

CareFirst Exchange Formulary

2024

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

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

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

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.

- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

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

CareFirst Exchange Formulary - 5-Tier eff 3/1/2024

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib cap 50 mg	Tier 1	
celecoxib cap 100 mg	Tier 1	
celecoxib cap 200 mg	Tier 1	
GOUT		
allopurinol tab 100 mg	Tier 1	
allopurinol tab 300 mg	Tier 1	
colchicine tab 0.6 mg	Tier 1	
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
febuxostat tab 40 mg	Tier 1	ST; PA**
febuxostat tab 80 mg	Tier 1	ST; PA**
probenecid tab 500 mg	Tier 1	
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	Tier 1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	Tier 1	
NSAIDSS		
diclofenac potassium tab 50 mg	Tier 1	
diclofenac sodium tab delayed release 25 mg	Tier 1	
diclofenac sodium tab delayed release 50 mg	Tier 1	
diclofenac sodium tab delayed release 75 mg	Tier 1	
diclofenac sodium tab er 24hr 100 mg	Tier 1	
etodolac cap 200 mg	Tier 1	
etodolac cap 300 mg	Tier 1	
etodolac tab 400 mg	Tier 1	
etodolac tab 500 mg	Tier 1	
etodolac tab er 24hr 400 mg	Tier 1	
etodolac tab er 24hr 500 mg	Tier 1	
etodolac tab er 24hr 600 mg	Tier 1	
fenoprofen calcium tab 600 mg	Tier 3	
flurbiprofen tab 50 mg	Tier 1	
flurbiprofen tab 100 mg	Tier 1	
ibuprofen susp 100 mg/5ml	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Tier 7	M
<i>ketorolac tromethamine inj 15 mg/ml</i>	Tier 7	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	Tier 7	M
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
<i>tolmetin sodium cap 400 mg</i>	Tier 1	
<i>tolmetin sodium tab 600 mg</i>	Tier 1	

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 100 mcg/hr	Tier 1	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 20 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	Tier 1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	Tier 1	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 120 mg	Tier 1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 2 mg/ml</i>	Tier 7	M
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	ST, QL (225 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 5 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	Tier 1	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 7	M

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

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Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 7	M
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl soln 5 mg/5ml	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 5 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 10 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 15 mg	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 20 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 30 mg	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab er 12hr deter 10 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxycodone hcl tab er 12hr deter 20 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxycodone hcl tab er 12hr deter 40 mg	Tier 1	ST, PA; High Strength Requires PA
oxycodone hcl tab er 12hr deter 80 mg	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab 5 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab 10 mg	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab er 12hr 5 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 7.5 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 10 mg	Tier 1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 15 mg	Tier 1	ST, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tab er 12hr 20 mg	Tier 1	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	Tier 1	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 40 mg	Tier 1	ST, PA; High Strength Requires PA
tramadol hcl tab 50 mg	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tramadol hcl tab er 24hr 100 mg	Tier 1	ST, QL (30 tabs every 30 days)
tramadol hcl tab er 24hr 200 mg	Tier 1	ST, PA; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	Tier 1	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	Tier 7	M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	Tier 4	
SUBLOCADE INJ 300/1.5	Tier 4	

SALICYLATES

<i>aspirin enteric coated ad</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

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

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	Tier 7	M
<i>lidocaine hcl local inj 1%</i>	Tier 7	M
<i>lidocaine hcl local inj 2%</i>	Tier 7	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Tier 7	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	Tier 7	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	Tier 7	M
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	Tier 3	QL (336 tabs every 365 days)
<i>EMVERM CHW 100MG</i>	Tier 3	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days

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

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

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

ANTIFUNGALS

amphotericin b for iv soln 50 mg	Tier 7	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186 MG	Tier 3	
fluconazole for susp 10 mg/ml	Tier 1	
fluconazole for susp 40 mg/ml	Tier 1	
fluconazole tab 50 mg	Tier 1	
fluconazole tab 100 mg	Tier 1	
fluconazole tab 150 mg	Tier 1	
fluconazole tab 200 mg	Tier 1	
griseofulvin microsize susp 125 mg/5ml	Tier 1	
griseofulvin microsize tab 500 mg	Tier 1	
griseofulvin ultramicrosize tab 125 mg	Tier 1	
griseofulvin ultramicrosize tab 250 mg	Tier 1	
itraconazole cap 100 mg	Tier 1	PA
itraconazole oral soln 10 mg/ml	Tier 1	PA
nystatin tab 500000 unit	Tier 1	
posaconazole susp 40 mg/ml	Tier 1	PA
posaconazole tab delayed release 100 mg	Tier 3	PA
terbinafine hcl tab 250 mg	Tier 1	
voriconazole for susp 40 mg/ml	Tier 3	PA
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA

ANTIMALARIALS

atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1
atovaquone-proguanil hcl tab 250-100 mg	Tier 1
chloroquine phosphate tab 250 mg	Tier 1
chloroquine phosphate tab 500 mg	Tier 1
COARTEM TAB 20-120MG	Tier 3
mefloquine hcl tab 250 mg	Tier 1

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

Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate tab 26.3 mg (15 mg base)	Tier 1	
quinine sulfate cap 324 mg	Tier 1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 1	QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	Tier 1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	QL (30 caps every 30 days)
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps every 30 days)
darunavir tab 600 mg	Tier 1	QL (60 tabs every 30 days)
darunavir tab 800 mg	Tier 1	QL (30 tabs every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)
efavirenz cap 50 mg	Tier 1	QL (90 caps every 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps every 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
etravirine tab 100 mg	Tier 1	QL (120 tabs every 30 days)
etravirine tab 200 mg	Tier 1	QL (60 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs every 30 days)
FUZEON INJ 90MG	Tier 4	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	Tier 2	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	Tier 7	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	Tier 2	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	Tier 2	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
stavudine cap 15 mg	Tier 1	QL (60 caps every 30 days)
stavudine cap 20 mg	Tier 1	QL (60 caps every 30 days)
stavudine cap 30 mg	Tier 1	QL (60 caps every 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps every 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	Tier 2	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	Tier 2	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	Tier 7	M
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	Tier 2	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
zidovudine cap 100 mg	Tier 1	QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	Tier 1	QL (1920 ml every 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 tabs every 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	QL (30 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVI TAB 200/25MG	Tier 2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	Tier 2	QL (30 tabs every 30 days)
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 2	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 3	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
cycloserine cap 250 mg	Tier 1	
ethambutol hcl tab 100 mg	Tier 1	
ethambutol hcl tab 400 mg	Tier 1	
isoniazid inj 100 mg/ml	Tier 1	
isoniazid syrup 50 mg/5ml	Tier 1	
isoniazid tab 100 mg	Tier 1	
isoniazid tab 300 mg	Tier 1	
PRETOMANID TAB 200MG	Tier 3	PA
PRIFTIN TAB 150MG	Tier 2	
pyrazinamide tab 500 mg	Tier 1	
rifabutin cap 150 mg	Tier 1	
rifampin cap 150 mg	Tier 1	
rifampin cap 300 mg	Tier 1	
rifampin for inj 600 mg	Tier 1	
SIRTURO TAB 20MG	Tier 5	PA
SIRTURO TAB 100MG	Tier 5	PA
TRECATOR TAB 250MG	Tier 2	
ANTIVIRALS		
acyclovir cap 200 mg	Tier 1	
acyclovir susp 200 mg/5ml	Tier 1	
acyclovir tab 400 mg	Tier 1	
acyclovir tab 800 mg	Tier 1	
adefovir dipivoxil tab 10 mg	Tier 4	
BARACLUDE SOL	Tier 4	PA, QL (630 mL every 30 days)
cidofovir iv inj 75 mg/ml	Tier 7	M
entecavir tab 0.5 mg	Tier 4	PA, QL (30 tabs every 30 days)
entecavir tab 1 mg	Tier 4	PA, QL (30 tabs every 30 days)
famciclovir tab 125 mg	Tier 1	
famciclovir tab 250 mg	Tier 1	
famciclovir tab 500 mg	Tier 1	
lamivudine tab 100 mg (hbv)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	Tier 3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	Tier 3	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA, QL (120 tabs every 30 days)
VEMLIDY TAB 25MG	Tier 3	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	Tier 1
<i>cefaclor cap 500 mg</i>	Tier 1
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1
<i>cefadroxil cap 500 mg</i>	Tier 1
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1
<i>cefadroxil tab 1 gm</i>	Tier 1
<i>cefazin sodium for inj 1 gm</i>	Tier 1
<i>cefdinir cap 300 mg</i>	Tier 1
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1
<i>cefpime hcl for inj 1 gm</i>	Tier 1

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

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Drug Name	Drug Tier	Requirements/Limits
cefepime hcl for iv soln 2 gm	Tier 1	
cefixime cap 400 mg	Tier 1	
cefixime for susp 100 mg/5ml	Tier 1	
cefixime for susp 200 mg/5ml	Tier 1	
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
cefprozil for susp 125 mg/5ml	Tier 1	
cefprozil for susp 250 mg/5ml	Tier 1	
cefprozil tab 250 mg	Tier 1	
cefprozil tab 500 mg	Tier 1	
ceftazidime for iv soln 2 gm	Tier 1	
ceftriaxone sodium for inj 1 gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for inj 2 gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for inj 10 gm	Tier 1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for inj 250 mg	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for inj 500 mg	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for iv soln 1 gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium for iv soln 2 gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
cefuroxime axetil tab 250 mg	Tier 1	
cefuroxime axetil tab 500 mg	Tier 1	
cephalexin cap 250 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 500 mg	Tier 1	
cephalexin cap 750 mg	Tier 1	
cephalexin for susp 125 mg/5ml	Tier 1	
cephalexin for susp 250 mg/5ml	Tier 1	
cephalexin tab 250 mg	Tier 1	
cephalexin tab 500 mg	Tier 1	
SUPRAX CHW 100MG	Tier 2	
SUPRAX CHW 200MG	Tier 2	
SUPRAX SUS 500/5ML	Tier 2	
tazicef	Tier 1	
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	Tier 1	
azithromycin for susp 200 mg/5ml	Tier 1	
azithromycin powd pack for susp 1 gm	Tier 1	
azithromycin tab 250 mg	Tier 1	
azithromycin tab 500 mg	Tier 1	
azithromycin tab 600 mg	Tier 1	
clarithromycin for susp 125 mg/5ml	Tier 1	
clarithromycin for susp 250 mg/5ml	Tier 1	
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	
clarithromycin tab er 24hr 500 mg	Tier 1	
DIFICID SUS	Tier 2	PA
DIFICID TAB 200MG	Tier 2	PA
ery-tab	Tier 1	
erythrocin stearate	Tier 1	
erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 1	
erythromycin ethylsuccinate for susp 400 mg/5ml	Tier 1	
erythromycin ethylsuccinate tab 400 mg	Tier 1	
erythromycin tab 250 mg	Tier 1	
erythromycin tab 500 mg	Tier 1	
erythromycin w/ delayed release particles cap 250 mg	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
ciprofloxacin hcl tab 100 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	
levofloxacin iv soln 25 mg/ml	Tier 1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
levofloxacin oral soln 25 mg/ml	Tier 1	
levofloxacin tab 250 mg	Tier 1	
levofloxacin tab 500 mg	Tier 1	
levofloxacin tab 750 mg	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 1	
ofloxacin tab 300 mg	Tier 1	
ofloxacin tab 400 mg	Tier 1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin cap 200 mg</i>	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	Tier 5	ST, PA, QL (28 tabs every 28 days)

MISCELLANEOUS

<i>ALINIA SUS 100/5ML</i>	Tier 3	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>aztreonam for inj 1 gm</i>	Tier 7	M
<i>aztreonam for inj 2 gm</i>	Tier 7	M
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 7	M
<i>clindamycin phosphate inj 300 mg/2ml</i>	Tier 7	M
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 7	M
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 7	M
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 7	M
<i>linezolid tab 600 mg</i>	Tier 1	
<i>meropenem iv for soln 1 gm</i>	Tier 7	M
<i>meropenem iv for soln 500 mg</i>	Tier 7	M
<i>methenamine hippurate tab 1 gm</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 7	M
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	Tier 7	M
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 7	M
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 7	M
<i>pyrimethamine tab 25 mg</i>	Tier 3	PA
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 7	M
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 7	M
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 7	M
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 7	M

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

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for iv soln 750 mg (base equivalent)	Tier 7	M
PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	
amoxicillin (trihydrate) tab 500 mg	Tier 1	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	
ampicillin sodium for inj 1 gm	Tier 1	
ampicillin sodium for inj 2 gm	Tier 1	
dicloxacillin sodium cap 250 mg	Tier 1	
dicloxacillin sodium cap 500 mg	Tier 1	
penicillin g potassium for inj 5000000 unit	Tier 1	
penicillin g potassium for inj 20000000 unit	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	
TETRACYCLINES		
<i>avidoxy</i>	Tier 1	
<i>demeclacycline hcl tab 150 mg</i>	Tier 1	
<i>demeclacycline hcl tab 300 mg</i>	Tier 1	
<i>doxy 100</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	QL (120 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 500 mg	Tier 1	QL (120 caps every 30 days)

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

busulfan inj 6 mg/ml	Tier 7	M
carmustine for inj 100 mg	Tier 7	M
cyclophosphamide cap 25 mg	Tier 0	
cyclophosphamide cap 50 mg	Tier 0	
cyclophosphamide for inj 1 gm	Tier 7	M
cyclophosphamide for inj 2 gm	Tier 7	M
cyclophosphamide for inj 500 mg	Tier 7	M
dacarbazine for inj 100 mg	Tier 7	M
dacarbazine for inj 200 mg	Tier 7	M
EMCYT CAP 140MG	Tier 0	
GLEOSTINE CAP 10MG	Tier 0	
GLEOSTINE CAP 40MG	Tier 0	
GLEOSTINE CAP 100MG	Tier 0	
GLIADEL WAF 7.7MG	Tier 7	M
ifosfamide for inj 1 gm	Tier 7	M
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	Tier 7	M
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	Tier 7	M
LEUKERAN TAB 2MG	Tier 0	
MATULANE CAP 50MG	Tier 0	
melphalan hcl for inj 50 mg (base equiv)	Tier 7	M
melphalan tab 2 mg	Tier 0	
TEMODAR INJ 100MG	Tier 4	PA
temozolamide cap 5 mg	Tier 0	PA
temozolamide cap 20 mg	Tier 0	PA
temozolamide cap 100 mg	Tier 0	PA
temozolamide cap 140 mg	Tier 0	PA
temozolamide cap 180 mg	Tier 0	PA
temozolamide cap 250 mg	Tier 0	PA

ANTIBIOTICS

adriamycin	Tier 7	M
bleomycin sulfate for inj 15 unit	Tier 7	M
bleomycin sulfate for inj 30 unit	Tier 7	M

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

Drug Name	Drug Tier	Requirements/Limits
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	Tier 7	M
doxorubicin hcl for inj 10 mg	Tier 7	M
doxorubicin hcl inj 2 mg/ml	Tier 7	M
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	Tier 7	M
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	Tier 7	M
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	Tier 7	M
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	Tier 7	M
mitomycin for iv soln 5 mg	Tier 7	M
mitomycin for iv soln 20 mg	Tier 7	M
mitomycin for iv soln 40 mg	Tier 7	M
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	Tier 7	M
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	Tier 7	M
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	Tier 7	M
ANTIMETABOLITES		
azacitidine for inj 100 mg	Tier 4	PA
capecitabine tab 150 mg	Tier 0	PA
capecitabine tab 500 mg	Tier 0	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	Tier 7	M
clofarabine iv soln 1 mg/ml	Tier 7	M
cytarabine inj 20 mg/ml	Tier 7	M
cytarabine inj pf 20 mg/ml	Tier 7	M
cytarabine inj pf 100 mg/ml	Tier 7	M
decitabine for inj 50 mg	Tier 4	PA
fludarabine phosphate for inj 50 mg	Tier 7	M
fludarabine phosphate inj 25 mg/ml	Tier 7	M
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	Tier 7	M
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	Tier 7	M
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	Tier 7	M
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	Tier 7	M
gemcitabine hcl for inj 1 gm	Tier 7	M
gemcitabine hcl for inj 2 gm	Tier 7	M
gemcitabine hcl for inj 200 mg	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	Tier 7	M
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	Tier 7	M
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	Tier 7	M
mercaptopurine tab 50 mg	Tier 0	
methotrexate sodium for inj 1 gm	Tier 1	\$0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	\$0 copay based on your plan/benefit
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	\$0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	\$0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	\$0 copay based on your plan/benefit
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Tier 1	\$0 copay based on your plan/benefit
pemetrexed disodium for iv soln 100 mg (base equiv)	Tier 7	M
pemetrexed disodium for iv soln 500 mg (base equiv)	Tier 7	M
TABLOID TAB 40MG	Tier 0	

ANTIMITOTIC, TAXOIDS

docetaxel for inj conc 20 mg/ml	Tier 7	M
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	Tier 7	M
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	Tier 7	M
docetaxel soln for iv infusion 20 mg/2ml	Tier 7	M
docetaxel soln for iv infusion 80 mg/8ml	Tier 7	M
docetaxel soln for iv infusion 160 mg/16ml	Tier 7	M
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	Tier 7	M
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	Tier 7	M
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	Tier 7	M
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	Tier 7	M
vincristine sulfate iv soln 1 mg/ml	Tier 7	M
vinorelbine tartrate inj 10 mg/ml (base equiv)	Tier 7	M
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	Tier 7	M
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	Tier 7	M
ERBITUX INJ 200MG	Tier 7	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	Tier 4	PA
KADCYLA INJ 100MG	Tier 7	M
KADCYLA INJ 160MG	Tier 7	M
KEYTRUDA INJ 100MG/4M	Tier 4	PA
POLIVY INJ 30MG	Tier 5	PA
POLIVY INJ 140MG	Tier 5	PA
POMALYST CAP 1MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 0	PA, QL (28 caps every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 0	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	Tier 0	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	Tier 0	PA, QL (56 caps every 28 days)
TICE BCG INJ	Tier 7	M

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone acetate tab 250 mg	Tier 0	PA, QL (120 tabs every 30 days)
abiraterone acetate tab 500 mg	Tier 0	PA, QL (60 tabs every 30 days)
anastrozole tab 1 mg	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	Tier 0	
ELIGARD INJ 7.5MG	Tier 7	M
ELIGARD INJ 22.5MG	Tier 7	M
ELIGARD INJ 30MG	Tier 7	M
ELIGARD INJ 45MG	Tier 7	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 0	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tab 25 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA
<i>LYSODREN TAB 500MG</i>	Tier 0	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 0	
<i>megestrol acetate tab 20 mg</i>	Tier 0	
<i>megestrol acetate tab 40 mg</i>	Tier 0	
<i>nilutamide tab 150 mg</i>	Tier 0	
<i>NUBEQA TAB 300MG</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 0	
<i>XTANDI CAP 40MG</i>	Tier 0	PA, QL (120 caps every 30 days)
<i>XTANDI TAB 40MG</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>XTANDI TAB 80MG</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>YONSA TAB 125MG</i>	Tier 0	PA, QL (120 tabs every 30 days)

KINASE INHIBITORS

<i>ALECensa CAP 150MG</i>	Tier 0	PA, QL (240 caps every 30 days)
<i>CABOMETYX TAB 20MG</i>	Tier 0	PA, QL (30 tabs every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)
erlotinib hcl tab 25 mg (base equivalent)	Tier 0	PA, QL (60 tabs every 30 days)
erlotinib hcl tab 100 mg (base equivalent)	Tier 0	PA, QL (30 tabs every 30 days)
erlotinib hcl tab 150 mg (base equivalent)	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 2.5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 7.5 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab 10 mg	Tier 0	PA, QL (30 tabs every 30 days)
everolimus tab for oral susp 2 mg	Tier 0	PA, QL (60 tabs every 30 days)
everolimus tab for oral susp 3 mg	Tier 0	PA, QL (90 tabs every 30 days)
everolimus tab for oral susp 5 mg	Tier 0	PA, QL (60 tabs every 30 days)
imatinib mesylate tab 100 mg (base equivalent)	Tier 0	PA, QL (120 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent)	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUICA CAP 70MG	Tier 0	PA, QL (30 caps every 30 days)
IMBRUICA CAP 140MG	Tier 0	PA, QL (90 caps every 30 days)
IMBRUICA SUS 70MG/ML	Tier 0	PA, QL (216 ml every 36 days)
IMBRUICA TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUICA TAB 280MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUICA TAB 420MG	Tier 0	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 0	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	Tier 0	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	Tier 0	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 0	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	Tier 0	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)
VOTRIENT TAB 200MG	Tier 0	PA, QL (120 tabs every 30 days)
XALKORI CAP 20MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	Tier 0	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	Tier 0	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	Tier 7	M
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	Tier 7	M
bexarotene cap 75 mg	Tier 0	PA
hydroxyurea cap 500 mg	Tier 0	
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NIPENT INJ 10MG	Tier 7	M
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	Tier 4	PA
PHOTOFRIN INJ 75MG	Tier 7	M
<i>tretinoin cap 10 mg</i>	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA CAP 100MG	Tier 0	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	Tier 7	M
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 7	M
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 7	M
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 7	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 7	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 7	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 7	M
<i>oxaliplatin for iv inj 50 mg</i>	Tier 7	M
<i>oxaliplatin for iv inj 100 mg</i>	Tier 7	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 7	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 7	M
<i>paraplatin</i>	Tier 7	M

