i>coly-mycin s sus otic</i>                                      | 3                |                            |
| CORTISPORIN SOL 1% OTIC   | 3                |                            |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</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                |                            |
| <b>OTIC, ANTI-INFECTIVES</b>                                      |                  |                            |
| <i>acetic acid 2% in aluminum acetate otic soln</i>               | 1                |                            |
| <i>acetic acid otic soln 2%</i>                                   | 1                |                            |
| CETRAXAL SOL 0.2%   | 3                |                            |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>         | 1                |                            |
| <i>ofloxacin otic soln 0.3%</i>                                   | 1                |                            |
| <b>OTIC, MISCELLANEOUS</b>  |                  |                            |
| DERMOTIC OIL 0.01%  | 3                |                            |

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

168

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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fluocinolone acetonide (otic) oil 0.01%</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](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

## Index

- \*
- \*mesalamine rectal enema 4 gm & cleanser wipe kit\*\**, 123
- \*nystatin oral powder\**, 20
- \*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg\*\*\**, 142
- \*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg\*\*\**, 142
- \*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg\*\*\**, 142
- \*prenatal vit w/ fe fumarate-fa tab 28-1 mg\*\*\**, 142
- \*prenatal vit w/ fe fumarate-fa tab 29-1 mg\*\*\**, 142
- \*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg\*\*\**, 142
- \*prenatal vit w/ iron carbonyl-fa tab 29-1 mg\*\*\**, 142
- \*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg\*\*\**, 142
- \*prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg\*\*\**, 142
- \*prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg\*\*\**, 142
- \*prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg\*\*\**, 142
- \*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg\*\**, 141
- \*sodium polystyrene sulfonate powder\*\**, 117
- 8
- 8-MOP CAP 10MG, 155
- A
- abacavir sulfate-lamivudine tab 600-300 mg*, 20
- abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg*, 20
- abacavir sulfate soln 20 mg/ml (base equiv)*, 22
- abacavir sulfate tab 300 mg (base equiv)*, 22
- abiraterone acetate tab 250 mg*, 29
- ABSORICA CAP 10MG, 151
- ABSORICA CAP 20MG, 151
- ABSORICA CAP 25MG, 151
- ABSORICA CAP 30MG, 151
- ABSORICA CAP 35MG, 151
- ABSORICA CAP 40MG, 151
- ABSTRAL SUB 100MCG, 4
- ABSTRAL SUB 200MCG, 4
- ABSTRAL SUB 300MCG, 4
- ABSTRAL SUB 400MCG, 4
- ABSTRAL SUB 600MCG, 4
- ABSTRAL SUB 800MCG, 4
- acamprosate calcium tab delayed release 333 mg*, 95
- acarbose tab 100 mg*, 98
- acarbose tab 25 mg*, 98
- acarbose tab 50 mg*, 98
- ACCOLATE TAB 10MG, 148
- ACCOLATE TAB 20MG, 148
- ACCU-CHEK TES AVIVA PL, 102
- ACCU-CHEK TES COMPACT, 102
- ACCU-CHEK TES GUIDE, 102
- ACCU-CHEK TES SMART, 102
- ACCUPRIL TAB 10MG, 36
- ACCUPRIL TAB 20MG, 36
- ACCUPRIL TAB 40MG, 36
- ACCUPRIL TAB 5MG, 36
- ACCURETIC TAB 10-12.5, 35
- ACCURETIC TAB 20-12.5, 35
- ACCURETIC TAB 20-25MG, 35
- acebutolol hcl cap 200 mg*, 48
- acebutolol hcl cap 400 mg*, 48
- ACEON TAB 4MG, 36
- ACEON TAB 8MG, 36
- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg*, 4
- acetaminophen w/ codeine soln 120-12 mg/5ml*, 4
- acetaminophen w/ codeine tab 300-15 mg*, 4
- acetaminophen w/ codeine tab 300-30 mg*, 4
- acetaminophen w/ codeine tab 300-60 mg*, 4
- acetazolamide cap er 12hr 500 mg*, 54
- acetazolamide tab 125 mg*, 54
- acetazolamide tab 250 mg*, 54

ACETEST TAB TABLETS, 102  
*acetic acid 2% in aluminum acetate otic soln*, 168  
*acetic acid otic soln 2%*, 168  
*acetic acid-oxyquinoline vaginal gel 0.9-0.025%*, 129  
*acetylcysteine inhal soln 10%*, 148  
*acetylcysteine inhal soln 20%*, 148  
ACIPHEX SPR CAP 10MG, 126  
*acitretin cap 10 mg*, 155  
*acitretin cap 17.5 mg*, 155  
*acitretin cap 25 mg*, 155  
ACLOVATE CRE 0.05%, 157  
ACTHAR INJ 80UNIT, 115  
ACTIGALL CAP 300MG, 122  
ACTIMMUNE INJ 2MU/0.5, 137  
ACTIQ LOZ 1200MCG, 4  
ACTIQ LOZ 1600MCG, 4  
ACTIQ LOZ 200MCG, 4  
ACTIQ LOZ 400MCG, 4  
ACTIQ LOZ 600MCG, 4  
ACTIQ LOZ 800MCG, 4  
ACTIVE 1ST MIS LANC 30G, 102  
ACTIVELLA TAB 0.5-0.1, 109  
ACTIVELLA TAB 1-0.5MG, 109  
ACTIVE OB CAP, 140  
ACTONEL TAB 150MG, 104  
ACTONEL TAB 30MG, 104  
ACTONEL TAB 35MG, 104  
ACTONEL TAB 5MG, 104  
ACTOPLUS MET TAB 15-500MG, 99  
ACTOPLUS MET TAB 15-850MG, 99  
ACTOPLUS MET TAB XR, 99  
ACULAR LS SOL 0.4%, 164  
ACULAR SOL 0.5% OP, 164  
ACUVAIL SOL 0.45%, 164  
*acyclovir cap 200 mg*, 26  
*acyclovir cream 5%*, 161  
*acyclovir oint 5%*, 161  
*acyclovir susp 200 mg/5ml*, 26  
*acyclovir tab 400 mg*, 26  
*acyclovir tab 800 mg*, 26  
ACZONE GEL 5%, 151  
ACZONE GEL 7.5%, 151  
ADALAT CC TAB 30MG ER, 51  
ADALAT CC TAB 60MG ER, 51  
ADALAT CC TAB 90MG ER, 51  
*adapalene-benzoyl peroxide gel 0.1-2.5%*, 152  
*adapalene cream 0.1%*, 152  
*adapalene gel 0.1%*, 152  
*adapalene gel 0.3%*, 152  
*adapalene lotion 0.1%*, 152  
ADASUVE INH 10MG, 81  
ADCIRCA TAB 20MG, 58  
ADDERALL TAB 10MG, 82  
ADDERALL TAB 12.5MG, 82  
ADDERALL TAB 15MG, 82  
ADDERALL TAB 20MG, 82  
ADDERALL TAB 30MG, 82  
ADDERALL TAB 5MG, 82  
ADDERALL TAB 7.5MG, 82  
*adefovir dipivoxil tab 10 mg*, 25  
ADEMPAS TAB 0.5MG, 59  
ADEMPAS TAB 1.5MG, 59  
ADEMPAS TAB 1MG, 59  
ADEMPAS TAB 2.5MG, 59  
ADEMPAS TAB 2MG, 59  
ADOXA CAP 150MG, 17  
ADOXA PAK 1/ TAB 100MG, 17  
ADOXA PAK 1/ TAB 150MG, 17  
ADOXA TAB 50MG, 18  
ADOXA TAB 75MG, 18  
ADRENALIN SOL 1:1000, 149  
ADVAIR DISKU AER 100/50, 150  
ADVAIR DISKU AER 250/50, 151  
ADVAIR DISKU AER 500/50, 151  
ADVAIR HFA AER 115/21, 151  
ADVAIR HFA AER 230/21, 151  
ADVAIR HFA AER 45/21, 151  
ADZENYS ER SUS 1.25MG, 82  
ADZENYS XR TAB 12.5MG, 82  
ADZENYS XR TAB 15.7 MG, 82  
ADZENYS XR TAB 18.8MG, 82  
ADZENYS XR TAB 3.1MG, 82  
ADZENYS XR TAB 6.3MG, 82  
ADZENYS XR TAB 9.4MG, 82  
AEMCOLO TAB 194MG, 27  
AFINITOR DIS TAB 2MG, 31  
AFINITOR DIS TAB 3MG, 31  
AFINITOR DIS TAB 5MG, 31  
AFINITOR TAB 10MG, 31

AFINITOR TAB 2.5MG, 31  
AFINITOR TAB 5MG, 31  
AFINITOR TAB 7.5MG, 31  
AGGRENOLX CAP 25-200MG, 134  
AGRYLIN CAP 0.5MG, 135  
AJOVY INJ 225/1.5, 89  
AKTEN GEL 3.5%, 167  
AKYNZEO CAP 300-0.5, 120  
ALA SCALP LOT 2%, 157  
ALBENZA TAB 200MG, 27  
*albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), 147*  
*albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 147*  
*albuterol sulfate soln nebu 0.5% (5 mg/ml), 147*  
*albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 147*  
*albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), 147*  
*albuterol sulfate syrup 2 mg/5ml, 147*  
*albuterol sulfate tab 2 mg, 147*  
*albuterol sulfate tab 4 mg, 147*  
*albuterol sulfate tab er 12hr 4 mg, 147*  
*albuterol sulfate tab er 12hr 8 mg, 147*  
ALCAINE SOL 0.5% OP, 167  
*alclometasone dipropionate cream 0.05%, 157*  
*alclometasone dipropionate oint 0.05%, 157*  
ALDACTAZIDE TAB 25/25, 55  
ALDACTAZIDE TAB 50/50, 55  
ALDACTONE TAB 100MG, 39  
ALDACTONE TAB 25MG, 39  
ALDACTONE TAB 50MG, 39  
ALDARA CRE 5%, 161  
ALECENSA CAP 150MG, 31  
*alendronate sodium oral soln 70 mg/75ml, 104*  
*alendronate sodium tab 10 mg, 104*  
*alendronate sodium tab 35 mg, 104*  
*alendronate sodium tab 40 mg, 104*  
*alendronate sodium tab 5 mg, 104*  
*alendronate sodium tab 70 mg, 104*  
*alfuzosin hcl tab er 24hr 10 mg, 128*  
ALINIA SUS 100/5ML, 27  
ALINIA TAB 500MG, 27  
*aliskiren fumarate tab 150 mg (base equivalent), 54*  
*aliskiren fumarate tab 300 mg (base equivalent), 54*  
ALKERAN TAB 2MG, 28  
*allopurinol tab 100 mg, 1*  
*allopurinol tab 300 mg, 1*  
*almotriptan malate tab 12.5 mg, 90*  
*almotriptan malate tab 6.25 mg, 90*  
ALOCRIL SOL 2%, 165  
ALOMIDE SOL 0.1% OP, 165  
ALORA DIS 0.025MG, 110  
ALORA DIS 0.05MG, 110  
ALORA DIS 0.075MG, 111  
ALORA DIS 0.1MG, 110  
*alosepron hcl tab 0.5 mg (base equiv), 124*  
*alosepron hcl tab 1 mg (base equiv), 124*  
ALPHAGAN P SOL 0.1%, 168  
ALPHAGAN P SOL 0.15%, 168  
ALPRAZOLAM CON 1 MG/ML, 59  
*alprazolam orally disintegrating tab 0.25 mg, 59*  
*alprazolam orally disintegrating tab 0.5 mg, 59*  
*alprazolam orally disintegrating tab 1 mg, 59*  
*alprazolam orally disintegrating tab 2 mg, 59*  
*alprazolam tab 0.25 mg, 59*  
*alprazolam tab 0.5 mg, 59*  
*alprazolam tab 1 mg, 59*  
*alprazolam tab 2 mg, 59*  
*alprazolam tab er 24hr 0.5 mg, 59*  
*alprazolam tab er 24hr 1 mg, 59*  
*alprazolam tab er 24hr 2 mg, 59*  
*alprazolam tab er 24hr 3 mg, 59*  
ALREX SUS 0.2%, 165  
ALSUMA INJ 6MG/0.5, 90  
ALTABAX OIN 1%, 154  
ALTACE CAP 1.25MG, 37  
ALTACE CAP 10MG, 37  
ALTACE CAP 2.5MG, 37  
ALTACE CAP 5MG, 37  
ALUNBRIG PAK, 31

ALUNBRIG TAB 180MG, 31  
ALUNBRIG TAB 30MG, 31  
ALUNBRIG TAB 90MG, 31  
*amantadine hcl cap 100 mg, 74*  
*amantadine hcl syrup 50 mg/5ml, 74*  
*amantadine hcl tab 100 mg, 74*  
AMARYL TAB 1MG, 101  
AMARYL TAB 2MG, 101  
AMARYL TAB 4MG, 101  
AMBIEN CR TAB 12.5MG, 88  
AMBIEN CR TAB 6.25MG, 88  
AMBIEN TAB 10MG, 88  
AMBIEN TAB 5MG, 88  
*amcinonide cream 0.1%, 156*  
*amcinonide lotion 0.1%, 156*  
AMCINONIDE OIN 0.1%, 156  
AMERGE TAB 1MG, 90  
AMERGE TAB 2.5MG, 90  
AMICAR SYP 25%, 133  
AMICAR TAB 1000MG, 133  
AMICAR TAB 500MG, 133  
*amiloride & hydrochlorothiazide tab 5-50 mg, 55*  
*amiloride hcl tab 5 mg, 56*  
*amiodarone hcl tab 100 mg, 43*  
*amiodarone hcl tab 200 mg, 43*  
*amiodarone hcl tab 400 mg, 43*  
AMITIZA CAP 24MCG, 124  
AMITIZA CAP 8MCG, 124  
*amitriptyline hcl tab 100 mg, 72*  
*amitriptyline hcl tab 10 mg, 72*  
*amitriptyline hcl tab 150 mg, 72*  
*amitriptyline hcl tab 25 mg, 72*  
*amitriptyline hcl tab 50 mg, 72*  
*amitriptyline hcl tab 75 mg, 72*  
*amlodipine besylate-atorvastatin calcium tab 10-10 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 10-20 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 10-40 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 10-80 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 50*  
*amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 5-10 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 5-20 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 5-40 mg, 51*  
*amlodipine besylate-atorvastatin calcium tab 5-80 mg, 51*  
*amlodipine besylate-benazepril hcl cap 10-20 mg, 35*  
*amlodipine besylate-benazepril hcl cap 10-40 mg, 35*  
*amlodipine besylate-benazepril hcl cap 2.5-10 mg, 34*  
*amlodipine besylate-benazepril hcl cap 5-10 mg, 35*  
*amlodipine besylate-benazepril hcl cap 5-20 mg, 35*  
*amlodipine besylate-benazepril hcl cap 5-40 mg, 35*  
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg, 40*  
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg, 40*  
*amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 40*  
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg, 40*  
*amlodipine besylate tab 10 mg (base equivalent), 51*  
*amlodipine besylate tab 2.5 mg (base equivalent), 51*  
*amlodipine besylate tab 5 mg (base equivalent), 51*  
*amlodipine besylate-valsartan tab 10-160 mg, 40*  
*amlodipine besylate-valsartan tab 10-320 mg, 40*  
*amlodipine besylate-valsartan tab 5-160 mg, 40*  
*amlodipine besylate-valsartan tab 5-320 mg, 40*  
*amlodipine-valsartan-hydrochlorothiazide*

*tab 10-160-12.5 mg, 40*  
*amlodipine-valsartan-hydrochlorothiazide*  
*tab 10-160-25 mg, 40*  
*amlodipine-valsartan-hydrochlorothiazide*  
*tab 10-320-25 mg, 41*  
*amlodipine-valsartan-hydrochlorothiazide*  
*tab 5-160-12.5 mg, 40*  
*amlodipine-valsartan-hydrochlorothiazide*  
*tab 5-160-25 mg, 40*  
*amoxapine tab 100 mg, 73*  
*amoxapine tab 150 mg, 73*  
*amoxapine tab 25 mg, 73*  
*amoxapine tab 50 mg, 73*  
*amoxicillin (trihydrate) cap 250 mg, 16*  
*amoxicillin (trihydrate) cap 500 mg, 16*  
*amoxicillin (trihydrate) chew tab 125 mg,*  
*16*  
*amoxicillin (trihydrate) chew tab 250 mg,*  
*16*  
*amoxicillin (trihydrate) for susp 125*  
*mg/5ml, 16*  
*amoxicillin (trihydrate) for susp 200*  
*mg/5ml, 17*  
*amoxicillin (trihydrate) for susp 250*  
*mg/5ml, 17*  
*amoxicillin (trihydrate) for susp 400*  
*mg/5ml, 17*  
*amoxicillin (trihydrate) tab 500 mg, 17*  
*amoxicillin (trihydrate) tab 875 mg, 17*  
*amoxicillin (trihydrate) tab er 24hr 775*  
*mg, 17*  
*amoxicillin & k clavulanate chew tab*  
*200-28.5 mg, 16*  
*amoxicillin & k clavulanate chew tab*  
*400-57 mg, 16*  
*amoxicillin & k clavulanate for susp*  
*200-28.5 mg/5ml, 16*  
*amoxicillin & k clavulanate for susp*  
*250-62.5 mg/5ml, 16*  
*amoxicillin & k clavulanate for susp*  
*400-57 mg/5ml, 16*  
*amoxicillin & k clavulanate for susp*  
*600-42.9 mg/5ml, 16*  
*amoxicillin & k clavulanate tab 250-125*  
*mg, 16*  
*amoxicillin & k clavulanate tab 500-125*  
*mg, 16*  
*amoxicillin & k clavulanate tab 875-125*  
*mg, 16*  
*amoxicillin & k clavulanate tab er 12hr*  
*1000-62.5 mg, 16*  
*amoxicillin cap-clarithro tab-lansopraz*  
*cap dr therapy pack, 128*  
*amphetamine-dextroamphetamine cap er*  
*24hr 10 mg, 82*  
*amphetamine-dextroamphetamine cap er*  
*24hr 15 mg, 82*  
*amphetamine-dextroamphetamine cap er*  
*24hr 20 mg, 83*  
*amphetamine-dextroamphetamine cap er*  
*24hr 25 mg, 83*  
*amphetamine-dextroamphetamine cap er*  
*24hr 30 mg, 83*  
*amphetamine-dextroamphetamine cap er*  
*24hr 5 mg, 82*  
*amphetamine-dextroamphetamine tab*  
*10 mg, 83*  
*amphetamine-dextroamphetamine tab*  
*12.5 mg, 83*  
*amphetamine-dextroamphetamine tab*  
*15 mg, 83*  
*amphetamine-dextroamphetamine tab*  
*20 mg, 83*  
*amphetamine-dextroamphetamine tab*  
*30 mg, 83*  
*amphetamine-dextroamphetamine tab 5*  
*mg, 83*  
*amphetamine-dextroamphetamine tab*  
*7.5 mg, 83*  
*ampicillin cap 250 mg, 17*  
*ampicillin cap 500 mg, 17*  
*ampicillin for susp 125 mg/5ml, 17*  
*ampicillin for susp 250 mg/5ml, 17*  
*AMPYRA TAB 10MG, 92*  
*ANACAINE OIN, 160*  
*ANAFRANIL CAP 25MG, 60*  
*ANAFRANIL CAP 50MG, 60*  
*ANAFRANIL CAP 75MG, 60*  
*anagrelide hcl cap 0.5 mg, 135*  
*anagrelide hcl cap 1 mg, 135*  
*ANALPRAM-HC CRE 1-1%, 127*  
*ANALPRAM HC CRE 2.5-1%, 127*



ANALPRAM-HC LOT 2.5%, 127  
ANALPRM SNGL CRE HC 2.5-1, 127  
ANAPROX DS TAB 550MG, 2  
ANAPROX TAB 275MG, 2  
ANASPAZ TAB 0.125MG, 121  
*anastrozole tab 1 mg, 30*  
ANDRODERM DIS 2MG/24HR, 97  
ANDRODERM DIS 4MG/24HR, 97  
ANDROGEL GEL 1.62%, 97  
ANORO ELLIPT AER 62.5-25, 144  
ANTABUSE TAB 250MG, 95  
ANTABUSE TAB 500MG, 95  
ANTARA CAP 30MG, 44  
ANTARA CAP 90MG, 44  
ANUSOL-HC CRE 2.5%, 127  
ANZEMET TAB 100MG, 120  
ANZEMET TAB 50MG, 120  
APLENZIN TAB 174MG, 68  
APLENZIN TAB 348MG, 68  
APLENZIN TAB 522MG, 68  
APOKYN INJ 10MG/ML, 74  
*aprepitant capsule 125 mg, 120*  
*aprepitant capsule 40 mg, 120*  
*aprepitant capsule 80 mg, 120*  
*aprepitant capsule therapy pack 80 & 125 mg, 120*  
APRISO CAP 0.375GM, 123  
APTENSIO XR CAP 10MG, 83  
APTENSIO XR CAP 15MG, 83  
APTENSIO XR CAP 20MG, 83  
APTENSIO XR CAP 30MG, 83  
APTENSIO XR CAP 40MG, 83  
APTENSIO XR CAP 50MG, 83  
APTENSIO XR CAP 60MG, 83  
APTIOM TAB 200MG, 61  
APTIOM TAB 400MG, 61  
APTIOM TAB 600MG, 61  
APTIOM TAB 800MG, 61  
APTIVUS CAP 250MG, 23  
APTIVUS SOL, 23  
AQUORAL AER, 162  
ARALEN TAB 500MG, 20  
ARANESP INJ 100MCG, 133  
ARANESP INJ 10MCG, 133  
ARANESP INJ 150MCG, 133  
ARANESP INJ 200MCG, 133  
ARANESP INJ 25MCG, 133  
ARANESP INJ 300MCG, 133  
ARANESP INJ 40MCG, 133  
ARANESP INJ 500MCG, 133  
ARANESP INJ 60MCG, 133  
ARAVA TAB 10MG, 136  
ARAVA TAB 20MG, 136  
ARCALYST INJ 220MG, 137  
ARCAPTA CAP 75MCG, 146  
ARICEPT TAB 10MG, 66  
ARICEPT TAB 23MG, 66  
ARICEPT TAB 5MG, 66  
ARIKAYCE SUS, 13  
ARIMIDEX TAB 1MG, 30  
*aripiprazole orally disintegrating tab 10 mg, 77*  
*aripiprazole orally disintegrating tab 15 mg, 77*  
*aripiprazole oral solution 1 mg/ml, 77*  
*aripiprazole tab 10 mg, 77*  
ARIPIPAZOLE TAB 10MG ODT, 77  
*aripiprazole tab 15 mg, 77*  
ARIPIPAZOLE TAB 15MG ODT, 78  
*aripiprazole tab 20 mg, 78*  
*aripiprazole tab 2 mg, 77*  
*aripiprazole tab 30 mg, 78*  
*aripiprazole tab 5 mg, 77*  
ARIXTRA INJ 10/0.8ML, 131  
ARIXTRA INJ 2.5/0.5, 131  
ARIXTRA INJ 5/0.4ML, 131  
ARIXTRA INJ 7.5/0.6, 131  
*armodafinil tab 150 mg, 94*  
*armodafinil tab 200 mg, 94*  
*armodafinil tab 250 mg, 94*  
*armodafinil tab 50 mg, 94*  
ARNICA TIN FLOWER, 161  
ARNUITY ELPT INH 100MCG, 150  
ARNUITY ELPT INH 200MCG, 150  
ARNUITY ELPT INH 50MCG, 150  
AROMASIN TAB 25MG, 30  
ASMANEX 120 AER 220MCG, 150  
ASMANEX 30 AER 110MCG, 150  
ASMANEX HFA AER 100 MCG, 150  
ASMANEX HFA AER 200 MCG, 150  
*aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg, 4*

*aspirin chew tab 81 mg*, 134  
*aspirin-dipyridamole cap er 12hr 25-200 mg*, 134  
*aspirin tab delayed release 81 mg*, 134  
ASTAGRAF XL CAP 0.5MG, 137  
ASTAGRAF XL CAP 1MG, 137  
ASTAGRAF XL CAP 5MG, 137  
ASTEPRO SPR 0.15%, 149  
ATABEX EC TAB, 140  
*atazanavir sulfate cap 150 mg (base equiv)*, 23  
*atazanavir sulfate cap 200 mg (base equiv)*, 23  
*atazanavir sulfate cap 300 mg (base equiv)*, 23  
ATELVIA TAB, 104  
*atenolol & chlorthalidone tab 100-25 mg*, 48  
*atenolol & chlorthalidone tab 50-25 mg*, 48  
*atenolol tab 100 mg*, 48  
*atenolol tab 25 mg*, 48  
*atenolol tab 50 mg*, 48  
ATIVAN TAB 0.5MG, 59  
ATIVAN TAB 1MG, 59  
ATIVAN TAB 2MG, 59  
*atomoxetine hcl cap 100 mg (base equiv)*, 83  
*atomoxetine hcl cap 10 mg (base equiv)*, 83  
*atomoxetine hcl cap 18 mg (base equiv)*, 83  
*atomoxetine hcl cap 25 mg (base equiv)*, 83  
*atomoxetine hcl cap 40 mg (base equiv)*, 83  
*atomoxetine hcl cap 60 mg (base equiv)*, 83  
*atomoxetine hcl cap 80 mg (base equiv)*, 83  
*atorvastatin calcium tab 10 mg (base equivalent)*, 45  
*atorvastatin calcium tab 20 mg (base equivalent)*, 45  
*atorvastatin calcium tab 40 mg (base equivalent)*, 46  
*atorvastatin calcium tab 80 mg (base equivalent)*, 46  
*atovaquone-proguanil hcl tab 250-100 mg*, 20  
*atovaquone-proguanil hcl tab 62.5-25 mg*, 20  
*atovaquone susp 750 mg/5ml*, 27  
ATRALIN GEL 0.05%, 152  
ATRIPLA TAB, 20  
*atropine sulfate ophth soln 1%*, 167  
ATROVENT HFA AER 17MCG, 144  
ATROVENT NAS SOL 0.03%, 148  
ATROVENT NAS SOL 0.06%, 148  
AUBAGIO TAB 14MG, 92  
AUBAGIO TAB 7MG, 92  
AUGMENTIN SUS 125/5ML, 17  
AUGMENTIN SUS 250/5ML, 17  
AUGMENTIN SUS ES-600, 17  
AUGMENTIN TAB 500MG, 17  
AUGMENTIN TAB 875MG, 17  
AUGMENTIN XR TAB 12HR, 17  
AURYXIA TAB 210MG, 116  
AUSTEDO TAB 12MG, 88  
AUSTEDO TAB 6MG, 88  
AUSTEDO TAB 9MG, 88  
AUTOLET LITE KIT STARTER, 102  
AVALIDE TAB 150-12.5, 41  
AVALIDE TAB 300-12.5, 41  
AVAPRO TAB 150MG, 42  
AVAPRO TAB 300MG, 42  
AVAPRO TAB 75MG, 42  
AVC CRE 15%, 131  
AVELOX TAB 400MG, 15  
AVODART CAP 0.5MG, 128  
AVONEX KIT 30MCG, 92  
AVONEX PEN KIT 30MCG, 92  
AVONEX PREFL KIT 30MCG, 92  
AXERT TAB 12.5MG, 90  
AXERT TAB 6.25MG, 90  
AXID CAP 300MG, 122  
AXIRON SOL 30MG/ACT, 97  
AYGESTIN TAB 5MG, 117  
*azacitidine for inj 100 mg*, 29  
AZASAN TAB 100MG, 137  
AZASAN TAB 75 MG, 137  
AZASITE SOL 1%, 163

*azathioprine tab 50 mg*, 137  
*azelaic acid gel 15%*, 161  
*azelastine hcl nasal spray 0.1% (137 mcg/spray)*, 149  
*azelastine hcl nasal spray 0.15% (205.5 mcg/spray)*, 149  
*azelastine hcl ophth soln 0.05%*, 165  
AZELEX CRE 20%, 152  
AZILECT TAB 0.5MG, 74  
AZILECT TAB 1MG, 74  
*azithromycin for susp 100 mg/5ml*, 14  
*azithromycin for susp 200 mg/5ml*, 14  
*azithromycin powd pack for susp 1 gm*, 14  
*azithromycin tab 250 mg*, 14  
*azithromycin tab 500 mg*, 14  
*azithromycin tab 600 mg*, 14  
AZOPT SUS 1% OP, 167  
AZOR TAB 10-20MG, 40  
AZOR TAB 10-40MG, 40  
AZOR TAB 5-20MG, 40  
AZOR TAB 5-40MG, 40  
AZULFIDINE TAB 500MG, 123  
AZULFIDINE TAB 500MG EN, 123  
B  
*bacitracin ophth oint 500 unit/gm*, 163  
*bacitracin-polymyxin b ophth oint*, 163  
*bacitracin-polymyxin-neomycin-hc ophth oint 1%*, 163  
*baclofen tab 10 mg*, 93  
*baclofen tab 20 mg*, 93  
BACLOFEN TAB 5MG, 93  
BACTRIM DS TAB 800-160, 17  
BACTRIM TAB 400-80MG, 17  
BACTROBAN CRE 2%, 154  
BACTROBAN OIN 2%, 154  
BACTROBAN OIN NASAL 2%, 154  
BALCOLTRA TAB 0.1-20, 107  
*balsalazide disodium cap 750 mg*, 123  
BANZEL SUS 40MG/ML, 61  
BANZEL TAB 200MG, 61  
BANZEL TAB 400MG, 61  
BARACLUDE SOL, 25  
BASAGLAR INJ 100UNIT, 100  
BAXDELA TAB 450MG, 15  
BD ULTRAFINE INSULIN

SYRINGES/NEEDLES, 102  
BD ULTRAFINE PEN NEEDLES, 102  
BELBUCA MIS 150MCG, 4  
BELBUCA MIS 300MCG, 4  
BELBUCA MIS 450MCG, 4  
BELBUCA MIS 600MCG, 4  
BELBUCA MIS 750MCG, 4  
BELBUCA MIS 75MCG, 4  
BELBUCA MIS 900MCG, 4  
BELSOMRA TAB 10MG, 89  
BELSOMRA TAB 15MG, 89  
BELSOMRA TAB 20MG, 89  
BELSOMRA TAB 5MG, 88  
*benazepril & hydrochlorothiazide tab 10-12.5 mg*, 35  
*benazepril & hydrochlorothiazide tab 20-12.5 mg*, 35  
*benazepril & hydrochlorothiazide tab 20-25 mg*, 35  
*benazepril & hydrochlorothiazide tab 5-6.25 mg*, 35  
*benazepril hcl tab 10 mg*, 37  
*benazepril hcl tab 20 mg*, 37  
*benazepril hcl tab 40 mg*, 37  
*benazepril hcl tab 5 mg*, 37  
BENTYL CAP 10MG, 121  
BENTYL TAB 20MG, 121  
BENZALKONIUM SOL 50%, 156  
BENZAMYCIN GEL 5-3%, 152  
BENZAMYCIN GEL PAK, 152  
BENZIQL GEL 5.25%, 152  
BENZIQL LS GEL 2.75%, 152  
BENZNIDAZOLE TAB 100MG, 27  
BENZNIDAZOLE TAB 12.5MG, 27  
*benzonatate cap 100 mg*, 146  
*benzonatate cap 200 mg*, 146  
*benzoyl peroxide-erythromycin gel 5-3%*, 152  
*benzoyl peroxide liq 7%*, 152  
BENZ PEROXID GEL 6.5%, 152  
*benztropine mesylate tab 0.5 mg*, 74  
*benztropine mesylate tab 1 mg*, 74  
*benztropine mesylate tab 2 mg*, 74  
BEPREVE DRO 1.5%, 165  
BESIVANCE SUS 0.6%, 163  
BETADINE SOL 5% OP, 163

BETAGAN SOL 0.5% OP, 166  
*betamethasone dipropionate augmented cream 0.05%*, 156  
*betamethasone dipropionate augmented gel 0.05%*, 159  
*betamethasone dipropionate augmented lotion 0.05%*, 156  
*betamethasone dipropionate augmented oint 0.05%*, 159  
*betamethasone dipropionate cream 0.05%*, 156  
*betamethasone dipropionate lotion 0.05%*, 156  
*betamethasone dipropionate oint 0.05%*, 156  
*betamethasone valerate aerosol foam 0.12%*, 158  
*betamethasone valerate cream 0.1% (base equivalent)*, 158  
*betamethasone valerate lotion 0.1% (base equivalent)*, 158  
*betamethasone valerate oint 0.1% (base equivalent)*, 158  
BETASERON INJ 0.3MG, 92  
*betaxolol hcl ophth soln 0.5%*, 166  
*betaxolol hcl tab 10 mg*, 48  
*betaxolol hcl tab 20 mg*, 48  
*bethanechol chloride tab 10 mg*, 129  
*bethanechol chloride tab 25 mg*, 129  
*bethanechol chloride tab 50 mg*, 129  
*bethanechol chloride tab 5 mg*, 129  
BETHKIS NEB 300/4ML, 148  
BETIMOL SOL 0.25%, 166  
BETIMOL SOL 0.5%, 166  
BETOPTIC-S SUS 0.25% OP, 166  
BEVESPI AER 9-4.8MCG, 144  
*bexarotene cap 75 mg*, 33  
BIAXIN SUS 250/5ML, 14  
BIAXIN TAB 250MG, 14  
BIAXIN TAB 500MG, 14  
*bicalutamide tab 50 mg*, 29  
BIDIL TAB, 56  
BIKTARVY TAB, 20  
BILTRICIDE TAB 600MG, 27  
*bimatoprost ophth soln 0.03%*, 168  
*bimatoprost soln 0.03%*, 168  
BINOSTO TAB 70MG, 104  
BIO-STATIN CAP 1000000, 19  
BIO-STATIN CAP 500000, 19  
*bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit*, 124  
*bisoprolol & hydrochlorothiazide tab 10-6.25 mg*, 48  
*bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg*, 48  
*bisoprolol & hydrochlorothiazide tab 5-6.25 mg*, 48  
*bisoprolol fumarate tab 10 mg*, 49  
*bisoprolol fumarate tab 5 mg*, 49  
BLEPH-10 SOL 10% OP, 163  
BLEPHAMIDE OIN S.O.P., 163  
BLEPHAMIDE SUS OP, 163  
BONIVA TAB 150MG, 104  
BOSULIF TAB 100MG, 31  
BOSULIF TAB 400MG, 31  
BOSULIF TAB 500MG, 31  
BRAFTOVI CAP 50MG, 31  
BRAFTOVI CAP 75MG, 31  
BRAVELLE INJ 75UNIT, 112  
BREO ELLIPTA INH 100-25, 151  
BRILINTA TAB 60MG, 134  
BRILINTA TAB 90MG, 134  
*brimonidine tartrate ophth soln 0.15%*, 168  
*brimonidine tartrate ophth soln 0.2%*, 168  
BRISDELLE CAP 7.5MG, 96  
BRIVIACT TAB 100MG, 61  
BRIVIACT TAB 10MG, 61  
BRIVIACT TAB 25MG, 61  
BRIVIACT TAB 50MG, 61  
BRIVIACT TAB 75MG, 61  
*bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)*, 164  
*bromfenac sodium ophth soln 0.09% (base equivalent)*, 164  
*bromocriptine mesylate cap 5 mg (base equivalent)*, 74  
*bromocriptine mesylate tab 2.5 mg (base equivalent)*, 74  
*brompheniramine tannate chew tab 12 mg*, 145

BROVANA NEB 15MCG, 146  
BRYHALI LOT 0.01%, 159  
*budesonide delayed release particles cap*  
3 mg, 123  
*budesonide inhalation susp 0.25 mg/2ml,*  
150  
*budesonide inhalation susp 0.5 mg/2ml,*  
150  
*budesonide inhalation susp 1 mg/2ml,*  
150  
*budesonide nasal susp 32 mcg/act,* 149  
*budesonide tab er 24hr 9 mg,* 123  
*bumetanide tab 0.5 mg,* 55  
*bumetanide tab 1 mg,* 55  
*bumetanide tab 2 mg,* 55  
BUNAVAIL MIS 2.1-0.3, 95  
BUNAVAIL MIS 4.2-0.7, 95  
BUNAVAIL MIS 6.3-1MG, 95  
BUPAP TAB 50-300MG, 1  
BUPHENYL POW, 115  
BUPHENYL TAB 500MG, 115  
*buprenorphine hcl-naloxone hcl sl film*  
12-3 mg (base equiv), 95  
*buprenorphine hcl-naloxone hcl sl film*  
2-0.5 mg (base equiv), 95  
*buprenorphine hcl-naloxone hcl sl film*  
4-1 mg (base equiv), 95  
*buprenorphine hcl-naloxone hcl sl film*  
8-2 mg (base equiv), 95  
*buprenorphine hcl-naloxone hcl sl tab*  
2-0.5 mg (base equiv), 95  
*buprenorphine hcl-naloxone hcl sl tab*  
8-2 mg (base equiv), 95  
*buprenorphine hcl sl tab 2 mg (base*  
equiv), 96  
*buprenorphine hcl sl tab 8 mg (base*  
equiv), 96  
*bupropion hcl (smoking deterrent) tab er*  
12hr 150 mg, 96  
*bupropion hcl tab 100 mg,* 68  
*bupropion hcl tab 75 mg,* 68  
*bupropion hcl tab er 12hr 100 mg,* 68  
*bupropion hcl tab er 12hr 150 mg,* 68  
*bupropion hcl tab er 12hr 200 mg,* 68  
*bupropion hcl tab er 24hr 150 mg,* 68  
*bupropion hcl tab er 24hr 300 mg,* 68

*buspirone hcl tab 10 mg,* 61  
*buspirone hcl tab 15 mg,* 61  
*buspirone hcl tab 30 mg,* 61  
*buspirone hcl tab 5 mg,* 60  
*buspirone hcl tab 7.5 mg,* 60  
*butalbital-acetaminophen-caffeine tab*  
50-325-40 mg, 1  
*butalbital-acetaminophen-caff w/ cod cap*  
50-300-40-30 mg, 4  
*butalbital-acetaminophen-caff w/ cod cap*  
50-325-40-30 mg, 4  
*butalbital-acetaminophen tab 50-325*  
mg, 1  
*butalbital-aspirin-caffeine cap 50-325-40*  
mg, 1  
*butalbital-aspirin-caff w/ codeine cap*  
50-325-40-30 mg, 5  
BUTISOL SOD TAB 30MG, 89  
BUTISOL SOD TAB 50MG, 89  
*butorphanol tartrate nasal soln 10*  
mg/ml, 5  
BUTRANS DIS 10MCG/HR, 5  
BUTRANS DIS 15MCG/HR, 5  
BUTRANS DIS 20MCG/HR, 5  
BUTRANS DIS 5MCG/HR, 5  
BUTRANS DIS 7.5/HR, 5  
BYSTOLIC TAB 10MG, 49  
BYSTOLIC TAB 2.5MG, 49  
BYSTOLIC TAB 20MG, 49  
BYSTOLIC TAB 5MG, 49  
C  
*cabergoline tab 0.5 mg,* 115  
CABOMETYX TAB 20MG, 31  
CABOMETYX TAB 40MG, 31  
CABOMETYX TAB 60MG, 31  
CA-DTPA SOL 1000MG, 103  
CADUET TAB 10-10MG, 51  
CADUET TAB 10-20MG, 51  
CADUET TAB 10-40MG, 51  
CADUET TAB 10-80MG, 51  
CADUET TAB 2.5-10MG, 51  
CADUET TAB 2.5-20MG, 51  
CADUET TAB 2.5-40MG, 51  
CADUET TAB 5-10MG, 51  
CADUET TAB 5-20MG, 51  
CADUET TAB 5-40MG, 51

CADUET TAB 5-80MG, 51  
*caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)*, 149  
CALAN SR TAB 120MG, 52  
CALAN SR TAB 180MG, 52  
CALAN SR TAB 240MG, 52  
CALAN TAB 120MG, 52  
CALAN TAB 80MG, 52  
*calcipotriene-betamethasone dipropionate oint 0.005-0.064%*, 156  
*calcipotriene oint 0.005%*, 155  
*calcipotriene soln 0.005% (50 mcg/ml)*, 155  
*calcitonin (salmon) nasal soln 200 unit/act*, 104  
*calcitriol cap 0.25 mcg*, 114  
*calcitriol cap 0.5 mcg*, 114  
*calcitriol oint 3 mcg/gm*, 156  
*calcitriol oral soln 1 mcg/ml*, 114  
*calcium acetate (phosphate binder) cap 667 mg (169 mg ca)*, 116  
*calcium acetate (phosphate binder) tab 667 mg*, 116  
CALQUENCE CAP 100MG, 31  
CANASA SUP 1000MG, 123  
*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg*, 41  
*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg*, 41  
*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg*, 41  
*candesartan cilexetil tab 16 mg*, 42  
*candesartan cilexetil tab 32 mg*, 42  
*candesartan cilexetil tab 4 mg*, 42  
*candesartan cilexetil tab 8 mg*, 42  
CANTIL TAB 25MG, 122  
*capecitabine tab 150 mg*, 29  
*capecitabine tab 500 mg*, 29  
CAPEX SHA 0.01%, 157  
CAPITAL/COD SUS 120-12/5, 5  
CAPRELSA TAB 100MG, 31  
CAPRELSA TAB 300MG, 31  
*captopril & hydrochlorothiazide tab 25-15 mg*, 35  
*captopril & hydrochlorothiazide tab 25-25 mg*, 35  
*captopril & hydrochlorothiazide tab 50-15 mg*, 35  
*captopril & hydrochlorothiazide tab 50-25 mg*, 36  
*captopril tab 100 mg*, 37  
*captopril tab 12.5 mg*, 37  
*captopril tab 25 mg*, 37  
*captopril tab 50 mg*, 37  
CARAFATE SUS 1GM/10ML, 125  
CARAFATE TAB 1GM, 125  
CARBAGLU TAB 200MG, 115  
*carbamazepine cap er 12hr 100 mg*, 61  
*carbamazepine cap er 12hr 200 mg*, 61  
*carbamazepine cap er 12hr 300 mg*, 61  
*carbamazepine chew tab 100 mg*, 61  
*carbamazepine susp 100 mg/5ml*, 61  
*carbamazepine tab 200 mg*, 61  
*carbamazepine tab er 12hr 200 mg*, 61  
*carbamazepine tab er 12hr 400 mg*, 61  
CARBAPHEN 12 LIQ, 145  
CARBAPHEN 12 SUS PED, 145  
CARBATROL CAP 100MG, 61  
CARBATROL CAP 200MG, 61  
CARBATROL CAP 300MG, 61  
*carbidopa & levodopa orally disintegrating tab 10-100 mg*, 74  
*carbidopa & levodopa orally disintegrating tab 25-100 mg*, 74  
*carbidopa & levodopa orally disintegrating tab 25-250 mg*, 74  
*carbidopa & levodopa tab 10-100 mg*, 74  
*carbidopa & levodopa tab 25-100 mg*, 74  
*carbidopa & levodopa tab 25-250 mg*, 74  
*carbidopa & levodopa tab er 25-100 mg*, 74  
*carbidopa & levodopa tab er 50-200 mg*, 74  
*carbidopa-levodopa-entacapone tabs 12.5-50-200 mg*, 75  
*carbidopa-levodopa-entacapone tabs 18.75-75-200 mg*, 75  
*carbidopa-levodopa-entacapone tabs 25-100-200 mg*, 75  
*carbidopa-levodopa-entacapone tabs 31.25-125-200 mg*, 75  
*carbidopa-levodopa-entacapone tabs*

37.5-150-200 mg, 75  
carbidopa-levodopa-entacapone tabs  
50-200-200 mg, 75  
carbidopa tab 25 mg, 75  
carbinoxamine maleate soln 4 mg/5ml,  
145  
carbinoxamine maleate tab 4 mg, 145  
carbonyl iron susp 15 mg/1.25ml  
(elemental iron), 139  
CARDIO CHEK MIS KIT, 102  
CARDURA TAB 1MG, 39  
CARDURA TAB 2MG, 39  
CARDURA TAB 4MG, 39  
CARDURA TAB 8MG, 39  
CARDURA XL TAB 4MG, 128  
CARDURA XL TAB 8MG, 128  
carisoprodol tab 250 mg, 93  
carisoprodol tab 350 mg, 93  
carisoprodol w/ aspirin & codeine tab  
200-325-16 mg, 93  
carisoprodol w/ aspirin tab 200-325 mg,  
93  
carteolol hcl ophth soln 1%, 166  
carvedilol phosphate cap er 24hr 10 mg,  
49  
carvedilol phosphate cap er 24hr 20 mg,  
49  
carvedilol phosphate cap er 24hr 40 mg,  
49  
carvedilol phosphate cap er 24hr 80 mg,  
49  
carvedilol tab 12.5 mg, 49  
carvedilol tab 25 mg, 49  
carvedilol tab 3.125 mg, 49  
carvedilol tab 6.25 mg, 49  
CASCARA EXT SAGRADA, 124  
CASODEX TAB 50MG, 29  
CATAPRES TAB 0.1MG, 38  
CATAPRES TAB 0.2MG, 38  
CATAPRES TAB 0.3MG, 38  
CATAPRES-TTS DIS 0.1/24HR, 38  
CATAPRES-TTS DIS 0.2/24HR, 38  
CATAPRES-TTS DIS 0.3/24HR, 38  
CAVERJECT IM KIT 10MCG, 128  
CAVERJECT INJ 20MCG, 128  
CAVERJECT INJ 40MCG, 128  
CAVERJECT KIT 20MCG, 128  
CAYA DPR, 106  
CAYSTON INH 75MG, 148  
CEDAX CAP 400MG, 14  
CEDAX SUS 180/5ML, 14  
CEDAX SUS 90MG/5ML, 14  
cefaclor cap 250 mg, 13  
cefaclor cap 500 mg, 13  
CEFACLOR ER TAB 500MG, 13  
cefaclor for susp 125 mg/5ml, 13  
cefaclor for susp 250 mg/5ml, 13  
cefaclor for susp 375 mg/5ml, 13  
cefadroxil cap 500 mg, 13  
cefadroxil for susp 250 mg/5ml, 13  
cefadroxil for susp 500 mg/5ml, 13  
cefadroxil tab 1 gm, 13  
cefdinir cap 300 mg, 14  
cefdinir for susp 125 mg/5ml, 14  
cefdinir for susp 250 mg/5ml, 14  
cefixime for susp 100 mg/5ml, 14  
cefixime for susp 200 mg/5ml, 14  
cefpodoxime proxetil for susp 100  
mg/5ml, 14  
cefpodoxime proxetil for susp 50  
mg/5ml, 14  
cefpodoxime proxetil tab 100 mg, 14  
cefpodoxime proxetil tab 200 mg, 14  
cefprozil for susp 125 mg/5ml, 13  
cefprozil for susp 250 mg/5ml, 13  
cefprozil tab 250 mg, 14  
cefprozil tab 500 mg, 14  
ceftibuten cap 400 mg, 14  
ceftibuten for susp 180 mg/5ml, 14  
CEFTIN SUS 125/5ML, 14  
CEFTIN SUS 250/5ML, 14  
CEFTIN TAB 250MG, 14  
CEFTIN TAB 500MG, 14  
cefuroxime axetil tab 250 mg, 14  
cefuroxime axetil tab 500 mg, 14  
CELEBREX CAP 100MG, 1  
CELEBREX CAP 200MG, 1  
CELEBREX CAP 400MG, 1  
CELEBREX CAP 50MG, 1  
celecoxib cap 100 mg, 1  
celecoxib cap 200 mg, 1  
celecoxib cap 400 mg, 1

*celecoxib cap 50 mg, 1*  
CELEXA TAB 10MG, 69  
CELEXA TAB 20MG, 69  
CELEXA TAB 40MG, 69  
CELLCEPT CAP 250MG, 137  
CELLCEPT SUS 200MG/ML, 137  
CELLCEPT TAB 500MG, 137  
CELONTIN CAP 300MG, 61  
CENTANY OIN 2%, 154  
*cephalexin cap 250 mg, 13*  
*cephalexin cap 500 mg, 13*  
*cephalexin cap 750 mg, 13*  
*cephalexin for susp 125 mg/5ml, 13*  
*cephalexin for susp 250 mg/5ml, 13*  
*cephalexin tab 250 mg, 13*  
*cephalexin tab 500 mg, 13*  
CERDELGA CAP 84MG, 112  
CERVIDIL VAG MIS 10MG INS, 115  
CESAMET CAP 1MG, 120  
CETRAXAL SOL 0.2%, 168  
CETROTIDE KIT 0.25MG, 112  
*cevimeline hcl cap 30 mg, 127*  
CHANTIX PAK 0.5& 1MG, 96  
CHANTIX PAK 1MG, 96  
CHANTIX TAB 0.5MG, 96  
CHEMET CAP 100MG, 103  
*chlordiazepoxide-amitriptyline tab 10-25 mg, 68*  
*chlordiazepoxide-amitriptyline tab 5-12.5 mg, 68*  
*chlordiazepoxide hcl cap 10 mg, 59*  
*chlordiazepoxide hcl cap 25 mg, 59*  
*chlordiazepoxide hcl cap 5 mg, 59*  
*chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg, 122*  
CHLORHEX GLU SOL 20%, 156  
*chlorhexidine gluconate soln 0.12%, 162*  
*chloroquine phosphate tab 250 mg, 20*  
*chloroquine phosphate tab 500 mg, 20*  
*chlorothiazide tab 250 mg, 56*  
*chlorothiazide tab 500 mg, 56*  
*chlorpromazine hcl tab 100 mg, 81*  
*chlorpromazine hcl tab 10 mg, 81*  
*chlorpromazine hcl tab 200 mg, 81*  
*chlorpromazine hcl tab 25 mg, 81*  
*chlorpromazine hcl tab 50 mg, 81*  
*chlorpropamide tab 100 mg, 101*  
*chlorpropamide tab 250 mg, 101*  
*chlorthalidone tab 25 mg, 56*  
*chlorthalidone tab 50 mg, 56*  
*chlorzoxazone tab 500 mg, 93*  
CHOLBAM CAP 250MG, 125  
CHOLBAM CAP 50MG, 125  
*cholestyramine light powder 4 gm/dose, 44*  
*cholestyramine light powder packets 4 gm, 44*  
*cholestyramine powder 4 gm/dose, 44*  
*cholestyramine powder packets 4 gm, 44*  
*choline & magnesium salicylates tab 1000 mg, 2*  
*choline fenofibrate cap dr 135 mg (fenofibric acid equiv), 45*  
*choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 45*  
CHOR GONADOT INJ 10000UNT, 112  
*chorionic gonadotropin for im inj 10000 unit, 112*  
*ciclopirox gel 0.77%, 154*  
*ciclopirox olamine cream 0.77% (base equiv), 154*  
*ciclopirox olamine susp 0.77% (base equiv), 154*  
*ciclopirox shampoo 1%, 154*  
*cilostazol tab 100 mg, 134*  
*cilostazol tab 50 mg, 134*  
CILOXAN OIN 0.3% OP, 163  
CILOXAN SOL 0.3% OP, 163  
CIMDUO TAB 300-300, 20  
*cimetidine hcl soln 300 mg/5ml, 122*  
*cimetidine tab 300 mg, 122*  
*cimetidine tab 400 mg, 122*  
*cimetidine tab 800 mg, 122*  
CINRYZE SOL 500 UNIT, 133  
CIPRO (10%) SUS 500MG/5, 15  
CIPRO (5%) SUS 250MG/5, 15  
CIPRODEX SUS 0.3-0.1%, 168  
*ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq), 16*  
*ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq), 16*  
*ciprofloxacin for oral susp 250 mg/5ml*



(5%) (5 gm/100ml), 15  
ciprofloxacin for oral susp 500 mg/5ml  
(10%) (10 gm/100ml), 15  
ciprofloxacin hcl ophth soln 0.3% (base  
equivalent), 163  
ciprofloxacin hcl otic soln 0.2% (base  
equivalent), 168  
ciprofloxacin hcl tab 100 mg (base  
equiv), 15  
ciprofloxacin hcl tab 250 mg (base  
equiv), 16  
ciprofloxacin hcl tab 500 mg (base  
equiv), 16  
ciprofloxacin hcl tab 750 mg (base  
equiv), 16  
CIPRO HC SUS OTIC, 168  
CIPRO TAB 250MG, 15  
CIPRO TAB 500MG, 15  
CIPRO XR TAB 1000MG, 15  
CIPRO XR TAB 500MG, 15  
citalopram hydrobromide oral soln 10  
mg/5ml, 69  
citalopram hydrobromide tab 10 mg  
(base equiv), 70  
citalopram hydrobromide tab 20 mg  
(base equiv), 70  
citalopram hydrobromide tab 40 mg  
(base equiv), 70  
CITRANATAL CAP HARMONY, 140  
CITRANATAL CAP MEDLEY, 140  
CITRANATAL MIS 90 DHA, 140  
CITRANATAL MIS B-CALM, 140  
CITRANATAL PAK ASSURE, 140  
CITRANATAL PAK DHA, 140  
CITRANATAL TAB BLOOM, 140  
CITRANATAL TAB RX, 140  
CLARINEX-D TAB 2.5-120, 144  
CLARINEX RDT TAB 2.5MG, 144  
CLARINEX RDT TAB 5MG, 144  
CLARINEX SYP 0.5MG/ML, 145  
CLARINEX TAB 5MG, 145  
clarithromycin for susp 125 mg/5ml, 15  
clarithromycin for susp 250 mg/5ml, 15  
clarithromycin tab 250 mg, 15  
clarithromycin tab 500 mg, 15  
clarithromycin tab er 24hr 500 mg, 15  
clemastine fumarate tab 2.68 mg, 145  
CLENPIQ SOL, 124  
CLEOCIN CAP 150MG, 27  
CLEOCIN CAP 300MG, 27  
CLEOCIN CAP 75MG, 27  
CLEOCIN CRE 2% VAG, 131  
CLEOCIN PED SOL 75MG/5ML, 27  
CLEOCIN SUP 100MG, 131  
CLEOCIN-T GEL 1%, 152  
CLEOCIN-T LOT 1%, 152  
CLEOCIN-T PAD 1%, 152  
CLEOCIN-T SOL 1%, 152  
CLIMARA DIS 0.025MG, 111  
CLIMARA DIS 0.0375MG, 111  
CLIMARA DIS 0.05MG, 111  
CLIMARA DIS 0.06MG, 111  
CLIMARA DIS 0.075MG, 111  
CLIMARA DIS 0.1MG, 111  
CLIMARA PRO DIS WEEKLY, 110  
CLINDAGEL GEL 1%, 152  
clindamycin hcl cap 150 mg, 27  
clindamycin hcl cap 300 mg, 27  
clindamycin hcl cap 75 mg, 27  
clindamycin palmitate hcl for soln 75  
mg/5ml (base equiv), 27  
clindamycin phosphate-benzoyl peroxide  
gel 1-5%, 152  
clindamycin phosphate foam 1%, 152  
clindamycin phosphate gel 1%, 152  
clindamycin phosphate lotion 1%, 152  
clindamycin phosphate soln 1%, 152  
clindamycin phosphate swab 1%, 152  
clindamycin phosphate-tretinoin gel  
1.2-0.025%, 152  
clindamycin phosphate vaginal cream  
2%, 131  
clindamycin phosph-benzoyl peroxide  
(refrig) gel 1.2 (1)-5%, 152  
CLINDESSE CRE 2%, 131  
clobazam suspension 2.5 mg/ml, 61  
clobazam tab 10 mg, 62  
clobazam tab 20 mg, 62  
clobetasol propionate cream 0.05%, 160  
clobetasol propionate emollient base  
cream 0.05%, 160  
clobetasol propionate emulsion foam

0.05%, 160  
clobetasol propionate foam 0.05%, 160  
clobetasol propionate gel 0.05%, 160  
clobetasol propionate lotion 0.05%, 160  
clobetasol propionate oint 0.05%, 160  
clobetasol propionate shampoo 0.05%,  
160  
clobetasol propionate soln 0.05%, 160  
CLOBEX LOT 0.05%, 160  
CLOBEX SHA 0.05%, 160  
clocortolone pivalate cream 0.1%, 158  
CLODERM CRE 0.1% PMP, 158  
clomiphene citrate tab 50 mg, 112  
clomipramine hcl cap 25 mg, 61  
clomipramine hcl cap 50 mg, 61  
clomipramine hcl cap 75 mg, 61  
clonazepam orally disintegrating tab  
0.125 mg, 60  
clonazepam orally disintegrating tab 0.25  
mg, 60  
clonazepam orally disintegrating tab 0.5  
mg, 59  
clonazepam orally disintegrating tab 1  
mg, 60  
clonazepam orally disintegrating tab 2  
mg, 60  
clonazepam tab 0.5 mg, 60  
clonazepam tab 1 mg, 60  
clonazepam tab 2 mg, 60  
clonidine & chlorthalidone tab 0.1-15 mg,  
39  
clonidine & chlorthalidone tab 0.2-15 mg,  
39  
clonidine & chlorthalidone tab 0.3-15 mg,  
39  
clonidine hcl tab 0.1 mg, 38  
clonidine hcl tab 0.2 mg, 38  
clonidine hcl tab 0.3 mg, 38  
clonidine td patch weekly 0.1 mg/24hr,  
38  
clonidine td patch weekly 0.2 mg/24hr,  
38  
clonidine td patch weekly 0.3 mg/24hr,  
38  
clopidogrel bisulfate tab 300 mg (base  
equiv), 134  
clopidogrel bisulfate tab 75 mg (base  
equiv), 134  
clorazepate dipotassium tab 15 mg, 60  
clorazepate dipotassium tab 3.75 mg, 60  
clorazepate dipotassium tab 7.5 mg, 60  
clotrimazole troche 10 mg, 19  
clozapine orally disintegrating tab 100  
mg, 78  
clozapine orally disintegrating tab 12.5  
mg, 78  
clozapine orally disintegrating tab 150  
mg, 78  
clozapine orally disintegrating tab 200  
mg, 78  
clozapine orally disintegrating tab 25 mg,  
78  
clozapine tab 100 mg, 78  
clozapine tab 200 mg, 78  
clozapine tab 25 mg, 78  
clozapine tab 50 mg, 78  
CLOZARIL TAB 100MG, 78  
CLOZARIL TAB 25MG, 78  
C-NATE DHA CAP 28-1-200, 140  
COARTEM TAB 20-120MG, 20  
CODAR AR LIQ 2-8/5ML, 146  
codeine sulfate tab 30 mg, 5  
CODEINE SULF TAB 15MG, 5  
CODEINE SULF TAB 60MG, 5  
colchicine cap 0.6 mg, 1  
colchicine tab 0.6 mg, 1  
colchicine w/ probenecid tab 0.5-500 mg,  
1  
colesevelam hcl packet for susp 3.75 gm,  
44  
colesevelam hcl tab 625 mg, 44  
COLESTID GRA 5GM, 44  
COLESTID POW 5GM, 44  
COLESTID TAB 1GM, 44  
colestipol hcl granule packets 5 gm, 44  
colestipol hcl granules 5 gm, 44  
colestipol hcl tab 1 gm, 44  
coly-mycin s sus otic, 168  
COLYTE/FLAVR SOL PACKS, 124  
COMBIGAN SOL 0.2/0.5%, 168  
COMBIPATCH DIS, 110  
COMBIPATCH DIS .05/.14, 110

COMBIVENT AER 20-100, 144  
COMBIVIR TAB 150-300, 20  
COMETRIQ KIT 100MG, 31  
COMETRIQ KIT 140MG, 31  
COMETRIQ KIT 60MG, 31  
COMPAZINE PAK 5MG, 120  
COMPAZINE TAB 10MG, 120  
COMPLERA TAB, 21  
COMPLETENATE CHW, 140  
COMPLETE NAT PAK DHA, 140  
COMTAN TAB 200MG, 75  
CO-NATAL FA TAB 29-1MG, 140  
CONCERTA TAB 18MG, 83  
CONCERTA TAB 27MG, 83  
CONCERTA TAB 36MG, 83  
CONCERTA TAB 54MG, 83  
CONZIP CAP 100MG, 5  
CONZIP CAP 200MG, 5  
CONZIP CAP 300MG, 5  
COPAXONE INJ 20MG/ML, 92  
COPAXONE INJ 40MG/ML, 92  
CORDARONE TAB 200MG, 43  
CORDRAN 24X3 TAP 4MCG/CM, 158  
CORDRAN CRE 0.05%, 158  
CORDRAN LOT 0.05%, 158  
COREG CR CAP 10MG, 49  
COREG CR CAP 20MG, 49  
COREG CR CAP 40MG, 49  
COREG CR CAP 80MG, 49  
COREG TAB 12.5MG, 49  
COREG TAB 25MG, 49  
COREG TAB 3.125MG, 49  
COREG TAB 6.25MG, 49  
CORGARD TAB 20MG, 49  
CORGARD TAB 40MG, 49  
CORGARD TAB 80MG, 49  
CORLANOR SOL 5MG/5ML, 56  
CORLANOR TAB 5MG, 56  
CORLANOR TAB 7.5MG, 56  
CORTEF TAB 10MG, 112  
CORTEF TAB 20MG, 112  
CORTEF TAB 5MG, 112  
CORTENEMA ENE 100MG, 123  
CORTIFOAM AER 90MG, 123  
*cortisone acetate tab 25 mg, 112*  
CORTISPORIN CRE 0.5%, 154  
CORTISPORIN OIN 1%, 154  
CORTISPORIN SOL 1% OTIC, 168  
CORZIDE TAB 40-5MG, 48  
CORZIDE TAB 80-5MG, 48  
COSENTYX INJ 150MG/ML, 135  
COSENTYX PEN INJ 300DOSE, 135  
COSOPT PF SOL, 166  
COSOPT SOL 22.3-6.8, 166  
COTELLIC TAB 20MG, 31  
COZAAR TAB 100MG, 42  
COZAAR TAB 25MG, 42  
COZAAR TAB 50MG, 42  
CREON CAP 12000UNT, 125  
CREON CAP 24000UNT, 125  
CREON CAP 3000UNIT, 125  
CREON CAP 36000UNT, 125  
CREON CAP 6000UNIT, 125  
CRESEMBA CAP 186 MG, 19  
CRINONE GEL 4% VAG, 117  
CRINONE GEL 8% VAG, 117  
CRIXIVAN CAP 200MG, 23  
CRIXIVAN CAP 400MG, 23  
*cromolyn sodium ophth soln 4%, 165*  
*cromolyn sodium oral conc 100 mg/5ml, 125*  
*cromolyn sodium soln nebu 20 mg/2ml, 148*  
CUPRIMINE CAP 250MG, 136  
CUTIVATE CRE 0.05%, 158  
CUTIVATE LOT 0.05%, 158  
CUVPOSA SOL 1MG/5ML, 125  
CYCLESSA PAK, 108  
*cyclobenzaprine hcl cap er 24hr 15 mg, 93*  
*cyclobenzaprine hcl cap er 24hr 30 mg, 93*  
*cyclobenzaprine hcl tab 10 mg, 93*  
*cyclobenzaprine hcl tab 5 mg, 93*  
*cyclobenzaprine hcl tab 7.5 mg, 93*  
CYCLOMYDRIL SOL OP, 167  
CYCLOPHOSPH CAP 25MG, 28  
CYCLOPHOSPH CAP 50MG, 28  
*cycloserine cap 250 mg, 24*  
*cyclosporine cap 100 mg, 138*  
*cyclosporine cap 25 mg, 138*  
*cyclosporine modified cap 100 mg, 138*

*cyclosporine modified cap 25 mg*, 138  
*cyclosporine modified cap 50 mg*, 138  
*cyclosporine modified oral soln 100 mg/ml*, 138  
*cyproheptadine hcl syrup 2 mg/5ml*, 145  
*cyproheptadine hcl tab 4 mg*, 145  
CYSTADANE POW, 115  
CYSTAGON CAP 150MG, 115  
CYSTAGON CAP 50MG, 115  
CYSTARAN SOL 0.44%, 167  
CYTOMEL TAB 25MCG, 118  
CYTOMEL TAB 50MCG, 118  
CYTOMEL TAB 5MCG, 118  
CYTOTEC TAB 100MCG, 126  
CYTOTEC TAB 200MCG, 126  
D  
D.H.E. 45 INJ 1MG/ML, 89  
DALIRESP TAB 250MCG, 149  
DALIRESP TAB 500MCG, 149  
*danazol cap 100 mg*, 109  
*danazol cap 200 mg*, 109  
*danazol cap 50 mg*, 109  
DANTRIUM CAP 25MG, 93  
DANTRIUM CAP 50MG, 93  
*dantrolene sodium cap 100 mg*, 93  
*dantrolene sodium cap 25 mg*, 93  
*dantrolene sodium cap 50 mg*, 93  
*dapsone gel 5%*, 152  
*dapsone tab 100 mg*, 27  
*dapsone tab 25 mg*, 27  
DARAPRIM TAB 25MG, 27  
*darifenacin hydrobromide tab er 24hr 15 mg (base equiv)*, 130  
*darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)*, 130  
DAYPRO TAB 600MG, 2  
DAYTRANA DIS 10MG/9HR, 83  
DAYTRANA DIS 15MG/9HR, 84  
DAYTRANA DIS 20MG/9HR, 84  
DAYTRANA DIS 30MG/9HR, 84  
DDAVP INJ 4MCG/ML, 119  
DDAVP SOL 0.01%, 119  
DDAVP SPR 0.01%, 119  
DDAVP TAB 0.1MG, 119  
DDAVP TAB 0.2MG, 119  
DECON-A ELX 2-5MG/5M, 144

*deferasirox tab for oral susp 125 mg*, 134  
*deferasirox tab for oral susp 250 mg*, 134  
*deferasirox tab for oral susp 500 mg*, 134  
DEMADEX TAB 10MG, 55  
DEMADEX TAB 20MG, 55  
DEMADEX TAB 5MG, 55  
*demeclocycline hcl tab 150 mg*, 18  
*demeclocycline hcl tab 300 mg*, 18  
DEMSEER CAP 250MG, 56  
DENAVER CRE 1%, 161  
DEPAKENE CAP 250MG, 62  
DEPAKENE SOL 250/5ML, 62  
DEPAKOTE ER TAB 250MG, 62  
DEPAKOTE ER TAB 500MG, 62  
DEPAKOTE SPR CAP 125MG, 62  
DEPAKOTE TAB 125MG DR, 62  
DEPAKOTE TAB 250MG DR, 62  
DEPAKOTE TAB 500MG DR, 62  
DEPO-PROVERA INJ 150MG/ML, 105  
DEPO-SQ PROV INJ 104, 105  
DERMA-SMOOTH OIL /FS BODY, 157  
DERMA-SMOOTH OIL /FS SCLP, 157  
DERMATOP CRE 0.1%, 158  
DERMATOP OIN 0.1%, 158  
DERMOTIC OIL 0.01%, 168  
DESCOVY TAB 200/25, 21  
*desipramine hcl tab 100 mg*, 73  
*desipramine hcl tab 10 mg*, 73  
*desipramine hcl tab 150 mg*, 73  
*desipramine hcl tab 25 mg*, 73  
*desipramine hcl tab 50 mg*, 73  
*desipramine hcl tab 75 mg*, 73  
*desloratadine tab 5 mg*, 145  
*desloratadine tab orally disintegrating 2.5 mg*, 145  
*desloratadine tab orally disintegrating 5 mg*, 145  
*desmopressin acetate nasal soln 0.01% (refrigerated)*, 119  
*desmopressin acetate nasal spray soln 0.01%*, 119  
*desmopressin acetate nasal spray soln 0.01% (refrigerated)*, 119

*desmopressin acetate tab 0.1 mg*, 119  
*desmopressin acetate tab 0.2 mg*, 119  
DESOGEN-28 TAB, 107  
*desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*, 105  
*desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg*, 108  
*desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*, 107  
DESONATE GEL 0.05%, 157  
*desonide cream 0.05%*, 157  
*desonide lotion 0.05%*, 157  
*desonide oint 0.05%*, 157  
DESOWEN CRE 0.05%, 157  
DESOWEN LOT 0.05%, 157  
DESOWEN OIN 0.05%, 157  
*desoximetasone cream 0.05%*, 158  
*desoximetasone cream 0.25%*, 157  
*desoximetasone gel 0.05%*, 157  
*desoximetasone oint 0.05%*, 158  
*desoximetasone oint 0.25%*, 157  
DESOXYN TAB 5MG, 84  
*desvenlafaxine succinate tab er 24hr 100 mg (base equiv)*, 71  
*desvenlafaxine succinate tab er 24hr 25 mg (base equiv)*, 71  
*desvenlafaxine succinate tab er 24hr 50 mg (base equiv)*, 71  
*desvenlafaxine tab er 24hr 100 mg*, 71  
*desvenlafaxine tab er 24hr 50 mg*, 71  
DESVENLAFAX TAB 100MG ER, 71  
DESVENLAFAX TAB 50MG ER, 71  
DETROL TAB 1MG, 130  
DETROL TAB 2MG, 130  
DEXAMETHASON CON 1MG/ML, 112  
*dexamethasone elixir 0.5 mg/5ml*, 112  
*dexamethasone sodium phosphate ophth soln 0.1%*, 165  
*dexamethasone soln 0.5 mg/5ml*, 112  
*dexamethasone tab 0.5 mg*, 112  
*dexamethasone tab 0.75 mg*, 113  
*dexamethasone tab 1.5 mg*, 113  
*dexamethasone tab 1 mg*, 113  
*dexamethasone tab 2 mg*, 113  
*dexamethasone tab 4 mg*, 113  
*dexamethasone tab 6 mg*, 113  
*dexchlorpheniramine maleate oral soln 2 mg/5ml*, 145  
DEXCOM G5 MIS RECEIVER, 102  
DEXCOM G5 MIS TRANSMIT, 102  
DEXCOM G6 MIS RECEIVER, 102  
DEXCOM G6 MIS SENSOR, 102  
DEXCOM G6 MIS TRANSMIT, 102  
DEXEDRINE CAP 10MG CR, 84  
DEXEDRINE CAP 15MG CR, 84  
DEXEDRINE CAP 5MG CR, 84  
DEXILANT CAP 30MG DR, 126  
DEXILANT CAP 60MG DR, 126  
*dexmethylphenidate hcl cap er 24 hr 10 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 15 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 20 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 25 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 30 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 35 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 40 mg*, 84  
*dexmethylphenidate hcl cap er 24 hr 5 mg*, 84  
*dexmethylphenidate hcl tab 10 mg*, 84  
*dexmethylphenidate hcl tab 2.5 mg*, 84  
*dexmethylphenidate hcl tab 5 mg*, 84  
*dextroamphetamine sulfate cap er 24hr 10 mg*, 84  
*dextroamphetamine sulfate cap er 24hr 15 mg*, 84  
*dextroamphetamine sulfate cap er 24hr 5 mg*, 84  
*dextroamphetamine sulfate oral solution 5 mg/5ml*, 84  
*dextroamphetamine sulfate tab 10 mg*, 84  
*dextroamphetamine sulfate tab 15 mg*, 84  
*dextroamphetamine sulfate tab 2.5 mg*, 84