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	Tier 7	M
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium for inj 50 mg	Tier 7	M
leucovorin calcium for inj 100 mg	Tier 7	M
leucovorin calcium for inj 200 mg	Tier 7	M
leucovorin calcium for inj 350 mg	Tier 7	M
leucovorin calcium for inj 500 mg	Tier 7	M
leucovorin calcium tab 5 mg	Tier 0	
leucovorin calcium tab 10 mg	Tier 0	
leucovorin calcium tab 15 mg	Tier 0	
leucovorin calcium tab 25 mg	Tier 0	
mesna inj 100 mg/ml	Tier 7	M
MESNEX TAB 400MG	Tier 0	
TOPOISOMERASE INHIBITORS		
etoposide cap 50 mg	Tier 0	
etoposide inj 1 gm/50ml (20 mg/ml)	Tier 7	M
etoposide inj 100 mg/5ml (20 mg/ml)	Tier 7	M
etoposide inj 500 mg/25ml (20 mg/ml)	Tier 7	M
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	Tier 7	M
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	Tier 7	M
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	Tier 7	M
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	Tier 7	M
topotecan hcl for inj 4 mg (base equiv)	Tier 7	M
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg	Tier 1	
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg	Tier 1	
telmisartanamlodipine tab 40-5 mg	Tier 1	
telmisartanamlodipine tab 40-10 mg	Tier 1	
telmisartanamlodipine tab 80-5 mg	Tier 1	
telmisartanamlodipine tab 80-10 mg	Tier 1	
telmisartanhydrochlorothiazide tab 40-12.5 mg	Tier 1	
telmisartanhydrochlorothiazide tab 80-12.5 mg	Tier 1	
telmisartanhydrochlorothiazide tab 80-25 mg	Tier 1	
valsartanhydrochlorothiazide tab 80-12.5 mg	Tier 1	
valsartanhydrochlorothiazide tab 160-12.5 mg	Tier 1	
valsartanhydrochlorothiazide tab 160-25 mg	Tier 1	
valsartanhydrochlorothiazide tab 320-12.5 mg	Tier 1	
valsartanhydrochlorothiazide tab 320-25 mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartancilexetil tab 4 mg	Tier 1	
candesartancilexetil tab 8 mg	Tier 1	
candesartancilexetil tab 16 mg	Tier 1	
candesartancilexetil tab 32 mg	Tier 1	
irbesartantab 75 mg	Tier 1	
irbesartantab 150 mg	Tier 1	
irbesartantab 300 mg	Tier 1	
losartanpotassium tab 25 mg	Tier 1	
losartanpotassium tab 50 mg	Tier 1	
losartanpotassium tab 100 mg	Tier 1	
olmesartanmedoxomil tab 5 mg	Tier 1	
olmesartanmedoxomil tab 20 mg	Tier 1	
olmesartanmedoxomil tab 40 mg	Tier 1	
telmisartantab 20 mg	Tier 1	
telmisartantab 40 mg	Tier 1	
telmisartantab 80 mg	Tier 1	
valsartantab 40 mg	Tier 1	
valsartantab 80 mg	Tier 1	
valsartantab 160 mg	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tab 320 mg</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Tier 7	M
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Tier 7	M
<i>MULTAQ TAB 400MG</i>	Tier 3	PA
<i>NORPACE CAP 100MG CR</i>	Tier 2	
<i>NORPACE CAP 150MG CR</i>	Tier 2	
<i>pacerone</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	Tier 7	M
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
cholestyramine light powder packets 4 gm	Tier 1	
cholestyramine powder 4 gm/dose	Tier 1	
cholestyramine powder packets 4 gm	Tier 1	
colesevelam hcl packet for susp 3.75 gm	Tier 1	
colesevelam hcl tab 625 mg	Tier 1	
colestipol hcl granule packets 5 gm	Tier 1	
colestipol hcl granules 5 gm	Tier 1	
colestipol hcl tab 1 gm	Tier 1	
prevalite	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	Tier 1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Tier 1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Tier 1	
fenofibrate cap 150 mg	Tier 1	
fenofibrate micronized cap 43 mg	Tier 1	
fenofibrate micronized cap 67 mg	Tier 1	
fenofibrate micronized cap 134 mg	Tier 1	
fenofibrate micronized cap 200 mg	Tier 1	
fenofibrate tab 48 mg	Tier 1	
fenofibrate tab 54 mg	Tier 1	
fenofibrate tab 145 mg	Tier 1	
fenofibrate tab 160 mg	Tier 1	
gemfibrozil tab 600 mg	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	Tier 1	
ezetimibe-simvastatin tab 10-20 mg	Tier 1	
ezetimibe-simvastatin tab 10-40 mg	Tier 1	
ezetimibe-simvastatin tab 10-80 mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	Tier 1	\$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium cap 20 mg (base equivalent)	Tier 1	\$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	Tier 1	\$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 1	\$0 copay for members age 40 through 75
lovastatin tab 10 mg	Tier 1	\$0 copay for members age 40 through 75
lovastatin tab 20 mg	Tier 1	\$0 copay for members age 40 through 75
lovastatin tab 40 mg	Tier 1	\$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	Tier 1	\$0 copay for members age 40 through 75
pitavastatin calcium tab 2 mg	Tier 1	\$0 copay for members age 40 through 75
pitavastatin calcium tab 4 mg	Tier 1	\$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	Tier 1	\$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	Tier 1	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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

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Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, MISCELLANEOUS		
niacin tab er 500 mg (antihyperlipidemic)	Tier 1	
niacin tab er 750 mg (antihyperlipidemic)	Tier 1	
niacin tab er 1000 mg (antihyperlipidemic)	Tier 1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl cap 0.5 gm	Tier 1	
icosapent ethyl cap 1 gm	Tier 1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
omega-3-acid ethyl esters cap 1 gm	Tier 1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	Tier 4	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Tier 4	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	Tier 4	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	Tier 1	
acebutolol hcl cap 400 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
atenolol tab 25 mg	Tier 1	
atenolol tab 50 mg	Tier 1	
atenolol tab 100 mg	Tier 1	
betaxolol hcl tab 10 mg	Tier 1	
betaxolol hcl tab 20 mg	Tier 1	
bisoprolol fumarate tab 5 mg	Tier 1	
bisoprolol fumarate tab 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 20 mg	Tier 1	
carvedilol phosphate cap er 24hr 40 mg	Tier 1	
carvedilol phosphate cap er 24hr 80 mg	Tier 1	
carvedilol tab 3.125 mg	Tier 1	
carvedilol tab 6.25 mg	Tier 1	
carvedilol tab 12.5 mg	Tier 1	
carvedilol tab 25 mg	Tier 1	
labetalol hcl tab 100 mg	Tier 1	
labetalol hcl tab 200 mg	Tier 1	
labetalol hcl tab 300 mg	Tier 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	Tier 1	
metoprolol tartrate tab 25 mg	Tier 1	
metoprolol tartrate tab 50 mg	Tier 1	
metoprolol tartrate tab 100 mg	Tier 1	
nadolol tab 20 mg	Tier 1	
nadolol tab 40 mg	Tier 1	
nadolol tab 80 mg	Tier 1	
nebivolol hcl tab 2.5 mg (base equivalent)	Tier 1	
nebivolol hcl tab 5 mg (base equivalent)	Tier 1	
nebivolol hcl tab 10 mg (base equivalent)	Tier 1	
nebivolol hcl tab 20 mg (base equivalent)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
pindolol tab 5 mg	Tier 1	
pindolol tab 10 mg	Tier 1	
propranolol hcl cap er 24hr 60 mg	Tier 1	
propranolol hcl cap er 24hr 80 mg	Tier 1	
propranolol hcl cap er 24hr 120 mg	Tier 1	
propranolol hcl cap er 24hr 160 mg	Tier 1	
propranolol hcl oral soln 20 mg/5ml	Tier 1	
propranolol hcl oral soln 40 mg/5ml	Tier 1	
propranolol hcl tab 10 mg	Tier 1	
propranolol hcl tab 20 mg	Tier 1	
propranolol hcl tab 40 mg	Tier 1	
propranolol hcl tab 60 mg	Tier 1	
propranolol hcl tab 80 mg	Tier 1	
timolol maleate tab 5 mg	Tier 1	
timolol maleate tab 10 mg	Tier 1	
timolol maleate tab 20 mg	Tier 1	

CALCIUM CHANNEL BLOCKER/ANTI-LIPEMIC COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 5- 10 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 5- 20 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 5- 40 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 5- 80 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 10-10 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 10-20 mg	Tier 1
amlodipine besylate-atorvastatin calcium tab 10-40 mg	Tier 1

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Drug Name	Drug Tier	Requirements/Limits	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	Tier 1		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent)	Tier 1		
amlodipine besylate tab 5 mg (base equivalent)	Tier 1		
amlodipine besylate tab 10 mg (base equivalent)	Tier 1		
cartia xt	Tier 1		
dilt-xr	Tier 1		
diltiazem hcl cap er 12hr 60 mg	Tier 1		
diltiazem hcl cap er 12hr 90 mg	Tier 1		
diltiazem hcl cap er 12hr 120 mg	Tier 1		
diltiazem hcl coated beads cap er 24hr 120 mg	Tier 1		
diltiazem hcl coated beads cap er 24hr 180 mg	Tier 1		
diltiazem hcl coated beads cap er 24hr 240 mg	Tier 1		
diltiazem hcl coated beads cap er 24hr 300 mg	Tier 1		
diltiazem hcl coated beads cap er 24hr 360 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 120 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 180 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 240 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 300 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 360 mg	Tier 1		
diltiazem hcl extended release beads cap er 24hr 420 mg	Tier 1		
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	Tier 7	M	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	Tier 7	M	
diltiazem hcl tab 30 mg	Tier 1		
diltiazem hcl tab 60 mg	Tier 1		
diltiazem hcl tab 90 mg	Tier 1		
diltiazem hcl tab 120 mg	Tier 1		

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tab er 24hr 120 mg	Tier 1	
felodipine tab er 24hr 2.5 mg	Tier 1	
felodipine tab er 24hr 5 mg	Tier 1	
felodipine tab er 24hr 10 mg	Tier 1	
isradipine cap 2.5 mg	Tier 1	
isradipine cap 5 mg	Tier 1	
matzim la	Tier 1	
nicardipine hcl cap 20 mg	Tier 1	
nicardipine hcl cap 30 mg	Tier 1	
nifedipine tab er 24hr 30 mg	Tier 1	
nifedipine tab er 24hr 60 mg	Tier 1	
nifedipine tab er 24hr 90 mg	Tier 1	
nifedipine tab er 24hr osmotic release 30 mg	Tier 1	
nifedipine tab er 24hr osmotic release 60 mg	Tier 1	
nifedipine tab er 24hr osmotic release 90 mg	Tier 1	
nimodipine cap 30 mg	Tier 1	
nisoldipine tab er 24hr 8.5 mg	Tier 1	
nisoldipine tab er 24hr 17 mg	Tier 1	
nisoldipine tab er 24hr 20 mg	Tier 1	
nisoldipine tab er 24hr 25.5 mg	Tier 1	
nisoldipine tab er 24hr 30 mg	Tier 1	
nisoldipine tab er 24hr 34 mg	Tier 1	
nisoldipine tab er 24hr 40 mg	Tier 1	
taztia xt	Tier 1	
verapamil hcl cap er 24hr 100 mg	Tier 1	
verapamil hcl cap er 24hr 120 mg	Tier 1	
verapamil hcl cap er 24hr 180 mg	Tier 1	
verapamil hcl cap er 24hr 200 mg	Tier 1	
verapamil hcl cap er 24hr 240 mg	Tier 1	
verapamil hcl cap er 24hr 300 mg	Tier 1	
verapamil hcl cap er 24hr 360 mg	Tier 1	
verapamil hcl tab 40 mg	Tier 1	
verapamil hcl tab 80 mg	Tier 1	
verapamil hcl tab 120 mg	Tier 1	
verapamil hcl tab er 120 mg	Tier 1	
verapamil hcl tab er 180 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab er 240 mg	Tier 1	
DIGITALIS GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	Tier 1	
digoxin tab 62.5 mcg (0.0625 mg)	Tier 1	
digoxin tab 125 mcg (0.125 mg)	Tier 1	
digoxin tab 250 mcg (0.25 mg)	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	Tier 1	
acetazolamide tab 125 mg	Tier 1	
acetazolamide tab 250 mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl tab 5 mg	Tier 1	
bumetanide tab 0.5 mg	Tier 1	
bumetanide tab 1 mg	Tier 1	
bumetanide tab 2 mg	Tier 1	
chlorthalidone tab 25 mg	Tier 1	
chlorthalidone tab 50 mg	Tier 1	
DIURIL SUS 250/5ML	Tier 3	
ethacrynic acid tab 25 mg	Tier 3	
furosemide inj 10 mg/ml	Tier 7	M
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	
furosemide tab 40 mg	Tier 1	
furosemide tab 80 mg	Tier 1	
hydrochlorothiazide cap 12.5 mg	Tier 1	
hydrochlorothiazide tab 12.5 mg	Tier 1	
hydrochlorothiazide tab 25 mg	Tier 1	
hydrochlorothiazide tab 50 mg	Tier 1	
indapamide tab 1.25 mg	Tier 1	
indapamide tab 2.5 mg	Tier 1	
mannitol iv soln 20%	Tier 1	
mannitol iv soln 25%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	
<i>osmitrol viaflex</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	
<i>torsemide tab 5 mg</i>	Tier 1	
<i>torsemide tab 10 mg</i>	Tier 1	
<i>torsemide tab 20 mg</i>	Tier 1	
<i>torsemide tab 100 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	
HEART FAILURE		
<i>CORLANOR SOL 5MG/5ML</i>	Tier 2	
<i>CORLANOR TAB 5MG</i>	Tier 2	
<i>CORLANOR TAB 7.5MG</i>	Tier 2	
<i>ENTRESTO TAB 24-26MG</i>	Tier 2	
<i>ENTRESTO TAB 49-51MG</i>	Tier 2	
<i>ENTRESTO TAB 97-103MG</i>	Tier 2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
clonidine td patch weekly 0.1 mg/24hr	Tier 1	
clonidine td patch weekly 0.2 mg/24hr	Tier 1	
clonidine td patch weekly 0.3 mg/24hr	Tier 1	
guanfacine hcl tab 1 mg	Tier 1	
guanfacine hcl tab 2 mg	Tier 1	
hydralazine hcl tab 10 mg	Tier 1	
hydralazine hcl tab 25 mg	Tier 1	
hydralazine hcl tab 50 mg	Tier 1	
hydralazine hcl tab 100 mg	Tier 1	
methyldopa tab 250 mg	Tier 1	
methyldopa tab 500 mg	Tier 1	
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
minoxidil tab 2.5 mg	Tier 1	
minoxidil tab 10 mg	Tier 1	
phenoxybenzamine hcl cap 10 mg	Tier 4	PA, QL (360 caps every 30 days)
ranolazine tab er 12hr 500 mg	Tier 1	ST; PA**
ranolazine tab er 12hr 1000 mg	Tier 1	ST; PA**

NITRATES

isosorbide dinitrate tab 5 mg	Tier 1
isosorbide dinitrate tab 10 mg	Tier 1
isosorbide dinitrate tab 20 mg	Tier 1
isosorbide dinitrate tab 30 mg	Tier 1
isosorbide mononitrate tab 10 mg	Tier 1
isosorbide mononitrate tab 20 mg	Tier 1
isosorbide mononitrate tab er 24hr 30 mg	Tier 1
isosorbide mononitrate tab er 24hr 60 mg	Tier 1
isosorbide mononitrate tab er 24hr 120 mg	Tier 1
NITRO-BID OIN 2%	Tier 3
NITRO-DUR DIS 0.3MG/HR	Tier 2
NITRO-DUR DIS 0.8MG/HR	Tier 2
nitroglycerin sl tab 0.3 mg	Tier 1
nitroglycerin sl tab 0.4 mg	Tier 1
nitroglycerin sl tab 0.6 mg	Tier 1

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	Tier 5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	Tier 4	PA
ORENITRAM TAB 0.125MG	Tier 4	PA
ORENITRAM TAB 1MG	Tier 4	PA
ORENITRAM TAB 2.5MG	Tier 4	PA
ORENITRAM TAB 5MG	Tier 4	PA
ORENITRAM TAB MONTH 1	Tier 4	PA
ORENITRAM TAB MONTH 2	Tier 4	PA
ORENITRAM TAB MONTH 3	Tier 4	PA
REMODULIN INJ 1MG/ML	Tier 5	PA
REMODULIN INJ 2.5MG/ML	Tier 5	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 5MG/ML	Tier 5	PA
REMODULIN INJ 10MG/ML	Tier 5	PA
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	Tier 7	M
sildenafil citrate tab 20 mg	Tier 4	PA, QL (360 tabs every 30 days)
tadalafil tab 20 mg (pah)	Tier 5	PA, QL (60 tabs every 30 days)
TYVASO REFIL SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	Tier 7	M
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tab delayed release 333 mg	Tier 1	PA
disulfiram tab 250 mg	Tier 1	
disulfiram tab 500 mg	Tier 1	
ANTIANXIETY§		
ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
alprazolam orally disintegrating tab 0.5 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 0.25 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 1 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 2 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 0.5 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 0.25 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 1 mg	Tier 1	QL (150 tabs every 30 days)
alprazolam tab 2 mg	Tier 1	QL (150 tabs every 30 days)
buspirone hcl tab 5 mg	Tier 1	
buspirone hcl tab 7.5 mg	Tier 1	
buspirone hcl tab 10 mg	Tier 1	
buspirone hcl tab 15 mg	Tier 1	
buspirone hcl tab 30 mg	Tier 1	
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (360 caps every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1

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

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

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide cap er 24hr 8 mg	Tier 1	
galantamine hydrobromide cap er 24hr 16 mg	Tier 1	
galantamine hydrobromide cap er 24hr 24 mg	Tier 1	
galantamine hydrobromide oral soln 4 mg/ml	Tier 1	
galantamine hydrobromide tab 4 mg	Tier 1	
galantamine hydrobromide tab 8 mg	Tier 1	
galantamine hydrobromide tab 12 mg	Tier 1	
memantine hcl cap er 24hr 7 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 14 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 21 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 28 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl oral solution 2 mg/ml	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl tab 5 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl tab 10 mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	PA; PA applies for members less than 30 years of age
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	PA
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 1	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 1	PA
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 1	PA

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	Tier 1	
VIBRYD KIT STARTER	Tier 3	
vilazodone hcl tab 10 mg	Tier 1	
vilazodone hcl tab 20 mg	Tier 1	
vilazodone hcl tab 40 mg	Tier 1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	Tier 1	
amantadine hcl soln 50 mg/5ml	Tier 1	
amantadine hcl tab 100 mg	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	PA, QL (20 cartridges every 30 days)
benztropine mesylate inj 1 mg/ml	Tier 7	M
benztropine mesylate tab 0.5 mg	Tier 1	
benztropine mesylate tab 1 mg	Tier 1	
benztropine mesylate tab 2 mg	Tier 1	
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
<i>INBRIJA CAP 42MG</i>	Tier 4	PA, QL (300 caps every 30 days)
<i>NEUPRO DIS 1MG/24HR</i>	Tier 2	
<i>NEUPRO DIS 2MG/24HR</i>	Tier 2	
<i>NEUPRO DIS 3MG/24HR</i>	Tier 2	
<i>NEUPRO DIS 4MG/24HR</i>	Tier 2	
<i>NEUPRO DIS 6MG/24HR</i>	Tier 2	
<i>NEUPRO DIS 8MG/24HR</i>	Tier 2	
<i>ONGENTYS CAP 25MG</i>	Tier 3	PA
<i>ONGENTYS CAP 50MG</i>	Tier 3	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

ANTIPSYCHOTICS

<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	Tier 1
<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i>	Tier 1
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 2 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 5 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 10 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 15 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 20 mg</i>	Tier 1
<i>ariPIPRAZOLE tab 30 mg</i>	Tier 1
<i>ARISTADA INJ 441MG/1.</i>	Tier 2
<i>ARISTADA INJ 662MG/2</i>	Tier 2
<i>ARISTADA INJ 882MG/3</i>	Tier 2

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
asenapine maleate sl tab 2.5 mg (base equiv)	Tier 1	
asenapine maleate sl tab 5 mg (base equiv)	Tier 1	
asenapine maleate sl tab 10 mg (base equiv)	Tier 1	
chlorpromazine hcl inj 25 mg/ml	Tier 1	
chlorpromazine hcl inj 50 mg/2ml	Tier 1	
chlorpromazine hcl tab 10 mg	Tier 1	
chlorpromazine hcl tab 25 mg	Tier 1	
chlorpromazine hcl tab 50 mg	Tier 1	
chlorpromazine hcl tab 100 mg	Tier 1	
chlorpromazine hcl tab 200 mg	Tier 1	
clozapine orally disintegrating tab 12.5 mg	Tier 1	
clozapine orally disintegrating tab 25 mg	Tier 1	
clozapine orally disintegrating tab 100 mg	Tier 1	
clozapine orally disintegrating tab 150 mg	Tier 1	
clozapine orally disintegrating tab 200 mg	Tier 1	
clozapine tab 25 mg	Tier 1	
clozapine tab 50 mg	Tier 1	
clozapine tab 100 mg	Tier 1	
clozapine tab 200 mg	Tier 1	
fluphenazine decanoate inj 25 mg/ml	Tier 1	
fluphenazine hcl elixir 2.5 mg/5ml	Tier 1	
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl oral conc 5 mg/ml	Tier 1	
fluphenazine hcl tab 1 mg	Tier 1	
fluphenazine hcl tab 2.5 mg	Tier 1	
fluphenazine hcl tab 5 mg	Tier 1	
fluphenazine hcl tab 10 mg	Tier 1	
haloperidol decanoate im soln 50 mg/ml	Tier 1	
haloperidol decanoate im soln 100 mg/ml	Tier 1	
haloperidol lactate inj 5 mg/ml	Tier 1	
haloperidol lactate oral conc 2 mg/ml	Tier 1	
haloperidol tab 0.5 mg	Tier 1	
haloperidol tab 1 mg	Tier 1	
haloperidol tab 2 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>lurasidone hcl tab 20 mg</i>	Tier 1	
<i>lurasidone hcl tab 40 mg</i>	Tier 1	
<i>lurasidone hcl tab 60 mg</i>	Tier 1	
<i>lurasidone hcl tab 80 mg</i>	Tier 1	
<i>lurasidone hcl tab 120 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab 400 mg	Tier 1	
quetiapine fumarate tab er 24hr 50 mg	Tier 1	
quetiapine fumarate tab er 24hr 150 mg	Tier 1	
quetiapine fumarate tab er 24hr 200 mg	Tier 1	
quetiapine fumarate tab er 24hr 300 mg	Tier 1	
quetiapine fumarate tab er 24hr 400 mg	Tier 1	
risperidone orally disintegrating tab 0.5 mg	Tier 1	
risperidone orally disintegrating tab 0.25 mg	Tier 1	
risperidone orally disintegrating tab 1 mg	Tier 1	
risperidone orally disintegrating tab 2 mg	Tier 1	
risperidone orally disintegrating tab 3 mg	Tier 1	
risperidone orally disintegrating tab 4 mg	Tier 1	
risperidone soln 1 mg/ml	Tier 1	
risperidone tab 0.5 mg	Tier 1	
risperidone tab 0.25 mg	Tier 1	
risperidone tab 1 mg	Tier 1	
risperidone tab 2 mg	Tier 1	
risperidone tab 3 mg	Tier 1	
risperidone tab 4 mg	Tier 1	
thioridazine hcl tab 10 mg	Tier 1	
thioridazine hcl tab 25 mg	Tier 1	
thioridazine hcl tab 50 mg	Tier 1	
thioridazine hcl tab 100 mg	Tier 1	
thiothixene cap 1 mg	Tier 1	
thiothixene cap 2 mg	Tier 1	
thiothixene cap 5 mg	Tier 1	
thiothixene cap 10 mg	Tier 1	
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	
VRAYLAR CAP 1.5-3MG	Tier 2	ST; PA**
VRAYLAR CAP 1.5MG	Tier 2	ST; PA**
VRAYLAR CAP 3MG	Tier 2	ST; PA**
VRAYLAR CAP 4.5MG	Tier 2	ST; PA**
VRAYLAR CAP 6MG	Tier 2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 20 mg	Tier 1	
ziprasidone hcl cap 40 mg	Tier 1	
ziprasidone hcl cap 60 mg	Tier 1	
ziprasidone hcl cap 80 mg	Tier 1	
ANTISEIZURE AGENTS§		
carbamazepine cap er 12hr 100 mg	Tier 1	
carbamazepine cap er 12hr 200 mg	Tier 1	
carbamazepine cap er 12hr 300 mg	Tier 1	
carbamazepine chew tab 100 mg	Tier 1	
carbamazepine susp 100 mg/5ml	Tier 1	
carbamazepine tab 200 mg	Tier 1	
carbamazepine tab er 12hr 100 mg	Tier 1	
carbamazepine tab er 12hr 200 mg	Tier 1	
carbamazepine tab er 12hr 400 mg	Tier 1	
clobazam suspension 2.5 mg/ml	Tier 1	
clobazam tab 10 mg	Tier 1	
clobazam tab 20 mg	Tier 1	
clonazepam tab 0.5 mg	Tier 1	
clonazepam tab 1 mg	Tier 1	
clonazepam tab 2 mg	Tier 1	
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 15 mg	Tier 1	QL (180 tabs every 30 days)
diazepam inj 5 mg/ml	Tier 1	
diazepam intensol	Tier 1	QL (240 mL every 30 days)
diazepam oral soln 1 mg/ml	Tier 1	QL (1200 mL every 30 days)
diazepam tab 2 mg	Tier 1	QL (120 tabs every 30 days)
diazepam tab 5 mg	Tier 1	QL (120 tabs every 30 days)
diazepam tab 10 mg	Tier 1	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAP 30MG	Tier 3	
<i>divalproex sodium cap delayed release sprinkle</i>	Tier 1	
<i>125 mg</i>		
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	Tier 7	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	Tier 7	M
FYCOMPA SUS 0.5MG/ML	Tier 3	
FYCOMPA TAB 2MG	Tier 3	
FYCOMPA TAB 4MG	Tier 3	
FYCOMPA TAB 6MG	Tier 3	
FYCOMPA TAB 8MG	Tier 3	
FYCOMPA TAB 10MG	Tier 3	
FYCOMPA TAB 12MG	Tier 3	
<i>gabapentin cap 100 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 7	M
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits	
lacosamide tab 200 mg	Tier 1		
lamotrigine orally disintegrating tab 25 mg	Tier 1		
lamotrigine orally disintegrating tab 50 mg	Tier 1		
lamotrigine orally disintegrating tab 100 mg	Tier 1		
lamotrigine orally disintegrating tab 200 mg	Tier 1		
lamotrigine tab 25 mg	Tier 1		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Tier 1		
lamotrigine tab 35 x 25 mg starter kit	Tier 1		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	Tier 1		
lamotrigine tab 100 mg	Tier 1		
lamotrigine tab 150 mg	Tier 1		
lamotrigine tab 200 mg	Tier 1		
lamotrigine tab chewable dispersible 5 mg	Tier 1		
lamotrigine tab chewable dispersible 25 mg	Tier 1		
lamotrigine tab er 24hr 25 mg	Tier 1		
lamotrigine tab er 24hr 50 mg	Tier 1		
lamotrigine tab er 24hr 100 mg	Tier 1		
lamotrigine tab er 24hr 200 mg	Tier 1		
lamotrigine tab er 24hr 250 mg	Tier 1		
lamotrigine tab er 24hr 300 mg	Tier 1		
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 7	M	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 7	M	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 7	M	
levetiracetam inj 500 mg/5ml (100 mg/ml)	Tier 7	M	
levetiracetam oral soln 100 mg/ml	Tier 1		
levetiracetam tab 250 mg	Tier 1		
levetiracetam tab 500 mg	Tier 1		
levetiracetam tab 750 mg	Tier 1		
levetiracetam tab 1000 mg	Tier 1		
levetiracetam tab er 24hr 500 mg	Tier 1		
levetiracetam tab er 24hr 750 mg	Tier 1		

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Drug Name	Drug Tier	Requirements/Limits
<i>methsuximide cap 300 mg</i>	Tier 1	
<i>NAYZILAM SPR 5MG</i>	Tier 2	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	
<i>phenobarbital tab 100 mg</i>	Tier 1	
<i>phenytoin infatabs</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 7	M
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>pregabalin cap 25 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 50 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 75 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 100 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 150 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 200 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 225 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 300 mg</i>	Tier 1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	Tier 1	ST; PA**
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	
<i>rufinamide tab 200 mg</i>	Tier 1	
<i>rufinamide tab 400 mg</i>	Tier 1	
<i>tiagabine hcl tab 2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	Tier 7	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	Tier 2	
<i>XCOPRI PAK 50-100MG</i>	Tier 2	
<i>XCOPRI PAK 100-150</i>	Tier 2	
<i>XCOPRI PAK 150-200</i>	Tier 2	
<i>XCOPRI TAB 50MG</i>	Tier 2	
<i>XCOPRI TAB 100MG</i>	Tier 2	
<i>XCOPRI TAB 150MG</i>	Tier 2	
<i>XCOPRI TAB 200MG</i>	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>ADZENYS XR TAB 3.1MG</i>	Tier 3	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 6.3MG</i>	Tier 3	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 9.4MG</i>	Tier 3	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 12.5MG</i>	Tier 3	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 15.7 MG</i>	Tier 3	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 18.8MG</i>	Tier 3	QL (30 tabs every 30 days)

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
dexamethylphenidate hcl cap er 24 hr 15 mg	Tier 1	QL (60 caps every 30 days)
dexamethylphenidate hcl cap er 24 hr 20 mg	Tier 1	QL (60 caps every 30 days)
dexamethylphenidate hcl cap er 24 hr 25 mg	Tier 1	QL (30 caps every 30 days)
dexamethylphenidate hcl cap er 24 hr 30 mg	Tier 1	QL (30 caps every 30 days)
dexamethylphenidate hcl cap er 24 hr 35 mg	Tier 1	QL (30 caps every 30 days)
dexamethylphenidate hcl cap er 24 hr 40 mg	Tier 1	QL (30 caps every 30 days)
dexamethylphenidate hcl tab 2.5 mg	Tier 1	QL (120 tabs every 30 days)
dexamethylphenidate hcl tab 5 mg	Tier 1	QL (120 tabs every 30 days)
dexamethylphenidate hcl tab 10 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	Tier 1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	Tier 1	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 1	QL (1,200 mL every 30 days)
dextroamphetamine sulfate tab 5 mg	Tier 1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 10 mg	Tier 1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 15 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 20 mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 30 mg	Tier 1	QL (30 tabs every 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	Tier 1	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 20MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 30MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 40MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 50MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 60MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 70MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CHW 10MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	Tier 2	QL (30 chew tabs every 30 days)
zenzedi	Tier 1	QL (120 tabs every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA		
SAVELLA MIS TITR PAK	Tier 3	ST; PA**
SAVELLA TAB 12.5MG	Tier 3	ST; PA**
SAVELLA TAB 25MG	Tier 3	ST; PA**
SAVELLA TAB 50MG	Tier 3	ST; PA**
SAVELLA TAB 100MG	Tier 3	ST; PA**
HYPNOTICS§		
BELSOMRA TAB 5MG	Tier 2	ST; PA**
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
cvs sleep-aid nighttime	Tier 1	OTC
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
estazolam tab 1 mg	Tier 3	QL (15 tabs every 30 days)
estazolam tab 2 mg	Tier 3	QL (15 tabs every 30 days)
eszopiclone tab 1 mg	Tier 1	QL (15 tabs every 30 days)
eszopiclone tab 2 mg	Tier 1	QL (15 tabs every 30 days)
eszopiclone tab 3 mg	Tier 1	QL (15 tabs every 30 days)
ramelteon tab 8 mg	Tier 1	QL (15 tabs every 30 days)
tasimelteon capsule 20 mg	Tier 4	PA, QL (30 caps every 30 days)
temazepam cap 7.5 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 15 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 22.5 mg	Tier 1	QL (15 caps every 30 days)
temazepam cap 30 mg	Tier 1	QL (15 caps every 30 days)
triazolam tab 0.25 mg	Tier 3	QL (10 tabs every 30 days)
triazolam tab 0.125 mg	Tier 3	QL (10 tabs every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
zaleplon cap 5 mg	Tier 1	QL (15 caps every 30 days)
zaleplon cap 10 mg	Tier 1	QL (15 caps every 30 days)
zolpidem tartrate tab 5 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab 10 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 6.25 mg	Tier 1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 12.5 mg	Tier 1	QL (15 tabs every 30 days)

MIGRAINES

AJOVY INJ 225/1.5	Tier 2	ST, QL (3 injections every 90 days); PA**
almotriptan malate tab 6.25 mg	Tier 1	QL (12 tabs every 30 days)
almotriptan malate tab 12.5 mg	Tier 1	QL (12 tabs every 30 days)
dihydroergotamine mesylate inj 1 mg/ml	Tier 7	M
eletriptan hydrobromide tab 20 mg (base equivalent)	Tier 1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	Tier 1	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (2 injections every 30 days); PA**
ergotamine w/ caffeine tab 1-100 mg	Tier 3	
frovatriptan succinate tab 2.5 mg (base equivalent)	Tier 1	QL (18 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	Tier 1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	Tier 1	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Tier 1	QL (18 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Tier 1	QL (18 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (18 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)

MISCELLANEOUS

<i>EVRYSDI SOL</i>	Tier 5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
LITHIUM SOL 8MEQ/5ML	Tier 3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	
MOVEMENT DISORDERS		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
COPAXONE INJ 40MG/ML	Tier 4	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>metaxalone tab 800 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	Tier 7	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	Tier 1	PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	Tier 1	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	Tier 1	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	Tier 1	PA, QL (30 tabs every 30 days)
modafinil tab 100 mg	Tier 1	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	Tier 1	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	Tier 4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (2 units every day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 0	QL (3 tabs every day); \$0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day)

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

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
OPIOID PARTIAL AGONISTS§		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>NUEDEXTA CAP 20-10MG</i>	Tier 2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older

M - Covered Under the Medical Benefit Only OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met QL - Quantity Limits ST - Step Therapy 90

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

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>NICOTROL INH</i>	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>NICOTROL NS SPR 10MG/ML</i>	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year

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

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

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 0	\$0 limited to 2 treatment cycles/year

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	Tier 3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
ENSURE PLANT LIQ CHOCOLAT	Tier 3	OTC; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
F.A.A. LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	Tier 3	Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
GLYTROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOM 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
JEVITY 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
KETONEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LANAFLEX PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
LIPISTART POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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

Drug Name	Drug Tier	Requirements/Limits
NEOKE MCT70 POW	Tier 3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRAMINE PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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Drug Name	Drug Tier	Requirements/Limits
OS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
PROMOTE 1.0 LIQ W/ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
RESTART POW	Tier 3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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

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Drug Name	Drug Tier	Requirements/Limits
S.O.S. 25 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	Tier 3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	Tier 3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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

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Drug Name	Drug Tier	Requirements/Limits
ULTRIENT 1.5 LIQ SAFE-T	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
VITAL HN POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLEU MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMTVI MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits

ENDOCRINE AND METABOLIC

ACROMEGALY

octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Tier 4	PA, QL (225 ml every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 4	PA, QL (45 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	Tier 7	M
SOMATULINE INJ 90/0.3ML	Tier 7	M
SOMATULINE INJ 120/.5ML	Tier 7	M
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)

ANDROGENS

oxandrolone tab 2.5 mg	Tier 1	PA
oxandrolone tab 10 mg	Tier 1	PA
testosterone cypionate im inj in oil 100 mg/ml	Tier 1	PA
testosterone cypionate im inj in oil 200 mg/ml	Tier 1	PA
testosterone enanthate im inj in oil 200 mg/ml	Tier 1	PA
testosterone td gel 10mg/act (2%)	Tier 1	PA
testosterone td gel 25 mg/2.5gm (1%)	Tier 1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	Tier 1	
acarbose tab 50 mg	Tier 1	
acarbose tab 100 mg	Tier 1	
miglitol tab 25 mg	Tier 1	
miglitol tab 50 mg	Tier 1	
miglitol tab 100 mg	Tier 1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Tier 3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	Tier 3	ST; PA**

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>JANUVIA TAB 25MG</i>	Tier 2	ST; PA**
<i>JANUVIA TAB 50MG</i>	Tier 2	ST; PA**
<i>JANUVIA TAB 100MG</i>	Tier 2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; PA**
<i>JANUMET TAB 50-500MG</i>	Tier 2	ST; PA**
<i>JANUMET TAB 50-1000</i>	Tier 2	ST; PA**
<i>JANUMET XR TAB 50-500MG</i>	Tier 2	ST; PA**
<i>JANUMET XR TAB 50-1000</i>	Tier 2	ST; PA**
<i>JANUMET XR TAB 100-1000</i>	Tier 2	ST; PA**
<i>JENTADUETO TAB XR</i>	Tier 3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>MOUNJARO INJ 2.5/0.5</i>	Tier 2	ST, QL (4 pens every 28 days); PA**
<i>MOUNJARO INJ 5MG/0.5</i>	Tier 2	ST, QL (4 pens every 28 days); PA**
<i>MOUNJARO INJ 7.5/0.5</i>	Tier 2	ST, QL (4 pens every 28 days); PA**

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

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 10MG/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 15MG/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
VICTOZA INJ 18MG/3ML	Tier 2	ST, QL (3 pens every 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	Tier 2	ST; PA**
XULTOPHY INJ 100/3.6	Tier 2	ST; PA**

ANTIDIABETICS, INSULIN

BASAGLAR INJ 100UNIT	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ	Tier 2	
LEVEMIR INJ FLEXPEN	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	Tier 1	
pioglitazone hcl tab 30 mg (base equiv)	Tier 1	
pioglitazone hcl tab 45 mg (base equiv)	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	Tier 1	
pioglitazone hcl-glimepiride tab 30-4 mg	Tier 1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	Tier 1	
nateglinide tab 120 mg	Tier 1	
repaglinide tab 0.5 mg	Tier 1	
repaglinide tab 1 mg	Tier 1	
repaglinide tab 2 mg	Tier 1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	Tier 2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY XR TAB	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	Tier 2	ST; PA**
JARDIANCE TAB 25MG	Tier 2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	Tier 1	
glimepiride tab 2 mg	Tier 1	
glimepiride tab 4 mg	Tier 1	
glipizide tab 5 mg	Tier 1	
glipizide tab 10 mg	Tier 1	
glipizide tab er 24hr 2.5 mg	Tier 1	
glipizide tab er 24hr 5 mg	Tier 1	
glipizide tab er 24hr 10 mg	Tier 1	
BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	Tier 1	
alendronate sodium tab 5 mg	Tier 1	
alendronate sodium tab 10 mg	Tier 1	
alendronate sodium tab 35 mg	Tier 1	
alendronate sodium tab 70 mg	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	ST; PA**
FOSAMAX + D TAB 70-5600	Tier 3	ST; PA**
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	Tier 7	M
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	
pamidronate disodium iv soln 3 mg/ml	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits	
risedronate sodium tab 5 mg	Tier 1		
risedronate sodium tab 30 mg	Tier 1		
risedronate sodium tab 35 mg	Tier 1		
risedronate sodium tab 150 mg	Tier 1		
risedronate sodium tab delayed release 35 mg	Tier 1		
zoledronic acid inj conc for iv infusion 4 mg/5ml	Tier 7	M	
zoledronic acid iv soln 5 mg/100ml	Tier 7	M	

CALCIUM RECEPTOR AGONISTS

cinacalcet hcl tab 30 mg (base equiv)	Tier 4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	Tier 4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	Tier 4	PA, QL (120 tabs every 30 days)

CHELATING AGENTS

CHEMET CAP 100MG	Tier 3	
defeprone tab 500 mg	Tier 4	PA
defeprone tab 1000 mg	Tier 4	PA
FERPRX 2-DAY TAB 1000MG	Tier 4	PA
FERRIPROX SOL 100MG/ML	Tier 4	PA
penicillamine tab 250 mg	Tier 4	PA
sps	Tier 1	

CONTRACEPTIVES

altavera	Tier 0	
alyacen 1/35	Tier 0	
alyacen 7/7/7	Tier 0	
amethia	Tier 0	
amethyst	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
apri	Tier 0	
aranelle	Tier 0	
ashlyna	Tier 0	
aviane	Tier 0	
azurette	Tier 0	
camila	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chateal eq</i>	Tier 0	
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	
DUREX MIS REALFEEL	Tier 0	QL (12 condoms every 30 days), OTC
<i>elonest</i>	Tier 0	
ELLA TAB 30MG	Tier 0	
<i>enpresse-28</i>	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
KYLEENA IUD 19.5MG	Tier 7	M
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 0	
<i>levonorgestrel & ethynodiol dienoate (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel & ethynodiol dienoate tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel & ethynodiol dienoate tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levonorgestrel-ethynodiol-fe tab 0.1 mg-20 mcg (21)</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LILETTA IUD 52MG	Tier 7	M
LO LOESTRIN TAB 1-10-10	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>lutera</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD SYSTEM	Tier 7	M
<i>mono-linyah</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB	Tier 0	
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMP 68MG	Tier 7	M
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	
<i>nora-be</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone tab 0.35 mg</i>	Tier 0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>nylia 1/35</i>	Tier 0	
<i>ocella</i>	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
PARAGARD IUD T380A	Tier 7	M
<i>portia-28</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5MG	Tier 7	M
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
syeda	Tier 0	
take action	Tier 0	OTC
tilia fe	Tier 0	
tri-linyah	Tier 0	
tri-sprintec	Tier 0	
trivora-28	Tier 0	
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
velivet	Tier 0	
viorele	Tier 0	
vyfemla	Tier 0	
wera	Tier 0	
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)
xulane	Tier 0	
zovia 1/35	Tier 0	

DIABETIC SUPPLIES

ACCU-CHEK KIT AVIVA PL	Tier 7	OTC; M
ACCU-CHEK KIT GUIDE	Tier 7	OTC; M
ACCU-CHEK KIT GUIDE ME	Tier 7	OTC; M
ACCU-CHEK KIT NANO	Tier 7	OTC; M
ACCU-CHEK LIQ SMART	Tier 0	OTC
ACCU-CHEK TES AVIVA PL	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (150 Test Strips every 30 days), OTC

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES SMART	Tier 0	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
AUTOLET PLAT MIS 1.8MM	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 2	OTC
DEXCOM G5 MIS RECEIVER	Tier 0	
DEXCOM G5 MIS TRANSMIT	Tier 0	
DEXCOM G6 MIS RECEIVER	Tier 0	
DEXCOM G6 MIS SENSOR	Tier 0	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 0	
DEXCOM G7 MIS RECEIVER	Tier 0	
DEXCOM G7 MIS SENSOR	Tier 0	QL (3 sensors every 30 days)
DIASCREEN 10 MIS	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETO-DIASTIX TES	Tier 0	OTC
LANCING DEVI MIS	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 G6 KIT INTRO	Tier 0	
OMNIPOD 5 G6 MIS PODS	Tier 0	
OMNIPOD DASH KIT INTRO	Tier 0	
OMNIPOD DASH KIT PDM	Tier 0	
OMNIPOD DASH MIS PODS	Tier 0	
OMNIPOD MIS CLASSIC	Tier 0	
OMNIPOD PDM KIT CLASSIC	Tier 0	
ONETOUCH KIT ULT MINI	Tier 7	OTC; M
ONETOUCH KIT ULTRA 2	Tier 7	OTC; M
ONETOUCH KIT VERIO	Tier 7	OTC; M
ONETOUCH KIT VERIO FL	Tier 7	OTC; M
ONETOUCH KIT VERIO IQ	Tier 7	OTC; M
ONETOUCH KIT VERIO RE	Tier 7	OTC; M
ONETOUCH SOL KIT COMPLETE	Tier 7	OTC; M
ONETOUCH SOL KIT FIT	Tier 7	OTC; M

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH SOL KIT REFILL	Tier 0	OTC
ONETOUCH SOL KIT STARTER	Tier 7	OTC; M
ONETOUCH TES ULTRA	Tier 0	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES VERIO	Tier 0	QL (150 Test Strips every 30 days), OTC
SHARPS CONT MIS 2QUART	Tier 0	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
V-GO 20 KIT	Tier 0	
V-GO 30 KIT	Tier 0	
V-GO 40 KIT	Tier 0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	Tier 4	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, QL (1200 tabs every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	Tier 3	
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol tab 0.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td gel 0.5 mg/0.5gm (0.1%)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td gel 0.25 mg/0.25gm (0.1%)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td gel 0.75 mg/0.75gm (0.1%)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td gel 1 mg/gm (0.1%)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td gel 1.25 mg/1.25gm (0.1%)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.1 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
estradiol td patch twice weekly 0.05 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.025 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.075 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.1 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.05 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.06 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.025 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.075 mg/24hr	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol vaginal cream 0.1 mg/gm	Tier 1	
estradiol valerate im in oil 20 mg/ml	Tier 1	
estradiol valerate im in oil 40 mg/ml	Tier 1	
ESTROGEL GEL	Tier 3	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	
jinteli	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
PREMARIN TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG <i>yuvafem</i>	Tier 3 Tier 1	

FERTILITY REGULATORS

CHOR GONADOT INJ 10000UNT	Tier 5	PA
<i>clomid</i>	Tier 1	
GANIRELIX AC INJ 250/0.5	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA

GLUCOCORTICOIDS

DEPO-MEDROL INJ 20MG/ML	Tier 7	M
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Tier 7	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Tier 7	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 7	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Tier 7	M
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Tier 7	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	
dexamethasone tab 2 mg	Tier 1	
dexamethasone tab 4 mg	Tier 1	
dexamethasone tab 6 mg	Tier 1	
EMFLAZA SUS 22.75/ML	Tier 5	PA, QL (52 mL every 30 days)
EMFLAZA TAB 6MG	Tier 5	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	Tier 5	PA, QL (30 tabs every 30 days)
fludrocortisone acetate tab 0.1 mg	Tier 1	
hydrocortisone tab 5 mg	Tier 1	
hydrocortisone tab 10 mg	Tier 1	
hydrocortisone tab 20 mg	Tier 1	
MEDROL TAB 2MG	Tier 2	
methylprednisolone acetate inj susp 40 mg/ml	Tier 7	M
methylprednisolone acetate inj susp 80 mg/ml	Tier 7	M
methylprednisolone sod succ for inj 125 mg (base equiv)	Tier 7	M
methylprednisolone sod succ for inj 1000 mg (base equiv)	Tier 7	M
methylprednisolone tab 4 mg	Tier 1	
methylprednisolone tab 8 mg	Tier 1	
methylprednisolone tab 16 mg	Tier 1	
methylprednisolone tab 32 mg	Tier 1	
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
<i>PREDNISONE CON 5MG/ML</i>	Tier 2	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<i>SOLU-CORTEF INJ 100MG</i>	Tier 3	
<i>SOLU-CORTEF INJ 250MG</i>	Tier 3	
<i>SOLU-CORTEF INJ 500MG</i>	Tier 3	
<i>SOLU-CORTEF INJ 1000MG</i>	Tier 3	
<i>SOLU-MEDROL INJ 2GM</i>	Tier 7	M

GLUCOSE ELEVATING AGENTS

<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
<i>GVOKE HYPO 1 INJ 1MG/.2ML</i>	Tier 2	
<i>GVOKE HYPO 1 INJ .5/.1ML</i>	Tier 2	
<i>GVOKE KIT SOL 1MG/0.2M</i>	Tier 2	
<i>GVOKE PFS INJ</i>	Tier 2	
<i>INSTA-GLUCOS GEL 77.4%</i>	Tier 2	OTC

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Drug Name	Drug Tier	Requirements/Limits
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	Tier 4	PA
GENOTROPIN INJ 0.4MG	Tier 4	PA
GENOTROPIN INJ 0.6MG	Tier 4	PA
GENOTROPIN INJ 0.8MG	Tier 4	PA
GENOTROPIN INJ 1.2MG	Tier 4	PA
GENOTROPIN INJ 1.4MG	Tier 4	PA
GENOTROPIN INJ 1.6MG	Tier 4	PA
GENOTROPIN INJ 1.8MG	Tier 4	PA
GENOTROPIN INJ 1MG	Tier 4	PA
GENOTROPIN INJ 2MG	Tier 4	PA
GENOTROPIN INJ 5MG	Tier 4	PA
GENOTROPIN INJ 12MG	Tier 4	PA
NORDIPEN 5 MIS DEVICE	Tier 0	
NORDIPEN DEL MIS SYSTEM	Tier 0	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	Tier 5	PA
TRIPTODUR SUS 22.5MG	Tier 4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
INCRELEX INJ 40MG/4ML	Tier 4	PA
INTRAROSA SUP 6.5MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
OSPHENA TAB 60MG	Tier 3	PA
PROLIA INJ 60MG/ML	Tier 7	M
<i>raloxifene hcl tab 60 mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	Tier 4	PA
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)