*dextroamphetamine sulfate tab 20 mg*, 85  
*dextroamphetamine sulfate tab 30 mg*, 85  
*dextroamphetamine sulfate tab 5 mg*, 84  
*dextroamphetamine sulfate tab 7.5 mg*, 84  
DIACOMIT CAP 250MG, 62  
DIACOMIT CAP 500MG, 62  
DIACOMIT PAK 250MG, 62  
DIACOMIT PAK 500MG, 62  
DIAMOX SEQUE CAP 500MG CR, 54  
DIASTAT ACDL GEL 12.5-20, 62  
DIASTAT ACDL GEL 5-10MG, 62  
DIASTAT PED GEL 2.5M GEL, 62  
DIASTIX TES STRIPS, 102  
*diazepam conc 5 mg/ml*, 60  
*diazepam oral soln 1 mg/ml*, 60  
*diazepam rectal gel delivery system 10 mg*, 62  
*diazepam rectal gel delivery system 2.5 mg*, 62  
*diazepam rectal gel delivery system 20 mg*, 62  
*diazepam tab 10 mg*, 60  
*diazepam tab 2 mg*, 60  
*diazepam tab 5 mg*, 60  
DIBENZYLINE CAP 10MG, 56  
DICLEGIS TAB 10-10MG, 120  
*diclofenac potassium tab 50 mg*, 2  
*diclofenac sodium (actinic keratoses) gel 3%*, 153  
*diclofenac sodium ophth soln 0.1%*, 164  
*diclofenac sodium soln 1.5%*, 4  
*diclofenac sodium tab delayed release 25 mg*, 2  
*diclofenac sodium tab delayed release 50 mg*, 2  
*diclofenac sodium tab delayed release 75 mg*, 2  
*diclofenac sodium tab er 24hr 100 mg*, 2  
*diclofenac w/ misoprostol tab delayed release 50-0.2 mg*, 3  
*diclofenac w/ misoprostol tab delayed release 75-0.2 mg*, 3  
*dicloxacillin sodium cap 250 mg*, 17  
*dicloxacillin sodium cap 500 mg*, 17  
*dicyclomine hcl cap 10 mg*, 122  
*dicyclomine hcl oral soln 10 mg/5ml*, 122  
*dicyclomine hcl tab 20 mg*, 122  
*didanosine delayed release capsule 125 mg*, 22  
*didanosine delayed release capsule 200 mg*, 22  
*didanosine delayed release capsule 250 mg*, 22  
*didanosine delayed release capsule 400 mg*, 22  
DIFFERIN CRE 0.1%, 152  
DIFFERIN GEL 0.1%, 152  
DIFFERIN GEL 0.3%, 152  
DIFFERIN LOT 0.1%, 152  
DIFICID TAB 200MG, 15  
DIFLUCAN SUS 10MG/ML, 19  
DIFLUCAN SUS 40MG/ML, 19  
DIFLUCAN TAB 100MG, 19  
DIFLUCAN TAB 150MG, 19  
DIFLUCAN TAB 200MG, 19  
DIFLUCAN TAB 50MG, 19  
*diflunisal tab 500 mg*, 2  
*digoxin oral soln 0.05 mg/ml*, 54  
*digoxin tab 125 mcg (0.125 mg)*, 54  
*digoxin tab 250 mcg (0.25 mg)*, 54  
*dihydroergotamine mesylate inj 1 mg/ml*, 89  
DILANTIN-125 SUS 125/5ML, 62  
DILANTIN CAP 100MG, 62  
DILANTIN CAP 30MG, 62  
DILANTIN CHW 50MG, 62  
DILATRATE SR CAP 40MG, 57  
DILAUDID LIQ 1MG/ML, 5  
DILAUDID TAB 2MG, 5  
DILAUDID TAB 4MG, 5  
DILAUDID TAB 8MG, 5  
*diltiazem hcl cap er 12hr 120 mg*, 52  
*diltiazem hcl cap er 12hr 60 mg*, 52  
*diltiazem hcl cap er 12hr 90 mg*, 52  
*diltiazem hcl cap er 24hr 120 mg*, 53  
*diltiazem hcl cap er 24hr 180 mg*, 53  
*diltiazem hcl cap er 24hr 240 mg*, 53  
*diltiazem hcl coated beads cap er 24hr 120 mg*, 53

*diltiazem hcl coated beads cap er 24hr 180 mg, 53*  
*diltiazem hcl coated beads cap er 24hr 240 mg, 53*  
*diltiazem hcl coated beads cap er 24hr 300 mg, 53*  
*diltiazem hcl coated beads cap er 24hr 360 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 120 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 180 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 240 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 300 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 360 mg, 53*  
*diltiazem hcl extended release beads cap er 24hr 420 mg, 53*  
*diltiazem hcl tab 120 mg, 53*  
*diltiazem hcl tab 30 mg, 53*  
*diltiazem hcl tab 60 mg, 53*  
*diltiazem hcl tab 90 mg, 53*  
DIPENTUM CAP 250MG, 123  
*diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml, 119*  
*diphenoxylate w/ atropine tab 2.5-0.025 mg, 119*  
DIPROLENE AF CRE 0.05%, 157  
DIPROLENE LOT 0.05%, 157  
DIPROLENE OIN 0.05%, 160  
*dipyridamole tab 25 mg, 134*  
*dipyridamole tab 50 mg, 134*  
*dipyridamole tab 75 mg, 134*  
*disopyramide phosphate cap 100 mg, 43*  
*disopyramide phosphate cap 150 mg, 43*  
*disulfiram tab 250 mg, 95*  
*disulfiram tab 500 mg, 95*  
DITROPAN XL TAB 10MG, 130  
DITROPAN XL TAB 15MG, 130  
DITROPAN XL TAB 5MG, 130  
DIURIL SUS 250/5ML, 56  
*divalproex sodium cap delayed release sprinkle 125 mg, 62*  
*divalproex sodium tab delayed release 125 mg, 62*  
*divalproex sodium tab delayed release 250 mg, 62*  
*divalproex sodium tab delayed release 500 mg, 62*  
*divalproex sodium tab er 24 hr 250 mg, 62*  
*divalproex sodium tab er 24 hr 500 mg, 62*  
DIVIGEL GEL 0.25MG, 111  
DIVIGEL GEL 0.5MG, 111  
DIVIGEL GEL 0.75MG, 111  
DIVIGEL GEL 1MG/GM, 111  
*dofetilide cap 125 mcg (0.125 mg), 43*  
*dofetilide cap 250 mcg (0.25 mg), 43*  
*dofetilide cap 500 mcg (0.5 mg), 43*  
DOLOPHINE TAB 10MG, 5  
DOLOPHINE TAB 5MG, 5  
*donepezil hydrochloride orally disintegrating tab 10 mg, 66*  
*donepezil hydrochloride orally disintegrating tab 5 mg, 66*  
*donepezil hydrochloride tab 10 mg, 66*  
*donepezil hydrochloride tab 23 mg, 67*  
*donepezil hydrochloride tab 5 mg, 66*  
*dorzolamide hcl ophth soln 2%, 167*  
*dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml, 166*  
DOVONEX CRE 0.005%, 156  
*doxazosin mesylate tab 1 mg, 39*  
*doxazosin mesylate tab 2 mg, 39*  
*doxazosin mesylate tab 4 mg, 39*  
*doxazosin mesylate tab 8 mg, 39*  
*doxepin hcl cap 100 mg, 73*  
*doxepin hcl cap 10 mg, 73*  
*doxepin hcl cap 150 mg, 73*  
*doxepin hcl cap 25 mg, 73*  
*doxepin hcl cap 50 mg, 73*  
*doxepin hcl cap 75 mg, 73*  
*doxepin hcl conc 10 mg/ml, 73*  
*doxercalciferol cap 0.5 mcg, 115*  
*doxercalciferol cap 1 mcg, 115*  
*doxercalciferol cap 2.5 mcg, 115*  
*doxycycline (rosacea) cap delayed release 40 mg, 161*  
*doxycycline hyclate cap 100 mg, 18*

*doxycycline hyclate cap 50 mg*, 18  
*doxycycline hyclate tab 100 mg*, 18  
*doxycycline hyclate tab 20 mg*, 18  
*doxycycline hyclate tab delayed release 100 mg*, 18  
*doxycycline hyclate tab delayed release 150 mg*, 18  
*doxycycline hyclate tab delayed release 200 mg*, 18  
*doxycycline hyclate tab delayed release 50 mg*, 18  
*doxycycline hyclate tab delayed release 75 mg*, 18  
*doxycycline monohydrate cap 100 mg*, 18  
*doxycycline monohydrate cap 150 mg*, 18  
*doxycycline monohydrate cap 50 mg*, 18  
*doxycycline monohydrate cap 75 mg*, 18  
*doxycycline monohydrate for susp 25 mg/5ml*, 18  
*doxycycline monohydrate tab 100 mg*, 18  
*doxycycline monohydrate tab 150 mg*, 18  
*doxycycline monohydrate tab 50 mg*, 18  
*doxycycline monohydrate tab 75 mg*, 18  
DRISDOL CAP 50000UNT, 139  
*dronabinol cap 10 mg*, 120  
*dronabinol cap 2.5 mg*, 120  
*dronabinol cap 5 mg*, 120  
*drospirenone-ethinyl estradiol tab 3-0.02 mg*, 107  
*drospirenone-ethinyl estradiol tab 3-0.03 mg*, 107  
*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg*, 107  
*drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg*, 107  
DROXIA CAP 200MG, 33  
DROXIA CAP 300MG, 33  
DROXIA CAP 400MG, 33  
DRYSOL SOL 20%, 161  
DUAC GEL 1.2-5%, 152  
DUAVEE TAB 0.45-20, 110  
DUETACT TAB 30-2MG, 99  
DUETACT TAB 30-4MG, 99  
DUET DHA 400 MIS 25-1-400, 140  
DUET DHA MIS BALANCED, 140  
DUEXIS TAB 800-26.6, 3  
*duloxetine hcl enteric coated pellets cap 20 mg (base eq)*, 71  
*duloxetine hcl enteric coated pellets cap 30 mg (base eq)*, 72  
*duloxetine hcl enteric coated pellets cap 40 mg (base eq)*, 72  
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ), 72  
*duloxetine hcl enteric coated pellets cap 60 mg (base eq)*, 72  
DUPIXENT INJ 200/1.14, 150  
DUPIXENT INJ 300/2ML, 156  
DURAGESIC DIS 100MCG/H, 5  
DURAGESIC DIS 12MCG/HR, 5  
DURAGESIC DIS 25MCG/HR, 5  
DURAGESIC DIS 50MCG/HR, 5  
DURAGESIC DIS 75MCG/HR, 5  
DUREZOL EMU 0.05%, 165  
*dutasteride cap 0.5 mg*, 128  
*dutasteride-tamsulosin hcl cap 0.5-0.4 mg*, 128  
DYANAVEL XR SUS 2.5MG/ML, 85  
DYAZIDE CAP 37.5-25, 55  
DYMISTA SPR 137-50, 149  
*dyphylline-guaifenesin liqd 100-100 mg/5ml*, 151  
E  
EC-NAPROSYN TAB 375MG, 2  
EC-NAPROSYN TAB 500MG, 2  
*econazole nitrate cream 1%*, 154  
ECOZA AER 1%, 154  
EDECRIN TAB 25MG, 55  
EDEX KIT 40MCG, 128  
EDLUAR SUB 10MG, 89  
EDLUAR SUB 5MG, 89  
EDURANT TAB 25MG, 22  
*efavirenz cap 200 mg*, 22  
*efavirenz cap 50 mg*, 22  
*efavirenz tab 600 mg*, 22  
EFFIENT TAB 10MG, 135  
EFFIENT TAB 5MG, 134  
EFUDEX CRE 5%, 153



EGRIFTA SOL 1MG, 115  
EGRIFTA SOL 2MG, 115  
ELDEPRYL CAP 5MG, 75  
ELESTAT DRO 0.05%, 165  
ELESTRIN GEL 0.06%, 111  
*eletriptan hydrobromide tab 20 mg (base equivalent)*, 90  
*eletriptan hydrobromide tab 40 mg (base equivalent)*, 90  
ELIDEL CRE 1%, 156  
ELIMITE CRE 5%, 162  
ELIPHOS TAB 667MG, 116  
ELIQUIS TAB 2.5MG, 132  
ELIQUIS TAB 5MG, 132  
ELIXOPHYLLIN ELX 80/15ML, 151  
ELLA TAB 30MG, 105  
ELMIRON CAP 100MG, 129  
ELOCON CRE 0.1%, 158  
ELOCON LOT 0.1%, 158  
ELOCON OIN 0.1%, 158  
EMADINE SOL 0.05% OP, 165  
EMBEDA CAP 100-4MG, 5  
EMBEDA CAP 20-0.8MG, 5  
EMBEDA CAP 30-1.2MG, 5  
EMBEDA CAP 50-2MG, 5  
EMBEDA CAP 60-2.4MG, 5  
EMBEDA CAP 80-3.2MG, 5  
EMCYT CAP 140MG, 28  
EMEND CAP 125MG, 120  
EMEND CAP 40MG, 120  
EMEND CAP 80MG, 120  
EMEND SOL 150MG, 120  
EMEND SUS 125MG, 120  
EMEND TRIPAC PAK 80 & 125, 120  
EMGALITY INJ 120MG/ML, 89  
EMLA CRE 2.5-2.5%, 160  
EMSAM DIS 12MG/24H, 69  
EMSAM DIS 6MG/24HR, 69  
EMSAM DIS 9MG/24HR, 69  
EMTRIVA CAP 200MG, 22  
EMTRIVA SOL 10MG/ML, 22  
EMVERM CHW 100MG, 27  
*enalapril maleate & hydrochlorothiazide tab 10-25 mg*, 36  
*enalapril maleate & hydrochlorothiazide tab 5-12.5 mg*, 36  
*enalapril maleate tab 10 mg*, 37  
*enalapril maleate tab 2.5 mg*, 37  
*enalapril maleate tab 20 mg*, 37  
*enalapril maleate tab 5 mg*, 37  
ENBREL INJ 25/0.5ML, 135  
ENBREL INJ 25MG, 135  
ENBREL INJ 50MG/ML, 135  
ENBREL MINI INJ 50MG/ML, 135  
ENBREL SRCLK INJ 50MG/ML, 135  
ENCARE SUP 100MG, 106  
ENDARI POW 5GM, 134  
ENDOMETRIN SUP 100MG, 117  
ENJUVIA TAB 0.3MG, 110  
ENJUVIA TAB 0.45MG, 110  
ENJUVIA TAB 0.625MG, 110  
ENJUVIA TAB 0.9MG, 110  
ENJUVIA TAB 1.25MG, 110  
*enoxaparin sodium inj 100 mg/ml*, 131  
*enoxaparin sodium inj 120 mg/0.8ml*, 131  
*enoxaparin sodium inj 150 mg/ml*, 131  
*enoxaparin sodium inj 300 mg/3ml*, 131  
*enoxaparin sodium inj 30 mg/0.3ml*, 131  
*enoxaparin sodium inj 40 mg/0.4ml*, 131  
*enoxaparin sodium inj 60 mg/0.6ml*, 131  
*enoxaparin sodium inj 80 mg/0.8ml*, 131  
ENSTILAR AER, 156  
*entacapone tab 200 mg*, 75  
*entecavir tab 0.5 mg*, 25  
*entecavir tab 1 mg*, 25  
ENTEREG CAP 12MG, 125  
ENTOCORT EC CAP 3MG DR, 123  
ENTRESTO TAB 24-26MG, 56  
ENTRESTO TAB 49-51MG, 56  
ENTRESTO TAB 97-103MG, 56  
EPANED SOL 1MG/ML, 37  
EPCLUSA TAB 400-100, 25  
EPIDIOLEX SOL 100MG/ML, 62  
EPIDUO FORTE GEL 0.3-2.5%, 152  
EPIDUO GEL 0.1-2.5%, 152  
EPIFOAM AER 1%, 156  
*epinastine hcl ophth soln 0.05%*, 165  
*epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)*, 144  
*epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)*, 144

*epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)*, 144  
EPIPEN 2-PAK INJ 0.3MG, 144  
EPIPEN-JR INJ 0.15MG, 144  
EPISIL LIQ, 162  
EPIVIR HBV SOL 5MG/ML, 25  
EPIVIR HBV TAB 100MG, 25  
EPIVIR SOL 10MG/ML, 22  
EPIVIR TAB 150MG, 22  
EPIVIR TAB 300MG, 22  
*eplerenone tab 25 mg*, 39  
*eplerenone tab 50 mg*, 39  
*eprosartan mesylate tab 600 mg*, 42  
EPZICOM TAB 600-300, 21  
EQUAGESIC TAB 200-325, 1  
EQUETRO CAP 100MG, 92  
EQUETRO CAP 200MG, 92  
EQUETRO CAP 300MG, 92  
*ergocalciferol cap 1.25 mg (50000 unit)*, 139  
ERGOMAR SUB 2MG, 89  
*ergotamine w/ caffeine suppos 2-100 mg*, 89  
*ergotamine w/ caffeine tab 1-100 mg*, 89  
ERIVEDGE CAP 150MG, 33  
ERLEADA TAB 60MG, 29  
ERTACZO CRE 2%, 154  
ERYGEL GEL 2%, 152  
*erythromycin ethylsuccinate for susp 200 mg/5ml*, 15  
*erythromycin ethylsuccinate tab 400 mg*, 15  
*erythromycin gel 2%*, 152  
*erythromycin ophth oint 5 mg/gm*, 163  
*erythromycin pads 2%*, 153  
*erythromycin soln 2%*, 153  
*erythromycin stearate tab 250 mg*, 15  
*erythromycin tab 250 mg*, 15  
*erythromycin tab 500 mg*, 15  
*erythromycin tab delayed release 250 mg*, 15  
*erythromycin tab delayed release 333 mg*, 15  
*erythromycin tab delayed release 500 mg*, 15  
*erythromycin w/ delayed release particles cap 250 mg*, 15  
ESBRIET CAP 267MG, 150  
ESBRIET TAB 267MG, 150  
ESBRIET TAB 801MG, 150  
*escitalopram oxalate soln 5 mg/5ml (base equiv)*, 70  
*escitalopram oxalate tab 10 mg (base equiv)*, 70  
*escitalopram oxalate tab 20 mg (base equiv)*, 70  
*escitalopram oxalate tab 5 mg (base equiv)*, 70  
ESGIC TAB, 1  
*esomeprazole cap 24.65mg*, 126  
*esomeprazole cap 49.3mg*, 126  
*esomeprazole magnesium cap delayed release 20 mg (base eq)*, 126  
*esomeprazole magnesium cap delayed release 40 mg (base eq)*, 126  
*estazolam tab 1 mg*, 88  
*estazolam tab 2 mg*, 88  
ESTRACE TAB 0.5MG, 110  
ESTRACE TAB 1MG, 110  
ESTRACE TAB 2MG, 110  
ESTRACE VAG CRE 0.01%, 111  
*estradiol & norethindrone acetate tab 0.5-0.1 mg*, 109  
*estradiol & norethindrone acetate tab 1-0.5 mg*, 109  
*estradiol tab 0.5 mg*, 110  
*estradiol tab 1 mg*, 110  
*estradiol tab 2 mg*, 110  
*estradiol td patch twice weekly 0.025 mg/24hr*, 111  
*estradiol td patch twice weekly 0.0375 mg/24hr*, 111  
*estradiol td patch twice weekly 0.05 mg/24hr*, 111  
*estradiol td patch twice weekly 0.075 mg/24hr*, 111  
*estradiol td patch twice weekly 0.1 mg/24hr*, 111  
*estradiol td patch weekly 0.025 mg/24hr*, 111  
*estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)*, 111

*estradiol td patch weekly 0.05 mg/24hr*, 111  
*estradiol td patch weekly 0.06 mg/24hr*, 111  
*estradiol td patch weekly 0.075 mg/24hr*, 111  
*estradiol td patch weekly 0.1 mg/24hr*, 111  
*estradiol vaginal tab 10 mcg*, 111  
ESTRING MIS 2MG, 111  
ESTROGEL GEL, 111  
*estropipate tab 0.75 mg*, 110  
*estropipate tab 1.5 mg*, 110  
*estropipate tab 3 mg*, 110  
ESTROSTEP FE TAB, 108  
*eszopiclone tab 1 mg*, 89  
*eszopiclone tab 2 mg*, 89  
*eszopiclone tab 3 mg*, 89  
*ethacrynic acid tab 25 mg*, 55  
*ethambutol hcl tab 100 mg*, 24  
*ethambutol hcl tab 400 mg*, 24  
*ethosuximide cap 250 mg*, 62  
*ethosuximide soln 250 mg/5ml*, 62  
*ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg*, 108  
*ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg*, 108  
*etodolac cap 200 mg*, 2  
*etodolac cap 300 mg*, 2  
*etodolac tab 400 mg*, 2  
*etodolac tab 500 mg*, 2  
*etodolac tab er 24hr 400 mg*, 2  
*etodolac tab er 24hr 500 mg*, 2  
*etodolac tab er 24hr 600 mg*, 2  
*etoposide cap 50 mg*, 34  
EUCRISA OIN 2%, 156  
EURAX CRE 10%, 162  
EURAX LOT 10%, 162  
EVAMIST SPR 1.53MG, 111  
EVISTA TAB 60MG, 118  
EVOCLIN AER 1%, 153  
EVOTAZ TAB 300-150, 21  
EVOXAC CAP 30MG, 127  
EXALGO TAB 12MG, 6  
EXALGO TAB 16MG, 6  
EXALGO TAB 32MG, 6  
EXALGO TAB 8MG, 6  
EXELDERM CRE 1%, 154  
EXELDERM SOL 1%, 154  
EXELON CAP 1.5MG, 67  
EXELON CAP 3MG, 67  
EXELON CAP 4.5MG, 67  
EXELON CAP 6MG, 67  
EXELON DIS 13.3/24, 67  
EXELON DIS 4.6MG/24, 67  
EXELON DIS 9.5MG/24, 67  
*exemestane tab 25 mg*, 30  
EXJADE TAB 125MG, 134  
EXJADE TAB 250MG, 134  
EXJADE TAB 500MG, 134  
EXODERM LOT 25-1%, 155  
EXTINA AER 2%, 155  
*ezetimibe-simvastatin tab 10-10 mg*, 46  
*ezetimibe-simvastatin tab 10-20 mg*, 46  
*ezetimibe-simvastatin tab 10-40 mg*, 46  
*ezetimibe-simvastatin tab 10-80 mg*, 46  
*ezetimibe tab 10 mg*, 44  
F  
FABIOR AER 0.1%, 153  
FACTIVE TAB 320MG, 16  
FALESSA KIT, 107  
*famciclovir tab 125 mg*, 26  
*famciclovir tab 250 mg*, 26  
*famciclovir tab 500 mg*, 26  
*famotidine for susp 40 mg/5ml*, 123  
*famotidine tab 40 mg*, 123  
FAMVIR TAB 125MG, 26  
FAMVIR TAB 250MG, 26  
FAMVIR TAB 500MG, 26  
FARESTON TAB 60MG, 30  
FARXIGA TAB 10MG, 101  
FARXIGA TAB 5MG, 101  
FASENRA PEN INJ 30MG/ML, 150  
FAZACLO TAB 100 ODT, 78  
FAZACLO TAB 12.5 ODT, 78  
FAZACLO TAB 150 ODT, 78  
FAZACLO TAB 200 ODT, 78  
FAZACLO TAB 25MG ODT, 78  
FC FEMALE MIS CONDOM, 106  
*febuxostat tab 40 mg*, 1  
*febuxostat tab 80 mg*, 1  
*felbamate susp 600 mg/5ml*, 62

*felbamate tab 400 mg*, 62  
*felbamate tab 600 mg*, 63  
FELBATOL SUS 600/5ML, 63  
FELBATOL TAB 400MG, 63  
FELBATOL TAB 600MG, 63  
FELDENE CAP 10MG, 2  
FELDENE CAP 20MG, 2  
*felodipine tab er 24hr 10 mg*, 52  
*felodipine tab er 24hr 2.5 mg*, 52  
*felodipine tab er 24hr 5 mg*, 52  
FEMARA TAB 2.5MG, 30  
FEMCAP MIS 26MM, 106  
FEMCAP MIS 30MM, 106  
FEMCON FE CHW, 108  
FEMHRT TAB 0.5-2.5, 109  
FEMRING MIS 0.05/24H, 111  
FEMRING MIS 0.1MG/24, 111  
*fenofibrate cap 150 mg*, 45  
*fenofibrate cap 50 mg*, 45  
*fenofibrate micronized cap 130 mg*, 45  
*fenofibrate micronized cap 134 mg*, 45  
*fenofibrate micronized cap 200 mg*, 45  
*fenofibrate micronized cap 43 mg*, 45  
*fenofibrate micronized cap 67 mg*, 45  
*fenofibrate tab 145 mg*, 45  
*fenofibrate tab 160 mg*, 45  
*fenofibrate tab 40 mg*, 45  
*fenofibrate tab 48 mg*, 45  
*fenofibrate tab 54 mg*, 45  
*fenofibric acid tab 105 mg*, 45  
*fenofibric acid tab 35 mg*, 45  
FENOGLIDE TAB 120MG, 45  
FENOGLIDE TAB 40MG, 45  
*fenopropfen calcium tab 600 mg*, 2  
*fentanyl citrate lozenge on a handle 1200 mcg*, 6  
*fentanyl citrate lozenge on a handle 1600 mcg*, 6  
*fentanyl citrate lozenge on a handle 200 mcg*, 6  
*fentanyl citrate lozenge on a handle 400 mcg*, 6  
*fentanyl citrate lozenge on a handle 600 mcg*, 6  
*fentanyl citrate lozenge on a handle 800 mcg*, 6  
FENTANYL DIS 37.5MCG, 6  
FENTANYL DIS 62.5MCG, 6  
FENTANYL DIS 87.5MCG, 6  
*fentanyl td patch 72hr 100 mcg/hr*, 6  
*fentanyl td patch 72hr 12 mcg/hr*, 6  
*fentanyl td patch 72hr 25 mcg/hr*, 6  
*fentanyl td patch 72hr 50 mcg/hr*, 6  
*fentanyl td patch 72hr 75 mcg/hr*, 6  
FENTORA TAB 100MCG, 6  
FENTORA TAB 200MCG, 6  
FENTORA TAB 400MCG, 6  
FENTORA TAB 600MCG, 6  
FENTORA TAB 800MCG, 6  
FER-IN-SOL DRO 15MG/ML, 139  
FERRIPROX TAB 1000MG, 134  
FERRIPROX TAB 500MG, 134  
*ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)*, 139  
*ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)*, 139  
FERROUS SULF SYP 300/5ML, 139  
FERROUS SUL LIQ 220/5ML, 139  
FETZIMA CAP 120MG, 72  
FETZIMA CAP 20MG, 72  
FETZIMA CAP 40MG, 72  
FETZIMA CAP 80MG, 72  
FETZIMA CAP TITRATIO, 72  
FEXMID TAB 7.5MG, 94  
FIASP FLEX INJ TOUCH, 100  
FIASP INJ 100/ML, 100  
FIASP PENFIL INJ U-100, 100  
FIBRICOR TAB 105MG, 45  
FIBRICOR TAB 35MG, 45  
FINACEA AER 15%, 161  
*finasteride tab 5 mg*, 128  
FINGERSTIX MIS LANCETS, 102  
FIORICET CAP CODEINE, 6  
FIORINAL/COD CAP 30MG, 6  
FIORINAL CAP, 1  
FIRAZYR INJ 30MG/3ML, 133  
FIRDAPSE TAB 10MG, 91  
FLAGYL CAP 375MG, 27  
FLAGYL ER TAB 750MG, 27  
FLAGYL TAB 250MG, 27  
FLAGYL TAB 500MG, 27  
FLAREX SUS 0.1% OP, 165

*flecainide acetate tab 100 mg, 43*  
*flecainide acetate tab 150 mg, 43*  
*flecainide acetate tab 50 mg, 43*  
FLOMAX CAP 0.4MG, 128  
FLONASE SPR 0.05%, 149  
FLO-PRED SUS, 113  
FLOVENT DISK AER 100MCG, 150  
FLOVENT DISK AER 250MCG, 150  
FLOVENT DISK AER 50MCG, 150  
FLOVENT HFA AER 110MCG, 150  
FLOVENT HFA AER 220MCG, 150  
FLOVENT HFA AER 44MCG, 150  
FLOWTUSS SOL 2.5-200, 146  
*fluconazole for susp 10 mg/ml, 19*  
*fluconazole for susp 40 mg/ml, 19*  
*fluconazole tab 100 mg, 19*  
*fluconazole tab 150 mg, 19*  
*fluconazole tab 200 mg, 19*  
*fluconazole tab 50 mg, 19*  
*fludrocortisone acetate tab 0.1 mg, 115*  
FLUMIST QUAD SUS 2014-15, 138  
*flunisolide nasal soln 25 mcg/act (0.025%), 149*  
*fluocinolone acetonide (otic) oil 0.01%, 169*  
*fluocinolone acetonide cream 0.01%, 157*  
*fluocinolone acetonide cream 0.025%, 158*  
*fluocinolone acetonide oil 0.01% (body oil), 157*  
*fluocinolone acetonide oil 0.01% (scalp oil), 157*  
*fluocinolone acetonide oint 0.025%, 158*  
*fluocinolone acetonide soln 0.01%, 157*  
*fluocinonide cream 0.05%, 157*  
*fluocinonide emulsified base cream 0.05%, 157*  
*fluocinonide gel 0.05%, 157*  
*fluocinonide oint 0.05%, 157*  
*fluocinonide soln 0.05%, 157*  
FLUORABON DRO, 140  
FLUORIDEX GEL SENSITIV, 162  
*fluorometholone ophth susp 0.1%, 165*  
FLUOROPLEX CRE 1%, 153  
*fluorouracil cream 5%, 153*  
*fluorouracil soln 2%, 153*  
*fluorouracil soln 5%, 153*  
*fluoxetine hcl (pmdd) cap 10 mg, 70*  
*fluoxetine hcl (pmdd) cap 20 mg, 70*  
*fluoxetine hcl (pmdd) tab 10 mg, 70*  
*fluoxetine hcl (pmdd) tab 20 mg, 70*  
*fluoxetine hcl cap 10 mg, 70*  
*fluoxetine hcl cap 20 mg, 70*  
*fluoxetine hcl cap 40 mg, 70*  
*fluoxetine hcl cap delayed release 90 mg, 70*  
*fluoxetine hcl solution 20 mg/5ml, 70*  
*fluoxetine hcl tab 10 mg, 70*  
*fluoxetine hcl tab 20 mg, 70*  
*fluoxetine hcl tab 60 mg, 70*  
FLUOXETINE TAB 60MG, 70  
*fluphenazine hcl elixir 2.5 mg/5ml, 81*  
*fluphenazine hcl oral conc 5 mg/ml, 81*  
*fluphenazine hcl tab 10 mg, 81*  
*fluphenazine hcl tab 1 mg, 81*  
*fluphenazine hcl tab 2.5 mg, 81*  
*fluphenazine hcl tab 5 mg, 81*  
*flurandrenolide cream 0.05%, 158*  
*flurandrenolide lotion 0.05%, 158*  
*flurandrenolide oint 0.05%, 158*  
*flurbiprofen sodium ophth soln 0.03%, 164*  
*flurbiprofen tab 100 mg, 2*  
*flurbiprofen tab 50 mg, 2*  
*flutamide cap 125 mg, 29*  
*fluticasone propionate cream 0.05%, 158*  
*fluticasone propionate lotion 0.05%, 158*  
*fluticasone propionate nasal susp 50 mcg/act, 149*  
*fluticasone propionate oint 0.005%, 158*  
*fluvastatin sodium cap 20 mg (base equivalent), 46*  
*fluvastatin sodium cap 40 mg (base equivalent), 46*  
*fluvastatin sodium tab er 24 hr 80 mg (base equivalent), 46*  
*fluvoxamine maleate cap er 24hr 100 mg, 61*  
*fluvoxamine maleate cap er 24hr 150 mg, 61*  
*fluvoxamine maleate tab 100 mg, 61*  
*fluvoxamine maleate tab 25 mg, 61*

*fluvoxamine maleate tab 50 mg*, 61  
FML FORTE SUS 0.25% OP, 165  
FML OIN 0.1% OP, 165  
FOCALIN TAB 10MG, 85  
FOCALIN TAB 2.5MG, 85  
FOCALIN TAB 5MG, 85  
FOCALIN XR CAP 10MG, 85  
FOCALIN XR CAP 15MG, 85  
FOCALIN XR CAP 20MG, 85  
FOCALIN XR CAP 25MG, 85  
FOCALIN XR CAP 30MG, 85  
FOCALIN XR CAP 35MG, 85  
FOCALIN XR CAP 40MG, 85  
FOCALIN XR CAP 5MG, 85  
FOLET DHA PAK, 140  
FOLET ONE CAP 38-1-225, 140  
*folic acid tab 1 mg*, 139  
*folic acid tab 400 mcg*, 139  
*folic acid tab 800 mcg*, 139  
FOLIVANE-OB CAP, 140  
*fondaparinux sodium subcutaneous inj 10 mg/0.8ml*, 132  
*fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml*, 132  
*fondaparinux sodium subcutaneous inj 5 mg/0.4ml*, 132  
*fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml*, 132  
FORA LANCETS MIS 30G, 102  
FORFIVO XL TAB 450MG, 68  
FORTEO SOL 600/2.4, 104  
FORTICAL SPR 200/ACT, 104  
FOSAMAX + D TAB 70-2800, 104  
FOSAMAX + D TAB 70-5600, 104  
FOSAMAX TAB 70MG, 104  
*fosamprenavir calcium tab 700 mg (base equiv)*, 24  
*fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg*, 36  
*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg*, 36  
*fosinopril sodium tab 10 mg*, 37  
*fosinopril sodium tab 20 mg*, 37  
*fosinopril sodium tab 40 mg*, 37  
FRAGMIN INJ 10000/ML, 132  
FRAGMIN INJ 12500UNT, 132  
FRAGMIN INJ 15000UNT, 132  
FRAGMIN INJ 18000UNT, 132  
FRAGMIN INJ 2500/0.2, 132  
FRAGMIN INJ 5000/0.2, 132  
FRAGMIN INJ 7500/0.3, 132  
FRAGMIN INJ 95000UNT, 132  
FREESTYLE KIT SENSOR, 102  
FREESTYLE MIS READER, 103  
FREESTYLE TES, 103  
FREESTYLE TES INSULINX, 103  
FREESTYLE TES LITE, 103  
FROVA TAB 2.5MG, 90  
*frovatriptan succinate tab 2.5 mg (base equivalent)*, 90  
FURADANTIN SUS 25MG/5ML, 27  
*furosemide oral soln 10 mg/ml*, 55  
FUROSEMIDE SOL 8MG/ML, 55  
*furosemide tab 20 mg*, 55  
*furosemide tab 40 mg*, 55  
*furosemide tab 80 mg*, 55  
FUZEON INJ 90MG, 21  
FYCOMPA SUS 0.5MG/ML, 63  
FYCOMPA TAB 10MG, 63  
FYCOMPA TAB 12MG, 63  
FYCOMPA TAB 2MG, 63  
FYCOMPA TAB 4MG, 63  
FYCOMPA TAB 6MG, 63  
FYCOMPA TAB 8MG, 63  
G  
G4 PLATINUM MIS PEDIATRC, 103  
G4 PLATINUM MIS RCV/SHAR, 103  
G4 PLATINUM MIS RECEIVER, 103  
G4 PLATINUM MIS TRANSMIT, 103  
G4 PLAT PED MIS RVC/SHAR, 103  
G4 SENSOR MIS, 103  
G5/G4 MIS SENSOR, 103  
*gabapentin cap 100 mg*, 63  
*gabapentin cap 300 mg*, 63  
*gabapentin cap 400 mg*, 63  
*gabapentin oral soln 250 mg/5ml*, 63  
*gabapentin tab 600 mg*, 63  
*gabapentin tab 800 mg*, 63  
GABITRIL TAB 12MG, 63  
GABITRIL TAB 16MG, 63  
GABITRIL TAB 2MG, 63  
GABITRIL TAB 4MG, 63

GALAFOLD CAP 123MG, 115  
*galantamine hydrobromide cap er 24hr 16 mg, 67*  
*galantamine hydrobromide cap er 24hr 24 mg, 67*  
*galantamine hydrobromide cap er 24hr 8 mg, 67*  
*galantamine hydrobromide oral soln 4 mg/ml, 67*  
*galantamine hydrobromide tab 12 mg, 67*  
*galantamine hydrobromide tab 4 mg, 67*  
*galantamine hydrobromide tab 8 mg, 67*  
*ganirelix acetate soln prefilled syringe 250 mcg/0.5ml, 112*  
GANIRELIX AC INJ 250/0.5, 112  
GARAMYCIN SOL 0.3% OP, 163  
GASTROCROM CON 100/5ML, 125  
*gatifloxacin ophth soln 0.5%, 163*  
GATTEX KIT 5MG, 125  
GELFILM MIS OP, 167  
GELNIQUE GEL 10%, 130  
GELNIQUE GEL 3%, 130  
*gemfibrozil tab 600 mg, 45*  
GENERESS FE CHW, 107  
*gentamicin sulfate cream 0.1%, 154*  
*gentamicin sulfate oint 0.1%, 154*  
*gentamicin sulfate ophth oint 0.3%, 163*  
*gentamicin sulfate ophth soln 0.3%, 164*  
GENVOYA TAB, 21  
GEODON CAP 20MG, 78  
GEODON CAP 40MG, 78  
GEODON CAP 60MG, 78  
GEODON CAP 80MG, 78  
GIAZO TAB 1.1GM, 123  
GILENYA CAP 0.5MG, 92  
GILOTRIF TAB 20MG, 31  
GILOTRIF TAB 30MG, 31  
GILOTRIF TAB 40MG, 31  
GILTUSS LIQ PED-C, 146  
*glatiramer acetate soln prefilled syringe 20 mg/ml, 92*  
*glatiramer acetate soln prefilled syringe 40 mg/ml, 92*  
GLEOSTINE CAP 100MG, 28  
GLEOSTINE CAP 10MG, 28  
GLEOSTINE CAP 40MG, 28  
GLEOSTINE CAP 5MG, 28  
*glimepiride tab 1 mg, 101*  
*glimepiride tab 2 mg, 101*  
*glimepiride tab 4 mg, 101*  
*glipizide-metformin hcl tab 2.5-250 mg, 98*  
*glipizide-metformin hcl tab 2.5-500 mg, 98*  
*glipizide-metformin hcl tab 5-500 mg, 98*  
*glipizide tab 10 mg, 101*  
*glipizide tab 5 mg, 101*  
*glipizide tab er 24hr 10 mg, 101*  
*glipizide tab er 24hr 2.5 mg, 101*  
*glipizide tab er 24hr 5 mg, 101*  
GLUCAGEN INJ HYPOKIT, 114  
GLUCAGON KIT 1MG, 114  
GLUCOPHAGE TAB 1000MG, 98  
GLUCOPHAGE TAB 500MG, 98  
GLUCOPHAGE TAB 500MG XR, 98  
GLUCOPHAGE TAB 750MG XR, 98  
GLUCOPHAGE TAB 850MG, 98  
GLUCOTROL TAB 10MG, 102  
GLUCOTROL TAB 5MG, 102  
GLUCOTROL XL TAB 10MG, 102  
GLUCOTROL XL TAB 2.5MG, 102  
GLUCOTROL XL TAB 5MG, 102  
GLUCOVANCE TAB 1.25-250, 98  
GLUCOVANCE TAB 2.5-500, 98  
GLUCOVANCE TAB 5-500MG, 98  
*glyburide-metformin tab 1.25-250 mg, 98*  
*glyburide-metformin tab 2.5-500 mg, 98*  
*glyburide-metformin tab 5-500 mg, 98*  
*glyburide micronized tab 1.5 mg, 102*  
*glyburide micronized tab 3 mg, 102*  
*glyburide micronized tab 6 mg, 102*  
*glyburide tab 1.25 mg, 102*  
*glyburide tab 2.5 mg, 102*  
*glyburide tab 5 mg, 102*  
*glycopyrrolate tab 1 mg, 122*  
*glycopyrrolate tab 2 mg, 122*  
GLYNASE TAB 1.5MG, 102  
GLYNASE TAB 3MG, 102  
GLYNASE TAB 6MG, 102  
GLYSET TAB 100MG, 98

GLYSET TAB 25MG, 98  
GLYSET TAB 50MG, 98  
GLYXAMBI TAB 10-5 MG, 101  
GLYXAMBI TAB 25-5 MG, 101  
GOLYTELY SOL, 124  
GONAL-F INJ 1050UNIT, 112  
GONAL-F INJ 450UNIT, 112  
GONAL-F RFF INJ 300, 112  
GONAL-F RFF INJ 450, 112  
GONAL-F RFF INJ 75UNIT, 112  
GONAL-F RFF INJ 900, 112  
GOODSENSE MIS LANC 30G, 103  
GRALISE STAR MIS 300/600, 95  
GRALISE TAB 300MG, 95  
GRALISE TAB 600MG, 95  
*granisetron hcl tab 1 mg*, 120  
GRASTEK SUB 2800BAU, 135  
*griseofulvin microsize susp 125 mg/5ml*, 19  
*griseofulvin microsize tab 500 mg*, 19  
*griseofulvin ultramicrosize tab 125 mg*, 19  
*griseofulvin ultramicrosize tab 250 mg*, 19  
GRIS-PEG TAB 125MG, 19  
GRIS-PEG TAB 250MG, 19  
*guaifenesin-codeine soln 100-10 mg/5ml*, 146  
*guanfacine hcl tab 1 mg*, 38  
*guanfacine hcl tab 2 mg*, 38  
*guanfacine hcl tab er 24hr 1 mg (base equiv)*, 85  
*guanfacine hcl tab er 24hr 2 mg (base equiv)*, 85  
*guanfacine hcl tab er 24hr 3 mg (base equiv)*, 85  
*guanfacine hcl tab er 24hr 4 mg (base equiv)*, 85  
GUANIDINE TAB 125MG, 91  
GYNAZOLE-1 CRE 2%, 131  
GYNOL II GEL 3%, 106  
H  
HAEGARDA INJ 2000UNIT, 133  
HAEGARDA INJ 3000UNIT, 133  
HALCION TAB 0.25MG, 88  
*halobetasol propionate cream 0.05%*, 160  
*halobetasol propionate oint 0.05%*, 160  
HALOG CRE 0.1%, 157  
HALOG OIN 0.1%, 157  
*haloperidol lactate oral conc 2 mg/ml*, 81  
*haloperidol tab 0.5 mg*, 81  
*haloperidol tab 10 mg*, 81  
*haloperidol tab 1 mg*, 81  
*haloperidol tab 20 mg*, 81  
*haloperidol tab 2 mg*, 81  
*haloperidol tab 5 mg*, 81  
HALOTIN CRE 1%, 155  
HARVONI TAB 45-200MG, 25  
HARVONI TAB 90-400MG, 25  
HECTOROL CAP 0.5MCG, 115  
HECTOROL CAP 1MCG, 115  
HECTOROL CAP 2.5MCG, 115  
HEMANGEOL SOL 4.28/ML, 49  
HEMENATAL OB MIS + DHA, 141  
HEPSERA TAB 10MG, 25  
HETLIOZ CAP 20MG, 89  
HEXALEN CAP 50MG, 28  
HIPREX TAB 1GM, 27  
HPR PLUS MB KIT HYDROGEL, 160  
HUMAPEN MIS LUXURA, 103  
HUMATROPE INJ 12MG, 114  
HUMATROPE INJ 24MG, 114  
HUMATROPE INJ 5MG, 114  
HUMATROPE INJ 6MG, 114  
HUMIRA INJ 10/0.1ML, 135  
HUMIRA INJ 10MG/0.2, 135  
HUMIRA INJ 20/0.2ML, 135  
HUMIRA INJ 40/0.4ML, 135  
HUMIRA KIT 20MG/0.4, 135  
HUMIRA KIT 40MG/0.8, 135  
HUMIRA PEDIA INJ CROHNS, 136  
HUMIRA PEN INJ 40/0.4ML, 136  
HUMIRA PEN INJ 40MG/0.8, 136  
HUMIRA PEN INJ PS/UV, 136  
HUMIRA PEN KIT CD/UC/HS, 136  
HUMIRA PEN KIT PS/UV, 136  
HUMULIN R INJ U-500, 100  
*hyaluronate sodium (emollient) gel 0.2%*, 160  
HYCAMTIN CAP 0.25MG, 34  
HYCAMTIN CAP 1MG, 34



HYCET SOL 7.5-325, 6  
HYCOFENIX SOL, 146  
*hydralazine hcl tab 100 mg*, 56  
*hydralazine hcl tab 10 mg*, 56  
*hydralazine hcl tab 25 mg*, 56  
*hydralazine hcl tab 50 mg*, 56  
HYDREA CAP 500MG, 33  
*hydrochlorothiazide cap 12.5 mg*, 56  
*hydrochlorothiazide tab 12.5 mg*, 56  
*hydrochlorothiazide tab 25 mg*, 56  
*hydrochlorothiazide tab 50 mg*, 56  
*hydrocodone-acetaminophen soln 10-325 mg/15ml*, 6  
*hydrocodone-acetaminophen soln 7.5-325 mg/15ml*, 6  
*hydrocodone-acetaminophen tab 10-300 mg*, 7  
*hydrocodone-acetaminophen tab 10-325 mg*, 7  
*hydrocodone-acetaminophen tab 2.5-325 mg*, 7  
*hydrocodone-acetaminophen tab 5-300 mg*, 7  
*hydrocodone-acetaminophen tab 5-325 mg*, 7  
*hydrocodone-acetaminophen tab 7.5-300 mg*, 7  
*hydrocodone-acetaminophen tab 7.5-325 mg*, 7  
*hydrocodone-ibuprofen tab 10-200 mg*, 7  
*hydrocodone-ibuprofen tab 5-200 mg*, 7  
*hydrocodone-ibuprofen tab 7.5-200 mg*, 7  
*hydrocodone w/ homatropine syrup 5-1.5 mg/5ml*, 146  
*hydrocodone w/ homatropine tab 5-1.5 mg*, 146  
*hydrocod polst-chlorphen polst er susp 10-8 mg/5ml*, 146  
*hydrocortisone acetate suppos 25 mg*, 127  
*hydrocortisone acetate suppos 30 mg*, 127  
*hydrocortisone acetate w/ pramoxine rectal cream 1-1%*, 127  
*hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%*, 127  
*hydrocortisone butyrate cream 0.1%*, 158  
*hydrocortisone butyrate hydrophilic lipo base cream 0.1%*, 159  
*hydrocortisone butyrate lotion 0.1%*, 159  
*hydrocortisone butyrate oint 0.1%*, 159  
*hydrocortisone butyrate soln 0.1%*, 159  
*hydrocortisone cream 2.5%*, 158  
*hydrocortisone enema 100 mg/60ml*, 123, 127  
*hydrocortisone lotion 2.5%*, 158  
*hydrocortisone lotion 2%*, 158  
*hydrocortisone oint 1%*, 158  
*hydrocortisone oint 2.5%*, 158  
*hydrocortisone rectal cream 1%*, 127  
*hydrocortisone rectal cream 2.5%*, 127  
*hydrocortisone tab 10 mg*, 113  
*hydrocortisone tab 20 mg*, 113  
*hydrocortisone tab 5 mg*, 113  
*hydrocortisone valerate cream 0.2%*, 159  
*hydrocortisone valerate oint 0.2%*, 159  
*hydrocortisone w/ acetic acid otic soln 1-2%*, 168  
*hydromorphone hcl liqd 1 mg/ml*, 7  
*hydromorphone hcl tab 2 mg*, 7  
*hydromorphone hcl tab 4 mg*, 7  
*hydromorphone hcl tab 8 mg*, 7  
*hydromorphone hcl tab er 24hr deter 12 mg*, 7  
*hydromorphone hcl tab er 24hr deter 16 mg*, 7  
*hydromorphone hcl tab er 24hr deter 32 mg*, 7  
*hydromorphone hcl tab er 24hr deter 8 mg*, 7  
HYDROMORPHON SUP 3MG, 7  
*hydroxychloroquine sulfate tab 200 mg*, 136  
*hydroxyurea cap 500 mg*, 33  
*hydroxyzine hcl syrup 10 mg/5ml*, 145  
*hydroxyzine hcl tab 10 mg*, 145  
*hydroxyzine hcl tab 25 mg*, 145  
*hydroxyzine hcl tab 50 mg*, 145  
*hydroxyzine pamoate cap 100 mg*, 145

*hydroxyzine pamoate cap 25 mg*, 145  
*hydroxyzine pamoate cap 50 mg*, 145  
HYLATOPIC AER, 161  
HYLIRA GEL 0.2%, 160  
HYLIRA LOT 0.1%, 160  
*hyoscyamine sulfate elixir 0.125 mg/5ml*,  
122  
*hyoscyamine sulfate sl tab 0.125 mg*,  
122  
*hyoscyamine sulfate soln 0.125 mg/ml*,  
122  
*hyoscyamine sulfate tab 0.125 mg*, 122  
*hyoscyamine sulfate tab disint 0.125 mg*,  
122  
*hyoscyamine sulfate tab er 12hr 0.375  
mg*, 122  
HYPERSONAL NEB 3.5%, 149  
HYPER-SAL NEB 7%, 149  
HYSINGLA ER TAB 100 MG, 7  
HYSINGLA ER TAB 120 MG, 7  
HYSINGLA ER TAB 20 MG, 7  
HYSINGLA ER TAB 30 MG, 7  
HYSINGLA ER TAB 40 MG, 7  
HYSINGLA ER TAB 60 MG, 7  
HYSINGLA ER TAB 80 MG, 7  
HYZAAR TAB 100-12.5, 41  
HYZAAR TAB 100-25, 41  
HYZAAR TAB 50-12.5, 41  
I  
*ibandronate sodium tab 150 mg (base  
equivalent)*, 104  
IBRANCE CAP 100MG, 31  
IBRANCE CAP 125MG, 31  
IBRANCE CAP 75MG, 31  
*ibuprofen tab 400 mg*, 2  
*ibuprofen tab 600 mg*, 2  
*ibuprofen tab 800 mg*, 2  
ICAR PEDS SUS GRAPE, 139  
*icatibant acetate inj 30 mg/3ml (base  
equivalent)*, 133  
ICLUSIG TAB 15MG, 31  
ICLUSIG TAB 45MG, 31  
IDHIFA TAB 100MG, 33  
IDHIFA TAB 50MG, 33  
ILEVRO DRO 0.3% OP, 164  
*imatinib mesylate tab 100 mg (base*

*equivalent)*, 31  
*imatinib mesylate tab 400 mg (base  
equivalent)*, 31  
IMBRUVICA CAP 140MG, 32  
IMBRUVICA CAP 70MG, 32  
IMBRUVICA TAB 280MG, 32  
IMBRUVICA TAB 420MG, 32  
IMBRUVICA TAB 560MG, 32  
*imipramine hcl tab 10 mg*, 73  
*imipramine hcl tab 25 mg*, 73  
*imipramine hcl tab 50 mg*, 73  
*imipramine pamoate cap 100 mg*, 73  
*imipramine pamoate cap 125 mg*, 73  
*imipramine pamoate cap 150 mg*, 73  
*imipramine pamoate cap 75 mg*, 73  
*imiquimod cream 5%*, 161  
IMITREX INJ 4MG/0.5, 90  
IMITREX INJ 6MG/0.5, 90  
IMITREX SPR 20MG/ACT, 90  
IMITREX SPR 5MG/ACT, 90  
IMITREX TAB 100MG, 90  
IMITREX TAB 25MG, 90  
IMITREX TAB 50MG, 90  
IMPAVIDO CAP 50MG, 27  
IMURAN TAB 50MG, 137  
IMVEXXY MAIN SUP 10MCG, 111  
IMVEXXY MAIN SUP 4MCG, 111  
IMVEXXY STRT SUP 10MCG, 112  
IMVEXXY STRT SUP 4MCG, 112  
INCONTROL MIS LANC 33G, 103  
INCRELEX INJ 40MG/4ML, 115  
INCRUSE ELPT INH 62.5MCG, 144  
*indapamide tab 1.25 mg*, 56  
*indapamide tab 2.5 mg*, 56  
INDERAL LA CAP 120MG, 49  
INDERAL LA CAP 160MG, 49  
INDERAL LA CAP 60MG, 49  
INDERAL LA CAP 80MG, 49  
INFANATE CAP BALANCE, 141  
INLYTA TAB 1MG, 32  
INLYTA TAB 5MG, 32  
INSPRA TAB 25MG, 39  
INSPRA TAB 50MG, 39  
INTELENCE TAB 100MG, 22  
INTELENCE TAB 200MG, 22  
INTELENCE TAB 25MG, 22

INTRAROSA SUP 6.5MG, 129  
INTRON A INJ 10MU, 137  
INTRON A INJ 18MU, 137  
INTRON A INJ 25MU, 137  
INTRON A INJ 50MU, 137  
INVEGA TAB 1.5MG, 78  
INVEGA TAB 3MG, 78  
INVEGA TAB 6MG, 78  
INVEGA TAB 9MG, 78  
INVIRASE CAP 200MG, 24  
INVIRASE TAB 500MG, 24  
*ipratropium-albuterol nebu soln  
0.5-2.5(3) mg/3ml, 144*  
*ipratropium bromide inhal soln 0.02%,  
144*  
*ipratropium bromide nasal soln 0.03%  
(21 mcg/spray), 149*  
*ipratropium bromide nasal soln 0.06%  
(42 mcg/spray), 149*  
*irbesartan-hydrochlorothiazide tab  
150-12.5 mg, 41*  
*irbesartan-hydrochlorothiazide tab  
300-12.5 mg, 41*  
*irbesartan tab 150 mg, 42*  
*irbesartan tab 300 mg, 42*  
*irbesartan tab 75 mg, 42*  
IRESSA TAB 250MG, 32  
ISENTRESS CHW 100MG, 21  
ISENTRESS CHW 25MG, 21  
ISENTRESS POW 100MG, 21  
ISENTRESS TAB 400MG, 21  
ISO HYOSCINE SOL 0.25% OP, 167  
*isoniazid syrup 50 mg/5ml, 24*  
*isoniazid tab 100 mg, 24*  
*isoniazid tab 300 mg, 24*  
ISOPTO CARP SOL 1% OP, 167  
ISOPTO CARP SOL 2% OP, 167  
ISOPTO CARP SOL 4% OP, 167  
ISORDIL TAB 40MG, 57  
ISORDIL TAB 5MG, 57  
*isosorbide dinitrate tab 10 mg, 57*  
*isosorbide dinitrate tab 20 mg, 57*  
*isosorbide dinitrate tab 30 mg, 57*  
*isosorbide dinitrate tab 5 mg, 57*  
*isosorbide dinitrate tab er 40 mg, 57*  
*isosorbide mononitrate tab 10 mg, 57*

*isosorbide mononitrate tab 20 mg, 57*  
*isosorbide mononitrate tab er 24hr 120  
mg, 57*  
*isosorbide mononitrate tab er 24hr 30  
mg, 57*  
*isosorbide mononitrate tab er 24hr 60  
mg, 57*  
ISOTRETINOIN CAP 10 MG, 151  
ISOTRETINOIN CAP 20 MG, 151  
*isotretinoin cap 30 mg, 151*  
ISOTRETINOIN CAP 40 MG, 151  
*isradipine cap 2.5 mg, 52*  
*isradipine cap 5 mg, 52*  
ISTALOL SOL 0.5% OP, 166  
*itraconazole cap 100 mg, 19*  
*ivermectin tab 3 mg, 27*

J  
JADENU SPRKL GRA 180MG, 134  
JADENU SPRKL GRA 360MG, 134  
JADENU SPRKL GRA 90MG, 134  
JADENU TAB 180MG, 134  
JADENU TAB 360MG, 134  
JADENU TAB 90MG, 134  
JAKAFI TAB 10MG, 32  
JAKAFI TAB 15MG, 32  
JAKAFI TAB 20MG, 32  
JAKAFI TAB 25MG, 32  
JAKAFI TAB 5MG, 32  
JANUMET TAB 50-1000, 99  
JANUMET TAB 50-500MG, 99  
JANUMET XR TAB 100-1000, 99  
JANUMET XR TAB 50-1000, 99  
JANUMET XR TAB 50-500MG, 99  
JANUVIA TAB 100MG, 99  
JANUVIA TAB 25MG, 99  
JANUVIA TAB 50MG, 99  
JARDIANCE TAB 10MG, 101  
JARDIANCE TAB 25MG, 101  
JUBLIA SOL 10%, 155  
JULUCA TAB 50-25MG, 21  
JUXTAPID CAP 10MG, 47  
JUXTAPID CAP 20MG, 47  
JUXTAPID CAP 30MG, 47  
JUXTAPID CAP 40MG, 47  
JUXTAPID CAP 5MG, 47  
JUXTAPID CAP 60MG, 47

JYNARQUE PAK 45-15MG, 119  
JYNARQUE PAK 60-30MG, 119  
JYNARQUE PAK 90-30MG, 119  
K  
KADIAN CAP 100MG ER, 8  
KADIAN CAP 10MG ER, 7  
KADIAN CAP 200MG ER, 8  
KADIAN CAP 20MG ER, 7  
KADIAN CAP 30MG ER, 8  
KADIAN CAP 40MG ER, 8  
KADIAN CAP 50MG ER, 8  
KADIAN CAP 60MG ER, 8  
KADIAN CAP 80MG ER, 8  
KALBITOR INJ 10MG/ML, 133  
KALETRA SOL, 24  
KALETRA TAB 100-25MG, 24  
KALETRA TAB 200-50MG, 24  
KALYDECO PAK 25MG, 148  
KALYDECO PAK 50MG, 148  
KALYDECO PAK 75MG, 148  
KALYDECO TAB 150MG, 148  
KARBINAL ER SUS 4MG/5ML, 145  
KAYEXALATE POW, 117  
KEFLEX CAP 250MG, 13  
KEFLEX CAP 500MG, 13  
KEFLEX CAP 750MG, 13  
KENALOG AER SPRAY, 159  
KEPPRA SOL 100MG/ML, 63  
KEPPRA TAB 1000MG, 63  
KEPPRA TAB 250MG, 63  
KEPPRA TAB 500MG, 63  
KEPPRA TAB 750MG, 63  
KEPPRA XR TAB 500MG, 63  
KEPPRA XR TAB 750MG, 63  
KERLONE TAB 10MG, 49  
KERLONE TAB 20MG, 49  
KERYDIN SOL 5%, 155  
*ketoconazole cream 2%*, 155  
*ketoconazole foam 2%*, 155  
*ketoconazole shampoo 2%*, 155  
KETO-DIASTIX TES, 103  
*ketoprofen cap 50 mg*, 2  
*ketoprofen cap 75 mg*, 2  
*ketoprofen cap er 24hr 200 mg*, 2  
*ketorolac tromethamine ophth soln 0.4%*, 164

*ketorolac tromethamine ophth soln 0.5%*, 164  
*ketorolac tromethamine tab 10 mg*, 2  
KEVEYIS TAB 50MG, 54  
KEVZARA INJ 150/1.14, 136  
KEVZARA INJ 200/1.14, 136  
KHEDEZLA TAB 100MG ER, 72  
KHEDEZLA TAB 50MG ER, 72  
KISQALI 200 PAK FEMARA, 32  
KISQALI 400 PAK FEMARA, 32  
KISQALI 600 PAK FEMARA, 32  
KISQALI TAB 200DOSE, 32  
KISQALI TAB 400DOSE, 32  
KISQALI TAB 600DOSE, 32  
KITABIS PAK NEB 300/5ML, 148  
KLARON LOT 10%, 153  
KLONOPIN TAB 0.5MG, 60  
KLONOPIN TAB 1MG, 60  
KLONOPIN TAB 2MG, 60  
KLOR-CON M15 TAB 15MEQ ER, 138  
KORLYM TAB 300MG, 115  
K-PHOS TAB, 129  
K-PHOS TAB NEUTRAL, 129  
K-PHOS TAB NO 2, 129  
KRISTALOSE PAK 10GM, 124  
KRISTALOSE PAK 20GM, 124  
K-TAB TAB 10MEQ CR, 138  
K-TAB TAB 20MEQ, 138  
K-TAB TAB 8MEQ CR, 138  
KUVAN POW 100MG, 116  
KUVAN POW 500MG, 116  
KUVAN TAB 100MG, 116  
KYNAMRO INJ 200MG/ML, 47  
L  
*labetalol hcl tab 100 mg*, 49  
*labetalol hcl tab 200 mg*, 49  
*labetalol hcl tab 300 mg*, 49  
LACRISERT MIS 5MG OP, 166  
*lactulose (encephalopathy) solution 10 gm/15ml*, 125  
*lactulose solution 10 gm/15ml*, 124  
LAMICTAL CHW 2MG, 63  
LAMISIL GRA 125MG, 19  
LAMISIL GRA 187.5MG, 19  
LAMISIL TAB 250MG, 20  
*lamivudine oral soln 10 mg/ml*, 22

*lamivudine tab 100 mg (hbv)*, 25  
*lamivudine tab 150 mg*, 22  
*lamivudine tab 300 mg*, 22  
*lamivudine-zidovudine tab 150-300 mg*, 21  
*lamotrigine orally disintegrating tab 100 mg*, 63  
*lamotrigine orally disintegrating tab 200 mg*, 63  
*lamotrigine orally disintegrating tab 25 mg*, 63  
*lamotrigine orally disintegrating tab 50 mg*, 63  
*lamotrigine tab 100 mg*, 64  
*lamotrigine tab 150 mg*, 64  
*lamotrigine tab 200 mg*, 64  
*lamotrigine tab 25 mg*, 63  
*lamotrigine tab 25 mg (35) starter kit*, 63  
*lamotrigine tab 25 mg (42) & 100 mg (7) starter kit*, 63  
*lamotrigine tab 25 mg (84) & 100 mg (14) starter kit*, 64  
*lamotrigine tab chewable dispersible 25 mg*, 64  
*lamotrigine tab chewable dispersible 5 mg*, 64  
*lamotrigine tab er 24hr 100 mg*, 64  
*lamotrigine tab er 24hr 200 mg*, 64  
*lamotrigine tab er 24hr 250 mg*, 64  
*lamotrigine tab er 24hr 25 mg*, 64  
*lamotrigine tab er 24hr 300 mg*, 64  
*lamotrigine tab er 24hr 50 mg*, 64  
LANOXIN TAB 0.0625MG, 54  
LANOXIN TAB 0.1875MG, 54  
*lansoprazole cap delayed release 15 mg*, 126  
*lansoprazole cap delayed release 30 mg*, 126  
*lanthanum carbonate chew tab 1000 mg (elemental)*, 116  
*lanthanum carbonate chew tab 500 mg (elemental)*, 116  
*lanthanum carbonate chew tab 750 mg (elemental)*, 116  
LASIX TAB 20MG, 55  
LASIX TAB 40MG, 55  
LASIX TAB 80MG, 55  
LASTACRAFT SOL 0.25%, 165  
*latanoprost ophth soln 0.005%*, 168  
LATUDA TAB 120MG, 78  
LATUDA TAB 20MG, 78  
LATUDA TAB 40MG, 78  
LATUDA TAB 60MG, 78  
LATUDA TAB 80MG, 78  
*leflunomide tab 10 mg*, 136  
*leflunomide tab 20 mg*, 136  
LENVIMA CAP 10 MG, 32  
LENVIMA CAP 12MG, 32  
LENVIMA CAP 14 MG, 32  
LENVIMA CAP 20 MG, 32  
LENVIMA CAP 24 MG, 32  
LENVIMA CAP 4MG, 32  
LETAIRIS TAB 10MG, 58  
LETAIRIS TAB 5MG, 58  
*letrozole tab 2.5 mg*, 30  
*leucovorin calcium tab 10 mg*, 33  
*leucovorin calcium tab 15 mg*, 34  
*leucovorin calcium tab 25 mg*, 34  
*leucovorin calcium tab 5 mg*, 33  
LEUKERAN TAB 2MG, 28  
LEUKINE INJ 250MCG, 133  
*leuprolide acetate inj kit 5 mg/ml*, 30  
LEVACET TAB, 2  
*levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)*, 147  
*levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)*, 147  
*levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)*, 147  
*levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)*, 147  
*levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)*, 147  
LEVAQUIN TAB 250MG, 16  
LEVAQUIN TAB 500MG, 16  
LEVAQUIN TAB 750MG, 16  
LEVATOL TAB 20MG, 49  
LEVBID TAB 0.375 ER, 122  
LEVEMIR INJ, 100  
LEVEMIR INJ FLEXTouc, 100  
*levetiracetam oral soln 100 mg/ml*, 64

levetiracetam tab 1000 mg, 64  
levetiracetam tab 250 mg, 64  
levetiracetam tab 500 mg, 64  
levetiracetam tab 750 mg, 64  
levetiracetam tab er 24hr 500 mg, 64  
levetiracetam tab er 24hr 750 mg, 64  
LEVITRA TAB 10MG, 128  
LEVITRA TAB 2.5MG, 128  
LEVITRA TAB 20MG, 129  
LEVITRA TAB 5MG, 128  
levobunolol hcl ophth soln 0.25%, 166  
levobunolol hcl ophth soln 0.5%, 166  
levocarnitine oral soln 1 gm/10ml (10%), 105  
levocarnitine tab 330 mg, 105  
levofloxacin ophth soln 0.5%, 164  
levofloxacin oral soln 25 mg/ml, 16  
levofloxacin tab 250 mg, 16  
levofloxacin tab 500 mg, 16  
levofloxacin tab 750 mg, 16  
LEVOMEFOLATE CAP DHA, 141  
levonor-eth est tab  
0.15-0.02/0.025/0.03 mg & eth est 0.01 mg, 105  
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg, 105  
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg, 107  
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 107  
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg, 109  
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg, 105  
levonorgestrel tab 1.5 mg, 105  
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), 105  
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), 105  
levothyroxine sodium tab 100 mcg, 118  
levothyroxine sodium tab 112 mcg, 118  
levothyroxine sodium tab 125 mcg, 118  
levothyroxine sodium tab 137 mcg, 118  
levothyroxine sodium tab 150 mcg, 118  
levothyroxine sodium tab 175 mcg, 118  
levothyroxine sodium tab 200 mcg, 118  
levothyroxine sodium tab 25 mcg, 118  
levothyroxine sodium tab 300 mcg, 118  
levothyroxine sodium tab 50 mcg, 118  
levothyroxine sodium tab 75 mcg, 118  
levothyroxine sodium tab 88 mcg, 118  
LEVSIN/SL SUB 0.125MG, 122  
LEVSIN TAB 0.125MG, 122  
LEVULAN KERA SOL 20%, 154  
LEXAPRO SOL 5MG/5ML, 70  
LEXIVA SUS 50MG/ML, 24  
LEXIVA TAB 700MG, 24  
lidocaine hcl laryngotracheal soln 4%, 162  
lidocaine hcl soln 4%, 160  
lidocaine hcl urethral/mucosal gel 2%, 160  
lidocaine hcl viscous soln 2%, 162  
lidocaine oint 5%, 161  
lidocaine patch 5%, 160  
lidocaine-prilocaine cream 2.5-2.5%, 161  
LIDODERM DIS 5%, 160  
linezolid for susp 100 mg/5ml, 27  
linezolid tab 600 mg, 27  
LINZESS CAP 145MCG, 124  
LINZESS CAP 290MCG, 124  
LINZESS CAP 72MCG, 124  
liothyronine sodium tab 25 mcg, 118  
liothyronine sodium tab 50 mcg, 118  
liothyronine sodium tab 5 mcg, 118  
LIPOFEN CAP 150MG, 45  
LIPOFEN CAP 50MG, 45  
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 36  
lisinopril & hydrochlorothiazide tab 20-12.5 mg, 36  
lisinopril & hydrochlorothiazide tab 20-25 mg, 36  
lisinopril tab 10 mg, 37  
lisinopril tab 2.5 mg, 37  
lisinopril tab 20 mg, 37  
lisinopril tab 30 mg, 37  
lisinopril tab 40 mg, 37  
lisinopril tab 5 mg, 37  
lithium carbonate cap 150 mg, 92  
lithium carbonate cap 300 mg, 92  
lithium carbonate cap 600 mg, 92

*lithium carbonate tab 300 mg*, 92  
*lithium carbonate tab er 300 mg*, 92  
*lithium carbonate tab er 450 mg*, 92  
LITHIUM SOL 8MEQ/5ML, 92  
LITHOBID TAB 300MG CR, 92  
LITHOSTAT TAB 250MG, 129  
LOCOID CRE 0.1%, 159  
LOCOID LIPO CRE 0.1%, 159  
LOCOID LOT 0.1%, 159  
LOCOID OIN 0.1%, 159  
LOCOID SOL 0.1%, 159  
LODOSYN TAB 25MG, 75  
LOESTRIN 21 TAB 1.5/30, 107  
LOESTRIN FE TAB 1/20, 107  
LOESTRIN FE TAB 1.5/30, 107  
LOESTRIN TAB 1/20-21, 107  
LOFIBRA CAP 134MG, 45  
LOFIBRA CAP 200MG, 45  
LOFIBRA CAP 67MG, 45  
LOFIBRA TAB 160MG, 45  
LOFIBRA TAB 54MG, 45  
LOKELMA PAK 10GM, 117  
LOKELMA PAK 5GM, 117  
LO LOESTRIN TAB 1-10-10, 105  
LOMOTIL TAB 2.5MG, 119  
LOPID TAB 600MG, 45  
*lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)*, 24  
LOPRESS HCT TAB 100-25MG, 48  
LOPRESS HCT TAB 50-25MG, 48  
LOPRESSOR TAB 100MG, 49  
LOPRESSOR TAB 50MG, 49  
LOPROX SHA 1%, 155  
*lorazepam conc 2 mg/ml*, 60  
*lorazepam tab 0.5 mg*, 60  
*lorazepam tab 1 mg*, 60  
*lorazepam tab 2 mg*, 60  
LORBRENA TAB 100MG, 32  
LORBRENA TAB 25MG, 32  
LORTAB ELX 10-300MG, 8  
LORZONE TAB 375MG, 94  
LORZONE TAB 750MG, 94  
*losartan potassium & hydrochlorothiazide tab 100-12.5 mg*, 41  
*losartan potassium & hydrochlorothiazide tab 100-25 mg*, 41  
*losartan potassium & hydrochlorothiazide tab 50-12.5 mg*, 41  
*losartan potassium tab 100 mg*, 43  
*losartan potassium tab 25 mg*, 42  
*losartan potassium tab 50 mg*, 43  
LOTEMAX GEL 0.5%, 165  
LOTEMAX OIN 0.5%, 165  
LOTEMAX SUS 0.5%, 165  
LOTENSIN HCT TAB 10-12.5, 36  
LOTENSIN HCT TAB 20-12.5, 36  
LOTENSIN HCT TAB 20-25MG, 36  
LOTENSIN TAB 10MG, 37  
LOTENSIN TAB 20MG, 37  
LOTENSIN TAB 40MG, 37  
*loteprednol etabonate ophth susp 0.5%*, 165  
LOTREL CAP 10-20MG, 35  
LOTREL CAP 10-40MG, 35  
LOTREL CAP 2.5-10MG, 35  
LOTREL CAP 5-10MG, 35  
LOTREL CAP 5-20MG, 35  
LOTRONEX TAB 0.5MG, 124  
LOTRONEX TAB 1MG, 124  
*lovastatin tab 10 mg*, 46  
*lovastatin tab 20 mg*, 46  
*lovastatin tab 40 mg*, 46  
LOVAZA CAP 1GM, 47  
LOVENOX INJ 100MG/ML, 132  
LOVENOX INJ 120/0.8, 132  
LOVENOX INJ 150MG/ML, 132  
LOVENOX INJ 30/0.3ML, 132  
LOVENOX INJ 300/3ML, 132  
LOVENOX INJ 40/0.4ML, 132  
LOVENOX INJ 60/0.6ML, 132  
LOVENOX INJ 80/0.8ML, 132  
*loxapine succinate cap 10 mg*, 81  
*loxapine succinate cap 25 mg*, 81  
*loxapine succinate cap 50 mg*, 81  
*loxapine succinate cap 5 mg*, 81  
LTA 360 KIT SOL 4%, 162  
LUFYLLIN TAB 400MG, 151  
*luliconazole cream 1%*, 155  
LUMIGAN SOL 0.01%, 168  
LURIDE CHW 0.25MG F, 140  
LURIDE CHW 0.5MG F, 140  
LURIDE DRO 0.5MG/ML, 140