PHOSPHATE BINDER AGENTS

calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	Tier 1
calcium acetate (phosphate binder) tab 667 mg	Tier 1
lanthanum carbonate chew tab 500 mg (elemental)	Tier 1
lanthanum carbonate chew tab 750 mg (elemental)	Tier 1
lanthanum carbonate chew tab 1000 mg (elemental)	Tier 1
PHOSLYRA SOL	Tier 2
sevelamer carbonate packet 0.8 gm	Tier 1
sevelamer carbonate packet 2.4 gm	Tier 1
sevelamer carbonate tab 800 mg	Tier 1
VELPHORO CHW 500MG	Tier 2

PROGESTINS

CRINONE GEL 4% VAG	Tier 2
CRINONE GEL 8% VAG	Tier 2
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
<i>SYNTHROID TAB 25MCG</i>	Tier 2	
<i>SYNTHROID TAB 50MCG</i>	Tier 2	
<i>SYNTHROID TAB 75MCG</i>	Tier 2	
<i>SYNTHROID TAB 88MCG</i>	Tier 2	
<i>SYNTHROID TAB 100MCG</i>	Tier 2	
<i>SYNTHROID TAB 112MCG</i>	Tier 2	
<i>SYNTHROID TAB 125MCG</i>	Tier 2	
<i>SYNTHROID TAB 137MCG</i>	Tier 2	
<i>SYNTHROID TAB 150MCG</i>	Tier 2	
<i>SYNTHROID TAB 175MCG</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
unithroid	Tier 1	
VASOPRESSINS		
desmopressin acetate inj 4 mcg/ml	Tier 1	
desmopressin acetate nasal spray soln 0.01%	Tier 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	Tier 1	
desmopressin acetate tab 0.1 mg	Tier 1	
desmopressin acetate tab 0.2 mg	Tier 1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	Tier 1	\$0 copay based on your plan/benefit
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	Tier 7	M
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	Tier 7	M
dicyclomine hcl cap 10 mg	Tier 1	
dicyclomine hcl inj 10 mg/ml	Tier 7	M
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	
dicyclomine hcl tab 20 mg	Tier 1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	Tier 7	M
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	Tier 7	M
glycopyrrolate oral soln 1 mg/5ml	Tier 1	
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
methscopolamine bromide tab 2.5 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
<i>MOTOFEN TAB 1-0.025</i>	Tier 3	
ANTIEMETICS§		
<i>AKYNZE CAP 300-0.5</i>	Tier 3	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	QL (2 packs every 28 days)
<i>compro</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>gransetron hcl inj 1 mg/ml</i>	Tier 7	M
<i>gransetron hcl tab 1 mg</i>	Tier 1	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 7	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 7	M
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Tier 7	M
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	Tier 1	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>promethazine hcl inj 25 mg/ml</i>	Tier 7	M
<i>promethazine hcl inj 50 mg/ml</i>	Tier 7	M
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 1	
<i>SANCUSO DIS 3.1MG</i>	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
<i>VARUBI TAB 90MG</i>	Tier 2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tab 200 mg</i>	Tier 1
<i>cimetidine tab 300 mg</i>	Tier 1

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

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Drug Name	Drug Tier	Requirements/Limits	
cimetidine tab 400 mg	Tier 1		
cimetidine tab 800 mg	Tier 1		
famotidine for susp 40 mg/5ml	Tier 1		
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 7	M	
famotidine preservative free inj 20 mg/2ml	Tier 7	M	
famotidine tab 20 mg	Tier 1		
famotidine tab 40 mg	Tier 1		
nizatidine cap 150 mg	Tier 1		
nizatidine cap 300 mg	Tier 1		

INFLAMMATORY BOWEL DISEASE

balsalazide disodium cap 750 mg	Tier 1		
budesonide delayed release particles cap 3 mg	Tier 1		
budesonide tab er 24hr 9 mg	Tier 1		
DIPENTUM CAP 250MG	Tier 3	PA	
hydrocortisone enema 100 mg/60ml	Tier 1		
mesalamine cap dr 400 mg	Tier 1		
mesalamine cap er 24hr 0.375 gm	Tier 1		
mesalamine enema 4 gm	Tier 1		
mesalamine rectal enema 4 gm & cleanser wipe kit	Tier 1		
mesalamine suppos 1000 mg	Tier 1		
mesalamine tab delayed release 1.2 gm	Tier 1		
mesalamine tab delayed release 800 mg	Tier 1		
sulfasalazine tab 500 mg	Tier 1		
sulfasalazine tab delayed release 500 mg	Tier 1		

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAP 72MCG	Tier 2		
LINZESS CAP 145MCG	Tier 2		
LINZESS CAP 290MCG	Tier 2		
lubiprostone cap 8 mcg	Tier 1		
lubiprostone cap 24 mcg	Tier 1		

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron hcl tab 0.5 mg (base equiv)	Tier 1	PA	
alosetron hcl tab 1 mg (base equiv)	Tier 1	PA	
VIBERZI TAB 75MG	Tier 2	PA	
VIBERZI TAB 100MG	Tier 2	PA	

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 2 for all others
enulose	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
generlac	Tier 1	
lactulose solution 10 gm/15ml	Tier 1	
OSMOPREP TAB 1.5GM	Tier 3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PLENUV SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
cromolyn sodium oral conc 100 mg/5ml	Tier 1	
misoprostol tab 100 mcg	Tier 1	\$0 copay based on your plan/benefit

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 127

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tab 200 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 1	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNT	Tier 2	PA
CREON CAP 24000UNT	Tier 2	PA
CREON CAP 36000UNT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNT	Tier 2	PA
ZENPEP CAP 15000UNT	Tier 2	PA
ZENPEP CAP 20000UNT	Tier 2	PA
ZENPEP CAP 25000UNT	Tier 2	PA
ZENPEP CAP 40000UNT	Tier 2	PA
ZENPEP CAP 60000UNT	Tier 2	PA

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (90 caps every 365 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 128

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
NEXIUM GRA 2.5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (90 tabs every 365 days)

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone perianal cream 1%</i>	Tier 1
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1
<i>proctozone-hc</i>	Tier 1

ULCER THERAPY COMBINATIONS

<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	Tier 1
<i>HELIDAC MIS THERAPY</i>	Tier 3

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1
<i>CARDURA XL TAB 4MG</i>	Tier 3 ST; PA**

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 129

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Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 8MG	Tier 3	ST; PA**
doxazosin mesylate tab 1 mg	Tier 1	
doxazosin mesylate tab 2 mg	Tier 1	
doxazosin mesylate tab 4 mg	Tier 1	
doxazosin mesylate tab 8 mg	Tier 1	
dutasteride cap 0.5 mg	Tier 1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	
finasteride tab 5 mg	Tier 1	
silodosin cap 4 mg	Tier 1	
silodosin cap 8 mg	Tier 1	
tadalafil tab 2.5 mg	Tier 1	PA, QL (30 tabs every 30 days)
tadalafil tab 5 mg	Tier 1	PA, QL (30 tabs every 30 days)
tamsulosin hcl cap 0.4 mg	Tier 1	
terazosin hcl cap 1 mg (base equivalent)	Tier 1	
terazosin hcl cap 2 mg (base equivalent)	Tier 1	
terazosin hcl cap 5 mg (base equivalent)	Tier 1	
terazosin hcl cap 10 mg (base equivalent)	Tier 1	
CONTRACEPTIVES		
ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate tab 25 mg	Tier 1	QL (6 tabs per month)
sildenafil citrate tab 50 mg	Tier 1	QL (6 tabs per month)
sildenafil citrate tab 100 mg	Tier 1	QL (6 tabs per month)
tadalafil tab 10 mg	Tier 1	QL (6 tabs per month)
tadalafil tab 20 mg	Tier 1	QL (6 tabs per month)
MISCELLANEOUS		
bethanechol chloride tab 5 mg	Tier 1	
bethanechol chloride tab 10 mg	Tier 1	
bethanechol chloride tab 25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tab 50 mg	Tier 1	
ELMIRON CAP 100MG	Tier 3	
potassium citrate tab er 5 meq (540 mg)	Tier 1	
potassium citrate tab er 10 meq (1080 mg)	Tier 1	
potassium citrate tab er 15 meq (1620 mg)	Tier 1	
urinary pain relief	Tier 1	OTC
URINARY ANTISPASMODICS		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	Tier 1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	Tier 1	
fesoterodine fumarate tab er 24hr 4 mg	Tier 1	
fesoterodine fumarate tab er 24hr 8 mg	Tier 1	
GEMTESA TAB 75MG	Tier 3	
MYRBETRIQ SUS 8MG/ML	Tier 2	
MYRBETRIQ TAB 25MG	Tier 2	
MYRBETRIQ TAB 50MG	Tier 2	
oxybutynin chloride solution 5 mg/5ml	Tier 1	
oxybutynin chloride tab 5 mg	Tier 1	
oxybutynin chloride tab er 24hr 5 mg	Tier 1	
oxybutynin chloride tab er 24hr 10 mg	Tier 1	
oxybutynin chloride tab er 24hr 15 mg	Tier 1	
solifenacin succinate tab 5 mg	Tier 1	
solifenacin succinate tab 10 mg	Tier 1	
tolterodine tartrate cap er 24hr 2 mg	Tier 1	
tolterodine tartrate cap er 24hr 4 mg	Tier 1	
tolterodine tartrate tab 1 mg	Tier 1	
tolterodine tartrate tab 2 mg	Tier 1	
trospium chloride cap er 24hr 60 mg	Tier 1	
trospium chloride tab 20 mg	Tier 1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	Tier 2	
clindamycin phosphate vaginal cream 2%	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
metronidazole vaginal gel 0.75%	Tier 1	
miconazole 3	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1
<i>ELIQUIS ST P TAB 5MG</i>	Tier 2
<i>ELIQUIS TAB 2.5MG</i>	Tier 2
<i>ELIQUIS TAB 5MG</i>	Tier 2
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1
<i>FRAGMIN INJ 2500/0.2</i>	Tier 3
<i>FRAGMIN INJ 2500/ML</i>	Tier 3
<i>FRAGMIN INJ 5000/0.2</i>	Tier 3
<i>FRAGMIN INJ 7500/0.3</i>	Tier 3
<i>FRAGMIN INJ 10000/ML</i>	Tier 3

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
heparin sodium (porcine) inj 1000 unit/ml	Tier 1	
heparin sodium (porcine) inj 5000 unit/ml	Tier 1	
heparin sodium (porcine) inj 10000 unit/ml	Tier 1	
heparin sodium (porcine) inj 20000 unit/ml	Tier 1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	Tier 1	
jantoven	Tier 1	
PRADAXA CAP 75MG	Tier 3	
PRADAXA CAP 110MG	Tier 3	
warfarin sodium tab 1 mg	Tier 1	
warfarin sodium tab 2 mg	Tier 1	
warfarin sodium tab 2.5 mg	Tier 1	
warfarin sodium tab 3 mg	Tier 1	
warfarin sodium tab 4 mg	Tier 1	
warfarin sodium tab 5 mg	Tier 1	
warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO SUS 1MG/ML	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 500MCG	Tier 4	PA
DOPTELET TAB 20MG (10 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 4	PA, QL (2 cartons every 30 days)
FYLNETRA INJ 6MG/0.6	Tier 4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA
MIRCERA INJ 120MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
NYVEPRIA INJ 6/0.6ML	Tier 4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA
RETACRIT INJ 40000UNT	Tier 4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	Tier 1	
anagrelide hcl cap 1 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits	
cilostazol tab 50 mg	Tier 1		
cilostazol tab 100 mg	Tier 1		
DROXIA CAP 200MG	Tier 2		
DROXIA CAP 300MG	Tier 2		
DROXIA CAP 400MG	Tier 2		
pentoxifylline tab er 400 mg	Tier 1		
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	Tier 7	M	
tranexamic acid tab 650 mg	Tier 1		

PLATELET AGGREGATION INHIBITORS

aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1		
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1		
clopidogrel bisulfate tab 300 mg (base equiv)	Tier 1		
dipyridamole tab 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older	
dipyridamole tab 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older	
dipyridamole tab 75 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older	
prasugrel hcl tab 5 mg (base equiv)	Tier 1		
prasugrel hcl tab 10 mg (base equiv)	Tier 1		
YOSPRALA TAB 81-40MG	Tier 3		
YOSPRALA TAB 325-40MG	Tier 3		

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA INJ 80MG/4ML	Tier 5	ST, PA, QL (10 vials every 14 days)	
ACTEMRA INJ 200/10ML	Tier 5	ST, PA, QL (4 vials every 14 days)	
ACTEMRA INJ 400/20ML	Tier 5	ST, PA, QL (2 vials every 14 days)	
INFILIXIMAB INJ 100MG	Tier 7	M	
SIMPONI ARIA SOL 50MG/4ML	Tier 7	M	

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOL 60MG/ML	Tier 4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	Tier 4	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	Tier 4	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	Tier 4	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ-CROH INJ UC SP	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSORIASI	Tier 4	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	Tier 4	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	Tier 4	PA, QL (240 mL every 24 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate tab 200 mg	Tier 1	
leflunomide tab 10 mg	Tier 1	
leflunomide tab 20 mg	Tier 1	
methotrexate sodium tab 2.5 mg (base equiv)	Tier 0	\$0 copay based on your plan/benefit
HEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	Tier 5	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	Tier 5	PA, QL (20 vials every 30 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 4	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	Tier 7	M
CUTAQUIG SOL 1GM	Tier 7	M
CUTAQUIG SOL 2GM	Tier 7	M
CUTAQUIG SOL 3.3GM	Tier 7	M
CUTAQUIG SOL 4GM	Tier 7	M
CUTAQUIG SOL 8GM	Tier 7	M
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 5	PA

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Drug Name	Drug Tier	Requirements/Limits
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	Tier 3	
ASTAGRAF XL CAP 1MG	Tier 3	
ASTAGRAF XL CAP 5MG	Tier 3	
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	Tier 7	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 7	M
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
ENVARSUS XR TAB 0.75MG	Tier 3	
ENVARSUS XR TAB 1MG	Tier 3	
ENVARSUS XR TAB 4MG	Tier 3	
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
<i>gengraf</i>	Tier 1	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	Tier 7	M
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	Tier 1	
MYFORTIC TAB 180MG	Tier 3	
MYFORTIC TAB 360MG	Tier 3	
NEORAL CAP 25MG	Tier 3	
NEORAL CAP 100MG	Tier 3	
NEORAL SOL 100MG/ML	Tier 3	
NULOJIX INJ 250MG	Tier 3	
PROGRAF CAP 0.5MG	Tier 3	
PROGRAF CAP 1MG	Tier 3	
PROGRAF CAP 5MG	Tier 3	
PROGRAF GRA 0.2MG	Tier 3	
PROGRAF GRA 1MG	Tier 3	
PROGRAF INJ 5MG/ML	Tier 7 M	
RAPAMUNE SOL 1MG/ML	Tier 3	
RAPAMUNE TAB 0.5MG	Tier 3	
RAPAMUNE TAB 1MG	Tier 3	
RAPAMUNE TAB 2MG	Tier 3	
SANDIMMUNE CAP 25MG	Tier 3	
SANDIMMUNE CAP 100MG	Tier 3	
SANDIMMUNE INJ 50MG/ML	Tier 7 M	
SANDIMMUNE SOL 100MG/ML	Tier 3	
sirolimus oral soln 1 mg/ml	Tier 1	
sirolimus tab 0.5 mg	Tier 1	
sirolimus tab 1 mg	Tier 1	
sirolimus tab 2 mg	Tier 1	
tacrolimus cap 0.5 mg	Tier 1	
tacrolimus cap 1 mg	Tier 1	
tacrolimus cap 5 mg	Tier 1	
ZORTRESS TAB 0.5MG	Tier 3	
ZORTRESS TAB 0.25MG	Tier 3	
ZORTRESS TAB 0.75MG	Tier 3	
ZORTRESS TAB 1MG	Tier 3	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	Tier 7 M	
BEYFORTUS INJ 100MG/ML	Tier 7 M	

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Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSVO INJ	Tier 0	
ACTHIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
COMIRNATY INJ 30/0.3ML	Tier 0	
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	Tier 7	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUMIST	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HEPLISAV-B INJ 20/0.5ML	Tier 0	
HIBERIX SOL 10MCG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	Tier 0	
IPOL INJ INACTIVE	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENACTRA INJ	Tier 0	
MENQUADFI INJ	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MODERNA INJ 6MO-11Y	Tier 0	
NOVAVAX VAC INJ COVID-19	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	Tier 0	
PFIZER 6M-4Y INJ 2023-24	Tier 0	
PNEUMOVAX 23 INJ 25/0.5	Tier 0	
PREHEVBRIOSUS 10MCG/ML	Tier 0	
PREVNAR 13 INJ	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAHB INJ 5MCG/0.5	Tier 0	
RECOMBIVAHB INJ 10MCG/ML	Tier 0	
RECOMBIVAHB INJ 40MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

effer-k	Tier 1	
fluoritab	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m15	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 7	M
magnesium sulfate inj 50%	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	Tier 7	M
monoject sodium chloride	Tier 7	M
nafrinse drops	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
potassium chloride cap er 8 meq	Tier 1	
potassium chloride cap er 10 meq	Tier 1	
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	
potassium chloride oral soln 20% (40 meq/15ml)	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	
potassium chloride tab er 10 meq	Tier 1	
potassium chloride tab er 20 meq (1500 mg)	Tier 1	
sodium chloride inj 2.5 meq/ml (14.6%)	Tier 7	M
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	Tier 1	

IV REPLACEMENT SOLUTIONS

potassium chloride inj 2 meq/ml	Tier 7	M
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Drug Name	Drug Tier	Requirements/Limits
sodium chloride iv soln 0.9%	Tier 7	M
sodium chloride iv soln 0.45%	Tier 7	M
sodium chloride iv soln 3%	Tier 7	M
sodium chloride iv soln 5%	Tier 7	M
sodium chloride preservative free (pf) inj 0.9%	Tier 7	M
PRENATAL VITAMINS		
elite-ob	Tier 1	
inatal gt	Tier 1	
pnv-dha	Tier 1	
pnv-select	Tier 1	
prenatal 19	Tier 1	
trinate	Tier 1	
VITAMINS		
calcitriol cap 0.5 mcg	Tier 1	
calcitriol cap 0.25 mcg	Tier 1	
calcitriol oral soln 1 mcg/ml	Tier 1	
cyanocobalamin inj 1000 mcg/ml	Tier 1	
doxercalciferol cap 0.5 mcg	Tier 1	
doxercalciferol cap 1 mcg	Tier 1	
doxercalciferol cap 2.5 mcg	Tier 1	
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
folic acid cap 0.8 mg	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 1 mg	Tier 1	
folic acid tab 400 mcg	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
folic acid tab 800 mcg	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
multi-vitamin/fluoride dr	Tier 1	
multi-vitamin/fluoride/ir	Tier 1	
multivitamin/fluoride	Tier 1	
paricalcitol cap 1 mcg	Tier 1	
paricalcitol cap 2 mcg	Tier 1	
paricalcitol cap 4 mcg	Tier 1	
phytonadione tab 5 mg	Tier 1	
pyridoxine hcl tab 25 mg	Tier 1	OTC
pyridoxine hcl tab 50 mg	Tier 1	OTC
tri-vite/fluoride	Tier 1	
vitamin d3	Tier 1	OTC
vitamins a/c/d/fluoride	Tier 1	
westab max	Tier 1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1
neomycin-polymyxin-hc ophth susp	Tier 1
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1
TOBRADEX OIN 0.3-0.1%	Tier 2
TOBRADEX ST SUS 0.3-0.05	Tier 2
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1
ZYLET SUS 0.5-0.3%	Tier 3

ANTI-INFECTIVES

AZASITE SOL 1%	Tier 2
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	QL (20 mL every 30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	
NATACYN SUS 5% OP	Tier 2	
neomycin-bacitrac zn-polomyx 5(3.5)mg-400unt-1000unt op oin	Tier 1	
neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	
polycin	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium ophth oint 10%	Tier 1	
sulfacetamide sodium ophth soln 10%	Tier 1	
tobramycin ophth soln 0.3%	Tier 1	
trifluridine ophth soln 1%	Tier 1	
ZIRGAN GEL 0.15%	Tier 3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	Tier 2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
diloprednate ophth emulsion 0.05%	Tier 1	
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ILEVRO DRO 0.3% OP	Tier 2	
ketorolac tromethamine ophth soln 0.4%	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
NEVANAC SUS 0.1% OP	Tier 2	
PRED SOD PHO SOL 1% OP	Tier 2	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
ANTIALLERGICS		
ALOCRIL SOL 2%	Tier 3	
ALOMIDE SOL 0.1% OP	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
ZERVIADE DRO 0.24%	Tier 3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETIMOL SOL 0.5%	Tier 3	
BETIMOL SOL 0.25%	Tier 3	
BETOPTIC-S SUS 0.25% OP	Tier 2	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
LUMIGAN SOL 0.01%	Tier 2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	Tier 1	Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	Tier 2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	Tier 7	M
<i>physiosol irrigation</i>	Tier 7	M
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	Tier 7	M

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Drug Name	Drug Tier	Requirements/Limits
<i>ANAPHYLAXIS TREATMENT AGENTS</i>		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (4 auto-injectors every 30 days)
EPIPEN-JR INJ 0.15MG	Tier 2	QL (4 auto-injectors every 30 days)
<i>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§</i>		
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 package every 30 days)
<i>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§</i>		
BREZTRI AERO AER SPHERE	Tier 2	QL (1 package every 30 days)
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)
<i>ANTICHOLINERGICS§</i>		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	Tier 2	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA SPR 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINES\$		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cycloheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cycloheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 7	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 7	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 7	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 25 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 100 mg	Tier 1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	
levocetirizine dihydrochloride tab 5 mg	Tier 1	
olopatadine hcl nasal soln 0.6%	Tier 1	QL (1 container every 30 days)
ryclora	Tier 3	PA; High Risk Medications require PA for members age 70 and older

BETA AGONISTS\$

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers every 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (120 vials every 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (5 boxes every 30 days)
albuterol sulfate syrup 2 mg/5ml	Tier 1	
albuterol sulfate tab 2 mg	Tier 1	
albuterol sulfate tab 4 mg	Tier 1	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Tier 1	QL (60 vials every 30 days)
formoterol fumarate soln nebu 20 mcg/2ml	Tier 1	QL (60 vials every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine vc</i>	Tier 1	
<i>promethazine vc/codeine</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<i>TUZISTRA XR SUS</i>	Tier 3	QL (20 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CYSTIC FIBROSIS		
<i>CAYSTON INH 75MG</i>	Tier 4	PA, QL (84 vials every 28 days)
<i>KALYDECO GRA 5.8MG</i>	Tier 4	PA, QL (56 packets every 28 days)
<i>KALYDECO GRA 13.4MG</i>	Tier 4	PA, QL (56 packets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	PA

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

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Drug Name	Drug Tier	Requirements/Limits
OFEV CAP 150MG	Tier 4	PA, QL (60 caps every 30 days)
pirfenidone cap 267 mg	Tier 4	PA, QL (270 caps every 30 days)
pirfenidone tab 267 mg	Tier 4	PA, QL (270 tabs every 30 days)
pirfenidone tab 801 mg	Tier 4	PA, QL (90 tabs every 30 days)