LUXIQ AER 0.12%, 159  
LUZU CRE 1%, 155  
LYNPARZA CAP 50MG, 34  
LYNPARZA TAB 100MG, 34  
LYNPARZA TAB 150MG, 34  
LYRICA CAP 100MG, 87  
LYRICA CAP 150MG, 87  
LYRICA CAP 200MG, 87  
LYRICA CAP 225MG, 87  
LYRICA CAP 25MG, 87  
LYRICA CAP 300MG, 87  
LYRICA CAP 50MG, 87  
LYRICA CAP 75MG, 87  
LYRICA SOL 20MG/ML, 87  
LYSODREN TAB 500MG, 34  
LYSTEDA TAB 650MG, 133  
M  
MACROBID CAP 100MG, 27  
MALARONE TAB 250-100, 20  
MALARONE TAB 62.5-25, 20  
*malathion lotion 0.5%*, 162  
*maprotiline hcl tab 25 mg*, 68  
*maprotiline hcl tab 50 mg*, 68  
*maprotiline hcl tab 75 mg*, 68  
MARINOL CAP 10MG, 120  
MARINOL CAP 2.5MG, 120  
MARINOL CAP 5MG, 120  
MARNATAL-F CAP, 141  
MARPLAN TAB 10MG, 69  
MATULANE CAP 50MG, 34  
MAVENCLAD PAK 10MG(10), 93  
MAVENCLAD PAK 10MG(4), 93  
MAVENCLAD PAK 10MG (4), 93  
MAVENCLAD PAK 10MG(5), 93  
MAVENCLAD PAK 10MG (5), 93  
MAVENCLAD PAK 10MG(6), 93  
MAVENCLAD PAK 10MG (6), 93  
MAVENCLAD PAK 10MG(7), 93  
MAVENCLAD PAK 10MG (7), 93  
MAVENCLAD PAK 10MG(8), 93  
MAVENCLAD PAK 10MG (8), 93  
MAVENCLAD PAK 10MG(9), 93  
MAVENCLAD PAK 10MG (9), 93  
MAVIK TAB 1MG, 37  
MAVIK TAB 2MG, 37  
MAVIK TAB 4MG, 37

MAXALT-MLT TAB 10MG, 90  
MAXALT-MLT TAB 5MG, 90  
MAXALT TAB 10MG, 90  
MAXALT TAB 5MG, 90  
MAXIDEX SUS 0.1% OP, 165  
MAXITROL OIN 0.1% OP, 163  
MAXITROL SUS 0.1% OP, 163  
MAXZIDE-25 TAB, 55  
MAXZIDE TAB 75-50, 55  
MAYZENT TAB 0.25MG, 92  
MAYZENT TAB 2MG, 92  
*meclofenamate sodium cap 100 mg*, 2  
*meclofenamate sodium cap 50 mg*, 2  
MEDROL TAB 16MG, 113  
MEDROL TAB 2MG, 113  
MEDROL TAB 32MG, 113  
MEDROL TAB 4MG, 113  
MEDROL TAB 8MG, 113  
*medroxyprogesterone acetate im susp 150 mg/ml*, 105  
*medroxyprogesterone acetate im susp prefilled syr 150 mg/ml*, 105  
*medroxyprogesterone acetate tab 10 mg*, 117  
*medroxyprogesterone acetate tab 2.5 mg*, 117  
*medroxyprogesterone acetate tab 5 mg*, 117  
*mefenamic acid cap 250 mg*, 2  
*mefloquine hcl tab 250 mg*, 20  
MEGACE ES SUS 625/5ML, 117  
MEGACE ORAL SUS 40MG/ML, 117  
*megestrol acetate susp 40 mg/ml*, 117  
*megestrol acetate susp 625 mg/5ml*, 117  
*megestrol acetate tab 20 mg*, 30  
*megestrol acetate tab 40 mg*, 30  
MEKINIST TAB 0.5MG, 32  
MEKINIST TAB 2MG, 32  
MEKTOVI TAB 15MG, 32  
*meloxicam susp 7.5 mg/5ml*, 3  
*meloxicam tab 15 mg*, 3  
*meloxicam tab 7.5 mg*, 3  
*melfalan tab 2 mg*, 28  
*memantine hcl cap er 24hr 14 mg*, 67  
*memantine hcl cap er 24hr 21 mg*, 67  
*memantine hcl cap er 24hr 28 mg*, 67



*memantine hcl cap er 24hr 7 mg, 67*  
*memantine hcl oral solution 2 mg/ml, 67*  
*memantine hcl tab 10 mg, 67*  
*memantine hcl tab 5 mg, 67*  
*memantine hcl tab 5 mg (28) & 10 mg (21) titration pak, 67*  
MENEST TAB 0.3MG, 110  
MENEST TAB 0.625MG, 110  
MENEST TAB 1.25MG, 110  
MENEST TAB 2.5MG, 110  
MENOPUR INJ 75UNIT, 112  
MENOSTAR DIS 14MCG, 111  
MEPHYTON TAB 5MG, 140  
*meprobamate tab 200 mg, 61*  
*meprobamate tab 400 mg, 61*  
MEPRON SUS, 27  
*mercaptapurine tab 50 mg, 29*  
*mesalamine enema 4 gm, 123*  
*mesalamine suppos 1000 mg, 123*  
MESNEX TAB 400MG, 34  
MESTINON SOL 60MG/5ML, 94  
MESTINON TAB 60MG, 94  
MESTINON TAB TIMESPAN, 94  
METADATE CD CAP 10MG, 85  
METADATE CD CAP 20MG, 85  
METADATE CD CAP 30MG, 85  
METADATE CD CAP 40MG, 85  
METADATE CD CAP 50MG, 85  
METADATE CD CAP 60MG, 85  
*metaproterenol sulfate syrup 10 mg/5ml, 147*  
*metaproterenol sulfate tab 10 mg, 147*  
*metaproterenol sulfate tab 20 mg, 147*  
*metaxalone tab 400 mg, 94*  
*metaxalone tab 800 mg, 94*  
*metformin hcl tab 1000 mg, 98*  
*metformin hcl tab 500 mg, 98*  
*metformin hcl tab 850 mg, 98*  
*metformin hcl tab er 24hr 500 mg, 98*  
*metformin hcl tab er 24hr 750 mg, 98*  
*methadone hcl conc 10 mg/ml, 8*  
*methadone hcl soln 10 mg/5ml, 8*  
*methadone hcl soln 5 mg/5ml, 8*  
*methadone hcl tab 10 mg, 8*  
*methadone hcl tab 5 mg, 8*  
*methadone hcl tab for oral susp 40 mg, 8*  
METHADOSE CON 10MG/ML, 8  
*methazolamide tab 25 mg, 54*  
*methazolamide tab 50 mg, 54*  
*methenamine hippurate tab 1 gm, 27*  
*methenamine mandelate tab 0.5 gm, 27*  
*methenamine mandelate tab 1 gm, 27*  
METHERGINE TAB 0.2MG, 115  
*methimazole tab 10 mg, 118*  
*methimazole tab 5 mg, 118*  
*methocarbamol tab 500 mg, 94*  
*methocarbamol tab 750 mg, 94*  
*methotrexate sodium tab 2.5 mg (base equiv), 29*  
*methoxsalen rapid cap 10 mg, 155*  
*methscopolamine bromide tab 2.5 mg, 122*  
*methscopolamine bromide tab 5 mg, 122*  
*methyclothiazide tab 5 mg, 56*  
*methylidopa & hydrochlorothiazide tab 250-15 mg, 39*  
*methylidopa & hydrochlorothiazide tab 250-25 mg, 39*  
*methylidopa tab 250 mg, 38*  
*methylidopa tab 500 mg, 38*  
*methylergonovine maleate tab 0.2 mg, 115*  
METHYLIN CHW 10MG, 85  
METHYLIN CHW 2.5MG, 85  
METHYLIN CHW 5MG, 85  
METHYLIN SOL 10MG/5ML, 85  
METHYLIN SOL 5MG/5ML, 85  
*methylphenidate hcl cap er 10 mg (cd), 85*  
*methylphenidate hcl cap er 20 mg (cd), 85*  
*methylphenidate hcl cap er 24hr 10 mg (la), 85*  
*methylphenidate hcl cap er 24hr 20 mg (la), 85*  
*methylphenidate hcl cap er 24hr 30 mg (la), 86*  
*methylphenidate hcl cap er 24hr 40 mg (la), 86*  
*methylphenidate hcl cap er 30 mg (cd), 86*  
*methylphenidate hcl cap er 40 mg (cd), 86*

86  
*methylphenidate hcl cap er 50 mg (cd)*,  
86  
*methylphenidate hcl cap er 60 mg (cd)*,  
86  
*methylphenidate hcl chew tab 10 mg*, 86  
*methylphenidate hcl chew tab 2.5 mg*,  
86  
*methylphenidate hcl chew tab 5 mg*, 86  
*methylphenidate hcl soln 10 mg/5ml*, 86  
*methylphenidate hcl soln 5 mg/5ml*, 86  
*methylphenidate hcl tab 10 mg*, 86  
*methylphenidate hcl tab 20 mg*, 86  
*methylphenidate hcl tab 5 mg*, 86  
*methylphenidate hcl tab er 10 mg*, 86  
*methylphenidate hcl tab er 20 mg*, 86  
*methylphenidate hcl tab er 24hr 18 mg*,  
86  
*methylphenidate hcl tab er 24hr 27 mg*,  
86  
*methylphenidate hcl tab er 24hr 36 mg*,  
86  
*methylphenidate hcl tab er 24hr 54 mg*,  
86  
*methylphenidate hcl tab er osmotic  
release (osm) 18 mg*, 86  
*methylphenidate hcl tab er osmotic  
release (osm) 27 mg*, 86  
*methylphenidate hcl tab er osmotic  
release (osm) 36 mg*, 86  
*methylphenidate hcl tab er osmotic  
release (osm) 54 mg*, 86  
*methylphenid tab 72mg er*, 85  
*methylprednisolone tab 16 mg*, 113  
*methylprednisolone tab 32 mg*, 113  
*methylprednisolone tab 4 mg*, 113  
*methylprednisolone tab 8 mg*, 113  
*methylprednisolone tab therapy pack 4  
mg (21)*, 113  
*metipranolol ophth soln 0.3%*, 166  
*metoclopramide hcl orally disintegrating  
tab 5 mg (base eq)*, 120  
*metoclopramide hcl soln 5 mg/5ml (10  
mg/10ml) (base equiv)*, 120  
*metoclopramide hcl tab 10 mg (base  
equivalent)*, 120  
*metoclopramide hcl tab 5 mg (base  
equivalent)*, 120  
METOCLOPRAMI TAB 10MG ODT, 120  
*metolazone tab 10 mg*, 56  
*metolazone tab 2.5 mg*, 56  
*metolazone tab 5 mg*, 56  
*metoprolol & hydrochlorothiazide tab  
100-25 mg*, 48  
*metoprolol & hydrochlorothiazide tab  
100-50 mg*, 48  
*metoprolol & hydrochlorothiazide tab  
50-25 mg*, 48  
*metoprolol succinate tab er 24hr 100 mg  
(tartrate equiv)*, 50  
*metoprolol succinate tab er 24hr 200 mg  
(tartrate equiv)*, 50  
*metoprolol succinate tab er 24hr 25 mg  
(tartrate equiv)*, 49  
*metoprolol succinate tab er 24hr 50 mg  
(tartrate equiv)*, 50  
*metoprolol tartrate tab 100 mg*, 50  
*metoprolol tartrate tab 25 mg*, 50  
*metoprolol tartrate tab 37.5 mg*, 50  
*metoprolol tartrate tab 50 mg*, 50  
*metoprolol tartrate tab 75 mg*, 50  
METOZOLV ODT TAB 5MG, 120  
METROCREAM CRE 0.75%, 161  
METROGEL GEL 1%, 161  
METROGEL-VAG GEL 0.75%, 131  
METROLOTION LOT 0.75%, 161  
*metronidazole cap 375 mg*, 27  
*metronidazole cream 0.75%*, 161  
*metronidazole gel 0.75%*, 161  
*metronidazole gel 1%*, 161  
*metronidazole lotion 0.75%*, 161  
*metronidazole tab 250 mg*, 27  
*metronidazole tab 500 mg*, 28  
*metronidazole vaginal gel 0.75%*, 131  
METVIXIA CRE 16.8%, 154  
MEVACOR TAB 40MG, 46  
MICARDIS HCT TAB 40/12.5, 41  
MICARDIS HCT TAB 80/12.5, 42  
MICARDIS HCT TAB 80-25MG, 42  
MICARDIS TAB 20MG, 43  
MICARDIS TAB 40MG, 43  
MICARDIS TAB 80MG, 43

*miconazole nitrate vaginal suppos 200 mg*, 131  
MICRO-K CAP 10MEQ CR, 139  
MICRO-K CAP 8MEQ CR, 138  
MICROZIDE CAP 12.5MG, 56  
*midazolam hcl syrup 2 mg/ml (base equivalent)*, 88  
*midodrine hcl tab 10 mg*, 59  
*midodrine hcl tab 2.5 mg*, 59  
*midodrine hcl tab 5 mg*, 59  
MIFEPREX TAB 200MG, 115  
*miglitol tab 100 mg*, 98  
*miglitol tab 25 mg*, 98  
*miglitol tab 50 mg*, 98  
*miglustat cap 100 mg*, 112  
MIGRANAL SPR 4MG/ML, 89  
MINIPRESS CAP 1MG, 39  
MINIPRESS CAP 2MG, 39  
MINIPRESS CAP 5MG, 39  
*minocycline hcl cap 100 mg*, 18  
*minocycline hcl cap 50 mg*, 18  
*minocycline hcl cap 75 mg*, 18  
*minocycline hcl tab 100 mg*, 18  
*minocycline hcl tab 50 mg*, 18  
*minocycline hcl tab 75 mg*, 18  
*minocycline hcl tab er 24hr 105 mg*, 18  
*minocycline hcl tab er 24hr 115 mg*, 19  
*minocycline hcl tab er 24hr 135 mg*, 19  
*minocycline hcl tab er 24hr 45 mg*, 18  
*minocycline hcl tab er 24hr 55 mg*, 18  
*minocycline hcl tab er 24hr 65 mg*, 18  
*minocycline hcl tab er 24hr 80 mg*, 18  
*minocycline hcl tab er 24hr 90 mg*, 18  
*minoxidil tab 10 mg*, 56  
*minoxidil tab 2.5 mg*, 56  
MIRAPEX ER TAB 0.375MG, 75  
MIRAPEX ER TAB 0.75MG, 75  
MIRAPEX ER TAB 1.5MG, 75  
MIRAPEX ER TAB 2.25MG, 75  
MIRAPEX ER TAB 3.75MG, 75  
MIRAPEX ER TAB 3MG, 75  
MIRAPEX ER TAB 4.5MG, 75  
MIRAPEX TAB 0.125MG, 75  
MIRAPEX TAB 0.25MG, 75  
MIRAPEX TAB 0.5MG, 75  
MIRAPEX TAB 0.75MG, 75  
MIRAPEX TAB 1.5MG, 75  
MIRAPEX TAB 1MG, 75  
MIRCETTE TAB 28 DAY, 105  
*mirtazapine orally disintegrating tab 15 mg*, 68  
*mirtazapine orally disintegrating tab 30 mg*, 68  
*mirtazapine orally disintegrating tab 45 mg*, 69  
*mirtazapine tab 15 mg*, 69  
*mirtazapine tab 30 mg*, 69  
*mirtazapine tab 45 mg*, 69  
*mirtazapine tab 7.5 mg*, 69  
MIRVASO GEL 0.33%, 162  
*misoprostol tab 100 mcg*, 126  
*misoprostol tab 200 mcg*, 126  
MITIGARE CAP 0.6MG, 1  
MITOSOL KIT 0.2MG, 164  
MOBIC SUS 7.5/5ML, 3  
MOBIC TAB 15MG, 3  
MOBIC TAB 7.5MG, 3  
*modafinil tab 100 mg*, 94  
*modafinil tab 200 mg*, 94  
MODERIBA PAK 1200/DAY, 25  
MODERIBA PAK 800/DAY, 25  
MODERIBA TAB 1000/DAY, 25  
MODERIBA TAB 600/DAY, 25  
MODICON TAB 0.5/35, 108  
*moexipril hcl tab 15 mg*, 37  
*moexipril hcl tab 7.5 mg*, 37  
*moexipril-hydrochlorothiazide tab 15-12.5 mg*, 36  
*moexipril-hydrochlorothiazide tab 15-25 mg*, 36  
*moexipril-hydrochlorothiazide tab 7.5-12.5 mg*, 36  
*molindone hcl tab 10 mg*, 81  
*molindone hcl tab 25 mg*, 81  
*molindone hcl tab 5 mg*, 81  
*mometasone furoate cream 0.1%*, 159  
*mometasone furoate oint 0.1%*, 159  
*mometasone furoate solution 0.1% (lotion)*, 159  
MONOJECTOR MIS END CAPS, 103  
*montelukast sodium chew tab 4 mg (base equiv)*, 148

*montelukast sodium chew tab 5 mg (base equiv)*, 148  
*montelukast sodium oral granules packet 4 mg (base equiv)*, 148  
*montelukast sodium tab 10 mg (base equiv)*, 148  
*morphine sulfate beads cap er 24hr 120 mg*, 8  
*morphine sulfate beads cap er 24hr 30 mg*, 8  
*morphine sulfate beads cap er 24hr 45 mg*, 8  
*morphine sulfate beads cap er 24hr 60 mg*, 8  
*morphine sulfate beads cap er 24hr 75 mg*, 8  
*morphine sulfate beads cap er 24hr 90 mg*, 8  
*morphine sulfate cap er 24hr 100 mg*, 8  
*morphine sulfate cap er 24hr 10 mg*, 8  
*morphine sulfate cap er 24hr 20 mg*, 8  
*morphine sulfate cap er 24hr 30 mg*, 8  
*morphine sulfate cap er 24hr 50 mg*, 8  
*morphine sulfate cap er 24hr 60 mg*, 8  
*morphine sulfate cap er 24hr 80 mg*, 8  
*morphine sulfate oral soln 100 mg/5ml (20 mg/ml)*, 8  
*morphine sulfate oral soln 10 mg/5ml*, 8  
*morphine sulfate oral soln 20 mg/5ml*, 8  
*morphine sulfate suppos 10 mg*, 8  
*morphine sulfate suppos 20 mg*, 9  
*morphine sulfate suppos 5 mg*, 8  
*morphine sulfate tab 15 mg*, 9  
*morphine sulfate tab 30 mg*, 9  
*morphine sulfate tab er 100 mg*, 9  
*morphine sulfate tab er 15 mg*, 9  
*morphine sulfate tab er 200 mg*, 9  
*morphine sulfate tab er 30 mg*, 9  
*morphine sulfate tab er 60 mg*, 9  
MORPHINE SUL SUP 30MG, 8  
MOTOFEN TAB, 119  
MOVANTIK TAB 12.5MG, 125  
MOVANTIK TAB 25MG, 125  
MOVIPREP SOL, 124  
MOXATAG TAB 775MG, 17  
MOXEZA SOL 0.5%, 164

*moxifloxacin hcl ophth soln 0.5% (base equiv)*, 164  
*moxifloxacin hcl tab 400 mg (base equiv)*, 16  
MS CONTIN TAB 100MG ER, 9  
MS CONTIN TAB 15MG ER, 9  
MS CONTIN TAB 200MG ER, 9  
MS CONTIN TAB 30MG ER, 9  
MS CONTIN TAB 60MG ER, 9  
MUGARD LIQ, 163  
MULPLETA TAB 3MG, 135  
MULTAQ TAB 400MG, 43  
*mupirocin oint 2%*, 154  
MUSE SUP 1000MCG, 128  
MUSE SUP 125MCG, 128  
MUSE SUP 250MCG, 128  
MUSE SUP 500MCG, 128  
MYALEPT INJ 11.3MG, 115  
MYAMBUTOL TAB 100MG, 24  
MYAMBUTOL TAB 400MG, 24  
MYCOBUTIN CAP 150MG, 28  
*mycophenolate mofetil cap 250 mg*, 137  
*mycophenolate mofetil for oral susp 200 mg/ml*, 137  
*mycophenolate mofetil tab 500 mg*, 137  
*mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)*, 137  
*mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)*, 137  
MYDAYIS CAP 12.5MG, 86  
MYDAYIS CAP 25MG, 86  
MYDAYIS CAP 37.5MG, 86  
MYDAYIS CAP 50MG, 86  
MYDRIACYL SOL 1% OP, 167  
MYFORTIC TAB 180MG, 137  
MYFORTIC TAB 360MG, 137  
MYKIDZ IRON SUS 15/1.5ML, 139  
MYLERAN TAB 2MG, 29  
MYNATAL CAP, 141  
MYNATE 90 TAB PLUS, 141  
MYRBETRIQ TAB 25MG, 130  
MYRBETRIQ TAB 50MG, 130  
MYSOLINE TAB 250MG, 64  
MYSOLINE TAB 50MG, 64  
N  
*nabumetone tab 500 mg*, 3

*nabumetone tab 750 mg*, 3  
*nadolol & bendroflumethiazide tab 40-5 mg*, 48  
*nadolol & bendroflumethiazide tab 80-5 mg*, 48  
*nadolol tab 20 mg*, 50  
*nadolol tab 40 mg*, 50  
*nadolol tab 80 mg*, 50  
NAFRINSE DLY SOL /NEUTRAL, 162  
NAFRINSE SOL DAILY, 162  
NAFRINSE WK SOL 0.2%, 162  
*naftifine hcl cream 1%*, 155  
*naftifine hcl cream 2%*, 155  
NAFTIN CRE 1%, 155  
NAFTIN CRE 2%, 155  
NAFTIN GEL 1%, 155  
NAFTIN GEL 2%, 155  
NALFON CAP 400MG, 3  
NALFON TAB 600MG, 3  
*naloxone hcl inj 0.4 mg/ml*, 95  
*naltrexone hcl tab 50 mg*, 95  
NAMENDA SOL 10MG/5ML, 67  
NAMENDA TAB 10MG, 67  
NAMENDA TAB 5-10MG, 67  
NAMENDA TAB 5MG, 67  
NAMENDA XR CAP 14MG, 67  
NAMENDA XR CAP 21MG, 67  
NAMENDA XR CAP 28MG, 67  
NAMENDA XR CAP 7MG, 67  
NAMENDA XR CAP TITRATIO, 67  
NAMZARIC CAP, 67  
NAMZARIC CAP 14-10MG, 67  
NAMZARIC CAP 21-10MG, 68  
NAMZARIC CAP 28-10MG, 68  
NAMZARIC CAP 7-10MG, 67  
*naphazoline hcl ophth soln 0.1%*, 167  
NAPROSYN TAB 250MG, 3  
NAPROSYN TAB 375MG, 3  
NAPROSYN TAB 500MG, 3  
*naproxen sodium tab 275 mg*, 3  
*naproxen sodium tab 550 mg*, 3  
*naproxen tab 250 mg*, 3  
*naproxen tab 375 mg*, 3  
*naproxen tab 500 mg*, 3  
*naproxen tab ec 375 mg*, 3  
*naproxen tab ec 500 mg*, 3  
*naratriptan hcl tab 1 mg (base equiv)*, 90  
*naratriptan hcl tab 2.5 mg (base equiv)*, 90  
NARCAN SPR, 95  
NARDIL TAB 15MG, 69  
NASCOBAL SPR 500MCG, 140  
NASONEX SPR 50MCG/AC, 149  
NATACHEW CHW, 141  
NATACYN SUS 5% OP, 165  
NATALVIT TAB 75-1MG, 141  
NATAZIA TAB, 105  
*nateglinide tab 120 mg*, 100  
*nateglinide tab 60 mg*, 100  
NATELLE ONE CAP, 141  
NATPARA INJ 100MCG, 105  
NATPARA INJ 25MCG, 104  
NATPARA INJ 50MCG, 104  
NATPARA INJ 75MCG, 105  
NATROBA SUS 0.9%, 162  
NEBUSAL NEB 6%, 149  
NECON TAB 10/11-28, 105  
NEEVO DHA CAP 27-1.13, 141  
*neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin*, 164  
*neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml*, 164  
*neomycin-polymyxin-dexamethasone ophth oint 0.1%*, 163  
*neomycin-polymyxin-dexamethasone ophth susp 0.1%*, 163  
*neomycin-polymyxin-hc ophth susp*, 163  
*neomycin-polymyxin-hc otic soln 1%*, 168  
*neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%*, 168  
*neomycin sulfate tab 500 mg*, 13  
NEORAL CAP 100MG, 138  
NEORAL CAP 25MG, 138  
NEORAL SOL 100MG/ML, 138  
NEOSPORIN SOL OP, 164  
NEO-SYNALAR CRE, 154  
NEOTUSS PLUS LIQ, 145  
NEPTAZANE TAB 25MG, 55  
NEPTAZANE TAB 50MG, 55  
NERLYNX TAB 40MG, 32  
NESTABS ABC MIS, 141

NEULASTA INJ 6MG/0.6M, 133  
NEULASTA KIT 6MG/0.6M, 133  
NEUPRO DIS 1MG/24HR, 75  
NEUPRO DIS 2MG/24HR, 75  
NEUPRO DIS 3MG/24HR, 75  
NEUPRO DIS 4MG/24HR, 75  
NEUPRO DIS 6MG/24HR, 75  
NEUPRO DIS 8MG/24HR, 75  
NEURONTIN CAP 100MG, 64  
NEURONTIN CAP 300MG, 64  
NEURONTIN CAP 400MG, 64  
NEURONTIN SOL 250/5ML, 64  
NEURONTIN TAB 600MG, 64  
NEURONTIN TAB 800MG, 64  
NEVANAC SUS 0.1%, 164  
*nevirapine susp 50 mg/5ml, 22*  
*nevirapine tab 200 mg, 22*  
*nevirapine tab er 24hr 100 mg, 22*  
*nevirapine tab er 24hr 400 mg, 22*  
NEWGEN TAB 32-1MG, 141  
NEXA PLUS CAP, 141  
NEXAVAR TAB 200MG, 32  
NEXPLANON IMP 68MG, 105  
*niacin (antihyperlipidemic) tab 500 mg, 47*  
*niacin tab er 1000 mg (antihyperlipidemic), 47*  
*niacin tab er 500 mg (antihyperlipidemic), 47*  
*niacin tab er 750 mg (antihyperlipidemic), 47*  
NIASPAN TAB 1000 ER, 47  
NIASPAN TAB 500MG ER, 47  
NIASPAN TAB 750MG ER, 47  
*nicardipine hcl cap 20 mg, 52*  
*nicardipine hcl cap 30 mg, 52*  
*nicotine polacrilex gum 2 mg, 96*  
*nicotine polacrilex gum 4 mg, 96*  
*nicotine polacrilex lozenge 2 mg, 96*  
*nicotine polacrilex lozenge 4 mg, 96*  
*nicotine td patch 24hr 14 mg/24hr, 96*  
*nicotine td patch 24hr 21 mg/24hr, 96*  
*nicotine td patch 24hr 7 mg/24hr, 96*  
NICOTROL INH, 96  
NICOTROL NS SPR 10MG/ML, 96  
*nifedipine tab er 24hr 30 mg, 52*  
*nifedipine tab er 24hr 60 mg, 52*  
*nifedipine tab er 24hr 90 mg, 52*  
*nifedipine tab er 24hr osmotic release 30 mg, 52*  
*nifedipine tab er 24hr osmotic release 60 mg, 52*  
*nifedipine tab er 24hr osmotic release 90 mg, 52*  
*nilutamide tab 150 mg, 29*  
*nimodipine cap 30 mg, 52*  
NINLARO CAP 2.3MG, 34  
NINLARO CAP 3MG, 34  
NINLARO CAP 4MG, 34  
NIRAVAM TAB 0.25MG, 60  
*nisoldipine tab er 24hr 17 mg, 52*  
*nisoldipine tab er 24hr 20 mg, 52*  
*nisoldipine tab er 24hr 25.5 mg, 52*  
*nisoldipine tab er 24hr 30 mg, 52*  
*nisoldipine tab er 24hr 34 mg, 52*  
*nisoldipine tab er 24hr 40 mg, 52*  
*nisoldipine tab er 24hr 8.5 mg, 52*  
NITRO-BID OIN 2%, 57  
NITRO-DUR DIS 0.1MG/HR, 57  
NITRO-DUR DIS 0.2MG/HR, 57  
NITRO-DUR DIS 0.3MG/HR, 57  
NITRO-DUR DIS 0.4MG/HR, 58  
NITRO-DUR DIS 0.6MG/HR, 58  
NITRO-DUR DIS 0.8MG/HR, 58  
*nitrofurantoin macrocrystalline cap 100 mg, 28*  
*nitrofurantoin macrocrystalline cap 25 mg, 28*  
*nitrofurantoin macrocrystalline cap 50 mg, 28*  
*nitrofurantoin monohydrate macrocrystalline cap 100 mg, 28*  
*nitrofurantoin susp 25 mg/5ml, 28*  
*nitroglycerin lingual aerosol 400 mcg/spray, 57*  
*nitroglycerin sl tab 0.3 mg, 57*  
*nitroglycerin sl tab 0.4 mg, 57*  
*nitroglycerin sl tab 0.6 mg, 57*  
*nitroglycerin td patch 24hr 0.1 mg/hr, 58*  
*nitroglycerin td patch 24hr 0.2 mg/hr, 58*  
*nitroglycerin td patch 24hr 0.4 mg/hr, 58*  
*nitroglycerin td patch 24hr 0.6 mg/hr, 58*

*nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray), 57*  
NITROLINGUAL SPR PUMPSRA, 57  
NITROMIST AER 400MCG, 57  
NITROSTAT SUB 0.3MG, 57  
NITROSTAT SUB 0.4MG, 57  
NITROSTAT SUB 0.6MG, 57  
NITYR TAB 10MG, 114  
NITYR TAB 2MG, 114  
NITYR TAB 5MG, 114  
NIVESTYM INJ 300/0.5, 133  
NIVESTYM INJ 300MCG, 133  
NIVESTYM INJ 480/0.8, 133  
NIVESTYM INJ 480MCG, 133  
*nizatidine cap 150 mg, 123*  
*nizatidine cap 300 mg, 123*  
*nizatidine oral soln 15 mg/ml, 123*  
NIZORAL SHA 2%, 155  
*nonoxynol-9 gel 4%, 106*  
NORCO TAB 10-325MG, 9  
NORCO TAB 5-325MG, 9  
NORCO TAB 7.5-325, 9  
NORDITROPIN INJ 10/1.5ML, 114  
NORDITROPIN INJ 5/1.5ML, 114  
*norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr, 108*  
*norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 108*  
*norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg, 107*  
*norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 108*  
*norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 108*  
*norethindrone & ethinyl estradiol tab 1 mg-35 mcg, 108*  
*norethindrone & mestranol tab 1 mg-50 mcg, 108*  
*norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, 107*  
*norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 107*  
*norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg, 107*  
*norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 107*

*norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), 107*  
*norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24), 107*  
*norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 109*  
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG, 109  
*norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg, 109*  
*norethindrone acetate tab 5 mg, 117*  
*norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg, 109*  
*norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 109*  
*norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg, 109*  
*norethindrone tab 0.35 mg, 108*  
*norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg, 108*  
*norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 109*  
*norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg, 109*  
*norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg, 107*  
*norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg, 108*  
NORINYL TAB 1+50-28, 108  
NORPACE CAP 100MG, 43  
NORPACE CAP 100MG CR, 43  
NORPACE CAP 150MG, 43  
NORPACE CAP 150MG CR, 43  
NORPRAMIN TAB 100MG, 73  
NORPRAMIN TAB 10MG, 73  
NORPRAMIN TAB 150MG, 73  
NORPRAMIN TAB 25MG, 73  
NORPRAMIN TAB 50MG, 73  
NORPRAMIN TAB 75MG, 73  
NORTHERA CAP 100MG, 56  
NORTHERA CAP 200MG, 56  
NORTHERA CAP 300MG, 57  
*nortriptyline hcl cap 10 mg, 73*  
*nortriptyline hcl cap 25 mg, 73*  
*nortriptyline hcl cap 50 mg, 73*  
*nortriptyline hcl cap 75 mg, 73*

*nortriptyline hcl soln 10 mg/5ml*, 73  
NORTUSS-EX LIQ 200-20/5, 145  
NORVIR CAP 100MG, 24  
NORVIR SOL 80MG/ML, 24  
NORVIR TAB 100MG, 24  
NOVAREL INJ 10000UNT, 112  
NOVOLIN INJ 70/30, 100  
NOVOLIN INJ FLEXPEN, 100  
NOVOLIN N INJ U-100, 100  
NOVOLIN R INJ U-100, 100  
NOVOLOG INJ 100/ML, 100  
NOVOLOG INJ FLEXPEN, 100  
NOVOLOG INJ PENFILL, 100  
NOVOLOG MIX INJ 70/30, 100  
NOVOLOG MIX INJ FLEXPEN, 100  
NOXAFIL SUS 40MG/ML, 20  
NOXAFIL TAB 100MG, 20  
NUBEQA TAB 300MG, 29  
NUCALA INJ 100MG/ML, 150  
NUCYNTA ER TAB 100MG, 9  
NUCYNTA ER TAB 150MG, 9  
NUCYNTA ER TAB 200MG, 9  
NUCYNTA ER TAB 250MG, 9  
NUCYNTA ER TAB 50MG, 9  
NUCYNTA TAB 100MG, 9  
NUCYNTA TAB 50MG, 9  
NUCYNTA TAB 75MG, 9  
NUEDEXTA CAP 20-10MG, 96  
NULYTELY SOL FLAV PKS, 124  
NUVAIL SOL 16%, 161  
NUVARING MIS, 109  
NUZYRA TAB 150MG, 19  
NYMALIZE SOL 60/20ML, 52  
*nystatin cream 100000 unit/gm*, 155  
*nystatin oint 100000 unit/gm*, 155  
*nystatin susp 100000 unit/ml*, 20  
*nystatin tab 500000 unit*, 20  
*nystatin topical powder 100000 unit/gm*, 155  
O  
OB COMPLETE/ CAP DHA, 141  
OB COMPLETE CAP ONE, 141  
OB COMPLETE CAP PETITE, 141  
OB COMPLETE TAB, 141  
OB COMPLETE TAB PREMIER, 141  
OBSTETRIX EC TAB, 141  
OBSTETRIX PAK DHA, 141  
O-CAL FA TAB, 141  
OCALIVA TAB 10MG, 125  
OCALIVA TAB 5MG, 125  
O-CAL TAB PRENATAL, 141  
*octreotide acetate inj 1000 mcg/ml (1 mg/ml)*, 97  
*octreotide acetate inj 100 mcg/ml (0.1 mg/ml)*, 97  
*octreotide acetate inj 200 mcg/ml (0.2 mg/ml)*, 97  
*octreotide acetate inj 500 mcg/ml (0.5 mg/ml)*, 97  
*octreotide acetate inj 50 mcg/ml (0.05 mg/ml)*, 97  
OCUFEN SOL 0.03% OP, 164  
OCUFLOX DRO 0.3% OP, 164  
ODACTRA SUB, 135  
ODEFSEY TAB, 21  
ODOMZO CAP 200MG, 34  
OFEV CAP 100MG, 150  
OFEV CAP 150MG, 150  
*ofloxacin ophth soln 0.3%*, 164  
*ofloxacin otic soln 0.3%*, 168  
*olanzapine orally disintegrating tab 10 mg*, 78  
*olanzapine orally disintegrating tab 15 mg*, 78  
*olanzapine orally disintegrating tab 20 mg*, 78  
*olanzapine orally disintegrating tab 5 mg*, 78  
*olanzapine tab 10 mg*, 78  
*olanzapine tab 15 mg*, 79  
*olanzapine tab 2.5 mg*, 78  
*olanzapine tab 20 mg*, 79  
*olanzapine tab 5 mg*, 78  
*olanzapine tab 7.5 mg*, 78  
*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg*, 41  
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg*, 41  
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg*, 41  
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg*, 41



*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg, 41*  
*olmesartan*  
*medoxomil-hydrochlorothiazide tab 20-12.5 mg, 42*  
*olmesartan*  
*medoxomil-hydrochlorothiazide tab 40-12.5 mg, 42*  
*olmesartan*  
*medoxomil-hydrochlorothiazide tab 40-25 mg, 42*  
*olmesartan medoxomil tab 20 mg, 43*  
*olmesartan medoxomil tab 40 mg, 43*  
*olmesartan medoxomil tab 5 mg, 43*  
*olopatadine hcl nasal soln 0.6%, 149*  
*olopatadine hcl ophth soln 0.1% (base equivalent), 165*  
*olopatadine hcl ophth soln 0.2% (base equivalent), 165*  
*OLUX AER 0.05%, 160*  
*OMECLAMOX- MIS PAK, 128*  
*omega-3-acid ethyl esters cap 1 gm, 47*  
*omeprazole cap delayed release 10 mg, 126*  
*omeprazole cap delayed release 20 mg, 126*  
*omeprazole cap delayed release 40 mg, 126*  
*OMNIFLEX DPR, 106*  
*OMNIPRED SUS 1% OP, 165*  
*ondansetron hcl oral soln 4 mg/5ml, 121*  
*ondansetron hcl tab 24 mg, 121*  
*ondansetron hcl tab 4 mg, 121*  
*ondansetron hcl tab 8 mg, 121*  
*ondansetron orally disintegrating tab 4 mg, 121*  
*ondansetron orally disintegrating tab 8 mg, 121*  
*ONMEL TAB 200MG, 20*  
*ONZETRA XSAI MIS 11MG, 90*  
*OPANA ER TAB 10MG, 9*  
*OPANA ER TAB 15MG, 9*  
*OPANA ER TAB 20MG, 9*  
*OPANA ER TAB 30MG, 9*  
*OPANA ER TAB 40MG, 9*  
*OPANA ER TAB 5MG, 9*  
*OPANA ER TAB 7.5MG, 9*  
*OPANA TAB 10MG, 9*  
*OPANA TAB 5MG, 9*  
*OPSUMIT TAB 10MG, 58*  
*ORACEA CAP 40MG, 162*  
*ORACIT SOL, 129*  
*ORAFATE PST 10%, 163*  
*ORALAIR SUB 300 IR, 135*  
*ORAPRED ODT TAB 10MG, 113*  
*ORAPRED ODT TAB 15MG, 113*  
*ORAPRED ODT TAB 30MG, 113*  
*ORAP TAB 1MG, 81*  
*ORAP TAB 2MG, 81*  
*ORAVIG TAB 50MG, 20*  
*ORENITRAM TAB 0.125MG, 58*  
*ORENITRAM TAB 0.25MG, 58*  
*ORENITRAM TAB 1MG, 58*  
*ORENITRAM TAB 2.5MG, 58*  
*ORENITRAM TAB 5MG, 58*  
*ORFADIN CAP 10MG, 114*  
*ORFADIN CAP 20MG, 114*  
*ORFADIN CAP 2MG, 114*  
*ORFADIN CAP 5MG, 114*  
*ORFADIN SUS 4MG/ML, 114*  
*ORILISSA TAB 150MG, 109*  
*ORILISSA TAB 200MG, 109*  
*ORKAMBI GRA 100-125, 148*  
*ORKAMBI GRA 150-188, 148*  
*ORKAMBI TAB 100-125, 148*  
*ORKAMBI TAB 200-125, 148*  
*orphenadrine citrate tab er 12hr 100 mg, 94*  
*orphenadrine w/ aspirin & caffeine tab 25-385-30 mg, 94*  
*ORTHO COIL DPR KIT 100, 106*  
*ORTHO COIL DPR KIT 105, 106*  
*ORTHO COIL DPR KIT 50, 106*  
*ORTHO-CYCLEN TAB 0.25/35, 108*  
*ORTHO FLAT DPR KIT 55, 106*  
*ORTHO FLAT DPR KIT 60, 106*  
*ORTHO FLAT DPR KIT 65, 106*  
*ORTHO FLAT DPR KIT 70, 106*  
*ORTHO FLAT DPR KIT 75, 106*  
*ORTHO FLAT DPR KIT 80, 106*  
*ORTHO FLAT DPR KIT 85, 106*  
*ORTHO FLAT DPR KIT 90, 106*

ORTHO FLAT DPR KIT 95, 106  
ORTHO MICRON TAB 0.35MG, 108  
ORTHO-NOVUM TAB 1/35, 108  
ORTHO-NOVUM TAB 7/7/7, 109  
ORTHO TRI- TAB CYCLEN, 109  
*oseltamivir phosphate cap 30 mg (base equiv)*, 26  
*oseltamivir phosphate cap 45 mg (base equiv)*, 26  
*oseltamivir phosphate cap 75 mg (base equiv)*, 26  
*oseltamivir phosphate for susp 6 mg/ml (base equiv)*, 26  
OSMOPREP TAB 1.5GM, 124  
OSPHENA TAB 60MG, 118  
OTEZLA TAB 10/20/30, 136  
OTEZLA TAB 30MG, 136  
OTREXUP INJ 10MG, 136  
OTREXUP INJ 12.5/0.4, 137  
OTREXUP INJ 15MG, 136  
*otrexup inj 17.5/0.4*, 136  
OTREXUP INJ 20MG, 136  
*otrexup inj 22.5/0.4*, 136  
OTREXUP INJ 25MG, 136  
OTREXUP INJ 7.5/0.4, 136  
OVCON-35 TAB, 108  
OVIDE LOT 0.5%, 162  
OVIDREL INJ, 112  
OXANDRIN TAB 10MG, 97  
OXANDRIN TAB 2.5MG, 97  
*oxandrolone tab 10 mg*, 97  
*oxandrolone tab 2.5 mg*, 97  
*oxaprozin tab 600 mg*, 3  
*oxazepam cap 10 mg*, 60  
*oxazepam cap 15 mg*, 60  
*oxazepam cap 30 mg*, 60  
*oxcarbazepine susp 300 mg/5ml (60 mg/ml)*, 64  
*oxcarbazepine tab 150 mg*, 64  
*oxcarbazepine tab 300 mg*, 64  
*oxcarbazepine tab 600 mg*, 64  
OXERVATE SOL 20MCG/ML, 167  
*oxiconazole nitrate cream 1%*, 155  
OXISTAT CRE 1%, 155  
OXISTAT LOT 1%, 155  
OXSORALEN LOT 1%, 161  
OXSORALEN-UL CAP 10MG, 155  
OXTELLAR XR TAB 150MG, 64  
OXTELLAR XR TAB 300MG, 64  
OXTELLAR XR TAB 600MG, 64  
*oxybutynin chloride syrup 5 mg/5ml*, 130  
*oxybutynin chloride tab 5 mg*, 130  
*oxybutynin chloride tab er 24hr 10 mg*, 130  
*oxybutynin chloride tab er 24hr 15 mg*, 130  
*oxybutynin chloride tab er 24hr 5 mg*, 130  
*oxycodone-aspirin tab 4.8355-325 mg*, 10  
*oxycodone hcl cap 5 mg*, 10  
*oxycodone hcl conc 100 mg/5ml (20 mg/ml)*, 10  
*oxycodone hcl soln 5 mg/5ml*, 10  
*oxycodone hcl tab 10 mg*, 10  
*oxycodone hcl tab 15 mg*, 10  
*oxycodone hcl tab 20 mg*, 10  
*oxycodone hcl tab 30 mg*, 10  
*oxycodone hcl tab 5 mg*, 10  
*oxycodone hcl tab er 12hr deter 10 mg*, 10  
*oxycodone hcl tab er 12hr deter 15 mg*, 10  
*oxycodone hcl tab er 12hr deter 20 mg*, 10  
*oxycodone hcl tab er 12hr deter 30 mg*, 10  
*oxycodone hcl tab er 12hr deter 40 mg*, 10  
*oxycodone hcl tab er 12hr deter 60 mg*, 10  
*oxycodone hcl tab er 12hr deter 80 mg*, 10  
*oxycodone-ibuprofen tab 5-400 mg*, 10  
*oxycodone w/ acetaminophen soln 5-325 mg/5ml*, 10  
*oxycodone w/ acetaminophen tab 10-325 mg*, 10  
*oxycodone w/ acetaminophen tab 2.5-325 mg*, 10  
*oxycodone w/ acetaminophen tab 5-325 mg*, 10

*oxycodone w/ acetaminophen tab*  
*7.5-325 mg, 10*  
OXYCONTIN TAB 10MG CR, 10  
OXYCONTIN TAB 15MG CR, 10  
OXYCONTIN TAB 20MG CR, 10  
OXYCONTIN TAB 30MG CR, 10  
OXYCONTIN TAB 40MG CR, 11  
OXYCONTIN TAB 60MG CR, 11  
OXYCONTIN TAB 80MG CR, 11  
*oxymorphone hcl tab 10 mg, 11*  
*oxymorphone hcl tab 5 mg, 11*  
*oxymorphone hcl tab er 12hr 10 mg, 11*  
*oxymorphone hcl tab er 12hr 15 mg, 11*  
*oxymorphone hcl tab er 12hr 20 mg, 11*  
*oxymorphone hcl tab er 12hr 30 mg, 11*  
*oxymorphone hcl tab er 12hr 40 mg, 11*  
*oxymorphone hcl tab er 12hr 5 mg, 11*  
*oxymorphone hcl tab er 12hr 7.5 mg, 11*  
OZEMPIC INJ 2/1.5ML, 99  
P  
PAIRE OB MIS, 141  
*paliperidone tab er 24hr 1.5 mg, 79*  
*paliperidone tab er 24hr 3 mg, 79*  
*paliperidone tab er 24hr 6 mg, 79*  
*paliperidone tab er 24hr 9 mg, 79*  
PAMELOR CAP 10MG, 73  
PAMELOR CAP 25MG, 73  
PAMELOR CAP 50MG, 73  
PAMELOR CAP 75MG, 73  
PAMINE FORTE TAB 5MG, 122  
PAMINE TAB 2.5MG, 122  
PANCREAZE CAP, 125  
PANCREAZE CAP 10500UNT, 125  
PANCREAZE CAP 16800UNT, 125  
PANCREAZE CAP 21000UNT, 125  
PANCREAZE CAP 4200UNIT, 125  
PANDEL CRE 0.1%, 159  
PANRETIN GEL 0.1%, 161  
*pantoprazole sodium ec tab 20 mg (base equiv), 127*  
*pantoprazole sodium ec tab 40 mg (base equiv), 127*  
PARAFON FORT TAB 500MG, 94  
*paricalcitol cap 1 mcg, 115*  
*paricalcitol cap 2 mcg, 115*  
*paricalcitol cap 4 mcg, 115*  
PARLODEL CAP 5MG, 75  
PARLODEL TAB 2.5MG, 75  
PARNATE TAB 10MG, 69  
*paromomycin sulfate cap 250 mg, 13*  
*paroxetine hcl tab 10 mg, 70*  
*paroxetine hcl tab 20 mg, 70*  
*paroxetine hcl tab 30 mg, 70*  
*paroxetine hcl tab 40 mg, 70*  
*paroxetine hcl tab er 24hr 12.5 mg, 70*  
*paroxetine hcl tab er 24hr 25 mg, 70*  
*paroxetine hcl tab er 24hr 37.5 mg, 70*  
*paroxetine mesylate cap 7.5 mg (base equiv), 96*  
PASER GRA 4GM, 24  
PATADAY SOL 0.2%, 165  
PATANASE SPR 0.6%, 149  
PATANOL SOL 0.1% OP, 165  
PAXIL CR TAB 12.5MG, 70  
PAXIL CR TAB 25MG, 70  
PAXIL CR TAB 37.5MG, 70  
PAXIL SUS 10MG/5ML, 70  
PAXIL TAB 10MG, 70  
PAXIL TAB 20MG, 71  
PAXIL TAB 30MG, 71  
PAXIL TAB 40MG, 71  
PAZEO DRO 0.7%, 165  
PCE TAB 333MG EC, 15  
PCE TAB 500MG EC, 15  
PEDIAPRED SOL 6.7/5ML, 113  
PEDIATEX TDM SUS, 145  
*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, 124*  
*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm, 124*  
*peg 3350-kcl-sod bicarb-nacl for soln 420 gm, 124*  
PEGANONE TAB 250MG, 64  
PEGASYS INJ, 137  
PEGASYS INJ 180MCG/M, 137  
PEGASYS INJ PROCLICK, 137  
*penicillin v potassium for soln 125 mg/5ml, 17*  
*penicillin v potassium for soln 250 mg/5ml, 17*  
*penicillin v potassium tab 250 mg, 17*  
*penicillin v potassium tab 500 mg, 17*

PEN NEEDLES MIS 31GX8MM, 103  
PENTASA CAP 250MG CR, 123  
PENTASA CAP 500MG CR, 123  
*pentoxifylline tab er 400 mg*, 134  
PEPCID SUS 40MG/5ML, 123  
PEPCID TAB 40MG, 123  
PERCODAN TAB, 11  
PERFOROMIST NEB 20MCG, 147  
PERIDEX SOL 0.12%, 162  
*perindopril erbumine tab 2 mg*, 37  
*perindopril erbumine tab 4 mg*, 37  
*perindopril erbumine tab 8 mg*, 37  
*permethrin cream 5%*, 162  
*perphenazine-amitriptyline tab 2-10 mg*, 81  
*perphenazine-amitriptyline tab 2-25 mg*, 81  
*perphenazine-amitriptyline tab 4-10 mg*, 81  
*perphenazine-amitriptyline tab 4-25 mg*, 81  
*perphenazine-amitriptyline tab 4-50 mg*, 81  
*perphenazine tab 16 mg*, 81  
*perphenazine tab 2 mg*, 81  
*perphenazine tab 4 mg*, 81  
*perphenazine tab 8 mg*, 81  
PERSANTINE TAB 25MG, 135  
PERSANTINE TAB 50MG, 135  
PERSANTINE TAB 75MG, 135  
PERTZYE CAP 16000U, 125  
PERTZYE CAP 24000U, 125  
PERTZYE CAP 4000UNIT, 125  
PERTZYE CAP 8000UNIT, 125  
PEXEVA TAB 10MG, 71  
PEXEVA TAB 20MG, 71  
PEXEVA TAB 30MG, 71  
PEXEVA TAB 40MG, 71  
*phenazopyridine hcl tab 100 mg*, 129  
*phenazopyridine hcl tab 200 mg*, 129  
*phenelzine sulfate tab 15 mg*, 69  
*phenobarbital elixir 20 mg/5ml*, 64  
*phenobarbital tab 100 mg*, 65  
*phenobarbital tab 15 mg*, 64  
*phenobarbital tab 16.2 mg*, 64  
*phenobarbital tab 30 mg*, 65  
*phenobarbital tab 32.4 mg*, 65  
*phenobarbital tab 60 mg*, 65  
*phenobarbital tab 64.8 mg*, 65  
*phenobarbital tab 97.2 mg*, 65  
*phenoxybenzamine hcl cap 10 mg*, 57  
*phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml*, 145  
*phenylephrine hcl ophth soln 2.5%*, 167  
PHENYTEK CAP 200MG, 65  
PHENYTEK CAP 300MG, 65  
*phenytoin chew tab 50 mg*, 65  
*phenytoin sodium extended cap 100 mg*, 65  
*phenytoin susp 125 mg/5ml*, 65  
PHOSLO CAP 667MG, 116  
PHOSLYRA SOL, 116  
PHOSPHOLINE SOL 0.125%OP, 167  
*phytonadione tab 5 mg*, 140  
PICATO GEL 0.015%, 154  
PICATO GEL 0.05%, 154  
*pilocarpine hcl ophth soln 1%*, 167  
*pilocarpine hcl ophth soln 2%*, 167  
*pilocarpine hcl ophth soln 4%*, 167  
*pilocarpine hcl tab 5 mg*, 127  
*pilocarpine hcl tab 7.5 mg*, 127  
*pimecrolimus cream 1%*, 156  
*pimozide tab 1 mg*, 81  
*pimozide tab 2 mg*, 82  
*pindolol tab 10 mg*, 50  
*pindolol tab 5 mg*, 50  
*pioglitazone hcl-glimepiride tab 30-2 mg*, 99  
*pioglitazone hcl-glimepiride tab 30-4 mg*, 99  
*pioglitazone hcl-metformin hcl tab 15-500 mg*, 99  
*pioglitazone hcl-metformin hcl tab 15-850 mg*, 99  
*pioglitazone hcl tab 15 mg (base equiv)*, 99  
*pioglitazone hcl tab 30 mg (base equiv)*, 100  
*pioglitazone hcl tab 45 mg (base equiv)*, 100  
*piroxicam cap 10 mg*, 3  
*piroxicam cap 20 mg*, 3

PLAQUENIL TAB 200MG, 136  
PLEGRIDY INJ, 92  
PLEGRIDY INJ PEN, 92  
PLEGRIDY INJ STARTER, 92  
PLEGRIDY PEN INJ STARTER, 92  
PLETAL TAB 100MG, 134  
PLETAL TAB 50MG, 134  
PNV-TOTAL CAP, 141  
*podofilox soln 0.5%*, 161  
*polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%*, 164  
POLYTRIM SOL OP, 164  
POMALYST CAP 1MG, 30  
POMALYST CAP 2MG, 30  
POMALYST CAP 3MG, 30  
POMALYST CAP 4MG, 30  
PONSTEL CAP 250MG, 3  
*pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml*, 129  
*pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml*, 129  
*potassium bicarbonate effer tab 25 meq*, 139  
*potassium chloride cap er 10 meq*, 139  
*potassium chloride cap er 8 meq*, 139  
*potassium chloride microencapsulated crys er tab 10 meq*, 139  
*potassium chloride microencapsulated crys er tab 20 meq*, 139  
*potassium chloride oral soln 10% (20 meq/15ml)*, 139  
*potassium chloride oral soln 20% (40 meq/15ml)*, 139  
*potassium chloride powder packet 20 meq*, 139  
*potassium chloride tab er 10 meq*, 139  
*potassium chloride tab er 20 meq (1500 mg)*, 139  
*potassium chloride tab er 8 meq (600 mg)*, 139  
*potassium citrate & citric acid powder pack 3300-1002 mg*, 129  
*potassium citrate & citric acid soln 1100-334 mg/5ml*, 129  
*potassium citrate tab er 10 meq (1080 mg)*, 130  
*potassium citrate tab er 15 meq (1620 mg)*, 130  
*potassium citrate tab er 5 meq (540 mg)*, 129  
*pot bicarbonate & chloride effer tab 25 meq*, 139  
*pot phos monobasic w/sod phos di & monobas tab 155-852-130mg*, 129  
*pramipexole dihydrochloride tab 0.125 mg*, 76  
*pramipexole dihydrochloride tab 0.25 mg*, 75  
*pramipexole dihydrochloride tab 0.5 mg*, 75  
*pramipexole dihydrochloride tab 0.75 mg*, 76  
*pramipexole dihydrochloride tab 1.5 mg*, 76  
*pramipexole dihydrochloride tab 1 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 0.375 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 0.75 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 1.5 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 2.25 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 3.75 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 3 mg*, 76  
*pramipexole dihydrochloride tab er 24hr 4.5 mg*, 76  
PRAMOSONE LOT 1%, 156  
PRAMOSONE LOT 2.5%, 156  
PRANDIMET TAB 1-500MG, 100  
PRANDIMET TAB 2-500MG, 100  
PRANDIN TAB 0.5MG, 100  
PRANDIN TAB 1MG, 100  
PRANDIN TAB 2MG, 100  
*prasugrel hcl tab 10 mg (base equiv)*, 135  
*prasugrel hcl tab 5 mg (base equiv)*, 135  
PRAVACHOL TAB 20MG, 46  
PRAVACHOL TAB 40MG, 46

PRAVACHOL TAB 80MG, 46  
*pravastatin sodium tab 10 mg*, 46  
*pravastatin sodium tab 20 mg*, 46  
*pravastatin sodium tab 40 mg*, 46  
*pravastatin sodium tab 80 mg*, 46  
*praziquantel tab 600 mg*, 28  
*prazosin hcl cap 1 mg*, 39  
*prazosin hcl cap 2 mg*, 39  
*prazosin hcl cap 5 mg*, 39  
PRECOSE TAB 100MG, 98  
PRECOSE TAB 25MG, 98  
PRECOSE TAB 50MG, 98  
PRED-G S.O.P OIN OP, 163  
PRED-G SUS OP, 163  
PRED MILD SUS 0.12% OP, 165  
*prednicarbate cream 0.1%*, 159  
*prednicarbate oint 0.1%*, 159  
*prednisolone acetate ophth susp 1%*,  
165  
*prednisolone sodium phosphate oral soln  
25 mg/5ml (base eq)*, 113  
*prednisolone sod phos orally disintegr  
tab 10 mg (base eq)*, 113  
*prednisolone sod phos orally disintegr  
tab 15 mg (base eq)*, 113  
*prednisolone sod phos orally disintegr  
tab 30 mg (base eq)*, 113  
*prednisolone sod phosphate oral soln 15  
mg/5ml (base equiv)*, 113  
*prednisolone sod phosph oral soln 6.7  
mg/5ml (5 mg/5ml base)*, 113  
*prednisolone syrup 15 mg/5ml (usp  
solution equivalent)*, 113  
PREDNISON CON 5MG/ML, 113  
*prednisone oral soln 5 mg/5ml*, 113  
*prednisone tab 10 mg*, 114  
*prednisone tab 1 mg*, 114  
*prednisone tab 2.5 mg*, 114  
*prednisone tab 20 mg*, 114  
*prednisone tab 50 mg*, 114  
*prednisone tab 5 mg*, 114  
*prednisone tab therapy pack 10 mg (21)*,  
114  
*prednisone tab therapy pack 5 mg (21)*,  
114  
PRED SOD PHO SOL 1% OP, 165  
PREFERAOB CAP ONE, 141  
PREFEST TAB, 109  
*pregabalin cap 100 mg*, 88  
*pregabalin cap 150 mg*, 88  
*pregabalin cap 200 mg*, 88  
*pregabalin cap 225 mg*, 88  
*pregabalin cap 25 mg*, 87  
*pregabalin cap 300 mg*, 88  
*pregabalin cap 50 mg*, 87  
*pregabalin cap 75 mg*, 88  
PREMARIN TAB 0.3MG, 110  
PREMARIN TAB 0.45MG, 110  
PREMARIN TAB 0.625MG, 110  
PREMARIN TAB 0.9MG, 110  
PREMARIN TAB 1.25MG, 110  
PREMARIN VAG CRE 0.625MG, 112  
PREMESISR TAB, 141  
PREMPHASE TAB, 109  
PREMPRO TAB, 110  
PREMPRO TAB 0.3-1.5, 110  
PREMPRO TAB 0.45-1.5, 110  
PREMPRO TAB 0.625-5, 110  
PRENAISSANCE CAP BALANCE, 141  
PRENAISSANCE CAP PLUS, 141  
PRENAISSANCE MIS HARMONY, 141  
PRENAISSANCE TAB NEXT, 141  
PRENAISSANCE TAB NEXT-B, 141  
PRENATA CHW 29-1MG, 141  
PRENATAL MIS COMPLEAT, 141  
PRENATAL-U CAP 106.5-1, 142  
PRENATAL VIT TAB LOW IRON, 141  
PRENATE AM TAB 1MG, 142  
PRENATE CAP ENHANCE, 142  
PRENATE CAP ESSENTIA, 142  
PRENATE CAP PIXIE, 142  
PRENATE CAP RESTORE, 142  
PRENATE CHW 0.6-0.4, 142  
PRENATE DHA CAP, 142  
PRENATE MINI CAP, 142  
PRENATE STAR TAB 20-1MG, 142  
PRENATE TAB ELITE, 142  
PRENTIF MIS 22MM, 106  
PRENTIF MIS 25MM, 106  
PRENTIF MIS 28MM, 106  
PRENTIF MIS 31MM, 106  
PRENTIF MIS FITTING, 106

PREPIDIL GEL 0.5MG/3G, 115  
PREPOPIK PAK, 124  
PREQUE 10 TAB, 142  
PREVPAC MIS, 128  
PREVYMIS TAB 240MG, 25  
PREVYMIS TAB 480MG, 25  
PREZCOBIX TAB 800-150, 21  
PREZISTA SUS 100MG/ML, 24  
PREZISTA TAB 150MG, 24  
PREZISTA TAB 600MG, 24  
PREZISTA TAB 75MG, 24  
PREZISTA TAB 800MG, 24  
PRIFTIN TAB 150MG, 24  
PRILOSEC CAP 10MG, 127  
PRILOSEC CAP 20MG, 127  
PRILOSEC CAP 40MG, 127  
PRILOSEC POW 10MG, 127  
PRILOSEC POW 2.5MG, 127  
PRIMAQUINE TAB 26.3MG, 20  
*primidone tab 250 mg, 65*  
*primidone tab 50 mg, 65*  
PRIMSOL SOL 50MG/5ML, 28  
PRINIVIL TAB 10MG, 37  
PRINIVIL TAB 20MG, 37  
PRINIVIL TAB 5MG, 37  
PR NATAL 400 PAK EC, 141  
PR NATAL 430 PAK, 141  
PR NATAL 430 PAK EC, 141  
PROAIR HFA AER, 147  
*probenecid tab 500 mg, 1*  
PROCARDIA XL TAB 30MG CR, 52  
PROCARDIA XL TAB 60MG CR, 52  
PROCARDIA XL TAB 90MG CR, 52  
PROCENTRA SOL 5MG/5ML, 86  
*prochlorperazine maleate tab 10 mg*  
*(base equivalent), 121*  
*prochlorperazine maleate tab 5 mg (base*  
*equivalent), 121*  
*prochlorperazine suppos 25 mg, 121*  
PROCORT CRE, 127  
PROCTOCORT CRE 1%, 128  
PROCTOCORT SUP 30MG, 128  
PROCTOFOAM AER HC 1%, 128  
PROCYSBI CAP 25MG, 115  
PROCYSBI CAP 75MG, 116  
*progesterone micronized cap 100 mg,*  
*117*  
*progesterone micronized cap 200 mg,*  
*117*  
PROGLYCEM SUS 50MG/ML, 114  
PROGRAF CAP 0.5MG, 138  
PROGRAF CAP 1MG, 138  
PROGRAF CAP 5MG, 138  
PROLENSA SOL 0.07%, 164  
PROMACTA POW 12.5MG, 135  
PROMACTA TAB 12.5MG, 135  
PROMACTA TAB 25MG, 135  
PROMACTA TAB 50MG, 135  
PROMACTA TAB 75MG, 135  
*promethazine & phenylephrine syrup*  
*6.25-5 mg/5ml, 144*  
*promethazine-dm syrup 6.25-15*  
*mg/5ml, 145*  
*promethazine hcl suppos 12.5 mg, 121*  
*promethazine hcl suppos 25 mg, 121*  
*promethazine hcl suppos 50 mg, 121*  
*promethazine hcl syrup 6.25 mg/5ml,*  
*121*  
*promethazine hcl tab 12.5 mg, 121*  
*promethazine hcl tab 25 mg, 121*  
*promethazine hcl tab 50 mg, 121*  
*promethazine-phenylephrine-codeine*  
*syrup 6.25-5-10 mg/5ml, 146*  
*promethazine w/ codeine syrup 6.25-10*  
*mg/5ml, 146*  
PROMETRIUM CAP 100MG, 117  
PROMETRIUM CAP 200MG, 117  
PROMISEB KIT COMPLETE, 156  
*propafenone hcl cap er 12hr 225 mg, 43*  
*propafenone hcl cap er 12hr 325 mg, 43*  
*propafenone hcl cap er 12hr 425 mg, 43*  
*propafenone hcl tab 150 mg, 43*  
*propafenone hcl tab 225 mg, 43*  
*propafenone hcl tab 300 mg, 43*  
*propranethine bromide tab 15 mg, 122*  
*propranethine hcl ophth soln 0.5%, 167*  
*propranolol & hydrochlorothiazide tab*  
*40-25 mg, 48*  
*propranolol & hydrochlorothiazide tab*  
*80-25 mg, 48*  
*propranolol hcl cap er 24hr 120 mg, 50*  
*propranolol hcl cap er 24hr 160 mg, 50*

*propranolol hcl cap er 24hr 60 mg, 50*  
*propranolol hcl cap er 24hr 80 mg, 50*  
*propranolol hcl oral soln 20 mg/5ml, 50*  
*propranolol hcl oral soln 40 mg/5ml, 50*  
*propranolol hcl tab 10 mg, 50*  
*propranolol hcl tab 20 mg, 50*  
*propranolol hcl tab 40 mg, 50*  
*propranolol hcl tab 60 mg, 50*  
*propranolol hcl tab 80 mg, 50*  
*propylthiouracil tab 50 mg, 118*  
PROSCAR TAB 5MG, 128  
PROSTIN E2 SUP 20MG, 116  
PROTOPIC OIN 0.03%, 156  
PROTOPIC OIN 0.1%, 156  
*protriptyline hcl tab 10 mg, 74*  
*protriptyline hcl tab 5 mg, 73*  
PROVERA TAB 10MG, 117  
PROVERA TAB 2.5MG, 117  
PROVERA TAB 5MG, 117  
PROVIDA OB CAP, 142  
PROVIGIL TAB 100MG, 94  
PROVIGIL TAB 200MG, 95  
PROZAC WEEKL CAP 90MG, 71  
*prudoxin cre 5%, 161*  
*pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml, 146*  
*pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml, 145*  
PSORCON CRE 0.05%, 157  
PTS PANELS TES KETONE, 103  
PULMICORT INH 180MCG, 150  
PULMICORT INH 90MCG, 150  
PULMICORT SUS 0.25MG/2, 150  
PULMICORT SUS 0.5MG/2, 150  
PULMICORT SUS 1MG/2ML, 150  
PULMOZYME SOL 1MG/ML, 148  
PUREFE OB CAP PLUS, 142  
PURIXAN SUS 20MG/ML, 29  
PYLERA CAP, 128  
*pyrazinamide tab 500 mg, 24*  
PYRIDIDIUM TAB 100MG, 130  
PYRIDIDIUM TAB 200MG, 130  
*pyridostigmine bromide tab 60 mg, 94*  
*pyridostigmine bromide tab er 180 mg, 94*  
Q  
QBRELIS SOL 1MG/ML, 38  
QUARTETTE TAB, 105  
QUDEXY XR CAP 100/24HR, 65  
QUDEXY XR CAP 150/24HR, 65  
QUDEXY XR CAP 200/24HR, 65  
QUDEXY XR CAP 25/24HR, 65  
QUDEXY XR CAP 50/24HR, 65  
QUESTRAN POW 4GM, 44  
QUESTRAN POW 4GM LITE, 44  
*quetiapine fumarate tab 100 mg, 79*  
*quetiapine fumarate tab 200 mg, 79*  
*quetiapine fumarate tab 25 mg, 79*  
*quetiapine fumarate tab 300 mg, 79*  
*quetiapine fumarate tab 400 mg, 79*  
*quetiapine fumarate tab 50 mg, 79*  
*quetiapine fumarate tab er 24hr 150 mg, 79*  
*quetiapine fumarate tab er 24hr 200 mg, 79*  
*quetiapine fumarate tab er 24hr 300 mg, 79*  
*quetiapine fumarate tab er 24hr 400 mg, 79*  
*quetiapine fumarate tab er 24hr 50 mg, 79*  
QUILLICHEW CHW 20MG ER, 86  
QUILLICHEW CHW 30MG ER, 86  
QUILLICHEW CHW 40MG ER, 86  
QUILLIVANT SUS 25MG/5ML, 86  
*quinapril hcl tab 10 mg, 38*  
*quinapril hcl tab 20 mg, 38*  
*quinapril hcl tab 40 mg, 38*  
*quinapril hcl tab 5 mg, 38*  
*quinapril-hydrochlorothiazide tab 10-12.5 mg, 36*  
*quinapril-hydrochlorothiazide tab 20-12.5 mg, 36*  
*quinapril-hydrochlorothiazide tab 20-25 mg, 36*  
QUTENZA KIT 8% 1-PCH, 160  
QVAR REDIIHA AER 80MCG, 150  
QVAR REDIIHAL AER 40MCG, 150  
R  
RABEPRAZOLE CAP 10MG DR, 127  
*rabeprazole sodium ec tab 20 mg, 127*