RESPIRATORY THERAPY SUPPLIES

AEROCHAMBER MIS PLUS	Tier 2
FLEXICHAMBER MIS MASK SM	Tier 2
HOLD CHAMBER MIS MEDIUM	Tier 2 OTC
PANDA MASK MIS PEDIATRI	Tier 2 OTC

SEVERE ASTHMA AGENTS

DUPIXENT INJ 100/0.67	Tier 4	PA, QL (2 syringes every 28 days); Indicated for Asthma
FASENRA INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XOLAIR SOL 150MG	Tier 4	PA, QL (8 vials every 28 days)

STEROID INHALANTS

ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	Tier 2	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	Tier 2	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	QL (1 box every 30 days)
QVAR REDIHA AER 80MCG	Tier 2	QL (2 packages every 30 days)
QVAR REDIHAL AER 40MCG	Tier 2	QL (2 packages every 30 days)

STEROID/BETA-AGONIST COMBINATIONS§

BREO ELLIPTA INH 50-25MCG	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	Tier 7	M
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	

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

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

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil cream 5%	Tier 1
fluorouracil soln 2%	Tier 1
fluorouracil soln 5%	Tier 1
imiquimod cream 5%	Tier 1

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate cream 0.1%	Tier 1	QL (120g every 30 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (120g every 30 days)
IV PREP WIPE PAD	Tier 2	OTC
mupirocin oint 2%	Tier 1	QL (30g every 30 days)
silver sulfadiazine cream 1%	Tier 1	
ssd	Tier 1	
SULFAMYLYON CRE 85MG/GM	Tier 3	
XEPI CRE 1%	Tier 3	PA, QL (30g every 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox gel 0.77%	Tier 1	QL (120g every 30 days)
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (120g every 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (120 mL every 30 days)
ciclopirox shampoo 1%	Tier 1	QL (120 mL every 30 days)
ciclopirox solution 8%	Tier 1	
clotrimazole cream 1%	Tier 1	QL (120g every 30 days)
clotrimazole soln 1%	Tier 1	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	QL (60 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
econazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)
ketoconazole cream 2%	Tier 1	QL (120g every 30 days)
luliconazole cream 1%	Tier 3	QL (60g every 30 days)
MENTAX CRE 1%	Tier 3	QL (60g every 30 days)
naftifine hcl cream 1%	Tier 1	QL (60g every 30 days)
naftifine hcl cream 2%	Tier 1	QL (60g every 30 days)
nyamyc	Tier 1	QL (120g every 30 days)
nystatin cream 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin topical powder 100000 unit/gm	Tier 1	QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 1	QL (60g every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 1	QL (60g every 30 days)
nystop	Tier 1	QL (120g every 30 days)
oxiconazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
sulconazole nitrate cream 1%	Tier 1	QL (60g every 30 days)
sulconazole nitrate solution 1%	Tier 1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	Tier 3	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	
acitretin cap 17.5 mg	Tier 1	
acitretin cap 25 mg	Tier 1	
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	ST, QL (60 mL every 30 days); PA**
calcitriol oint 3 mcg/gm	Tier 3	ST, QL (100g every 30 days); PA**
methoxsalen rapid cap 10 mg	Tier 1	
tazarotene cream 0.1%	Tier 1	PA
tazarotene gel 0.1%	Tier 1	PA
tazarotene gel 0.05%	Tier 1	PA
TAZORAC CRE 0.05%	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	Tier 4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	Tier 4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.03%</i>	Tier 3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>BRYHALI LOT 0.01%</i>	Tier 2	QL (120 mL every 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	ST, QL (60g every 30 days); PA**
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	Tier 3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (120g every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide cream 0.025%	Tier 1	QL (120g every 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 1	QL (120 mL every 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 1	QL (120 mL every 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (120g every 30 days)
fluocinolone acetonide soln 0.01%	Tier 1	QL (120 mL every 30 days)
fluocinonide cream 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide gel 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide oint 0.05%	Tier 1	QL (120g every 30 days)
fluocinonide soln 0.05%	Tier 1	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (120g every 30 days)
fluticasone propionate lotion 0.05%	Tier 1	QL (120 mL every 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (120g every 30 days)
halobetasol propionate cream 0.05%	Tier 1	QL (120g every 30 days)
halobetasol propionate oint 0.05%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate cream 0.1%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate oint 0.1%	Tier 1	QL (120g every 30 days)
hydrocortisone butyrate soln 0.1%	Tier 1	QL (120 mL every 30 days)
hydrocortisone cream 1%	Tier 1	QL (120g every 30 days)
hydrocortisone cream 2.5%	Tier 1	QL (120g every 30 days)
hydrocortisone lotion 2.5%	Tier 1	QL (120 mL every 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (120g every 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (120g every 30 days)
hydrocortisone valerate oint 0.2%	Tier 1	QL (120g every 30 days)
mometasone furoate cream 0.1%	Tier 1	QL (120g every 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (120g every 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide cream 0.1%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (120 mL every 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (120g every 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	Tier 1	QL (50 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	Tier 1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)
SYNERA DIS 70-70MG	Tier 3	QL (2 patches every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir cream 5%</i>	Tier 3	
<i>bexarotene gel 1%</i>	Tier 4	PA
<i>CONDYLOX GEL 0.5%</i>	Tier 3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 3	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
<i>RECTIV OIN 0.4%</i>	Tier 3	
<i>VOLTAREN GEL 1% ARTHR</i>	Tier 1	QL (300g every 30 days), OTC

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 1	PA
<i>FINACEA AER 15%</i>	Tier 2	
<i>ivermectin cream 1%</i>	Tier 1	PA
<i>metronidazole cream 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 1	QL (60g every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	Tier 1	
<i>cvs ivermectin lice treat</i>	Tier 1	OTC
<i>cvs lice treatment</i>	Tier 1	OTC
<i>lice treatment</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	ST; PA**
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL 0.01%</i>	Tier 3	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	Tier 7	M
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
<i>ORAVIG TAB 50MG</i>	Tier 3	QL (14 tabs every 30 days)
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
OTIC		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	Tier 3	
<i>CORTISPORIN SUS -TC OTIC</i>	Tier 3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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abacavir sulfate tab 300 mg (base equiv) 16
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abiraterone acetate tab 500 mg 33
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acarbose tab 25 mg 102
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<i>budesonide inhalation susp 0.25 mg/2ml</i>	161
<i>budesonide inhalation susp 0.5 mg/2ml</i> ..	161
<i>budesonide inhalation susp 1 mg/2ml</i>	161
<i>budesonide tab er 24hr 9 mg</i>	126
<i>bumetanide tab 0.5 mg</i>	55
<i>bumetanide tab 1 mg</i>	55
<i>bumetanide tab 2 mg</i>	55
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	13
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	89
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	89
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	89
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	89
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	89
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	89
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	90
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	90
<i>buprenorphine td patch weekly 10 mcg/hr</i>	13
<i>buprenorphine td patch weekly 15 mcg/hr</i>	13
<i>buprenorphine td patch weekly 20 mcg/hr</i>	13
<i>buprenorphine td patch weekly 5 mcg/hr.</i> 13	
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	13
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	91
<i>bupropion hcl tab 100 mg</i>	63
<i>bupropion hcl tab 75 mg</i>	63
<i>bupropion hcl tab er 12hr 100 mg</i>	63
<i>bupropion hcl tab er 12hr 150 mg</i>	64
<i>bupropion hcl tab er 12hr 200 mg</i>	64
<i>bupropion hcl tab er 24hr 150 mg</i>	64
<i>bupropion hcl tab er 24hr 300 mg</i>	64
<i>buspirone hcl tab 10 mg</i>	60
<i>buspirone hcl tab 15 mg</i>	60
<i>buspirone hcl tab 30 mg</i>	60
<i>buspirone hcl tab 5 mg</i>	60
<i>buspirone hcl tab 7.5 mg</i>	60
<i>busulfan inj 6 mg/ml</i>	29
<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...3	
C	
<i>cabergoline tab 0.5 mg</i>	120
<i>CABOMETYX TAB 20MG</i>	34
<i>CABOMETYX TAB 40MG</i>	35
<i>CABOMETYX TAB 60MG</i>	35
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	166

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	.164
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	120
<i>calcitriol cap 0.25 mcg</i>	148
<i>calcitriol cap 0.5 mcg</i>	148
<i>calcitriol oint 3 mcg/gm</i>	164
<i>calcitriol oral soln 1 mcg/ml</i>	148
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	121
<i>calcium acetate (phosphate binder) tab 667 mg</i>	121
CALQUENCE TAB 100MG	35
<i>camila</i>	107
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<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	44
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	44
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	44
<i>candesartan cilexetil tab 16 mg</i>	45
<i>candesartan cilexetil tab 32 mg</i>	45
<i>candesartan cilexetil tab 4 mg</i>	45
<i>candesartan cilexetil tab 8 mg</i>	45
<i>capecitabine tab 150 mg</i>	30
<i>capecitabine tab 500 mg</i>	30
CAPRELSA TAB 100MG	35
CAPRELSA TAB 300MG	35
<i>captopril tab 100 mg</i>	42
<i>captopril tab 12.5 mg</i>	42
<i>captopril tab 25 mg</i>	42
<i>captopril tab 50 mg</i>	42
<i>carbamazepine cap er 12hr 100 mg</i>	75
<i>carbamazepine cap er 12hr 200 mg</i>	75
<i>carbamazepine cap er 12hr 300 mg</i>	75
<i>carbamazepine chew tab 100 mg</i>	75
<i>carbamazepine susp 100 mg/5ml</i>	75
<i>carbamazepine tab 200 mg</i>	75
<i>carbamazepine tab er 12hr 100 mg</i>	75
<i>carbamazepine tab er 12hr 200 mg</i>	75
<i>carbamazepine tab er 12hr 400 mg</i>	75
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	69
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	69
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	69
<i>carbidopa & levodopa tab 10-100 mg</i>	70
<i>carbidopa & levodopa tab 25-100 mg</i>	70
<i>carbidopa & levodopa tab 25-250 mg</i>	70
<i>carbidopa & levodopa tab er 25-100 mg</i>	70
<i>carbidopa & levodopa tab er 50-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	70
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	70
<i>carbidopa tab 25 mg</i>	70
<i>carbinoxamine maleate soln 4 mg/5ml</i>	154
<i>carbinoxamine maleate tab 4 mg</i>	154
<i>carboplatin iv soln 150 mg/15ml</i>	40
<i>carboplatin iv soln 450 mg/45ml</i>	40
<i>carboplatin iv soln 50 mg/5ml</i>	40
<i>carboplatin iv soln 600 mg/60ml</i>	40
CARDURA XL TAB 4MG	129
CARDURA XL TAB 8MG	130
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<i>carglumic acid soluble tab 200 mg</i>	113
<i>carisoprodol tab 350 mg</i>	88
<i>carmustine for inj 100 mg</i>	29
<i>carteolol hcl ophth soln 1%</i>	151
<i>cartia xt</i>	53
<i>carvedilol phosphate cap er 24hr 10 mg</i>	51
<i>carvedilol phosphate cap er 24hr 20 mg</i>	51
<i>carvedilol phosphate cap er 24hr 40 mg</i>	51
<i>carvedilol phosphate cap er 24hr 80 mg</i>	51
<i>carvedilol tab 12.5 mg</i>	51
<i>carvedilol tab 25 mg</i>	51
<i>carvedilol tab 3.125 mg</i>	51
<i>carvedilol tab 6.25 mg</i>	51

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cefaclor cap 500 mg	21
cefaclor for susp 125 mg/5ml.....	21
cefaclor for susp 250 mg/5ml.....	21
cefaclor for susp 375 mg/5ml.....	21
cefadroxil cap 500 mg	21
cefadroxil for susp 250 mg/5ml.....	21
cefadroxil for susp 500 mg/5ml	21
cefadroxil tab 1 gm.....	21
cefazolin sodium for inj 1 gm	21
cefdinir cap 300 mg	21
cefdinir for susp 125 mg/5ml.....	21
cefdinir for susp 250 mg/5ml.....	21
cefepime hcl for inj 1 gm	21
cefepime hcl for iv soln 2 gm	22
cefixime cap 400 mg	22
cefixime for susp 100 mg/5ml.....	22
cefixime for susp 200 mg/5ml	22
cefpodoxime proxetil for susp 100 mg/5ml	22
cefpodoxime proxetil for susp 50 mg/5ml	22
cefpodoxime proxetil tab 100 mg	22
cefpodoxime proxetil tab 200 mg.....	22
cefprozil for susp 125 mg/5ml	22
cefprozil for susp 250 mg/5ml	22
cefprozil tab 250 mg	22
cefprozil tab 500 mg.....	22
ceftazidime for iv soln 2 gm	22
ceftriaxone sodium for inj 1 gm.....	22
ceftriaxone sodium for inj 250 mg	22
ceftriaxone sodium for inj 2 gm.....	22
ceftriaxone sodium for inj 500 mg	22
ceftriaxone sodium for iv soln 1 gm	22
ceftriaxone sodium for iv soln 2 gm.....	22
cefuroxime axetil tab 250 mg.....	22
cefuroxime axetil tab 500 mg.....	22
celecoxib cap 100 mg.....	1
celecoxib cap 200 mg	1
celecoxib cap 50 mg	1
CELLCEPT CAP 250MG.....	142
CELLCEPT IV INJ 500MG.....	142
CELLCEPT SUS 200MG/ML.....	142
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cephalexin cap 500 mg	23
cephalexin cap 750 mg	23
cephalexin for susp 125 mg/5ml	23
cephalexin for susp 250 mg/5ml	23
cephalexin tab 250 mg	23
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chlordiazepoxide-amitriptyline tab 5-12.5 mg	90
chlordiazepoxide hcl cap 10 mg	60
chlordiazepoxide hcl cap 25 mg	60
chlordiazepoxide hcl cap 5 mg	60
chlorhexidine gluconate soln 0.12%	169
chloroquine phosphate tab 250 mg	15
chloroquine phosphate tab 500 mg	15
chlorpromazine hcl inj 25 mg/ml	72
chlorpromazine hcl inj 50 mg/2ml	72
chlorpromazine hcl tab 100 mg	72
chlorpromazine hcl tab 10 mg	72
chlorpromazine hcl tab 200 mg	72
chlorpromazine hcl tab 25 mg	72
chlorpromazine hcl tab 50 mg.....	72
chlorthalidone tab 25 mg	55
chlorthalidone tab 50 mg.....	55
chlorzoxazone tab 500 mg	88
cholestyramine light powder 4 gm/dose..	46
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<i>ciclopirox gel 0.77%</i>	163
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	163
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	163
<i>ciclopirox shampoo 1%</i>	163
<i>ciclopirox solution 8%</i>	163
<i>cidofovir iv inj 75 mg/ml</i>	20
<i>cilostazol tab 100 mg</i>	135
<i>cilostazol tab 50 mg</i>	135
CIMDUO TAB 300-300	18
<i>cimetidine tab 200 mg</i>	125
<i>cimetidine tab 300 mg</i>	125
<i>cimetidine tab 400 mg</i>	126
<i>cimetidine tab 800 mg</i>	126
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	107
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	107
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	107
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<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	169
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	169
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	150
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	169
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	24
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	40
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	40
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	40
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	64
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	64
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	64
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	64

<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	30
<i>clarithromycin for susp 125 mg/5ml</i>	23
<i>clarithromycin for susp 250 mg/5ml</i>	23
<i>clarithromycin tab 250 mg</i>	23
<i>clarithromycin tab 500 mg</i>	23
<i>clarithromycin tab er 24hr 500 mg</i>	23
<i>clemastine fumarate tab 2.68 mg</i>	154
<i>CLENPIQ SOL</i>	127
<i>CLEOCIN SUP 100MG</i>	131
<i>CLIMARA PRO DIS WEEKLY</i>	114
<i>clindamycin hcl cap 150 mg</i>	25
<i>clindamycin hcl cap 300 mg</i>	25
<i>clindamycin hcl cap 75 mg</i>	25
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	25
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	162
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	162
<i>clindamycin phosphate foam 1%</i>	162
<i>clindamycin phosphate gel 1%</i>	162
<i>clindamycin phosphate inj 300 mg/2ml</i>	25
<i>clindamycin phosphate inj 600 mg/4ml</i>	25
<i>clindamycin phosphate inj 9 gm/60ml</i>	25
<i>clindamycin phosphate lotion 1%</i>	162
<i>clindamycin phosphate soln 1%</i>	162
<i>clindamycin phosphate swab 1%</i>	162
<i>clindamycin phosphate vaginal cream 2%</i>	131
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	162
<i>clobazam suspension 2.5 mg/ml</i>	75
<i>clobazam tab 10 mg</i>	75
<i>clobazam tab 20 mg</i>	75
<i>clobetasol propionate cream 0.05%</i>	166
<i>clobetasol propionate emollient base cream 0.05%</i>	166
<i>clobetasol propionate foam 0.05%</i>	166
<i>clobetasol propionate gel 0.05%</i>	166
<i>clobetasol propionate lotion 0.05%</i>	166
<i>clobetasol propionate oint 0.05%</i>	166
<i>clobetasol propionate shampoo 0.05%</i>	166
<i>clobetasol propionate soln 0.05%</i>	166
<i>clobetasol propionate spray 0.05%</i>	166

<i>clocortolone pivalate cream 0.1%</i>	166
<i>clofarabine iv soln 1 mg/ml</i>	30
<i>clomid</i>	117
<i>clomipramine hcl cap 25 mg</i>	61
<i>clomipramine hcl cap 50 mg</i>	61
<i>clomipramine hcl cap 75 mg</i>	61
<i>clonazepam tab 0.5 mg</i>	75
<i>clonazepam tab 1 mg</i>	75
<i>clonazepam tab 2 mg</i>	75
<i>clonidine hcl tab 0.1 mg</i>	56
<i>clonidine hcl tab 0.2 mg</i>	56
<i>clonidine hcl tab 0.3 mg</i>	56
<i>clonidine td patch weekly 0.1 mg/24hr</i>	57
<i>clonidine td patch weekly 0.2 mg/24hr</i>	57
<i>clonidine td patch weekly 0.3 mg/24hr</i>	57
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	135
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	135
<i>clorazepate dipotassium tab 15 mg</i>	75
<i>clorazepate dipotassium tab 3.75 mg</i>	75
<i>clorazepate dipotassium tab 7.5 mg</i>	75
<i>clotrimazole cream 1%</i>	163
<i>clotrimazole soln 1%</i>	163
<i>clotrimazole troche 10 mg</i>	169
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	163
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	163
<i>clozapine orally disintegrating tab 100 mg</i>	72
<i>clozapine orally disintegrating tab 12.5 mg</i>	72
<i>clozapine orally disintegrating tab 150 mg</i>	72
<i>clozapine orally disintegrating tab 200 mg</i>	72
<i>clozapine orally disintegrating tab 25 mg</i> .72	
<i>clozapine tab 100 mg</i>	72
<i>clozapine tab 200 mg</i>	72
<i>clozapine tab 25 mg</i>	72
<i>clozapine tab 50 mg</i>	72
<i>COARTEM TAB 20-120MG</i>	15
<i>codeine sulfate tab 30 mg</i>	3

<i>CODEINE SULF TAB 60MG</i>	3
<i>colchicine tab 0.6 mg</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..1	
<i>colesevelam hcl packet for susp 3.75 gm</i> 47	
<i>colesevelam hcl tab 625 mg</i>	47
<i>colestipol hcl granule packets 5 gm</i>	47
<i>colestipol hcl granules 5 gm</i>	47
<i>colestipol hcl tab 1 gm</i>	47
<i>COMETRIQ KIT 100MG</i>	35
<i>COMETRIQ KIT 140MG</i>	35
<i>COMETRIQ KIT 60MG</i>	35
<i>COMIRNATY INJ 30/0.3ML</i>	144
<i>COMPLEAT LIQ CLS SYS</i>	92
<i>COMPLEAT PED LIQ ORG BLND</i>	92
<i>compro</i>	124
<i>CONDOMS MIS</i>	108
<i>CONDYLOX GEL 0.5%</i>	168
<i>COPAXONE INJ 40MG/ML</i>	87
<i>CORLANOR SOL 5MG/5ML</i>	56
<i>CORLANOR TAB 5MG</i>	56
<i>CORLANOR TAB 7.5MG</i>	56
<i>CORTISPORIN SUS -TC OTIC</i>	169
<i>COSENTYX INJ 150MG/ML</i>	136
<i>COSENTYX INJ 300DOSE</i>	136
<i>COSENTYX INJ 75MG/0.5</i>	136
<i>COSENTYX PEN INJ 150MG/ML</i>	136
<i>COSENTYX PEN INJ 300DOSE</i>	136
<i>COSENTYX UNO INJ 300/2ML</i>	136
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<i>CREON CAP 24000UNT</i>	128
<i>CREON CAP 3000UNIT</i>	128
<i>CREON CAP 36000UNT</i>	128
<i>CREON CAP 6000UNIT</i>	128
<i>CRESEMBA CAP 186 MG</i>	15
<i>CRESEMBA CAP 74.5MG</i>	15
<i>CRINONE GEL 4% VAG</i>	121
<i>CRINONE GEL 8% VAG</i>	121
<i>cromolyn sodium ophth soln 4%</i>	151
<i>cromolyn sodium oral conc 100 mg/5ml.</i> 127	
<i>cromolyn sodium soln nebu 20 mg/2ml</i> .159	
<i>crotan</i>	169
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CUTAQUIG SOL 3.3GM.....	141	dantrolene sodium cap 50 mg	88
CUTAQUIG SOL 4GM.....	141	dapsone tab 100 mg	25
CUTAQUIG SOL 8GM.....	141	dapsone tab 25 mg	25
cvs ivermectin lice treat.....	169	DAPTACEL INJ	144
cvs lice treatment	169	darifenacin hydrobromide tab er 24hr 15	
cvs sleep-aid nighttime	84	mg (base equiv)	131
cyanocobalamin inj 1000 mcg/ml	148	darifenacin hydrobromide tab er 24hr 7.5	
CYCLINEX-1 POW	92	mg (base equiv)	131
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cyclobenzaprine hcl tab 10 mg.....	88	darunavir tab 800 mg.....	16
cyclobenzaprine hcl tab 5 mg	88	dasetta 1/35.....	108
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cyclophosphamide cap 50 mg	29	daunorubicin hcl iv soln 20 mg/4ml (base	
cyclophosphamide for inj 1 gm.....	29	equiv)	30
cyclophosphamide for inj 2 gm	29	DAYVIGO TAB 10MG	84
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cycloserine cap 250 mg	20	decitabine for inj 50 mg	30
cyclosporine cap 100 mg.....	142	deferiprone tab 1000 mg.....	107
cyclosporine cap 25 mg.....	142	deferiprone tab 500 mg.....	107
cyclosporine iv soln 50 mg/ml.....	142	delyla	108
cyclosporine modified cap 100 mg	142	demeclocycline hcl tab 150 mg.....	28
cyclosporine modified cap 25 mg	142	demeclocycline hcl tab 300 mg.....	28
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cytarabine inj 20 mg/ml	30	desipramine hcl tab 150 mg	64
cytarabine inj pf 100 mg/ml.....	30	desipramine hcl tab 25 mg	64
cytarabine inj pf 20 mg/ml.....	30	desipramine hcl tab 50 mg	64
D		desipramine hcl tab 75 mg	64
dabigatran etexilate mesylate cap 150 mg		desloratadine tab 5 mg	154
(etexilate base eq)	132	desloratadine tab orally disintegrating 2.5	
dacarbazine for inj 100 mg.....	29	mg	154
dacarbazine for inj 200 mg	29	desloratadine tab orally disintegrating 5 mg	
dalfampridine tab er 12hr 10 mg	87	154
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danazol cap 50 mg	113	0.01%.....	123

<i>desmopressin acetate nasal spray soln</i>	
<i>0.01% (refrigerated)</i>	123
<i>desmopressin acetate preservative free (pf)</i>	
<i>inj 4 mcg/ml</i>	123
<i>desmopressin acetate tab 0.1 mg</i>	123
<i>desmopressin acetate tab 0.2 mg</i>	123
<i>desonide cream 0.05%</i>	166
<i>desonide lotion 0.05%</i>	166
<i>desonide oint 0.05%</i>	166
<i>desoximetasone cream 0.05%</i>	166
<i>desoximetasone cream 0.25%</i>	166
<i>desoximetasone gel 0.05%</i>	166
<i>desoximetasone oint 0.25%</i>	166
<i>desoximetasone spray 0.25%</i>	166
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	65
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	64
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	64
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<i>dexamethasone elixir 0.5 mg/5ml</i>	117
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	117
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<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	117
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<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	150
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	117
<i>dexamethasone soln 0.5 mg/5ml</i>	118
<i>dexamethasone tab 0.5 mg</i>	118
<i>dexamethasone tab 0.75 mg</i>	118
<i>dexamethasone tab 1.5 mg</i>	118
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<i>dexamphetamine hcl cap er 24 hr 20 mg</i>	81
<i>dexamphetamine hcl cap er 24 hr 25 mg</i>	81
<i>dexamphetamine hcl cap er 24 hr 30 mg</i>	81
<i>dexamphetamine hcl cap er 24 hr 35 mg</i>	81
<i>dexamphetamine hcl cap er 24 hr 40 mg</i>	81
<i>dexamphetamine hcl cap er 24 hr 5 mg</i>	80
<i>dexamphetamine hcl tab 10 mg</i>	81
<i>dexamphetamine hcl tab 2.5 mg</i>	81
<i>dexamphetamine hcl tab 5 mg</i>	81
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	40
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	40
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	81
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	81
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	81
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	81
<i>dextroamphetamine sulfate tab 10 mg</i>	81
<i>dextroamphetamine sulfate tab 15 mg</i>	81
<i>dextroamphetamine sulfate tab 20 mg</i>	81
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<i>diazepam inj 5 mg/ml</i>	75	diltiazem hcl coated beads cap er 24hr 120 mg	53
<i>diazepam intensol</i>	75	diltiazem hcl coated beads cap er 24hr 180 mg	53
<i>diazepam oral soln 1 mg/ml</i>	75	diltiazem hcl coated beads cap er 24hr 240 mg	53
<i>diazepam tab 10 mg</i>	75	diltiazem hcl coated beads cap er 24hr 300 mg	53
<i>diazepam tab 2 mg</i>	75	diltiazem hcl coated beads cap er 24hr 360 mg	53
<i>diazepam tab 5 mg</i>	75	diltiazem hcl extended release beads cap er 24hr 120 mg	53
<i>diclofenac potassium tab 50 mg</i>	1	diltiazem hcl extended release beads cap er 24hr 180 mg	53
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	168	diltiazem hcl extended release beads cap er 24hr 240 mg	53
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	168	diltiazem hcl extended release beads cap er 24hr 300 mg	53
<i>diclofenac sodium ophth soln 0.1%</i>	150	diltiazem hcl extended release beads cap er 24hr 360 mg	53
<i>diclofenac sodium tab delayed release 25 mg</i>	1	diltiazem hcl extended release beads cap er 24hr 420 mg	53
<i>diclofenac sodium tab delayed release 50 mg</i>	1	diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	53
<i>diclofenac sodium tab delayed release 75 mg</i>	1	diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	53
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	diltiazem hcl tab 120 mg	53
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<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	diltiazem hcl tab 60 mg	53
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<i>dilfusal tab 500 mg</i>	13		
<i>diluprednate ophth emulsion 0.05%</i>	150		
<i>digoxin oral soln 0.05 mg/ml</i>	55		
<i>digoxin tab 125 mcg (0.125 mg)</i>	55		
<i>digoxin tab 250 mcg (0.25 mg)</i>	55		
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	55		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>85		
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<i>mg/5ml</i>	124
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>mg</i>	124
<i>dipyridamole tab 25 mg</i>	135
<i>dipyridamole tab 50 mg</i>	135
<i>dipyridamole tab 75 mg</i>	135
<i>disopyramide phosphate cap 100 mg</i>	46
<i>disopyramide phosphate cap 150 mg</i>	46
<i>disulfiram tab 250 mg</i>	60
<i>disulfiram tab 500 mg</i>	60
<i>DIURIL SUS 250/5ML</i>	55
<i>divalproex sodium cap delayed release</i>	
<i>sprinkle 125 mg</i>	76
<i>divalproex sodium tab delayed release 125</i>	
<i>mg</i>	76
<i>divalproex sodium tab delayed release 250</i>	
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<i>divalproex sodium tab delayed release 500</i>	
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<i>divalproex sodium tab er 24 hr 500 mg</i>	76
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<i>mg/ml)</i>	31
<i>docetaxel for inj conc 20 mg/ml</i>	31
<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>mg/ml)</i>	31
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	
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<i>docetaxel soln for iv infusion 20 mg/2ml</i> ...	31
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<i>dofetilide cap 250 mcg (0.25 mg)</i>	46
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<i>DOVATO TAB 50-300MG</i>	19
<i>doxazosin mesylate tab 1 mg</i>	130
<i>doxazosin mesylate tab 2 mg</i>	130
<i>doxazosin mesylate tab 4 mg</i>	130
<i>doxazosin mesylate tab 8 mg</i>	130
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> 84	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> 84	
<i>doxepin hcl cap 100 mg</i>	65
<i>doxepin hcl cap 10 mg</i>	65
<i>doxepin hcl cap 150 mg</i>	65
<i>doxepin hcl cap 25 mg</i>	65
<i>doxepin hcl cap 50 mg</i>	65
<i>doxepin hcl cap 75 mg</i>	65
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<i>doxercalciferol cap 1 mcg</i>	148
<i>doxercalciferol cap 2.5 mcg</i>	148
<i>doxorubicin hcl for inj 10 mg</i>	30
<i>doxorubicin hcl inj 2 mg/ml</i>	30
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<i>2 mg/ml</i>	30
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<i>doxycycline hyclate cap 100 mg</i>	28
<i>doxycycline hyclate cap 50 mg</i>	28
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<i>doxycycline hyclate tab 100 mg</i>	28
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<i>doxycycline monohydrate cap 100 mg</i>	28
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<i>dulоксетин хлорид-enteric coated pellets cap 30</i>	
<i>mg (base eq)</i>	65
<i>dulоксетин хлорид-enteric coated pellets cap 60</i>	
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<i>equivalent)</i>	85
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fentanyl td patch 72hr 100 mcg/hr	5
fentanyl td patch 72hr 12 mcg/hr	4
fentanyl td patch 72hr 25 mcg/hr	4
fentanyl td patch 72hr 37.5 mcg/hr	4
fentanyl td patch 72hr 50 mcg/hr	4
fentanyl td patch 72hr 62.5 mcg/hr	4
fentanyl td patch 72hr 75 mcg/hr	4
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fluconazole for susp 40 mg/ml	15
fluconazole tab 100 mg	15
fluconazole tab 150 mg	15
fluconazole tab 200 mg	15

<i>fluconazole tab 50 mg</i>	15
<i>fludarabine phosphate for inj 50 mg</i>	30
<i>fludarabine phosphate inj 25 mg/ml</i>	30
<i>fludrocortisone acetate tab 0.1 mg</i>	118
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<i>fluocinolone acetonide cream 0.01%</i>	166
<i>fluocinolone acetonide cream 0.025%</i> ...	167
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	
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<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	
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<i>fluocinolone acetonide oint 0.025%</i>	167
<i>fluocinolone acetonide soln 0.01%</i>	167
<i>fluocinonide cream 0.05%</i>	167
<i>fluocinonide gel 0.05%</i>	167
<i>fluocinonide oint 0.05%</i>	167
<i>fluocinonide soln 0.05%</i>	167
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<i>fluorouracil cream 5%</i>	163
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	
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<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	
.....	30
<i>fluorouracil iv soln 500 mg/10ml (50</i>	
<i>mg/ml)</i>	30
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	
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<i>fluorouracil soln 2%</i>	163
<i>fluorouracil soln 5%</i>	163
<i>fluoxetine hcl cap 10 mg</i>	66
<i>fluoxetine hcl cap 20 mg</i>	66
<i>fluoxetine hcl cap 40 mg</i>	66
<i>fluoxetine hcl cap delayed release 90 mg</i>	66
<i>fluoxetine hcl solution 20 mg/5ml</i>	66
<i>fluoxetine hcl tab 10 mg</i>	66
<i>fluoxetine hcl tab 20 mg</i>	66
<i>fluphenazine decanoate inj 25 mg/ml</i>	72
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	72
<i>fluphenazine hcl inj 2.5 mg/ml</i>	72
<i>fluphenazine hcl oral conc 5 mg/ml</i>	72
<i>fluphenazine hcl tab 10 mg</i>	72
<i>fluphenazine hcl tab 1 mg</i>	72
<i>fluphenazine hcl tab 2.5 mg</i>	72
<i>fluphenazine hcl tab 5 mg</i>	72
<i>flurbiprofen sodium ophth soln 0.03%</i>	150
<i>flurbiprofen tab 100 mg</i>	1
<i>flurbiprofen tab 50 mg</i>	1
<i>fluticasone propionate cream 0.05%</i>	167
<i>fluticasone propionate lotion 0.05%</i>	167
<i>fluticasone propionate nasal susp 50</i>	
<i>mcg/act</i>	159
<i>fluticasone propionate oint 0.005%</i>	167
fluticasone-salmeterol aer powder ba 100-	
<i>50 mcg/act</i>	161
fluticasone-salmeterol aer powder ba 250-	
<i>50 mcg/act</i>	161
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<i>50 mcg/act</i>	161
<i>fluvastatin sodium cap 20 mg (base</i>	
<i>equivalent)</i>	48
<i>fluvastatin sodium cap 40 mg (base</i>	
<i>equivalent)</i>	48
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	
<i>equivalent)</i>	48
<i>fluvoxamine maleate cap er 24hr 100 mg</i> ..	61
<i>fluvoxamine maleate cap er 24hr 150 mg</i> ..	61
<i>fluvoxamine maleate tab 100 mg</i>	61
<i>fluvoxamine maleate tab 25 mg</i>	61
<i>fluvoxamine maleate tab 50 mg</i>	61
<i>folic acid cap 0.8 mg</i>	148
<i>folic acid tab 1 mg</i>	148
<i>folic acid tab 400 mcg</i>	148
<i>folic acid tab 800 mcg</i>	149
<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>mg/0.8ml</i>	132
<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>mg/0.5ml</i>	132
<i>fondaparinux sodium subcutaneous inj 5</i>	
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<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	132
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	
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FOSAMAX + D TAB 70-5600	106

<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	16	<i>gabapentin cap 100 mg</i>	76
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	14	<i>gabapentin cap 300 mg</i>	76
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	42	<i>gabapentin cap 400 mg</i>	76
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	42	<i>gabapentin oral soln 250 mg/5ml</i>	76
<i>fosinopril sodium tab 10 mg</i>	43	<i>gabapentin tab 600 mg</i>	76
<i>fosinopril sodium tab 20 mg</i>	43	<i>gabapentin tab 800 mg</i>	76
<i>fosinopril sodium tab 40 mg</i>	43	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	62
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	76	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	62
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	76	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	62
<i>FRAGMIN INJ 10000/ML</i>	132	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	62
<i>FRAGMIN INJ 12500UNT</i>	133	<i>galantamine hydrobromide tab 12 mg</i>	62
<i>FRAGMIN INJ 15000UNT</i>	133	<i>galantamine hydrobromide tab 4 mg</i>	62
<i>FRAGMIN INJ 18000UNT</i>	133	<i>galantamine hydrobromide tab 8 mg</i>	62
<i>FRAGMIN INJ 2500/0.2</i>	132	<i>GANIRELIX AC INJ 250/0.5</i>	117
<i>FRAGMIN INJ 2500/ML</i>	132	<i>GA POW</i>	93
<i>FRAGMIN INJ 5000/0.2</i>	132	<i>GARDASIL 9 INJ</i>	144
<i>FRAGMIN INJ 7500/0.3</i>	132	<i>gatifloxacin ophth soln 0.5%</i>	150
<i>FRAGMIN INJ 95000UNT</i>	133	<i>gavilyte-c</i>	127
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	85	<i>gavilyte-g</i>	127
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ...34		<i>GAZYVA INJ 25MG/ML</i>	32
<i>furosemide inj 10 mg/ml</i>	55	<i>gemcitabine hcl for inj 1 gm</i>	30
<i>furosemide oral soln 10 mg/ml</i>	55	<i>gemcitabine hcl for inj 200 mg</i>	30
<i>furosemide oral soln 8 mg/ml</i>	55	<i>gemcitabine hcl for inj 2 gm</i>	30
<i>furosemide tab 20 mg</i>	55	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	31
<i>furosemide tab 40 mg</i>	55	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	31
<i>furosemide tab 80 mg</i>	55	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	31
<i>FUZEON INJ 90MG</i>	16	<i>gemfibrozil tab 600 mg</i>	47
<i>FYCOMPA SUS 0.5MG/ML</i>	76	<i>gemma</i>	108
<i>FYCOMPA TAB 10MG</i>	76	<i>GEMTESA TAB 75MG</i>	131
<i>FYCOMPA TAB 12MG</i>	76	<i>generlac</i>	127
<i>FYCOMPA TAB 2MG</i>	76	<i>genograf</i>	142
<i>FYCOMPA TAB 4MG</i>	76	<i>GENOTROPIN INJ 0.2MG</i>	120
<i>FYCOMPA TAB 6MG</i>	76	<i>GENOTROPIN INJ 0.4MG</i>	120
<i>FYCOMPA TAB 8MG</i>	76	<i>GENOTROPIN INJ 0.6MG</i>	120
<i>FYLNETRA INJ 6MG/0.6</i>	134	<i>GENOTROPIN INJ 0.8MG</i>	120
G		<i>GENOTROPIN INJ 1.2MG</i>	120
<i>GA-1 ANAMIX POW ERLY YRS</i>	93	<i>GENOTROPIN INJ 1.4MG</i>	120

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<i>gentamicin sulfate cream 0.1%</i>	163	GONAL-F RFF INJ 450/0.75	117
<i>gentamicin sulfate inj 40 mg/ml</i>	14	GONAL-F RFF INJ 75UNIT	117
<i>gentamicin sulfate oint 0.1%</i>	163	GONAL-F RFF INJ 900/1.5	117
<i>gentamicin sulfate ophth soln 0.3%</i>	150	<i>goodsense aspirin</i>	13
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<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	87	<i>granisetron hcl inj 1 mg/ml</i>	124
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GLEOSTINE CAP 10MG	29	<i>griseofulvin microsize tab 500 mg</i>	15
GLEOSTINE CAP 40MG	29	<i>griseofulvin ultramicrosize tab 125 mg</i>15	
GLIADEL WAF 7.7MG	29	<i>griseofulvin ultramicrosize tab 250 mg</i>15	
<i>glimepiride tab 1 mg</i>	106	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	156
<i>glimepiride tab 2 mg</i>	106	<i>guanfacine hcl tab 1 mg</i>	57
<i>glimepiride tab 4 mg</i>	106	<i>guanfacine hcl tab 2 mg</i>	57
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..103		<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	81
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .103		<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	81
<i>glipizide-metformin hcl tab 5-500 mg</i>103		<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	81
<i>glipizide tab 10 mg</i>	106	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	81
<i>glipizide tab 5 mg</i>	106	GVOKE HYPO 1 INJ .5/.1ML	119
<i>glipizide tab er 24hr 10 mg</i>	106	GVOKE HYPO 1 INJ 1MG/.2ML	119
<i>glipizide tab er 24hr 2.5 mg</i>	106	GVOKE KIT SOL 1MG/0.2M	119
<i>glipizide tab er 24hr 5 mg</i>	106	GVOKE PFS INJ	119
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<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	123	<i>haloperidol decanoate im soln 100 mg/ml</i>	72
<i>glycopyrrolate oral soln 1 mg/5ml</i>	123	<i>haloperidol decanoate im soln 50 mg/ml</i>72	
<i>glycopyrrolate tab 1 mg</i>	123	<i>haloperidol lactate inj 5 mg/ml</i>72	
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<i>haloperidol tab 0.5 mg</i>	72
<i>haloperidol tab 10 mg</i>	73
<i>haloperidol tab 1 mg</i>	72
<i>haloperidol tab 20 mg</i>	73
<i>haloperidol tab 2 mg</i>	72
<i>haloperidol tab 5 mg</i>	73
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HEMLIBRA INJ 150/ML	134
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<i>heparin sodium (porcine) inj 10000 unit/ml</i>	133
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	133
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	133
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	133
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	133
HEPLISAV-B INJ 20/0.5ML	144
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HUMIRA INJ 20/0.2ML	137
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HUMIRA PEN INJ 40/0.4ML	138
HUMIRA PEN INJ 40MG/0.8	138
HUMIRA PEN INJ 80/0.8ML	138
HUMIRA PEN KIT PS/UV	138
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HUMULIN N INJ U-100KWP	104
HUMULIN R INJ U-100	104
HUMULIN R INJ U-500	104
<i>hydralazine hcl tab 100 mg</i>	57
<i>hydralazine hcl tab 10 mg</i>	57
<i>hydralazine hcl tab 25 mg</i>	57
<i>hydralazine hcl tab 50 mg</i>	57
<i>hydrochlorothiazide cap 12.5 mg</i>	55
<i>hydrochlorothiazide tab 12.5 mg</i>	55
<i>hydrochlorothiazide tab 25 mg</i>	55
<i>hydrochlorothiazide tab 50 mg</i>	55
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	5
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	5
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	5
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	5
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	157
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	156
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	5
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	5
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	5
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	5
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	5
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	5

<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	5	HYRIMOZ INJ 20/0.2ML	138
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	6	HYRIMOZ INJ 40/0.4ML	138
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	156	HYRIMOZ INJ 40/0.8ML	138
<i>hydrocortisone butyrate cream 0.1%</i>	167	HYRIMOZ INJ 80/0.8ML	138
<i>hydrocortisone butyrate oint 0.1%</i>	167	HYRIMOZ-PED INJ CROHNS	138
<i>hydrocortisone butyrate soln 0.1%</i>	167	HYRIMOZ-PLAQ INJ PSORIASI	138
<i>hydrocortisone cream 1%</i>	167	I	
<i>hydrocortisone cream 2.5%</i>	167	<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	106
<i>hydrocortisone enema 100 mg/60ml</i>	126	<i>ibandronate sodium tab 150 mg (base equivalent)</i>	106
<i>hydrocortisone lotion 2.5%</i>	167	<i>ibuprofen susp 100 mg/5ml</i>	1
<i>hydrocortisone oint 2.5%</i>	167	<i>ibuprofen tab 400 mg</i>	2
<i>hydrocortisone perianal cream 1%</i>	129	<i>ibuprofen tab 600 mg</i>	2
<i>hydrocortisone perianal cream 2.5%</i>	129	<i>ibuprofen tab 800 mg</i>	2
<i>hydrocortisone tab 10 mg</i>	118	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	141
<i>hydrocortisone tab 20 mg</i>	118	<i>icosapent ethyl cap 0.5 gm</i>	50
<i>hydrocortisone tab 5 mg</i>	118	<i>icosapent ethyl cap 1 gm</i>	50
<i>hydrocortisone valerate cream 0.2%</i>	167	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> ..30	30
<i>hydrocortisone valerate oint 0.2%</i>	167	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> ..30	30
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	170	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> ..30	30
<i>hydromet</i>	157	IDHIFA TAB 100MG	39
<i>hydromorphone hcl inj 2 mg/ml</i>	6	IDHIFA TAB 50MG	39
<i>hydromorphone hcl tab 2 mg</i>	6	<i>ifosfamide for inj 1 gm</i>	29
<i>hydromorphone hcl tab 4 mg</i>	6	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> ..29	29
<i>hydromorphone hcl tab 8 mg</i>	6	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> ..29	29
<i>hydromorphone hcl tab er 24hr 12 mg</i>	6	ILEVRO DRO 0.3% OP	150
<i>hydromorphone hcl tab er 24hr 16 mg</i>	6	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	35
<i>hydromorphone hcl tab er 24hr 32 mg</i>	6	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	35
<i>hydromorphone hcl tab er 24hr 8 mg</i>	6	IMBRUVICA CAP 140MG	36
<i>hydroxychloroquine sulfate tab 200 mg</i> ..141		IMBRUVICA CAP 70MG	36
<i>hydroxyurea cap 500 mg</i>	39	IMBRUVICA SUS 70MG/ML	36
<i>hydroxyzine hcl im soln 25 mg/ml</i>	154	IMBRUVICA TAB 140MG	36
<i>hydroxyzine hcl im soln 50 mg/ml</i>	154	IMBRUVICA TAB 280MG	36
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	154	IMBRUVICA TAB 420MG	36
<i>hydroxyzine hcl tab 10 mg</i>	154	<i>imipramine hcl tab 10 mg</i>	66
<i>hydroxyzine hcl tab 25 mg</i>	154	<i>imipramine hcl tab 25 mg</i>	66
<i>hydroxyzine hcl tab 50 mg</i>	155	<i>imipramine hcl tab 50 mg</i>	66
<i>hydroxyzine pamoate cap 100 mg</i>	155	<i>imipramine pamoate cap 100 mg</i>	66
<i>hydroxyzine pamoate cap 25 mg</i>	155	<i>imipramine pamoate cap 125 mg</i>	67
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<i>imipramine pamoate cap 75 mg</i>	66
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<i>inatal gt</i>	148
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INCRELEX INJ 40MG/4ML	120
<i>indapamide tab 1.25 mg</i>	55
<i>indapamide tab 2.5 mg</i>	55
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<i>ipratropium bromide inhal soln 0.02%</i>	153
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	153
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	153
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<i>methylphenidate hcl soln 10 mg/5ml</i>	82
<i>methylphenidate hcl soln 5 mg/5ml</i>	82
<i>methylphenidate hcl tab 10 mg</i>	82
<i>methylphenidate hcl tab 20 mg</i>	82
<i>methylphenidate hcl tab 5 mg</i>	82
<i>methylphenidate hcl tab er 10 mg</i>	82
<i>methylphenidate hcl tab er 20 mg</i>	83
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	83
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	83
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	83
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	83
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	118
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	118
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	118
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	118
<i>methylprednisolone tab 16 mg</i>	118
<i>methylprednisolone tab 32 mg</i>	118
<i>methylprednisolone tab 4 mg</i>	118
<i>methylprednisolone tab 8 mg</i>	118
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	118
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	124
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	124
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	124
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	124
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	124
<i>metolazone tab 10 mg</i>	56
<i>metolazone tab 2.5 mg</i>	56
<i>metolazone tab 5 mg</i>	56
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	50
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	50
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	50
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	51
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	51
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	51
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	51
<i>metoprolol tartrate tab 100 mg</i>	51
<i>metoprolol tartrate tab 25 mg</i>	51
<i>metoprolol tartrate tab 50 mg</i>	51
<i>metronidazole cap 375 mg</i>	26
<i>metronidazole cream 0.75%</i>	168
<i>metronidazole gel 0.75%</i>	168
<i>metronidazole gel 1%</i>	168
<i>metronidazole iv soln 500 mg/100ml</i>	26
<i>metronidazole lotion 0.75%</i>	169
<i>metronidazole tab 250 mg</i>	26
<i>metronidazole tab 500 mg</i>	26
<i>metronidazole vaginal gel 0.75%</i>	131
<i>miconazole 3</i>	131
<i>microgestin 1.5/30</i>	109
<i>midodrine hcl tab 10 mg</i>	57
<i>midodrine hcl tab 2.5 mg</i>	57
<i>midodrine hcl tab 5 mg</i>	57
<i>mifepristone tab 200 mg</i>	123
<i> miglitol tab 100 mg</i>	102
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<i>mimvey</i>	116	<i>moexipril hcl tab 15 mg</i>	43
<i>minocycline hcl cap 100 mg</i>	28	<i>moexipril hcl tab 7.5 mg</i>	43
<i>minocycline hcl cap 50 mg</i>	28	<i>mometasone furoate cream 0.1%</i>	167
<i>minocycline hcl cap 75 mg</i>	28	<i>mometasone furoate nasal susp 50</i>	
<i>minocycline hcl tab 100 mg</i>	28	<i>mcg/act</i>	159
<i>minocycline hcl tab 50 mg</i>	28	<i>mometasone furoate oint 0.1%</i>	167
<i>minocycline hcl tab 75 mg</i>	28	<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>minoxidil tab 10 mg</i>	57	167
<i>minoxidil tab 2.5 mg</i>	57	<i>monoject sodium chloride</i>	147
<i>MIRCERA INJ 100MCG</i>	134	<i>mono-linyah</i>	109
<i>MIRCERA INJ 120MCG</i>	134	<i>montelukast sodium chew tab 4 mg (base</i>	
<i>MIRCERA INJ 150MCG</i>	134	<i>equiv)</i>	159
<i>MIRCERA INJ 200MCG</i>	134	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>MIRCERA INJ 30MCG</i>	134	<i>equiv)</i>	159
<i>MIRCERA INJ 50MCG</i>	134	<i>montelukast sodium oral granules packet 4</i>	
<i>MIRCERA INJ 75MCG</i>	134	<i>mg (base equiv)</i>	159
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<i>mirtazapine orally disintegrating tab 30 mg</i>		7
.....	67	<i>morphine sulfate beads cap er 24hr 30 mg</i> 7	
<i>mirtazapine orally disintegrating tab 45 mg</i>		<i>morphine sulfate beads cap er 24hr 45 mg</i> 7	
.....	67	<i>morphine sulfate beads cap er 24hr 60 mg</i> 7	
<i>mirtazapine tab 15 mg</i>	67	<i>morphine sulfate beads cap er 24hr 75 mg</i> 7	
<i>mirtazapine tab 30 mg</i>	67	<i>morphine sulfate beads cap er 24hr 90 mg</i> 7	
<i>mirtazapine tab 45 mg</i>	67	<i>morphine sulfate cap er 24hr 100 mg</i>7	
<i>mirtazapine tab 7.5 mg</i>	67	<i>morphine sulfate cap er 24hr 10 mg</i>	7
<i>misoprostol tab 100 mcg</i>	127	<i>morphine sulfate cap er 24hr 20 mg</i>7	
<i>misoprostol tab 200 mcg</i>	128	<i>morphine sulfate cap er 24hr 30 mg</i>	7
<i>mitomycin for iv soln 20 mg</i>	30	<i>morphine sulfate cap er 24hr 50 mg</i>	7
<i>mitomycin for iv soln 40 mg</i>	30	<i>morphine sulfate cap er 24hr 60 mg</i>	7
<i>mitomycin for iv soln 5 mg</i>	30	<i>morphine sulfate cap er 24hr 80 mg</i>	7
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate iv soln 10 mg/ml</i>	8
<i>mg/ml)</i>	30	<i>morphine sulfate iv soln 4 mg/ml</i>7	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mg/ml)</i>	30	<i>mg/ml)</i>	8
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate oral soln 10 mg/5ml</i>8	
<i>mg/ml)</i>	30	<i>morphine sulfate oral soln 20 mg/5ml</i>	8
<i>MMA/PA ANAMI POW ERLY YRS</i>	95	<i>morphine sulfate tab 15 mg</i>	8
<i>M-M-R II INJ</i>	144	<i>morphine sulfate tab 30 mg</i>	8
<i>modafinil tab 100 mg</i>	89	<i>morphine sulfate tab er 100 mg</i>	8
<i>modafinil tab 200 mg</i>	89	<i>morphine sulfate tab er 15 mg</i>	8
<i>MODERNA INJ 6MO-11Y</i>	145	<i>morphine sulfate tab er 200 mg</i>	8
<i>MODULEN IBD POW</i>	95	<i>morphine sulfate tab er 30 mg</i>	8