RADIOGARDASE CAP 0.5GM, 104  
RAGWITEK SUB, 135  
*raloxifene hcl tab 60 mg*, 118  
*ramelteon tab 8 mg*, 89  
*ramipril cap 1.25 mg*, 38  
*ramipril cap 10 mg*, 38  
*ramipril cap 2.5 mg*, 38  
*ramipril cap 5 mg*, 38  
RANEXA TAB 1000MG, 57  
RANEXA TAB 500MG, 57  
*ranitidine hcl cap 300 mg*, 123  
*ranitidine hcl syrup 15 mg/ml (75 mg/5ml)*, 123  
*ranitidine hcl tab 300 mg*, 123  
*ranolazine tab er 12hr 1000 mg*, 57  
*ranolazine tab er 12hr 500 mg*, 57  
RAPAMUNE SOL 1MG/ML, 138  
RAPAMUNE TAB 0.5MG, 138  
RAPAMUNE TAB 1MG, 138  
RAPAMUNE TAB 2MG, 138  
*rasagiline mesylate tab 0.5 mg (base equiv)*, 76  
*rasagiline mesylate tab 1 mg (base equiv)*, 76  
RASUVO INJ 10MG, 136  
RASUVO INJ 12.5MG, 136  
RASUVO INJ 15MG, 136  
RASUVO INJ 17.5MG, 136  
RASUVO INJ 22.5MG, 136  
RASUVO INJ 25MG, 136  
RASUVO INJ 27.5MG, 136  
RASUVO INJ 30MG, 136  
RASUVO INJ 7.5MG, 136  
RAVICTI LIQ 1.1GM/ML, 116  
RAYALDEE CAP 30MCG, 115  
RAZADYNE ER CAP 16MG, 68  
RAZADYNE ER CAP 24MG, 68  
RAZADYNE ER CAP 8MG, 68  
RAZADYNE TAB 12MG, 68  
RAZADYNE TAB 4MG, 68  
RAZADYNE TAB 8MG, 68  
READYLANCE MIS 30G, 103  
REBETOL CAP 200MG, 25  
REBETOL SOL 40MG/ML, 25  
REBIF INJ 22/0.5, 92  
REBIF INJ 44/0.5, 92  
REBIF REBIDO INJ 22/0.5, 92  
REBIF REBIDO INJ 44/0.5, 92  
REBIF REBIDO INJ TITRATN, 92  
REBIF TITRTN INJ PACK, 92  
RECTIV OIN 0.4%, 125  
REDICHEW RX CHW, 142  
REGLAN TAB 10MG, 121  
REGLAN TAB 5MG, 121  
REGRANEX GEL 0.01%, 162  
RELENZA MIS DISKHALE, 26  
RELHIST CHW, 144  
RELION KETON TES, 103  
RELNATE DHA CAP, 142  
RELPAK TAB 20MG, 90  
RELPAK TAB 40MG, 90  
REMERON SLTB TAB 15MG, 69  
REMERON SLTB TAB 30MG, 69  
REMERON SLTB TAB 45MG, 69  
REMERON TAB 15MG, 69  
REMERON TAB 30MG, 69  
REMERON TAB 45MG, 69  
RENAGEL TAB 400MG, 116  
RENAGEL TAB 800MG, 116  
REVELA POW 0.8GM, 116  
REVELA POW 2.4GM, 116  
REVELA TAB 800MG, 117  
*repaglinide-metformin hcl tab 1-500 mg*, 100  
*repaglinide-metformin hcl tab 2-500 mg*, 100  
*repaglinide tab 0.5 mg*, 100  
*repaglinide tab 1 mg*, 100  
*repaglinide tab 2 mg*, 100  
REPATHA INJ 140MG/ML, 47  
REPATHA SURE INJ 140MG/ML, 47  
REPREXAIN TAB 5-200MG, 11  
REQUIP TAB 0.25MG, 76  
REQUIP TAB 0.5MG, 76  
REQUIP TAB 1MG, 76  
REQUIP TAB 2MG, 76  
REQUIP TAB 3MG, 76  
REQUIP TAB 4MG, 76  
REQUIP TAB 5MG, 76  
REQUIP XL TAB 12MG, 76  
REQUIP XL TAB 2MG, 76  
REQUIP XL TAB 4MG, 76

REQUIP XL TAB 6MG, 76  
REQUIP XL TAB 8MG, 76  
RESCRIPTOR TAB 100 MG, 22  
RESCRIPTOR TAB 200MG, 22  
*reserpine tab 0.1 mg, 57*  
*reserpine tab 0.25 mg, 57*  
RESPA-BR TAB 11MG, 145  
RESTASIS EMU 0.05%, 167  
RESTORA RX CAP 60-1.25, 125  
RESTORIL CAP 15MG, 88  
RESTORIL CAP 22.5MG, 88  
RESTORIL CAP 30MG, 88  
RESTORIL CAP 7.5MG, 88  
RETACRIT INJ 10000UNT, 133  
RETACRIT INJ 2000UNIT, 133  
RETACRIT INJ 3000UNIT, 133  
RETACRIT INJ 40000UNT, 133  
RETACRIT INJ 4000UNIT, 133  
RETIN-A CRE 0.025%, 153  
RETIN-A CRE 0.05%, 153  
RETIN-A CRE 0.1%, 153  
RETIN-A GEL 0.01%, 153  
RETIN-A GEL 0.025%, 153  
RETIN-A MICR GEL 0.04%, 153  
RETIN-A MICR GEL 0.08%, 153  
RETIN-A MICR GEL 0.1%, 153  
RETROVIR CAP 100MG, 22  
RETROVIR SYP 50MG/5ML, 23  
REVATIO SUS 10MG/ML, 58  
REVATIO TAB 20MG, 58  
REVCIVI INJ 1.6MG/ML, 116  
REVLIMID CAP 10MG, 30  
REVLIMID CAP 15MG, 30  
REVLIMID CAP 2.5MG, 30  
REVLIMID CAP 20MG, 30  
REVLIMID CAP 25MG, 30  
REVLIMID CAP 5MG, 30  
REXULTI TAB 0.25MG, 79  
REXULTI TAB 0.5MG, 79  
REXULTI TAB 1MG, 79  
REXULTI TAB 2MG, 79  
REXULTI TAB 3MG, 79  
REXULTI TAB 4MG, 79  
REYATAZ CAP 150MG, 24  
REYATAZ CAP 200MG, 24  
REYATAZ CAP 300MG, 24  
REYATAZ POW 50MG, 24  
REZIRA SOL 60-5/5ML, 146  
RHEUMATREX TAB 2.5MG, 137  
RHOFADRE CRE 1%, 162  
RHOPRESSA SOL 0.02%, 168  
*ribavirin cap 200 mg, 25*  
*ribavirin for inhal soln 6 gm, 150*  
*ribavirin tab 200 mg, 25*  
*ribavirin tab 400 mg, 25*  
*ribavirin tab 600 mg, 25*  
*rifabutin cap 150 mg, 28*  
RIFADIN CAP 150MG, 24  
RIFADIN CAP 300MG, 24  
RIFAMATE CAP, 24  
*rifampin cap 150 mg, 25*  
*rifampin cap 300 mg, 25*  
RIFATER TAB, 25  
RILUTEK TAB 50MG, 91  
*riluzole tab 50 mg, 92*  
*risedronate sodium tab 150 mg, 104*  
*risedronate sodium tab 30 mg, 104*  
*risedronate sodium tab 35 mg, 104*  
*risedronate sodium tab 5 mg, 104*  
*risedronate sodium tab delayed release 35 mg, 104*  
RISPERDAL M TAB 0.5MG, 79  
RISPERDAL M TAB 1MG, 79  
RISPERDAL M TAB 2MG, 79  
RISPERDAL M TAB 3MG, 79  
RISPERDAL M TAB 4MG, 79  
RISPERDAL SOL 1MG/ML, 79  
RISPERDAL TAB 0.25MG, 79  
RISPERDAL TAB 0.5MG, 79  
RISPERDAL TAB 1MG, 79  
RISPERDAL TAB 2MG, 79  
RISPERDAL TAB 3MG, 79  
RISPERDAL TAB 4MG, 79  
*risperidone orally disintegrating tab 0.25 mg, 79*  
*risperidone orally disintegrating tab 0.5 mg, 79*  
*risperidone orally disintegrating tab 1 mg, 79*  
*risperidone orally disintegrating tab 2 mg, 79*  
*risperidone orally disintegrating tab 3*

*mg, 80*  
*risperidone orally disintegrating tab 4 mg, 80*  
*risperidone soln 1 mg/ml, 80*  
*risperidone tab 0.25 mg, 80*  
*risperidone tab 0.5 mg, 80*  
*risperidone tab 1 mg, 80*  
*risperidone tab 2 mg, 80*  
*risperidone tab 3 mg, 80*  
*risperidone tab 4 mg, 80*  
RITALIN LA CAP 10MG, 86  
RITALIN LA CAP 20MG, 87  
RITALIN LA CAP 30MG, 87  
RITALIN LA CAP 40MG, 87  
RITALIN LA CAP 60MG, 87  
RITALIN TAB 10MG, 87  
RITALIN TAB 20MG, 87  
RITALIN TAB 5MG, 87  
*rivastigmine tartrate cap 1.5 mg (base equivalent), 68*  
*rivastigmine tartrate cap 3 mg (base equivalent), 68*  
*rivastigmine tartrate cap 4.5 mg (base equivalent), 68*  
*rivastigmine tartrate cap 6 mg (base equivalent), 68*  
*rivastigmine td patch 24hr 13.3 mg/24hr, 68*  
*rivastigmine td patch 24hr 4.6 mg/24hr, 68*  
*rivastigmine td patch 24hr 9.5 mg/24hr, 68*  
*rizatriptan benzoate oral disintegrating tab 10 mg (base eq), 91*  
*rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 90*  
*rizatriptan benzoate tab 10 mg (base equivalent), 91*  
*rizatriptan benzoate tab 5 mg (base equivalent), 91*  
ROBAXIN-750 TAB 750MG, 94  
ROBAXIN TAB 500MG, 94  
ROBINUL FORT TAB 2MG, 122  
ROBINUL TAB 1MG, 122  
ROCALTROL CAP 0.25MCG, 115  
ROCALTROL CAP 0.5MCG, 115  
ROCALTROL SOL 1MCG/ML, 115  
ROCKLATAN DRO, 167  
*ropinirole hydrochloride tab 0.25 mg, 76*  
*ropinirole hydrochloride tab 0.5 mg, 76*  
*ropinirole hydrochloride tab 1 mg, 76*  
*ropinirole hydrochloride tab 2 mg, 76*  
*ropinirole hydrochloride tab 3 mg, 76*  
*ropinirole hydrochloride tab 4 mg, 76*  
*ropinirole hydrochloride tab 5 mg, 76*  
*ropinirole hydrochloride tab er 24hr 12 mg (base equivalent), 77*  
*ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 77*  
*ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 77*  
*ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), 77*  
*ropinirole hydrochloride tab er 24hr 8 mg (base equivalent), 77*  
ROSADAN KIT 0.75%, 162  
*rosuvastatin calcium tab 10 mg, 46*  
*rosuvastatin calcium tab 20 mg, 46*  
*rosuvastatin calcium tab 40 mg, 46*  
*rosuvastatin calcium tab 5 mg, 46*  
ROWASA KIT 4GM, 123  
ROXICET SOL 5-325/5, 11  
ROXICODONE TAB 15MG, 11  
ROXICODONE TAB 30MG, 11  
ROXICODONE TAB 5MG, 11  
RUBRACA TAB 200MG, 34  
RUBRACA TAB 250MG, 34  
RUBRACA TAB 300MG, 34  
RUCONEST INJ 2100UNIT, 133  
RYDAPT CAP 25MG, 32  
RYTARY CAP 145MG, 77  
RYTARY CAP 195MG, 77  
RYTARY CAP 245MG, 77  
RYTARY CAP 95MG, 77  
RYTHMOL SR CAP 225MG, 44  
RYTHMOL SR CAP 325MG, 44  
RYTHMOL SR CAP 425MG, 44  
RYTHMOL TAB 150MG, 44  
RYTHMOL TAB 225MG, 44  
S  
SAFETY 28G MIS LANCETS, 103  
SAFYRAL TAB, 108

SALAGEN TAB 5MG, 127  
SALAGEN TAB 7.5MG, 127  
SAMSCA TAB 15MG, 119  
SAMSCA TAB 30MG, 119  
SANCUSO DIS 3.1MG, 121  
SANDIMMUNE CAP 100MG, 138  
SANDIMMUNE CAP 25MG, 138  
SANDIMMUNE SOL 100MG/ML, 138  
SANDOSTATIN INJ 1000MCG, 97  
SANDOSTATIN INJ 100MCG, 97  
SANDOSTATIN INJ 200MCG, 97  
SANDOSTATIN INJ 500MCG, 97  
SANDOSTATIN INJ 50MCG/ML, 97  
SANTYL OIN 250/GM, 161  
SAPHRIS SUB 10MG, 80  
SAPHRIS SUB 2.5MG, 80  
SAPHRIS SUB 5MG, 80  
SARAFEM TAB 10MG, 71  
SARAFEM TAB 20MG, 71  
SAVELLA MIS TITR PAK, 88  
SAVELLA TAB 100MG, 88  
SAVELLA TAB 12.5MG, 88  
SAVELLA TAB 25MG, 88  
SAVELLA TAB 50MG, 88  
SECTRAL CAP 200MG, 50  
SECTRAL CAP 400MG, 50  
SELECT-OB+ PAK DHA, 143  
SELECT-OB CHW, 142  
*selegiline hcl cap 5 mg, 77*  
*selegiline hcl tab 5 mg, 77*  
*selenium sulfide lotion 2.5%, 156*  
SELZENTRY SOL 20MG/ML, 21  
SELZENTRY TAB 150MG, 21  
SELZENTRY TAB 25MG, 21  
SELZENTRY TAB 300MG, 21  
SELZENTRY TAB 75MG, 21  
SEMPREX-D CAP 8-60MG, 144  
SE-NATAL 19 TAB, 142  
SENSIPAR TAB 30MG, 104  
SENSIPAR TAB 60MG, 104  
SENSIPAR TAB 90MG, 104  
SEREVENT DIS AER 50MCG, 146  
SEROQUEL TAB 100MG, 80  
SEROQUEL TAB 200MG, 80  
SEROQUEL TAB 25MG, 80  
SEROQUEL TAB 300MG, 80  
SEROQUEL TAB 400MG, 80  
SEROQUEL TAB 50MG, 80  
SEROSTIM INJ 4MG, 114  
SEROSTIM INJ 5MG, 114  
SEROSTIM INJ 6MG, 114  
*sertraline hcl oral concentrate for solution 20 mg/ml, 71*  
*sertraline hcl tab 100 mg, 71*  
*sertraline hcl tab 25 mg, 71*  
*sertraline hcl tab 50 mg, 71*  
SE-TAN DHA CAP, 142  
*sevelamer carbonate packet 0.8 gm, 117*  
*sevelamer carbonate packet 2.4 gm, 117*  
*sevelamer carbonate tab 800 mg, 117*  
*sevelamer tab 400mg, 117*  
SFROWASA ENE 4GM, 123  
SHOHL SOL MODIFIED, 130  
SHUR-SEAL GEL 2%, 106  
SIGNIFOR INJ 0.3MG/ML, 116  
SIGNIFOR INJ 0.6MG/ML, 116  
SIGNIFOR INJ 0.9MG/ML, 116  
SIKLOS TAB 1000MG, 34  
SIKLOS TAB 100MG, 34  
*sildenafil citrate tab 100 mg, 129*  
*sildenafil citrate tab 20 mg, 58*  
*sildenafil citrate tab 25 mg, 129*  
*sildenafil citrate tab 50 mg, 129*  
SILENOR TAB 3MG, 89  
SILENOR TAB 6MG, 89  
*silodosin cap 4 mg, 128*  
*silodosin cap 8 mg, 128*  
SILVADENE CRE 1%, 154  
SILVER NITRA OIN 10%, 161  
*silver sulfadiazine cream 1%, 154*  
SIMBRINZA SUS 1-0.2%, 167  
*simvastatin tab 10 mg, 46*  
*simvastatin tab 20 mg, 46*  
*simvastatin tab 40 mg, 46*  
*simvastatin tab 5 mg, 46*  
*simvastatin tab 80 mg, 47*  
SINEMET CR TAB 25-100MG, 77  
SINEMET CR TAB 50-200MG, 77  
SINEMET TAB 10-100MG, 77  
SINEMET TAB 25-100MG, 77  
SINEMET TAB 25-250MG, 77  
*sirolimus tab 0.5 mg, 138*

*sirolimus tab 1 mg*, 138  
*sirolimus tab 2 mg*, 138  
SIRTURO TAB 100MG, 25  
SITAVIG TAB 50MG, 26  
SIVEXTRO TAB 200MG, 28  
SKELAXIN TAB 800MG, 94  
SKLICE LOT 0.5%, 162  
SKYRIZI INJ 150DOSE, 155  
*sodium chloride soln nebu 0.9%*, 149  
*sodium chloride soln nebu 10%*, 149  
*sodium chloride soln nebu 3%*, 149  
*sodium chloride soln nebu 7%*, 149  
*sodium citrate & citric acid soln 500-334 mg/5ml*, 130  
*sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)*, 140  
*sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)*, 140  
*sodium fluoride cream 1.1%*, 162  
*sodium fluoride gel 1.1% (0.5% f)*, 162  
*sodium fluoride paste 1.1%*, 162  
*sodium fluoride-potassium nitrate paste 1.1-5%*, 162  
*sodium fluoride rinse 0.2%*, 162  
*sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)*, 140  
*sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)*, 140  
*sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)*, 140  
*sodium fluoride tab 0.5 mg f (from 1.1 mg naf)*, 140  
*sodium phenylbutyrate oral powder 3 gm/teaspoonful*, 116  
*sodium phenylbutyrate tab 500 mg*, 116  
*sodium polystyrene sulfonate oral susp 15 gm/60ml*, 117  
*sodium polystyrene sulfonate rectal susp 30 gm/120ml*, 117  
SODIUM SULFA LIQ 10% WASH, 156  
SOD SUL/SULF EMU 10-5%, 153  
SOLARAZE GEL 3% W/W, 154  
*solifenacin succinate tab 10 mg*, 130  
*solifenacin succinate tab 5 mg*, 130  
SOLIQUA INJ 100/33, 99  
SOLODYN TAB 105MG, 19  
SOLODYN TAB 115MG, 19  
SOLODYN TAB 55MG, 19  
SOLODYN TAB 65MG, 19  
SOLODYN TAB 80MG, 19  
SOLTAMOX SOL 10MG/5ML, 30  
SOMA TAB 250MG, 94  
SOMA TAB 350MG, 94  
SOMAVERT INJ 10MG, 97  
SOMAVERT INJ 15MG, 97  
SOMAVERT INJ 20MG, 97  
SOMAVERT INJ 25MG, 97  
SOMAVERT INJ 30MG, 97  
SONATA CAP 10MG, 89  
SONATA CAP 5MG, 89  
SOOLANTRA CRE 1%, 162  
SORIATANE CAP 10MG, 155  
SORIATANE CAP 17.5MG, 155  
SORIATANE CAP 25MG, 155  
*sotalol hcl (afib/af) tab 120 mg*, 44  
*sotalol hcl (afib/af) tab 160 mg*, 44  
*sotalol hcl (afib/af) tab 80 mg*, 44  
*sotalol hcl tab 120 mg*, 44  
*sotalol hcl tab 160 mg*, 44  
*sotalol hcl tab 240 mg*, 44  
*sotalol hcl tab 80 mg*, 44  
SOTYLIZE SOL 5MG/ML, 44  
SOVALDI TAB 200MG, 25  
SOVALDI TAB 400MG, 25  
*spinosad susp 0.9%*, 162  
SPIRIVA CAP HANDIHLR, 144  
SPIRIVA SPR 2.5MCG, 144  
*spironolactone & hydrochlorothiazide tab 25-25 mg*, 55  
*spironolactone tab 100 mg*, 39  
*spironolactone tab 25 mg*, 39  
*spironolactone tab 50 mg*, 39  
SPORANOX CAP 100MG, 20  
SPORANOX SOL 10MG/ML, 20  
SPRYCEL TAB 100MG, 32  
SPRYCEL TAB 140MG, 32  
SPRYCEL TAB 20MG, 32  
SPRYCEL TAB 50MG, 32  
SPRYCEL TAB 70MG, 32  
SPRYCEL TAB 80MG, 32  
STALEVO 100 TAB, 77  
STALEVO 125 TAB, 77

STALEVO 150 TAB, 77  
STALEVO 200 TAB, 77  
STALEVO 50 TAB, 77  
STALEVO 75 TAB, 77  
STARLIX TAB 120MG, 100  
STARLIX TAB 60MG, 100  
*stavudine cap 15 mg, 23*  
*stavudine cap 20 mg, 23*  
*stavudine cap 30 mg, 23*  
*stavudine cap 40 mg, 23*  
*stavudine for oral soln 1 mg/ml, 23*  
STAVZOR CAP 125MG, 65  
STAVZOR CAP 250MG, 65  
STAVZOR CAP 500MG, 65  
STAXYN TAB 10MG, 129  
STELARA INJ 45MG/0.5, 136  
STELARA INJ 90MG/ML, 136  
STIMATE SOL 1.5MG/ML, 119  
STIOLTO AER 2.5-2.5, 144  
STIVARGA TAB 40MG, 32  
STRATTERA CAP 100MG, 87  
STRATTERA CAP 10MG, 87  
STRATTERA CAP 18MG, 87  
STRATTERA CAP 25MG, 87  
STRATTERA CAP 40MG, 87  
STRATTERA CAP 60MG, 87  
STRATTERA CAP 80MG, 87  
STRENSIQ INJ 18/0.45, 116  
STRENSIQ INJ 28/0.7ML, 116  
STRENSIQ INJ 40MG/ML, 116  
STRENSIQ INJ 80/0.8ML, 116  
STRIANT MIS 30MG, 97  
STRIBILD TAB, 21  
STRIVERDI AER 2.5MCG, 146  
STROMECTOL TAB 3MG, 28  
SUBOXONE MIS 2-0.5MG, 95  
SUBOXONE MIS 4-1MG, 95  
SUBOXONE MIS 8-2MG, 95  
SUBSYS SPR 100MCG, 11  
SUBSYS SPR 1200MCG, 11  
SUBSYS SPR 1600MCG, 11  
SUBSYS SPR 200MCG, 11  
SUBSYS SPR 400MCG, 11  
SUBSYS SPR 600MCG, 11  
SUBSYS SPR 800MCG, 11  
SUCRAID SOL 8500/ML, 125  
SUCRALFATE SUS 1GM/10ML, 125  
*sucralfate tab 1 gm, 125*  
SULAR TAB 17MG, 52  
SULAR TAB 34MG, 52  
SULAR TAB 8.5MG, 52  
*sulfacetamide sodium lotion 10% (acne), 153*  
*sulfacetamide sodium ophth oint 10%, 164*  
*sulfacetamide sodium ophth soln 10%, 164*  
*sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%, 163*  
SULFADIAZINE TAB 500MG, 17  
*sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, 17*  
*sulfamethoxazole-trimethoprim tab 400-80 mg, 17*  
*sulfamethoxazole-trimethoprim tab 800-160 mg, 17*  
SULFAMYLON CRE 85MG/GM, 154  
SULFAMYLON PAK 5%, 154  
*sulfasalazine tab 500 mg, 123*  
*sulfasalazine tab delayed release 500 mg, 123*  
SULF LIME SOL, 162  
SULFOAM SHA 2%, 153  
*sulindac tab 150 mg, 3*  
*sulindac tab 200 mg, 3*  
*sumatriptan-naproxen sodium tab 85-500 mg, 89*  
*sumatriptan nasal spray 20 mg/act, 91*  
*sumatriptan nasal spray 5 mg/act, 91*  
*sumatriptan succinate inj 6 mg/0.5ml, 91*  
*sumatriptan succinate solution auto-injector 4 mg/0.5ml, 91*  
*sumatriptan succinate solution auto-injector 6 mg/0.5ml, 91*  
*sumatriptan succinate solution cartridge 4 mg/0.5ml, 91*  
*sumatriptan succinate solution cartridge 6 mg/0.5ml, 91*  
*sumatriptan succinate solution prefilled syringe 6 mg/0.5ml, 91*  
*sumatriptan succinate tab 100 mg, 91*  
*sumatriptan succinate tab 25 mg, 91*

*sumatriptan succinate tab 50 mg*, 91  
SUNOSI TAB 150MG, 1  
SUNOSI TAB 75MG, 1  
SUPRAX CAP 400MG, 14  
SUPRAX CHW 100MG, 14  
SUPRAX CHW 200MG, 14  
SUPRAX SUS 100/5ML, 14  
SUPRAX SUS 200/5ML, 14  
SUPRAX SUS 500/5ML, 14  
SUPREP BOWEL SOL PREP KIT, 124  
SURE COMFORT MIS LANC 18G, 103  
SURE COMFORT MIS LANC 21G, 103  
SURE COMFORT MIS LANC 23G, 103  
SURE COMFORT MIS LANC 30G, 103  
SURFAXIN SUS 30MG/ML, 149  
SURMONTIL CAP 100MG, 74  
SURMONTIL CAP 25MG, 74  
SURMONTIL CAP 50MG, 74  
SUSTIVA CAP 200MG, 22  
SUSTIVA CAP 50MG, 22  
SUSTIVA TAB 600MG, 22  
SUTENT CAP 12.5MG, 33  
SUTENT CAP 25MG, 33  
SUTENT CAP 37.5MG, 33  
SUTENT CAP 50MG, 33  
SUTTAR-SF SYP, 146  
SYLATRON KIT 200MCG, 137  
SYLATRON KIT 300MCG, 137  
SYLATRON KIT 600MCG, 137  
SYMAX DUOTAB TAB, 122  
SYMBICORT AER 160-4.5, 151  
SYMBICORT AER 80-4.5, 151  
SYMDEKO TAB 100-150, 148  
SYMDEKO TAB 50-75MG, 148  
SYMFI LO TAB, 21  
SYMFI TAB, 21  
SYMLINPEN 60 INJ 1000MCG, 98  
SYMLINPEN 120 INJ 1000MCG, 98  
SYNALAR CRE 0.025%, 159  
SYNALAR OIN 0.025%, 159  
SYNALAR SOL 0.01%, 158  
SYNALGOS-DC CAP, 11  
SYNAREL SOL 2MG/ML, 109  
SYNERA DIS 70-70MG, 161  
SYNJARDY TAB, 101  
SYNJARDY TAB 12.5-500, 101  
SYNJARDY TAB 5-1000MG, 101  
SYNJARDY TAB 5-500MG, 101  
SYNJARDY XR TAB, 101  
SYNJARDY XR TAB 10-1000, 101  
SYNJARDY XR TAB 25-1000, 101  
SYNJARDY XR TAB 5-1000MG, 101  
SYNTHROID TAB 100MCG, 118  
SYNTHROID TAB 112MCG, 118  
SYNTHROID TAB 125MCG, 118  
SYNTHROID TAB 137MCG, 118  
SYNTHROID TAB 150MCG, 118  
SYNTHROID TAB 175MCG, 119  
SYNTHROID TAB 200MCG, 119  
SYNTHROID TAB 25MCG, 118  
SYNTHROID TAB 300MCG, 119  
SYNTHROID TAB 50MCG, 118  
SYNTHROID TAB 75MCG, 118  
SYNTHROID TAB 88MCG, 118  
SYPRINE CAP 250MG, 116  
T  
TABLOID TAB 40MG, 29  
TACLONEX OIN, 156  
TACLONEX SUS, 156  
*tacrolimus cap 0.5 mg*, 138  
*tacrolimus cap 1 mg*, 138  
*tacrolimus cap 5 mg*, 138  
*tacrolimus oint 0.03%*, 156  
*tacrolimus oint 0.1%*, 156  
*tadalafil tab 10 mg*, 129  
*tadalafil tab 2.5 mg*, 129  
*tadalafil tab 20 mg*, 129  
*tadalafil tab 5 mg*, 129  
TAFINLAR CAP 50MG, 33  
TAFINLAR CAP 75MG, 33  
TAGRISSO TAB 40MG, 33  
TAGRISSO TAB 80MG, 33  
TAMIFLU CAP 30MG, 26  
TAMIFLU CAP 45MG, 26  
TAMIFLU CAP 75MG, 26  
TAMIFLU SUS 6MG/ML, 27  
*tamoxifen citrate tab 10 mg (base equivalent)*, 30  
*tamoxifen citrate tab 20 mg (base equivalent)*, 30  
*tamsulosin hcl cap 0.4 mg*, 128  
TAPAZOLE TAB 10MG, 118

TAPAZOLE TAB 5MG, 118  
TARCEVA TAB 100MG, 33  
TARCEVA TAB 150MG, 33  
TARCEVA TAB 25MG, 33  
TARGRETIN CAP 75MG, 34  
TARGRETIN GEL 1%, 34  
TARKA TAB 1-240 CR, 35  
TARKA TAB 2-180 CR, 35  
TARKA TAB 2-240 CR, 35  
TARKA TAB 4-240 CR, 35  
TARON-BC MIS, 143  
TARON-C DHA CAP, 143  
TARON-PREX CAP, 143  
*tazarotene cream 0.1%, 153*  
TAZORAC CRE 0.05%, 153  
TAZORAC CRE 0.1%, 153  
TAZORAC GEL 0.05%, 153  
TAZORAC GEL 0.1%, 153  
TECFIDERA CAP 120MG, 93  
TECFIDERA CAP 240MG, 93  
TECFIDERA MIS STARTER, 93  
TEGRETOL SUS 100/5ML, 65  
TEGRETOL TAB 200MG, 65  
TEGRETOL-XR TAB 100MG, 65  
TEGRETOL-XR TAB 200MG, 65  
TEGRETOL-XR TAB 400MG, 65  
TEKTURNA HCT TAB 150-12.5, 54  
TEKTURNA HCT TAB 150-25MG, 54  
TEKTURNA HCT TAB 300-12.5, 54  
TEKTURNA HCT TAB 300-25MG, 54  
TEKTURNA TAB 150MG, 54  
TEKTURNA TAB 300MG, 54  
*telmisartan-amlodipine tab 40-10 mg, 40*  
*telmisartan-amlodipine tab 40-5 mg, 40*  
*telmisartan-amlodipine tab 80-10 mg, 40*  
*telmisartan-amlodipine tab 80-5 mg, 40*  
*telmisartan-hydrochlorothiazide tab 40-12.5 mg, 42*  
*telmisartan-hydrochlorothiazide tab 80-12.5 mg, 42*  
*telmisartan-hydrochlorothiazide tab 80-25 mg, 42*  
*telmisartan tab 20 mg, 43*  
*telmisartan tab 40 mg, 43*  
*telmisartan tab 80 mg, 43*  
*temazepam cap 15 mg, 88*  
*temazepam cap 22.5 mg, 88*  
*temazepam cap 30 mg, 88*  
*temazepam cap 7.5 mg, 88*  
TEMIXYS TAB 300-300, 21  
TEMODAR CAP 100MG, 29  
TEMODAR CAP 140MG, 29  
TEMODAR CAP 180MG, 29  
TEMODAR CAP 20MG, 29  
TEMODAR CAP 250MG, 29  
TEMODAR CAP 5MG, 29  
TEMOVATE CRE 0.05%, 160  
TEMOVATE E CRE 0.05%EML, 160  
TEMOVATE GEL 0.05%, 160  
TEMOVATE OIN 0.05%, 160  
TEMOVATE SOL 0.05%, 160  
*temozolomide cap 100 mg, 29*  
*temozolomide cap 140 mg, 29*  
*temozolomide cap 180 mg, 29*  
*temozolomide cap 20 mg, 29*  
*temozolomide cap 250 mg, 29*  
*temozolomide cap 5 mg, 29*  
TENEX TAB 1MG, 38  
TENEX TAB 2MG, 38  
*tenofovir disoproxil fumarate tab 300 mg, 23*  
TENORETIC TAB 100, 48  
TENORETIC TAB 50, 48  
TENORMIN TAB 100MG, 50  
TENORMIN TAB 25MG, 50  
TENORMIN TAB 50MG, 50  
TERAZOL 3 CRE 0.8%, 131  
TERAZOL 7 CRE 0.4%, 131  
*terazosin hcl cap 10 mg (base equivalent), 39*  
*terazosin hcl cap 1 mg (base equivalent), 39*  
*terazosin hcl cap 2 mg (base equivalent), 39*  
*terazosin hcl cap 5 mg (base equivalent), 39*  
*terbinafine hcl tab 250 mg, 20*  
*terbutaline sulfate tab 2.5 mg, 147*  
*terbutaline sulfate tab 5 mg, 147*  
*terconazole vaginal cream 0.4%, 131*  
*terconazole vaginal cream 0.8%, 131*  
*terconazole vaginal suppos 80 mg, 131*



TESSALON PER CAP 100MG, 146  
*testosterone td gel 10mg/act (2%), 97*  
*testosterone td gel 25 mg/2.5gm (1%), 97*  
*testosterone td gel 50 mg/5gm (1%), 97*  
*testosterone td soln 30 mg/act, 97*  
*tetrabenazine tab 12.5 mg, 88*  
*tetrabenazine tab 25 mg, 88*  
*tetracaine hcl ophth soln 0.5%, 167*  
*tetracycline hcl cap 250 mg, 19*  
*tetracycline hcl cap 500 mg, 19*  
TEXACORT SOL 2.5%, 158  
TGQ 15DM/5PE SYP H/2CPM, 145  
TGQ 30/PSE/3 SYP BRM/15DM, 146  
TGQ 30/ SYP 150/15, 145  
THALOMID CAP 100MG, 30  
THALOMID CAP 150MG, 30  
THALOMID CAP 200MG, 30  
THALOMID CAP 50MG, 30  
THEO-24 CAP 100MG CR, 151  
THEO-24 CAP 200MG CR, 151  
THEO-24 CAP 300MG CR, 151  
THEO-24 CAP 400MG ER, 151  
*theophylline soln 80 mg/15ml, 151*  
*theophylline tab er 12hr 100 mg, 151*  
*theophylline tab er 12hr 200 mg, 151*  
*theophylline tab er 12hr 300 mg, 151*  
*theophylline tab er 12hr 450 mg, 151*  
*theophylline tab er 24hr 400 mg, 151*  
*theophylline tab er 24hr 600 mg, 151*  
THIOLA EC TAB 100MG, 130  
THIOLA EC TAB 300MG, 130  
THIOLA TAB 100MG, 130  
*thioridazine hcl tab 100 mg, 82*  
*thioridazine hcl tab 10 mg, 82*  
*thioridazine hcl tab 25 mg, 82*  
*thioridazine hcl tab 50 mg, 82*  
*thiothixene cap 10 mg, 82*  
*thiothixene cap 1 mg, 82*  
*thiothixene cap 2 mg, 82*  
*thiothixene cap 5 mg, 82*  
THYROLAR-1/2 TAB 30MG, 119  
THYROLAR-1/4 TAB 15MG, 119  
THYROLAR-1 TAB 60MG, 119  
THYROLAR-2 TAB 120MG, 119  
THYROLAR-3 TAB 180MG, 119  
*tiagabine hcl tab 12 mg, 65*  
*tiagabine hcl tab 16 mg, 65*  
*tiagabine hcl tab 2 mg, 65*  
*tiagabine hcl tab 4 mg, 65*  
TIAZAC CAP 120MG/24, 53  
TIAZAC CAP 180MG/24, 53  
TIAZAC CAP 240MG/24, 53  
TIAZAC CAP 300MG/24, 53  
TIAZAC CAP 360MG/24, 53  
TIAZAC CAP 420MG/24, 53  
TIBSOVO TAB 250MG, 34  
TIGAN CAP 300MG, 121  
TIKOSYN CAP 125MCG, 44  
TIKOSYN CAP 250MCG, 44  
TIKOSYN CAP 500MCG, 44  
*timolol maleate ophth gel forming soln 0.25%, 166*  
*timolol maleate ophth gel forming soln 0.5%, 166*  
*timolol maleate ophth soln 0.25%, 166*  
*timolol maleate ophth soln 0.5%, 166*  
*timolol maleate ophth soln 0.5% (once-daily), 166*  
*timolol maleate tab 10 mg, 50*  
*timolol maleate tab 20 mg, 50*  
*timolol maleate tab 5 mg, 50*  
TIMOPTIC OCU SOL 0.25% OP, 166  
TIMOPTIC OCU SOL 0.5% OP, 166  
TIMOPTIC SOL 0.25% OP, 166  
TIMOPTIC SOL 0.5% OP, 166  
TIMOPTIC-XE SOL 0.25% OP, 166  
TIMOPTIC-XE SOL 0.5% OP, 166  
TINDAMAX TAB 250MG, 28  
TINDAMAX TAB 500MG, 28  
*tinidazole tab 250 mg, 28*  
*tinidazole tab 500 mg, 28*  
TIVICAY TAB 10MG, 21  
TIVICAY TAB 25MG, 21  
TIVICAY TAB 50MG, 21  
*tizanidine hcl cap 2 mg (base equivalent), 94*  
*tizanidine hcl cap 4 mg (base equivalent), 94*  
*tizanidine hcl cap 6 mg (base equivalent), 94*  
*tizanidine hcl tab 2 mg (base*

*equivalent*), 94  
*tizanidine hcl tab 4 mg (base equivalent)*, 94  
TL-CARE DHA CAP 27-1-500, 143  
TL FOLATE TAB, 143  
TL-SELECT CAP, 143  
TOBRADEX OIN 0.3-0.1%, 163  
TOBRADEX ST SUS 0.3-0.05, 163  
TOBRADEX SUS 0.3-0.1%, 163  
*tobramycin-dexamethasone ophth susp 0.3-0.1%*, 163  
*tobramycin nebu soln 300 mg/5ml*, 148  
*tobramycin ophth soln 0.3%*, 164  
TOBREX OIN 0.3% OP, 164  
TOBREX SOL 0.3% OP, 164  
TODAY SPONGE MIS, 106  
TOFRANIL-PM CAP 100MG, 74  
TOFRANIL-PM CAP 125MG, 74  
TOFRANIL-PM CAP 150MG, 74  
TOFRANIL-PM CAP 75MG, 74  
TOFRANIL TAB 10MG, 74  
TOFRANIL TAB 25MG, 74  
TOFRANIL TAB 50MG, 74  
TOLAK CRE 4%, 154  
*tolbutamide tab 500 mg*, 102  
*tolmetin sodium cap 400 mg*, 3  
*tolmetin sodium tab 200 mg*, 3  
*tolmetin sodium tab 600 mg*, 3  
*tolterodine tartrate cap er 24hr 2 mg*, 130  
*tolterodine tartrate cap er 24hr 4 mg*, 131  
*tolterodine tartrate tab 1 mg*, 131  
*tolterodine tartrate tab 2 mg*, 131  
TOPAMAX SPR CAP 15MG, 65  
TOPAMAX SPR CAP 25MG, 65  
TOPAMAX TAB 100MG, 65  
TOPAMAX TAB 200MG, 65  
TOPAMAX TAB 25MG, 65  
TOPAMAX TAB 50MG, 65  
TOPCARE MIS LANC 33G, 103  
TOPICORT CRE 0.05%, 159  
TOPICORT CRE 0.25%, 157  
TOPICORT GEL 0.05%, 157  
TOPICORT OIN 0.05%, 159  
TOPICORT OIN 0.25%, 157  
TOPICORT SPR 0.25%, 157  
*topiramate cap er 24hr sprinkle 100 mg*, 65  
*topiramate cap er 24hr sprinkle 150 mg*, 65  
*topiramate cap er 24hr sprinkle 200 mg*, 66  
*topiramate cap er 24hr sprinkle 25 mg*, 65  
*topiramate cap er 24hr sprinkle 50 mg*, 65  
*topiramate sprinkle cap 15 mg*, 66  
*topiramate sprinkle cap 25 mg*, 66  
*topiramate tab 100 mg*, 66  
*topiramate tab 200 mg*, 66  
*topiramate tab 25 mg*, 66  
*topiramate tab 50 mg*, 66  
*toremifene citrate tab 60 mg (base equivalent)*, 30  
*toremide tab 100 mg*, 56  
*toremide tab 10 mg*, 55  
*toremide tab 20 mg*, 55  
*toremide tab 5 mg*, 55  
TOVIAZ TAB 4MG, 131  
TOVIAZ TAB 8MG, 131  
TRACLEER TAB 125MG, 58  
TRACLEER TAB 32MG, 58  
TRACLEER TAB 62.5MG, 58  
*tramadol-acetaminophen tab 37.5-325 mg*, 12  
TRAMADOL HCL CAP 150MG ER, 11  
*tramadol hcl cap er 24hr biphasic release 100 mg*, 11  
*tramadol hcl cap er 24hr biphasic release 200 mg*, 11  
*tramadol hcl cap er 24hr biphasic release 300 mg*, 12  
*tramadol hcl tab 50 mg*, 12  
*tramadol hcl tab er 24hr 100 mg*, 12  
*tramadol hcl tab er 24hr 200 mg*, 12  
*tramadol hcl tab er 24hr 300 mg*, 12  
*tramadol hcl tab er 24hr biphasic release 100 mg*, 12  
*tramadol hcl tab er 24hr biphasic release 200 mg*, 12  
*tramadol hcl tab er 24hr biphasic release*

300 mg, 12  
trandolapril tab 1 mg, 38  
trandolapril tab 2 mg, 38  
trandolapril tab 4 mg, 38  
trandolapril-verapamil hcl tab er 1-240 mg, 35  
trandolapril-verapamil hcl tab er 2-180 mg, 35  
trandolapril-verapamil hcl tab er 2-240 mg, 35  
trandolapril-verapamil hcl tab er 4-240 mg, 35  
tranexamic acid tab 650 mg, 133  
TRANSDERM-SC DIS 1.5MG, 121  
TRANXENE T TAB 15MG, 60  
TRANXENE T TAB 3.75MG, 60  
TRANXENE T TAB 7.5MG, 60  
tranylcypromine sulfate tab 10 mg, 69  
TRAVATAN Z DRO 0.004%, 168  
TRAVEL LANCE MIS ADV 28G, 103  
travoprost ophth soln 0.004%, 168  
trazodone hcl tab 100 mg, 69  
trazodone hcl tab 150 mg, 69  
trazodone hcl tab 300 mg, 69  
trazodone hcl tab 50 mg, 69  
TRECATOR TAB 250MG, 25  
TRELEGY AER ELLIPTA, 144  
TRESIBA FLEX INJ 100UNIT, 100  
TRESIBA FLEX INJ 200UNIT, 100  
TRESIBA INJ 100UNIT, 100  
tretinoin cap 10 mg, 34  
tretinoin cream 0.025%, 153  
tretinoin cream 0.05%, 153  
tretinoin cream 0.1%, 153  
tretinoin gel 0.01%, 153  
tretinoin gel 0.025%, 153  
tretinoin gel 0.05%, 153  
tretinoin microsphere gel 0.04%, 153  
tretinoin microsphere gel 0.1%, 153  
TRETIN-X CRE 0.0375%, 153  
TRETIN-X CRE 0.075%, 153  
Trexall TAB 10MG, 29  
Trexall TAB 15MG, 29  
Trexall TAB 5MG, 29  
Trexall TAB 7.5MG, 29  
Treximet TAB 10-60MG, 90  
Treximet TAB 85-500MG, 90  
Trezix CAP, 12  
triamcinolone acetonide aerosol soln 0.147 mg/gm, 159  
triamcinolone acetonide cream 0.025%, 159  
triamcinolone acetonide cream 0.1%, 159  
triamcinolone acetonide cream 0.5%, 157  
triamcinolone acetonide dental paste 0.1%, 162  
triamcinolone acetonide lotion 0.025%, 159  
triamcinolone acetonide lotion 0.1%, 159  
triamcinolone acetonide nasal aerosol suspension 55 mcg/act, 149  
triamcinolone acetonide oint 0.025%, 159  
triamcinolone acetonide oint 0.1%, 159  
triamcinolone acetonide oint 0.5%, 157  
triamterene & hydrochlorothiazide cap 37.5-25 mg, 55  
triamterene & hydrochlorothiazide cap 50-25 mg, 55  
triamterene & hydrochlorothiazide tab 37.5-25 mg, 55  
triamterene & hydrochlorothiazide tab 75-50 mg, 55  
TRIANEX OIN 0.05%, 159  
triazolam tab 0.125 mg, 88  
triazolam tab 0.25 mg, 88  
TRIBENZOR20- TAB 5-12.5MG, 41  
TRIBENZOR40- TAB 10-12.5, 41  
TRIBENZOR40- TAB 10-25MG, 41  
TRIBENZOR40- TAB 5-12.5MG, 41  
TRIBENZOR40- TAB 5-25MG, 41  
trientine hcl cap 250 mg, 116  
trifluoperazine hcl tab 10 mg (base equivalent), 82  
trifluoperazine hcl tab 1 mg (base equivalent), 82  
trifluoperazine hcl tab 2 mg (base equivalent), 82  
trifluoperazine hcl tab 5 mg (base equivalent), 82

*trifluridine ophth soln 1%*, 166  
TRIGLIDE TAB 160MG, 45  
*trihexyphenidyl hcl elixir 0.4 mg/ml*, 77  
*trihexyphenidyl hcl tab 2 mg*, 77  
*trihexyphenidyl hcl tab 5 mg*, 77  
TRILEPTAL SUS 300MG/5M, 66  
TRILEPTAL TAB 150MG, 66  
TRILEPTAL TAB 300MG, 66  
TRILEPTAL TAB 600MG, 66  
TRILIPIX CAP 135MG, 45  
TRILIPIX CAP 45MG, 45  
*trimethobenzamide hcl cap 300 mg*, 121  
*trimethoprim tab 100 mg*, 28  
*trimipramine maleate cap 100 mg*, 74  
*trimipramine maleate cap 25 mg*, 74  
*trimipramine maleate cap 50 mg*, 74  
TRINATAL GT TAB, 143  
TRINATAL RX TAB 1, 143  
TRI-NORINYL TAB 28, 109  
TRINTELLIX TAB 10MG, 71  
TRINTELLIX TAB 20MG, 71  
TRINTELLIX TAB 5MG, 71  
TRI-TABS DHA MIS, 143  
TRIUMEQ TAB, 21  
TRIVEEN-DUO PAK DHA, 143  
TRIVEEN-PRX CAP RNF, 143  
TRIZIVIR TAB, 21  
TROKENDI XR CAP 100MG, 66  
TROKENDI XR CAP 200MG, 66  
TROKENDI XR CAP 25MG, 66  
TROKENDI XR CAP 50MG, 66  
*tropicamide ophth soln 0.5%*, 167  
*tropicamide ophth soln 1%*, 167  
*tropium chloride cap er 24hr 60 mg*, 131  
*tropium chloride tab 20 mg*, 131  
TRULANCE TAB 3MG, 124  
TRULICITY INJ 0.75/0.5, 99  
TRULICITY INJ 1.5/0.5, 99  
TRUSOPT SOL 2% OP, 167  
TRUVADA TAB 100-150, 21  
TRUVADA TAB 133-200, 21  
TRUVADA TAB 167-250, 21  
TRUVADA TAB 200-300, 21  
TUSSICAPS CAP 10-8MG, 146  
TUSSICAPS CAP 5-4MG, 146  
TUSSIONEX SUS 10-8/5ML, 146  
TUZISTRA XR SUS, 146  
TWYNSTA TAB 40-10MG, 40  
TWYNSTA TAB 40-5MG, 40  
TWYNSTA TAB 80-10MG, 40  
TWYNSTA TAB 80-5MG, 40  
TYBOST TAB 150MG, 20  
TYKERB TAB 250MG, 33  
TYLENOL/COD TAB #3, 12  
TYLENOL/COD TAB #4, 12  
TYMLOS INJ, 105  
TYVASO START SOL 0.6MG/ML, 59  
TYZEKA TAB 600MG, 25  
TYZINE PED DRO 0.05%, 149  
TYZINE SOL 0.1%, 149  
U  
UCERIS AER 2MG/ACT, 123  
UCERIS TAB 9MG, 123  
UDENYCA INJ 6MG/.6ML, 133  
ULESFIA LOT 5%, 162  
ULORIC TAB 40MG, 1  
ULORIC TAB 80MG, 1  
ULTIMATECARE CAP ONE, 143  
ULTIMATECARE CAP ONE NF, 143  
ULTRACET TAB 37.5-325, 12  
ULTRAM ER TAB 100MG, 12  
ULTRAM ER TAB 200MG, 12  
ULTRAM ER TAB 300MG, 12  
ULTRAM TAB 50MG, 12  
ULTRAVATE CRE 0.05%, 160  
ULTRAVATE LOT 0.05%, 160  
ULTRAVATE OIN 0.05%, 160  
UNILET LANCT MIS 28G, 103  
UNILET LANCT MIS 30G, 103  
UNILET LANCT MIS 33G, 103  
UNISTIK TOUC MIS LANC 21G, 103  
UNISTIK TOUC MIS LANC 23G, 103  
UNISTIK TOUC MIS LANC 28G, 103  
UNISTIK TOUC MIS LANC 30G, 103  
UPTRAVI TAB 1000MCG, 58  
UPTRAVI TAB 1200MCG, 58  
UPTRAVI TAB 1400MCG, 58  
UPTRAVI TAB 1600MCG, 58  
UPTRAVI TAB 200/800, 58  
UPTRAVI TAB 200MCG, 58  
UPTRAVI TAB 400MCG, 58

UPTRAVI TAB 600MCG, 58  
UPTRAVI TAB 800MCG, 58  
URECHOLINE TAB 10MG, 130  
URECHOLINE TAB 25MG, 130  
URECHOLINE TAB 50MG, 130  
URECHOLINE TAB 5MG, 130  
UROCIT-K 10 TAB, 130  
UROCIT-K 15 TAB, 130  
UROCIT-K 5 TAB, 130  
URSO 250 TAB 250MG, 122  
*ursodiol cap 300 mg, 122*  
*ursodiol tab 250 mg, 122*  
*ursodiol tab 500 mg, 122*  
URSO FORTE TAB 500MG, 122  
V  
VAGIFEM TAB 10MCG, 112  
*valacyclovir hcl tab 1 gm, 26*  
*valacyclovir hcl tab 500 mg, 26*  
VALCHLOR GEL 0.016%, 29  
*valganciclovir hcl for soln 50 mg/ml*  
*(base equiv), 25*  
*valganciclovir hcl tab 450 mg (base*  
*equivalent), 25*  
VALIUM TAB 10MG, 60  
VALIUM TAB 2MG, 60  
VALIUM TAB 5MG, 60  
*valproate sodium oral soln 250 mg/5ml*  
*(base equiv), 66*  
*valproic acid cap 250 mg, 66*  
*valsartan-hydrochlorothiazide tab*  
*160-12.5 mg, 42*  
*valsartan-hydrochlorothiazide tab 160-25*  
*mg, 42*  
*valsartan-hydrochlorothiazide tab*  
*320-12.5 mg, 42*  
*valsartan-hydrochlorothiazide tab 320-25*  
*mg, 42*  
*valsartan-hydrochlorothiazide tab*  
*80-12.5 mg, 42*  
*valsartan tab 160 mg, 43*  
*valsartan tab 320 mg, 43*  
*valsartan tab 40 mg, 43*  
*valsartan tab 80 mg, 43*  
VANCOCIN CAP 250MG, 28  
VANCOCIN HCL CAP 125MG, 28  
*vancomycin hcl cap 125 mg (base*  
*equivalent), 28*  
*vancomycin hcl cap 250 mg (base*  
*equivalent), 28*  
VANOS CRE 0.1%, 157  
*ardenafil hcl orally disintegrating tab 10*  
*mg, 129*  
VARUBI TAB 90MG, 121  
VASCEPA CAP 0.5GM, 47  
VASCEPA CAP 1GM, 47  
VASERETIC TAB 10-25MG, 36  
VASOTEC TAB 10MG, 38  
VASOTEC TAB 2.5MG, 38  
VASOTEC TAB 20MG, 38  
VASOTEC TAB 5MG, 38  
VCF VAGINAL AER CONTRACP, 106  
VCF VAGINAL MIS CONTRACP, 106  
VELPHORO CHW 500MG, 117  
VELTASSA POW 16.8GM, 117  
VELTASSA POW 25.2GM, 117  
VELTASSA POW 8.4GM, 117  
VEMAVITE- CAP PRX 2, 143  
VEMLIDY TAB 25MG, 25  
VENA-BAL MIS DHA, 143  
VENCLEXTA TAB 100MG, 34  
VENCLEXTA TAB 10MG, 34  
VENCLEXTA TAB 50MG, 34  
VENCLEXTA TAB START PK, 34  
*venlafaxine hcl cap er 24hr 150 mg*  
*(base equivalent), 72*  
*venlafaxine hcl cap er 24hr 37.5 mg*  
*(base equivalent), 72*  
*venlafaxine hcl cap er 24hr 75 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab 100 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab 25 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab 37.5 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab 50 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab 75 mg (base*  
*equivalent), 72*  
*venlafaxine hcl tab er 24hr 225 mg (base*  
*equivalent), 72*  
VENLAFAXINE TAB 225MG ER, 72

VENTAVIS SOL 10MCG/ML, 59  
VENTAVIS SOL 20MCG/ML, 59  
*verapamil hcl cap er 24hr 100 mg*, 53  
*verapamil hcl cap er 24hr 120 mg*, 53  
*verapamil hcl cap er 24hr 180 mg*, 53  
*verapamil hcl cap er 24hr 200 mg*, 53  
*verapamil hcl cap er 24hr 240 mg*, 53  
*verapamil hcl cap er 24hr 300 mg*, 53  
*verapamil hcl cap er 24hr 360 mg*, 54  
*verapamil hcl tab 120 mg*, 54  
*verapamil hcl tab 40 mg*, 54  
*verapamil hcl tab 80 mg*, 54  
*verapamil hcl tab er 120 mg*, 54  
*verapamil hcl tab er 180 mg*, 54  
*verapamil hcl tab er 240 mg*, 54  
VERDESO AER 0.05%, 158  
VERDROCET TAB 2.5-325, 12  
VERELAN CAP 120MG SR, 54  
VERELAN CAP 180MG SR, 54  
VERELAN CAP 240MG SR, 54  
VERELAN CAP 360MG SR, 54  
VERELAN PM CAP 100MG ER, 54  
VERELAN PM CAP 200MG ER, 54  
VERELAN PM CAP 300MG ER, 54  
VERIPRED 20 SOL 20MG/5ML, 114  
VERSACLOZ SUS 50MG/ML, 80  
VERZENIO TAB 100MG, 33  
VERZENIO TAB 150MG, 33  
VERZENIO TAB 200MG, 33  
VERZENIO TAB 50MG, 33  
VESICARE TAB 10MG, 131  
VESICARE TAB 5MG, 131  
VEXOL SUS 1% OP, 165  
VFEND SUS 40MG/ML, 20  
VFEND TAB 200MG, 20  
VFEND TAB 50MG, 20  
*viberzi tab 100mg*, 124  
*viberzi tab 75mg*, 124  
VIBRAMYCIN CAP 100MG, 19  
VIBRAMYCIN SUS 25MG/5ML, 19  
VIBRAMYCIN SYP 50MG/5ML, 19  
VICOPROFEN TAB 7.5-200, 12  
VICTOZA INJ 18MG/3ML, 99  
VIDAZA INJ 100MG, 29  
VIDEX EC CAP 125MG, 23  
VIDEX EC CAP 200MG, 23  
VIDEX EC CAP 250MG, 23  
VIDEX EC CAP 400MG, 23  
VIDEX SOL 2GM, 23  
VIDEX SOL 4GM, 23  
*vigabatrin powd pack 500 mg*, 66  
*vigabatrin tab 500 mg*, 66  
VIGAMOX DRO 0.5%, 164  
VIIBRYD KIT STARTER, 71  
VIIBRYD TAB 10MG, 71  
VIIBRYD TAB 20MG, 71  
VIIBRYD TAB 40MG, 71  
VIMOVO TAB 375-20MG, 3  
VIMOVO TAB 500-20MG, 3  
VIMPAT SOL 10MG/ML, 66  
VIMPAT TAB 100MG, 66  
VIMPAT TAB 150MG, 66  
VIMPAT TAB 200MG, 66  
VIMPAT TAB 50MG, 66  
VINATE CAL TAB, 143  
VINATE CARE CHW 40-1MG, 143  
VINATE C TAB, 143  
VINATE II TAB, 143  
VINATE M TAB, 143  
VIOKACE TAB 10440, 125  
VIOKACE TAB 20880, 126  
VIRACEPT TAB 250MG, 24  
VIRACEPT TAB 625MG, 24  
VIRAMUNE SUS 50MG/5ML, 22  
VIRAMUNE TAB 200MG, 22  
VIRAMUNE XR TAB 400MG, 22  
VIRAZOLE INH 6GM, 150  
VIREAD POW 40MG/GM, 23  
VIREAD TAB 150MG, 23  
VIREAD TAB 200MG, 23  
VIREAD TAB 250MG, 23  
VIREAD TAB 300MG, 23  
VIROPTIC SOL 1% OP, 166  
VIRT-PN TAB, 143  
VISTARIL CAP 25MG, 145  
VISTARIL CAP 50MG, 145  
VISTOGARD PAK 10GM, 34  
VITAFOL CAP ULTRA, 143  
VITAFOL-NANO TAB, 143  
VITAFOL-OB PAK +DHA, 143  
VITAFOL-OB TAB 65-1MG, 143  
VITAFOL-ONE CAP, 143

VITAMEDMD CAP ONE RX, 143  
VITAMEDMD MIS PLUS RX, 143  
VITAPEARL CAP, 143  
VITA-PREN TAB, 143  
VITEKTA TAB 150MG, 21  
VITEKTA TAB 85MG, 21  
VITRAKVI CAP 100MG, 33  
VITRAKVI CAP 25MG, 33  
VITRAKVI SOL 20MG/ML, 33  
VITUZ SOL 5-4MG, 146  
VOL-NATE TAB, 143  
VOL-TAB RX TAB, 143  
VOLTAREN GEL 1%, 4  
*voriconazole for susp 40 mg/ml, 20*  
*voriconazole tab 200 mg, 20*  
*voriconazole tab 50 mg, 20*  
VOSEVI TAB, 26  
VOSPIRE ER TAB 4MG, 147  
VOSPIRE ER TAB 8MG, 147  
VOTRIENT TAB 200MG, 33  
VP-PNV-DHA CAP, 143  
VRAYLAR CAP 1.5-3MG, 80  
VRAYLAR CAP 1.5MG, 80  
VRAYLAR CAP 3MG, 80  
VRAYLAR CAP 4.5MG, 80  
VRAYLAR CAP 6MG, 80  
VUSION OIN, 155  
VYTORIN TAB 10-10MG, 47  
VYTORIN TAB 10-20MG, 47  
VYTORIN TAB 10-40MG, 47  
VYTORIN TAB 10-80MG, 47  
VYVANSE CAP 10MG, 87  
VYVANSE CAP 20MG, 87  
VYVANSE CAP 30MG, 87  
VYVANSE CAP 40MG, 87  
VYVANSE CAP 50MG, 87  
VYVANSE CAP 60MG, 87  
VYVANSE CAP 70MG, 87  
VYVANSE CHW 10MG, 87  
VYVANSE CHW 20MG, 87  
VYVANSE CHW 30MG, 87  
VYVANSE CHW 40MG, 87  
VYVANSE CHW 50MG, 87  
VYVANSE CHW 60MG, 87  
VYZULTA SOL 0.024%, 168

W  
*warfarin sodium tab 10 mg, 132*  
*warfarin sodium tab 1 mg, 132*  
*warfarin sodium tab 2.5 mg, 132*  
*warfarin sodium tab 2 mg, 132*  
*warfarin sodium tab 3 mg, 132*  
*warfarin sodium tab 4 mg, 132*  
*warfarin sodium tab 5 mg, 132*  
*warfarin sodium tab 6 mg, 132*  
*warfarin sodium tab 7.5 mg, 132*  
WELCHOL PAK 3.75GM, 44  
WELCHOL TAB 625MG, 44  
WELLBUTRIN TAB 100MG, 69  
WELLBUTRIN TAB 100MG SR, 69  
WELLBUTRIN TAB 150MG SR, 69  
WELLBUTRIN TAB 200MG SR, 69  
WELLBUTRIN TAB 75MG, 69  
WELLBUTRIN TAB XL 150MG, 69  
WELLBUTRIN TAB XL 300MG, 69  
WESTCORT OIN 0.2%, 159  
WIDE-SEAL DPR KIT 60, 106  
WIDE-SEAL DPR KIT 65, 106  
WIDE-SEAL DPR KIT 70, 106  
WIDE-SEAL DPR KIT 75, 106  
WIDE-SEAL DPR KIT 80, 106  
WIDE-SEAL DPR KIT 85, 106  
WIDE-SEAL DPR KIT 90, 106  
WIDE-SEAL DPR KIT 95, 106  
X  
XALATAN SOL 0.005%, 168  
XALKORI CAP 200MG, 33  
XALKORI CAP 250MG, 33  
XARELTO STAR TAB 15/20MG, 132  
XARELTO TAB 10MG, 132  
XARELTO TAB 15MG, 132  
XARELTO TAB 2.5MG, 132  
XARELTO TAB 20MG, 133  
XARTEMIS XR TAB 7.5-325, 12  
XATMEP SOL 2.5MG/ML, 29  
XELJANZ TAB 10MG, 136  
XELJANZ TAB 5MG, 136  
XELJANZ XR TAB 11MG, 136  
XELODA TAB 150MG, 29  
XELODA TAB 500MG, 29  
XENLETA TAB 600MG, 13  
XEPI CRE 1%, 154

XERAC-AC SOL 6.25%, 161  
XERESE CRE 5-1%, 161  
XERMELO TAB 250MG, 125  
XHANCE MIS 93MCG, 149  
XIFAXAN TAB 200MG, 28  
XIFAXAN TAB 550MG, 28  
XIGDUO XR TAB 10-1000, 101  
XIGDUO XR TAB 10-500MG, 101  
XIGDUO XR TAB 2.5-1000, 101  
XIGDUO XR TAB 5-1000MG, 101  
XIGDUO XR TAB 5-500MG, 101  
XIIDRA DRO 5%, 167  
XODOL TAB 10-300MG, 12  
XODOL TAB 5-300MG, 12  
XODOL TAB 7.5-300, 12  
XOPENEX CONC NEB 1.25/0.5, 147  
XOPENEX NEB 0.31MG, 147  
XOPENEX NEB 0.63MG, 147  
XOPENEX NEB 1.25/3ML, 147  
XTAMPZA ER CAP 13.5MG, 12  
XTAMPZA ER CAP 18MG, 12  
XTAMPZA ER CAP 27MG, 12  
XTAMPZA ER CAP 36MG, 13  
XTAMPZA ER CAP 9MG, 12  
XTANDI CAP 40MG, 30  
XULTOPHY INJ 100/3.6, 99  
XYLOCAINE SOL 4%, 161  
XYOSTED INJ 100/0.5, 97  
XYOSTED INJ 50/0.5, 97  
XYOSTED INJ 75/0.5, 97  
XYREM SOL 500MG/ML, 95  
Y  
YASMIN 28 TAB 3-0.03MG, 108  
YONSA TAB 125MG, 30  
Z  
ZACLIR LOT 8%, 153  
*zafirlukast tab 10 mg*, 148  
*zafirlukast tab 20 mg*, 148  
*zaleplon cap 10 mg*, 89  
*zaleplon cap 5 mg*, 89  
ZANAFLEX CAP 2MG, 94  
ZANAFLEX CAP 4MG, 94  
ZANAFLEX CAP 6MG, 94  
ZANAFLEX TAB 4MG, 94  
ZANTAC TAB 300MG, 123  
ZARONTIN CAP 250MG, 66  
ZARONTIN SOL 250/5ML, 66  
ZATEAN-CH CAP, 143  
ZATEAN-PN CAP DHA, 143  
ZATEAN-PN CAP PLUS, 143  
ZAVESCA CAP 100MG, 112  
ZEBETA TAB 10MG, 50  
ZEBETA TAB 5MG, 50  
ZEJULA CAP 100MG, 34  
ZELAPAR TAB 1.25MG, 77  
ZELBORAF TAB 240MG, 33  
ZEMBRACE SYM INJ 3/0.5ML, 91  
ZEMPLAR CAP 1MCG, 115  
ZEMPLAR CAP 2MCG, 115  
ZENPEP CAP 10000UNT, 126  
ZENPEP CAP 15000UNT, 126  
ZENPEP CAP 20000UNT, 126  
ZENPEP CAP 25000, 126  
ZENPEP CAP 25000UNT, 126  
ZENPEP CAP 3000UNIT, 126  
ZENPEP CAP 40000, 126  
ZENPEP CAP 40000UNT, 126  
ZENPEP CAP 5000UNIT, 126  
ZERIT CAP 15MG, 23  
ZERIT CAP 20MG, 23  
ZERIT CAP 30MG, 23  
ZERIT CAP 40MG, 23  
ZERIT SOL 1MG/ML, 23  
ZESTORETIC TAB 10-12.5, 36  
ZESTORETIC TAB 20-12.5, 36  
ZESTORETIC TAB 20-25MG, 36  
ZESTRIL TAB 2.5MG, 38  
ZESTRIL TAB 30MG, 38  
ZESTRIL TAB 40MG, 38  
ZIAC TAB 10/6.25, 48  
ZIAC TAB 2.5/6.25, 48  
ZIAC TAB 5-6.25MG, 48  
ZIAGEN SOL 20MG/ML, 23  
ZIAGEN TAB 300MG, 23  
*zidovudine cap 100 mg*, 23  
*zidovudine syrup 10 mg/ml*, 23  
*zidovudine tab 300 mg*, 23  
*zileuton tab er 12hr 600 mg*, 148  
ZIOPTAN DRO 0.0015%, 168  
*ziprasidone hcl cap 20 mg*, 80  
*ziprasidone hcl cap 40 mg*, 80  
*ziprasidone hcl cap 60 mg*, 80



*ziprasidone hcl cap 80 mg*, 80  
ZIPSOR CAP 25MG, 3  
ZIRGAN GEL 0.15%, 166  
ZITHROMAX POW 1GM PAK, 15  
ZITHROMAX SUS 100/5ML, 15  
ZITHROMAX SUS 200/5ML, 15  
ZITHROMAX TAB 250MG, 15  
ZITHROMAX TAB 500MG, 15  
ZITHROMAX TAB 600MG, 15  
ZMAX SUS 2GM, 15  
ZN-DTPA SOL 1000MG, 104  
ZOCOR TAB 10MG, 47  
ZOCOR TAB 20MG, 47  
ZOCOR TAB 40MG, 47  
ZOCOR TAB 5MG, 47  
ZOCOR TAB 80MG, 47  
ZOFRAN SOL 4MG/5ML, 121  
ZOFRAN TAB 4MG, 121  
ZOFRAN TAB 4MG ODT, 121  
ZOFRAN TAB 8MG, 121  
ZOFRAN TAB 8MG ODT, 121  
ZOHYDRO ER CAP 10MG, 13  
ZOHYDRO ER CAP 15MG, 13  
ZOHYDRO ER CAP 20MG, 13  
ZOHYDRO ER CAP 30MG, 13  
ZOHYDRO ER CAP 40MG, 13  
ZOHYDRO ER CAP 50MG, 13  
ZOLINZA CAP 100MG, 34  
*zolmitriptan orally disintegrating tab 2.5 mg*, 91  
*zolmitriptan orally disintegrating tab 5 mg*, 91  
*zolmitriptan tab 2.5 mg*, 91  
*zolmitriptan tab 5 mg*, 91  
ZOLOFT CON 20MG/ML, 71  
ZOLOFT TAB 100MG, 71  
ZOLOFT TAB 25MG, 71  
ZOLOFT TAB 50MG, 71  
*zolpidem tartrate sl tab 1.75 mg*, 89  
*zolpidem tartrate sl tab 3.5 mg*, 89  
*zolpidem tartrate tab 10 mg*, 89  
*zolpidem tartrate tab 5 mg*, 89  
*zolpidem tartrate tab er 12.5 mg*, 89  
*zolpidem tartrate tab er 6.25 mg*, 89  
ZOMIG SPR 2.5MG, 91  
ZOMIG SPR 5MG, 91  
ZOMIG TAB 2.5MG, 91  
ZOMIG TAB 5MG, 91  
ZOMIG ZMT TAB 2.5 MG, 91  
ZOMIG ZMT TAB 5MG ODT, 91  
ZONALON CRE 5%, 161  
ZONATUSS CAP 150MG, 146  
*zonisamide cap 100 mg*, 66  
*zonisamide cap 25 mg*, 66  
*zonisamide cap 50 mg*, 66  
ZONTIVITY TAB 2.08MG, 135  
ZORBTIVE INJ 8.8MG, 114  
ZORTRESS TAB 0.25MG, 138  
ZORTRESS TAB 0.5MG, 138  
ZORTRESS TAB 0.75MG, 138  
ZORTRESS TAB 1MG, 138  
ZOVIRAX CAP 200MG, 26  
ZOVIRAX CRE 5%, 161  
ZOVIRAX OIN 5%, 161  
ZOVIRAX SUS 200/5ML, 26  
ZOVIRAX TAB 400MG, 26  
ZOVIRAX TAB 800MG, 26  
ZUBSOLV SUB 0.7-0.18, 95  
ZUBSOLV SUB 1.4-0.36, 95  
ZUBSOLV SUB 2.9-0.71, 95  
ZUBSOLV SUB 5.7-1.4, 96  
ZUBSOLV SUB 8.6-2.1, 96  
ZUTRIPRO LIQ 60-4-5MG, 146  
ZYBAN TAB 150MG SR, 96  
ZYCLARA CRE 3.75%, 154  
ZYCLARA PUMP CRE 2.5%, 154  
ZYDELIG TAB 100MG, 33  
ZYDELIG TAB 150MG, 33  
ZYFLO CR TAB 600MG, 148  
ZYFLO TAB 600MG, 148  
ZYKADIA CAP 150MG, 33  
ZYKADIA TAB 150MG, 33  
ZYLET SUS 0.5-0.3%, 163  
ZYLOPRIM TAB 100MG, 1  
ZYLOPRIM TAB 300MG, 1  
ZYMAXID SOL 0.5%, 164  
ZYPREXA TAB 10MG, 80  
ZYPREXA TAB 15MG, 80  
ZYPREXA TAB 2.5MG, 80  
ZYPREXA TAB 20MG, 80  
ZYPREXA TAB 5MG, 80  
ZYPREXA TAB 7.5MG, 80

ZYPREXA ZYDI TAB 10MG, 80

ZYPREXA ZYDI TAB 15MG, 80

ZYPREXA ZYDI TAB 20MG, 80

ZYPREXA ZYDI TAB 5MG, 80

ZYVOX TAB 600MG, 28



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



10455 Mill Run Circle  
Owings Mills, MD 21117

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

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., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

SUM4665-1S (12/19) ■ For self-insured plans only



# 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<br>Baltimore, Maryland 21224   |
| Email Address    | <a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a> |
| Telephone Number | 410-528-7820   |
| Fax Number       | 410-505-2011   |

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

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

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

## Foreign Language Assistance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ní'ist'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'í'íh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éi kójj' dahóoolnih 855-258-6518 dóo yíi dii'łts'í'íł yałtí'ígíí t'áa níléj'í' áádóo éi bikéé'dóo naasba'as bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitá'ágo, saad bee yániłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.