<i>morphine sulfate tab er 60 mg</i>	8
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MOUNJARO INJ 5MG/0.5	103
MOUNJARO INJ 7.5/0.5	103
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<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	150
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	24
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<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	142
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	142
<i>mycophenolate mofetil tab 500 mg</i>	142
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	142
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<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	51
<i>nadolol tab 40 mg</i>	51
<i>nadolol tab 80 mg</i>	51
<i>nafrinse drops</i>	147
<i>naftifine hcl cream 1%</i>	164
<i>naftifine hcl cream 2%</i>	164
<i>nalbuphine hcl inj 10 mg/ml</i>	8
<i>nalbuphine hcl inj 20 mg/ml</i>	9
<i>naloxone hcl inj 0.4 mg/ml</i>	90
<i>naloxone hcl inj 4 mg/10ml</i>	90
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	90
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	90
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	90
<i>naltrexone hcl tab 50 mg</i>	90
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i>	85
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	85
<i>NATACYN SUS 5% OP</i>	150
<i>NATAZIA TAB</i>	110
<i>nateglinide tab 120 mg</i>	105
<i>nateglinide tab 60 mg</i>	105
<i>NAYZILAM SPR 5MG</i>	78
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	51
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	51
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	51
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	51
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<i>nefazodone hcl tab 100 mg</i>	67
<i>nefazodone hcl tab 150 mg</i>	67
<i>nefazodone hcl tab 200 mg</i>	67
<i>nefazodone hcl tab 250 mg</i>	67
<i>nefazodone hcl tab 50 mg</i>	67
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<i>NEOKE MCT70 POW</i>	96
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-1000unt op oin</i>	150
<i>neomycin-polomyx-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	150
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	149
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i>	149
<i>neomycin-polomyxin-hc ophth susp</i>	149
<i>neomycin-polomyxin-hc otic soln 1%</i>	170

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	170
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<i>nevirapine tab er 24hr 100 mg</i>	17
<i>nevirapine tab er 24hr 400 mg</i>	17
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<i>niacin tab er 500 mg (antihyperlipidemic)</i>	50
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	50
<i>nicardipine hcl cap 20 mg</i>	54
<i>nicardipine hcl cap 30 mg</i>	54
<i>nicotine polacrilex gum 2 mg</i>	91
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<i>nifedipine tab er 24hr 90 mg</i>	54
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	54
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	54
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	54
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<i>nisoldipine tab er 24hr 20 mg</i>	54
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<i>nisoldipine tab er 24hr 30 mg</i>	54
<i>nisoldipine tab er 24hr 34 mg</i>	54
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<i>nisoldipine tab er 24hr 8.5 mg</i>	54
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<i>nitisinone cap 10 mg</i>	120
<i>nitisinone cap 2 mg</i>	120
<i>nitisinone cap 5 mg</i>	120
NITRO-BID OIN 2%	57
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<i>nitrofurantoin macrocrystalline cap 25 mg</i>	26
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26
<i>nitrofurantoin monohydrate</i>	
<i>macrocrystalline cap 100 mg</i>	26
<i>nitrofurantoin susp 25 mg/5ml</i>	26
<i>nitroglycerin sl tab 0.3 mg</i>	57
<i>nitroglycerin sl tab 0.4 mg</i>	57
<i>nitroglycerin sl tab 0.6 mg</i>	57
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	58
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	58
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	58
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<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	110
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	110
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	110
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	110
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	110
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	116
<i>norethindrone acetate tab 5 mg</i>	122
<i>norethindrone tab 0.35 mg</i>	110
<i>norgesic</i>	88
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	110
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	110
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	110
NORPACE CAP 100MG CR	46
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<i>nortrel 1/35</i>	110
<i>nortrel 7/7/7</i>	110
<i>nortriptyline hcl cap 10 mg</i>	67
<i>nortriptyline hcl cap 25 mg</i>	67
<i>nortriptyline hcl cap 50 mg</i>	67
<i>nortriptyline hcl cap 75 mg</i>	67
<i>nortriptyline hcl soln 10 mg/5ml</i>	67
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<i>ondansetron hcl tab 4 mg</i>	125
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ONGENTYS CAP 25MG	70
ONGENTYS CAP 50MG	70
OPSUMIT TAB 10MG	58
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<i>oralone dental paste</i>	169
ORAVIG TAB 50MG	169
ORENITRAM TAB 0.125MG	58
ORENITRAM TAB 0.25MG	58
ORENITRAM TAB 1MG	58
ORENITRAM TAB 2.5MG	58
ORENITRAM TAB 5MG	58
ORENITRAM TAB MONTH 1	58
ORENITRAM TAB MONTH 2	58
ORENITRAM TAB MONTH 3	58
ORFADIN CAP 20MG	120
ORFADIN SUS 4MG/ML	120
ORILISSA TAB 150MG	113
ORILISSA TAB 200MG	113
ORKAMBI GRA 100-125	158
ORKAMBI GRA 150-188	158
ORKAMBI GRA 75-94MG	158
ORKAMBI TAB 100-125	158
ORKAMBI TAB 200-125	158
<i>orphenadrine citrate inj 30 mg/ml</i>	88
<i>orphenadrine citrate tab er 12hr 100 mg</i>	88
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<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	21
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	21
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	21
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	21
osmitrol viaflex	56
OSMOLITE 1.2 LIQ CAL	97
OSMOLITE 1.5 LIQ CAL	97
OSMOLITE 1 LIQ CAL	97
OSMOLITE HN LIQ	97
OSMOLITE LIQ	97
OSMOPREP TAB 1.5GM	127
OSPHENA TAB 60MG	121
OTEZLA TAB 10/20/30	139
OTEZLA TAB 30MG	139
OVIDREL INJ	117
<i>oxaliplatin for iv inj 100 mg</i>	40
<i>oxaliplatin for iv inj 50 mg</i>	40
<i>oxaliplatin iv soln 100 mg/20ml</i>	40
<i>oxaliplatin iv soln 50 mg/10ml</i>	40
oxandrolone tab 10 mg	102
oxandrolone tab 2.5 mg	102
oxaprozin tab 600 mg	2
oxazepam cap 10 mg	61
oxazepam cap 15 mg	61
oxazepam cap 30 mg	61
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	78
oxcarbazepine tab 150 mg	78
oxcarbazepine tab 300 mg	78
oxcarbazepine tab 600 mg	78
OXEPA 1.5 LIQ	97
OXEPA LIQ	97
<i>oxiconazole nitrate cream 1%</i>	164
<i>oxybutynin chloride solution 5 mg/5ml</i>	131
<i>oxybutynin chloride tab 5 mg</i>	131
<i>oxybutynin chloride tab er 24hr 10 mg</i>	131
<i>oxybutynin chloride tab er 24hr 15 mg</i>	131
<i>oxybutynin chloride tab er 24hr 5 mg</i>	131
<i>oxycodone hcl cap 5 mg</i>	9

<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	9
<i>oxycodone hcl soln 5 mg/5ml</i>	10
<i>oxycodone hcl tab 10 mg.....</i>	10
<i>oxycodone hcl tab 15 mg</i>	10
<i>oxycodone hcl tab 20 mg</i>	10
<i>oxycodone hcl tab 30 mg</i>	10
<i>oxycodone hcl tab 5 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 10 mg.....</i>	10
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	10
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	11
<i>oxymorphone hcl tab 10 mg.....</i>	11
<i>oxymorphone hcl tab 5 mg</i>	11
<i>oxymorphone hcl tab er 12hr 10 mg</i>	11
<i>oxymorphone hcl tab er 12hr 15 mg</i>	11
<i>oxymorphone hcl tab er 12hr 20 mg.....</i>	12
<i>oxymorphone hcl tab er 12hr 30 mg.....</i>	12
<i>oxymorphone hcl tab er 12hr 40 mg.....</i>	12
<i>oxymorphone hcl tab er 12hr 5 mg.....</i>	11
<i>oxymorphone hcl tab er 12hr 7.5 mg.....</i>	11
<i>OZEMPIC INJ 2MG/3ML</i>	104
<i>OZEMPIC INJ 4MG/3ML</i>	104
<i>OZEMPIC INJ 8MG/3ML</i>	104
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<i>pacerone</i>	46
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	31
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	31
<i>paliperidone tab er 24hr 1.5 mg.....</i>	73
<i>paliperidone tab er 24hr 3 mg</i>	73
<i>paliperidone tab er 24hr 6 mg</i>	73
<i>paliperidone tab er 24hr 9 mg</i>	73
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<i>PANDA MASK MIS PEDIATRI</i>	160
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	129
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	129
<i>PARAGARD IUD T380A</i>	110
<i>paraplatin</i>	40
<i>paricalcitol cap 1 mcg</i>	149
<i>paricalcitol cap 2 mcg</i>	149
<i>paricalcitol cap 4 mcg</i>	149
<i>paroxetine hcl tab 10 mg</i>	67
<i>paroxetine hcl tab 20 mg</i>	67
<i>paroxetine hcl tab 30 mg</i>	67
<i>paroxetine hcl tab 40 mg</i>	68
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	68
<i>paroxetine hcl tab er 24hr 25 mg</i>	68
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	68
<i>PAXLOVID TAB 150-100</i>	21
<i>PAXLOVID TAB 300-100</i>	21
<i>pazopanib hcl tab 200 mg (base equiv)</i>	37
<i>PEDIARIX INJ 0.5ML</i>	145
<i>PEDIASURE EN LIQ /FIBER</i>	97
<i>PEDIASURE LIQ PEPTIDE</i>	97
<i>PEDVAX HIB INJ</i>	145
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	127
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	127
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	127
<i>PEGASYS INJ</i>	24
<i>PEGASYS INJ 180MCG/M</i>	24
<i>PEG-PREP KIT</i>	127
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	31
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	31
<i>penciclovir cream 1%</i>	168
<i>penicillamine tab 250 mg</i>	107
<i>penicillin g potassium for inj 20000000 unit</i>	27
<i>penicillin g potassium for inj 5000000 unit</i>	27

<i>penicillin g sodium for inj 5000000 unit</i>	28
<i>penicillin v potassium for soln 125 mg/5ml</i>	28
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<i>penicillin v potassium for soln 250 mg/5ml</i>	28
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<i>penicillin v potassium tab 250 mg</i>	28
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PENTACEL INJ	145
<i>pentamidine isethionate for inj soln 300 mg</i>	26
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<i>pentamidine isethionate for nebulization</i>	
<i>soln 300 mg</i>	26
<i>pentoxifylline tab er 400 mg</i>	135
PEPTAMEN LIQ PREBIO1	97
PEPTAMEN LIQ UNFLAVOR	97
PEPTINEX DT LIQ	98
PEPTINEX DT LIQ VANILLA	98
PERATIVE LIQ	98
PERIFLEX POW ADVANCE	98
<i>perindopril erbumine tab 2 mg</i>	43
<i>perindopril erbumine tab 4 mg</i>	43
<i>perindopril erbumine tab 8 mg</i>	43
periogard	169
<i>permethrin cream 5%</i>	169
<i>perphenazine-amitriptyline tab 2-10 mg</i>	90
<i>perphenazine-amitriptyline tab 2-25 mg</i>	90
<i>perphenazine-amitriptyline tab 4-10 mg</i>	90
<i>perphenazine-amitriptyline tab 4-25 mg</i>	90
<i>perphenazine-amitriptyline tab 4-50 mg</i>	91
<i>perphenazine tab 16 mg</i>	73
<i>perphenazine tab 2 mg</i>	73
<i>perphenazine tab 4 mg</i>	73
<i>perphenazine tab 8 mg</i>	73
PFD 2 POW	98
PFIZER 5-11Y INJ 2023-24	145
PFIZER 6M-4Y INJ 2023-24	145
<i>pfiberpen</i>	28
PHENACTIN AA LIQ PLUS	98
<i>phenelzine sulfate tab 15 mg</i>	68
PHENEX-1 POW	98
PHENEX-2 POW	98
<i>phenobarbital elixir 20 mg/5ml</i>	78
<i>phenobarbital tab 100 mg</i>	78
<i>phenobarbital tab 15 mg</i>	78
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<i>phenobarbital tab 32.4 mg</i>	78
<i>phenobarbital tab 60 mg</i>	78
<i>phenobarbital tab 64.8 mg</i>	78
<i>phenobarbital tab 97.2 mg</i>	78
<i>phenoxybenzamine hcl cap 10 mg</i>	57
PHENYLAD60 POW	98
<i>phenylephrine hcl ophth soln 10%</i>	152
<i>phenylephrine hcl ophth soln 2.5%</i>	152
PHENYL-FREE POW 2	98
<i>phenytoin infatabs</i>	78
<i>phenytoin sodium extended cap 100 mg</i>	78
<i>phenytoin sodium extended cap 200 mg</i>	78
<i>phenytoin sodium extended cap 300 mg</i>	78
<i>phenytoin sodium inj 50 mg/ml</i>	78
<i>phenytoin susp 125 mg/5ml</i>	78
PHEXXI GEL	130
PHOSLYRA SOL	121
PHOSPHOLINE SOL 0.125%OP	152
PHOTOFRIN INJ 75MG	40
<i>physiolyte</i>	152
<i>physiosol irrigation</i>	152
<i>phytonadione tab 5 mg</i>	149
<i>pilocarpine hcl ophth soln 1%</i>	152
<i>pilocarpine hcl tab 5 mg</i>	169
<i>pilocarpine hcl tab 7.5 mg</i>	169
<i>pimecrolimus cream 1%</i>	165
<i>pimozide tab 1 mg</i>	91
<i>pimozide tab 2 mg</i>	91
<i>pindolol tab 10 mg</i>	52
<i>pindolol tab 5 mg</i>	52
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
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<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
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<i>pioglitazone hcl tab 15 mg (base equiv)</i>	105
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	105
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	105

<i>piperacillin sod-tazobactam na for inj</i>	3.375
gm (3-0.375 gm)	28
<i>piperacillin sod-tazobactam sod for inj</i>	2.25
gm (2-0.25 gm).....	28
<i>piperacillin sod-tazobactam sod for inj</i>	40.5
gm (36-4.5 gm).....	28
<i>pirfenidone cap</i> 267 mg.....	160
<i>pirfenidone tab</i> 267 mg	160
<i>pirfenidone tab</i> 801 mg	160
<i>piroxicam cap</i> 10 mg	2
<i>piroxicam cap</i> 20 mg	2
<i>pitavastatin calcium tab</i> 1 mg	48
<i>pitavastatin calcium tab</i> 2 mg	48
<i>pitavastatin calcium tab</i> 4 mg	48
<i>PIVOT LIQ</i> 1.5 CAL	98
<i>PKU EXPLORE5 POW UNFLAVOR</i>	98
<i>PLENUV SOL</i>	127
<i>PNEUMOVAX 23 INJ</i> 25/0.5	145
<i>pnv-dha</i>	148
<i>pnv-select</i>	148
<i>podofilox gel</i> 0.5%	168
<i>podofilox soln</i> 0.5%	168
<i>POLIVY INJ</i> 140MG	32
<i>POLIVY INJ</i> 30MG.....	32
<i>polycin</i>	150
<i>polyethylene glycol</i> 3350 <i>oral powder</i> 17 gm/ <i>scoop</i>	127
<i>polymyxin b sulfate for inj</i> 500000 unit	26
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	150
<i>POMALYST CAP</i> 1MG.....	32
<i>POMALYST CAP</i> 2MG	32
<i>POMALYST CAP</i> 3MG	32
<i>POMALYST CAP</i> 4MG	32
<i>PORTAGEN POW</i>	98
<i>portia-28</i>	110
<i>posaconazole susp</i> 40 mg/ml.....	15
<i>posaconazole tab delayed release</i> 100 mg	15
<i>potassium chloride cap er</i> 10 meq	147
<i>potassium chloride cap er</i> 8 meq	147
<i>potassium chloride inj</i> 2 meq/ml	147
<i>potassium chloride microencapsulated crys er tab</i> 10 meq	147
<i>potassium chloride microencapsulated crys er tab</i> 20 meq	147
<i>potassium chloride oral soln</i> 10% (20 meq/15ml).....	147
<i>potassium chloride oral soln</i> 20% (40 meq/15ml).....	147
<i>potassium chloride tab er</i> 10 meq	147
<i>potassium chloride tab er</i> 20 meq (1500 mg)	147
<i>potassium chloride tab er</i> 8 meq (600 mg)	147
<i>potassium citrate tab er</i> 10 meq (1080 mg)	131
<i>potassium citrate tab er</i> 15 meq (1620 mg)	131
<i>potassium citrate tab er</i> 5 meq (540 mg)	131
<i>PPA/MMA POW EXPRESS</i>	98
<i>PRADAXA CAP</i> 110MG	133
<i>PRADAXA CAP</i> 75MG.....	133
<i>pramipexole dihydrochloride tab</i> 0.125 mg	70
<i>pramipexole dihydrochloride tab</i> 0.25 mg	70
<i>pramipexole dihydrochloride tab</i> 0.5 mg	70
<i>pramipexole dihydrochloride tab</i> 0.75 mg	70
<i>pramipexole dihydrochloride tab</i> 1.5 mg	70
<i>pramipexole dihydrochloride tab er</i> 24hr 0.375 mg	71
<i>pramipexole dihydrochloride tab er</i> 24hr 0.75 mg	70
<i>pramipexole dihydrochloride tab er</i> 24hr 1.5 mg	71
<i>pramipexole dihydrochloride tab er</i> 24hr 2.25 mg	71
<i>pramipexole dihydrochloride tab er</i> 24hr 3.75 mg	71
<i>pramipexole dihydrochloride tab er</i> 24hr 3 mg	71
<i>pramipexole dihydrochloride tab er</i> 24hr 4.5 mg	71
<i>prasugrel hcl tab</i> 10 mg (<i>base equiv</i>)	135
<i>prasugrel hcl tab</i> 5 mg (<i>base equiv</i>).....	135

<i>pravastatin sodium tab 10 mg</i>	48
<i>pravastatin sodium tab 20 mg</i>	48
<i>pravastatin sodium tab 40 mg</i>	49
<i>pravastatin sodium tab 80 mg</i>	49
<i>praziquantel tab 600 mg</i>	14
<i>prazosin hcl cap 1 mg</i>	43
<i>prazosin hcl cap 2 mg</i>	43
<i>prazosin hcl cap 5 mg</i>	43
<i>prednisolone acetate ophth susp 1%</i>	151
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	119
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	118
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	119
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	119
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	119
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	119
<i>prednisolone soln 15 mg/5ml</i>	119
<i>PREDNISONE CON 5MG/ML</i>	119
<i>prednisone oral soln 5 mg/5ml</i>	119
<i>prednisone tab 10 mg</i>	119
<i>prednisone tab 1 mg</i>	119
<i>prednisone tab 2.5 mg</i>	119
<i>prednisone tab 20 mg</i>	119
<i>prednisone tab 50 mg</i>	119
<i>prednisone tab 5 mg</i>	119
<i>prednisone tab therapy pack 10 mg (21)</i>	119
<i>prednisone tab therapy pack 10 mg (48)</i>	119
<i>prednisone tab therapy pack 5 mg (21)</i>	119
<i>prednisone tab therapy pack 5 mg (48)</i>	119
<i>PRED SOD PHO SOL 1% OP</i>	151
<i>pregabalin cap 100 mg</i>	78
<i>pregabalin cap 150 mg</i>	78
<i>pregabalin cap 200 mg</i>	78
<i>pregabalin cap 225 mg</i>	78
<i>pregabalin cap 25 mg</i>	78
<i>pregabalin cap 300 mg</i>	78
<i>pregabalin cap 50 mg</i>	78
<i>pregabalin cap 75 mg</i>	78
<i>pregabalin soln 20 mg/ml</i>	78
<i>PREHEVBRIOSUS 10MCG/ML</i>	145
<i>PREMARIN TAB 0.3MG</i>	116
<i>PREMARIN TAB 0.45MG</i>	116
<i>PREMARIN TAB 0.625MG</i>	116
<i>PREMARIN TAB 0.9MG</i>	116
<i>PREMARIN TAB 1.25MG</i>	117
<i>PREMARIN VAG CRE 0.625MG</i>	117
<i>prenatal 19</i>	148
<i>PRETOMANID TAB 200MG</i>	20
<i>prevalite</i>	47
<i>PREVNAR 13 INJ</i>	145
<i>PREVNAR 20 INJ</i>	145
<i>PREZCOBIX TAB 800-150</i>	19
<i>PREZISTA SUS 100MG/ML</i>	17
<i>PREZISTA TAB 150MG</i>	17
<i>PREZISTA TAB 75MG</i>	17
<i>PRIFTIN TAB 150MG</i>	20
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	16
<i>primidone tab 250 mg</i>	78
<i>primidone tab 50 mg</i>	78
<i>PRIORIX INJ</i>	145
<i>probenecid tab 500 mg</i>	1
<i>procainamide hcl inj 100 mg/ml</i>	46
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	125
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	125
<i>prochlorperazine suppos 25 mg</i>	125
<i>proctozone-hc</i>	129
<i>progesterone cap 100 mg</i>	122
<i>progesterone cap 200 mg</i>	122
<i>PROGRAF CAP 0.5MG</i>	143
<i>PROGRAF CAP 1MG</i>	143
<i>PROGRAF CAP 5MG</i>	143
<i>PROGRAF GRA 0.2MG</i>	143
<i>PROGRAF GRA 1MG</i>	143
<i>PROGRAF INJ 5MG/ML</i>	143
<i>PROLASTIN-C INJ 1000MG</i>	152
<i>PROLIA INJ 60MG/ML</i>	121
<i>PROMACTIN AA SUS PLUS</i>	98
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	157
<i>promethazine hcl inj 25 mg/ml</i>	125

<i>promethazine hcl inj 50 mg/ml</i>	125
<i>promethazine hcl suppos 12.5 mg</i>	125
<i>promethazine hcl suppos 25 mg</i>	125
<i>promethazine hcl syrup 6.25 mg/5ml</i>	125
<i>promethazine hcl tab 12.5 mg</i>	125
<i>promethazine hcl tab 25 mg</i>	125
<i>promethazine hcl tab 50 mg</i>	125
<i>promethazine vc</i>	157
<i>promethazine vc/codeine</i>	157
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	157
<i>promethegan</i>	125
PROMOTE/ LIQ FIBER.....	99
PROMOTE 1.0 LIQ W/ FIBER	99
PROMOTE LIQ VANILLA	99
PROMOTE W/FB LIQ VANILLA.....	99
PROMOTE W/ LIQ FIBER	99
<i>propafenone hcl cap er 12hr 225 mg</i>	46
<i>propafenone hcl cap er 12hr 325 mg</i>	46
<i>propafenone hcl cap er 12hr 425 mg</i>	46
<i>propafenone hcl tab 150 mg</i>	46
<i>propafenone hcl tab 225 mg</i>	46
<i>propafenone hcl tab 300 mg</i>	46
<i>proparacaine hcl ophth soln 0.5%</i>	152
PRO-PHREE POW	98
PROPIMEX-1 POW	99
PROPIMEX-2 POW	99
<i>propranolol hcl cap er 24hr 120 mg</i>	52
<i>propranolol hcl cap er 24hr 160 mg</i>	52
<i>propranolol hcl cap er 24hr 60 mg</i>	52
<i>propranolol hcl cap er 24hr 80 mg</i>	52
<i>propranolol hcl oral soln 20 mg/5ml</i>	52
<i>propranolol hcl oral soln 40 mg/5ml</i>	52
<i>propranolol hcl tab 10 mg</i>	52
<i>propranolol hcl tab 20 mg</i>	52
<i>propranolol hcl tab 40 mg</i>	52
<i>propranolol hcl tab 60 mg</i>	52
<i>propranolol hcl tab 80 mg</i>	52
<i>propylthiouracil tab 50 mg</i>	122
PROQUAD INJ.....	145
PROSOURCE LIQ TF	99
<i>protriptyline hcl tab 10 mg</i>	68
<i>protriptyline hcl tab 5 mg</i>	68
PROVIMIN POW	99

<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	157
<i>pyrazinamide tab 500 mg</i>	20
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	87
<i>pyridostigmine bromide tab 60 mg</i>	87
<i>pyridostigmine bromide tab er 180 mg</i>	87
<i>pyridoxine hcl tab 25 mg</i>	149
<i>pyridoxine hcl tab 50 mg</i>	149
<i>pyrimethamine tab 25 mg</i>	26
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QUADRACEL INJ	145
QUADRACEL INJ 0.5ML.....	145
<i>quetiapine fumarate tab 100 mg</i>	73
<i>quetiapine fumarate tab 200 mg</i>	73
<i>quetiapine fumarate tab 25 mg</i>	73
<i>quetiapine fumarate tab 300 mg</i>	73
<i>quetiapine fumarate tab 400 mg</i>	74
<i>quetiapine fumarate tab er 24hr 150 mg</i> ...74	74
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<i>quetiapine fumarate tab er 24hr 400 mg</i> ..74	74
<i>quetiapine fumarate tab er 24hr 50 mg</i>74	74
<i>quinapril hcl tab 10 mg</i>	43
<i>quinapril hcl tab 20 mg</i>	43
<i>quinapril hcl tab 40 mg</i>	43
<i>quinapril hcl tab 5 mg</i>	43
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	42
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	42
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	42
<i>quinine sulfate cap 324 mg</i>	16
QULIPTA TAB 10MG	85
QULIPTA TAB 30MG.....	85
QULIPTA TAB 60MG	85
QVAR REDIHA AER 80MCG.....	161
QVAR REDIHAL AER 40MCG	161
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<i>rabeprazole sodium ec tab 20 mg</i>	129
<i>raloxifene hcl tab 60 mg</i>	121
<i>ramelteon tab 8 mg</i>	84

<i>ramipril cap 1.25 mg</i>	43	<i>REVLIMID CAP 15MG</i>	33
<i>ramipril cap 10 mg</i>	43	<i>REVLIMID CAP 2.5MG</i>	32
<i>ramipril cap 2.5 mg</i>	43	<i>REVLIMID CAP 20MG</i>	33
<i>ramipril cap 5 mg</i>	43	<i>REVLIMID CAP 25MG</i>	33
<i>ranolazine tab er 12hr 1000 mg</i>	57	<i>REVLIMID CAP 5MG</i>	33
<i>ranolazine tab er 12hr 500 mg</i>	57	<i>REYATAZ POW 50MG</i>	17
RAPAMUNE SOL 1MG/ML	143	<i>ribavirin cap 200 mg</i>	25
RAPAMUNE TAB 0.5MG.....	143	<i>ribavirin tab 200 mg</i>	25
RAPAMUNE TAB 1MG.....	143	<i>rifabutin cap 150 mg</i>	20
RAPAMUNE TAB 2MG	143	<i>rifampin cap 150 mg</i>	20
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	71	<i>rifampin cap 300 mg</i>	20
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .71		<i>rifampin for inj 600 mg</i>	20
<i>reclipsen</i>	110	<i>riluzole tab 50 mg</i>	87
RECOMBIVA HB INJ 10MCG/ML	145	<i>rimantadine hydrochloride tab 100 mg</i>	21
RECOMBIVA-HB INJ 40MCG/ML.....	145	RINVOQ TAB 15MG ER.....	139
RECOMBIVA HB INJ 5MCG/0.5.....	145	RINVOQ TAB 30MG ER.....	139
RECTIV OIN 0.4%	168	RINVOQ TAB 45MG ER.....	139
REGRANEX GEL 0.01%	169	<i>risedronate sodium tab 150 mg</i>	107
RELENZA MIS DISKHALE.....	21	<i>risedronate sodium tab 30 mg</i>	107
REMODULIN INJ 10MG/ML.....	59	<i>risedronate sodium tab 35 mg</i>	107
REMODULIN INJ 1MG/ML	58	<i>risedronate sodium tab 5 mg</i>	107
REMODULIN INJ 2.5MG/ML	58	<i>risedronate sodium tab delayed release</i>	35
REMODULIN INJ 5MG/ML	59	<i>mg</i>	107
RENASTART POW	99	<i>risperidone orally disintegrating tab 0.25</i>	
<i>repaglinide tab 0.5 mg</i>	105	<i>mg</i>	74
<i>repaglinide tab 1 mg</i>	105	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>repaglinide tab 2 mg</i>	105	<i>.....</i>	74
REPATHA INJ 140MG/ML	50	<i>risperidone orally disintegrating tab 1 mg</i> .74	
REPATHA PUSH INJ 420/3.5.....	50	<i>risperidone orally disintegrating tab 2 mg</i> 74	
REPATHA SURE INJ 140MG/ML.....	50	<i>risperidone orally disintegrating tab 3 mg</i> 74	
REPLETE FIBE LIQ 1 CAL	99	<i>risperidone orally disintegrating tab 4 mg</i> 74	
REPLETET LIQ ULTRAPAK.....	99	<i>risperidone soln 1 mg/ml</i>	74
RESOURCE DIA LIQ TF	99	<i>risperidone tab 0.25 mg</i>	74
RESTASIS EMU 0.05% OP.....	152	<i>risperidone tab 0.5 mg</i>	74
RESTASIS MUL EMU 0.05% OP	152	<i>risperidone tab 1 mg</i>	74
RETACRIT INJ 10000UNT	134	<i>risperidone tab 2 mg</i>	74
RETACRIT INJ 20000UNI.....	134	<i>risperidone tab 3 mg</i>	74
RETACRIT INJ 2000UNIT	134	<i>risperidone tab 4 mg</i>	74
RETACRIT INJ 3000UNIT	134	<i>ritonavir tab 100 mg</i>	17
RETACRIT INJ 4000OUNT	134	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
RETACRIT INJ 4000UNIT	134	<i>equivalent)</i>	62
RETROVIR INJ 10MG/ML.....	17	<i>rivastigmine tartrate cap 3 mg (base</i>	
REVLIMID CAP 10MG	33	<i>equivalent)</i>	62

<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	62
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	62
<i>rivastigmine td patch 24hr 13.3 mg/24hr.</i> ..	63
<i>rivastigmine td patch 24hr 4.6 mg/24hr.</i> ...	63
<i>rivastigmine td patch 24hr 9.5 mg/24hr.</i> ...	63
<i>rivelsa</i>	110
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	85
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	85
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	86
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	85
<i>roflumilast tab 250 mcg</i>	159
<i>roflumilast tab 500 mcg</i>	159
<i>ropinirole hydrochloride tab 0.25 mg</i>	71
<i>ropinirole hydrochloride tab 0.5 mg</i>	71
<i>ropinirole hydrochloride tab 1 mg</i>	71
<i>ropinirole hydrochloride tab 2 mg</i>	71
<i>ropinirole hydrochloride tab 3 mg</i>	71
<i>ropinirole hydrochloride tab 4 mg</i>	71
<i>ropinirole hydrochloride tab 5 mg</i>	71
<i>rosuvastatin calcium tab 10 mg</i>	49
<i>rosuvastatin calcium tab 20 mg</i>	49
<i>rosuvastatin calcium tab 40 mg</i>	49
<i>rosuvastatin calcium tab 5 mg</i>	49
<i>ROTARIX SUS</i>	145
<i>ROTAQE SOL</i>	146
<i>rufinamide susp 40 mg/ml</i>	78
<i>rufinamide tab 200 mg</i>	78
<i>rufinamide tab 400 mg</i>	78
<i>ryclora</i>	155
<i>RYDAPT CAP 25MG</i>	37
S	
<i>S.O.S. 20 POW</i>	99
<i>S.O.S. 25 POW</i>	100
<i>SANCUSO DIS 3.1MG</i>	125
<i>SANDIMMUNE CAP 100MG</i>	143
<i>SANDIMMUNE CAP 25MG</i>	143
<i>SANDIMMUNE INJ 50MG/ML</i>	143
<i>SANDIMMUNE SOL 100MG/ML</i>	143
<i>sapropterin dihydrochloride powder packet 100 mg</i>	113
<i>sapropterin dihydrochloride powder packet 500 mg</i>	113
<i>sapropterin dihydrochloride tab 100 mg</i> ..	113
<i>SAVELLA MIS TITR PAK</i>	84
<i>SAVELLA TAB 100MG</i>	84
<i>SAVELLA TAB 12.5MG</i>	84
<i>SAVELLA TAB 25MG</i>	84
<i>SAVELLA TAB 50MG</i>	84
<i>scopolamine td patch 72hr 1 mg/3days</i> ..	125
<i>selegiline hcl cap 5 mg</i>	71
<i>selegiline hcl tab 5 mg</i>	71
<i>selenium sulfide lotion 2.5%</i>	165
<i>SELZENTRY SOL 20MG/ML</i>	17
<i>SELZENTRY TAB 25MG</i>	17
<i>SELZENTRY TAB 75MG</i>	17
<i>SEREVENT DIS AER 50MCG</i>	156
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	68
<i>sertraline hcl tab 100 mg</i>	68
<i>sertraline hcl tab 25 mg</i>	68
<i>sertraline hcl tab 50 mg</i>	68
<i>sevelamer carbonate packet 0.8 gm</i>	121
<i>sevelamer carbonate packet 2.4 gm</i>	121
<i>sevelamer carbonate tab 800 mg</i>	121
<i>SHARPS CONT MIS 2QUART</i>	113
<i>SHINGRIX INJ 50/0.5ML</i>	146
<i>SIGNIFOR INJ 0.3MG/ML</i>	121
<i>SIGNIFOR INJ 0.6MG/ML</i>	121
<i>SIGNIFOR INJ 0.9MG/ML</i>	121
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	59
<i>sildenafil citrate tab 100 mg</i>	130
<i>sildenafil citrate tab 20 mg</i>	59
<i>sildenafil citrate tab 25 mg</i>	130
<i>sildenafil citrate tab 50 mg</i>	130
<i>silodosin cap 4 mg</i>	130
<i>silodosin cap 8 mg</i>	130
<i>silver sulfadiazine cream 1%</i>	163
<i>SIMBRINZA SUS 1-0.2%</i>	152
<i>SIMPONI ARIA SOL 50MG/4ML</i>	135
<i>SIMPONI INJ 100MG/ML</i>	139
<i>SIMPONI INJ 50/0.5ML</i>	139

<i>simvastatin tab 10 mg</i>	49
<i>simvastatin tab 20 mg</i>	49
<i>simvastatin tab 40 mg</i>	49
<i>simvastatin tab 5 mg</i>	49
<i>simvastatin tab 80 mg</i>	49
<i>sirolimus oral soln 1 mg/ml</i>	143
<i>sirolimus tab 0.5 mg</i>	143
<i>sirolimus tab 1 mg</i>	143
<i>sirolimus tab 2 mg</i>	143
SIRTURO TAB 100MG.....	20
SIRTURO TAB 20MG	20
SKYLA IUD 13.5MG	110
SKYRIZI INJ 150MG/ML	140
SKYRIZI INJ 180/1.2	140
SKYRIZI INJ 360/2.4.....	140
SKYRIZI PEN INJ 150MG/ML.....	140
SKYRIZI SOL 60MG/ML.....	136
SLYND TAB 4MG.....	110
<i>sm nicotine transdermals</i>	91
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .	147
<i>sodium chloride irrigation soln 0.9%</i>	169
<i>sodium chloride iv soln 0.45%</i>	148
<i>sodium chloride iv soln 0.9%</i>	148
<i>sodium chloride iv soln 3%</i>	148
<i>sodium chloride iv soln 5%</i>	148
<i>sodium chloride preservative free (pf) inj 0.9%</i>	148
<i>sodium chloride soln nebu 0.9%</i>	159
<i>sodium chloride soln nebu 10%</i>	159
<i>sodium chloride soln nebu 3%</i>	159
<i>sodium chloride soln nebu 7%</i>	159
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	147
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	147
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	147
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	147
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	147
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	147
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	113
<i>sodium phenylbutyrate tab 500 mg</i>	113
SOD OXYBATE SOL 500MG/ML	89
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	127
SOFTCLIX MIS LANCETS	113
SOL CARB POW	100
<i>solifenacin succinate tab 10 mg</i>	131
<i>solifenacin succinate tab 5 mg</i>	131
SOLIQUA INJ 100/33	104
SOLU-CORTEF INJ 1000MG.....	119
SOLU-CORTEF INJ 100MG	119
SOLU-CORTEF INJ 250MG.....	119
SOLU-CORTEF INJ 500MG	119
SOLU-MEDROL INJ 2GM	119
SOMATULINE INJ 120/.5ML	102
SOMATULINE INJ 60/0.2ML	102
SOMATULINE INJ 90/0.3ML	102
SOMAVERT INJ 10MG	102
SOMAVERT INJ 15MG	102
SOMAVERT INJ 20MG.....	102
SOMAVERT INJ 25MG.....	102
SOMAVERT INJ 30MG.....	102
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	37
<i>sotalol hcl (afib/afl) tab 120 mg</i>	46
<i>sotalol hcl (afib/afl) tab 160 mg</i>	46
<i>sotalol hcl (afib/afl) tab 80 mg</i>	46
<i>sotalol hcl tab 120 mg</i>	46
<i>sotalol hcl tab 160 mg</i>	46
<i>sotalol hcl tab 240 mg</i>	46
<i>sotalol hcl tab 80 mg</i>	46
SOVALDI PAK 150MG.....	25
SOVALDI PAK 200MG.....	25
SOVALDI TAB 200MG	25
SOVALDI TAB 400MG	25
SPIKEVAX INJ 50/0.5ML	146
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SPIRIVA CAP HANDIHLR	153
SPIRIVA SPR 2.5MCG	154
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	56

<i>spironolactone tab 100 mg</i>	56
<i>spironolactone tab 25 mg</i>	56
<i>spironolactone tab 50 mg</i>	56
<i>sprintec 28</i>	110
SPRYCEL TAB 100MG	38
SPRYCEL TAB 140MG	38
SPRYCEL TAB 20MG	37
SPRYCEL TAB 50MG	37
SPRYCEL TAB 70MG	37
SPRYCEL TAB 80MG	38
<i>sps</i>	107
<i>sronyx</i>	110
<i>ssd</i>	163
<i>stavudine cap 15 mg</i>	18
<i>stavudine cap 20 mg</i>	18
<i>stavudine cap 30 mg</i>	18
<i>stavudine cap 40 mg</i>	18
STELARA INJ 45MG/0.5	140
STELARA INJ 90MG/ML	140
STIOLTO AER 2.5-2.5	153
STIVARGA TAB 40MG	38
STRIVERDI AER 2.5MCG	156
SUBLOCADE INJ 100/0.5	13
SUBLOCADE INJ 300/1.5	13
SUCRAID SOL 8500/ML	128
<i>sucralfate tab 1 gm</i>	128
SUFLAVE SOL	127
<i>sulconazole nitrate cream 1%</i>	164
<i>sulconazole nitrate solution 1%</i>	164
<i>sulfacetamide sodium lotion 10% (acne)</i>	162
<i>sulfacetamide sodium ophth oint 10%</i>	150
<i>sulfacetamide sodium ophth soln 10%</i>	150
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	149
<i>sulfadiazine tab 500 mg</i>	14
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	14
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	14
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	14
SULFAMYLYON CRE 85MG/GM	163
<i>sulfasalazine tab 500 mg</i>	126
<i>sulfasalazine tab delayed release 500 mg</i>	126
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	86
<i>sumatriptan nasal spray 20 mg/act</i>	86
<i>sumatriptan nasal spray 5 mg/act</i>	86
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	86
<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	86
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	86
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	86
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	86
<i>sumatriptan succinate tab 100 mg</i>	86
<i>sumatriptan succinate tab 25 mg</i>	86
<i>sumatriptan succinate tab 50 mg</i>	86
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	38
<i>sunitinib malate cap 25 mg (base equivalent)</i>	38
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	38
<i>sunitinib malate cap 50 mg (base equivalent)</i>	38
SUNOSI TAB 150MG	89
SUNOSI TAB 75MG	89
SUPLENA LIQ VANILLA	100
SUPPRELIN LA KIT 50MG	121
SUPRAX CHW 100MG	23
SUPRAX CHW 200MG	23
SUPRAX SUS 500/5ML	23
SUTAB TAB	127
<i>syeda</i>	111
SYMDEKO TAB 100-150	158
SYMDEKO TAB 50-75MG	158
SYMLINPEN 60 INJ 1000MCG	102
SYMLNPEN 120 INJ 1000MCG	102
SYMTUZA TAB	19
SYNAREL SOL 2MG/ML	120
SYNERA DIS 70-70MG	168

SYNJARDY TAB.....	105	tasimelteon capsule 20 mg	84
SYNJARDY TAB 12.5-500	106	tazarotene cream 0.1%.....	164
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SYNJARDY TAB 5-500MG	106	tazarotene gel 0.1%.....	164
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SYNJARDY XR TAB 10-1000	106	TAZORAC CRE 0.05%	164
SYNJARDY XR TAB 25-1000	106	taztia xt	54
SYNJARDY XR TAB 5-1000MG.....	106	TDVAX INJ 2-2 LF	146
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SYNTHROID TAB 112MCG	122	telmisartan-amloclodipine tab 40-5 mg	45
SYNTHROID TAB 125MCG	122	telmisartan-amloclodipine tab 80-10 mg.....	45
SYNTHROID TAB 137MCG	122	telmisartan-amloclodipine tab 80-5 mg	45
SYNTHROID TAB 150MCG	122	telmisartan-hydrochlorothiazide tab 40-	
SYNTHROID TAB 175MCG	122	12.5 mg.....	45
SYNTHROID TAB 200MCG	123	telmisartan-hydrochlorothiazide tab 80-12.5	
SYNTHROID TAB 25MCG.....	122	mg	45
SYNTHROID TAB 300MCG	123	telmisartan-hydrochlorothiazide tab 80-25	
SYNTHROID TAB 50MCG.....	122	mg	45
SYNTHROID TAB 75MCG.....	122	telmisartan tab 20 mg	45
SYNTHROID TAB 88MCG.....	122	telmisartan tab 40 mg	45
T		telmisartan tab 80 mg	45
TABLOID TAB 40MG	31	temazepam cap 15 mg	84
tacrolimus cap 0.5 mg	143	temazepam cap 22.5 mg	84
tacrolimus cap 1 mg	143	temazepam cap 30 mg	84
tacrolimus cap 5 mg.....	143	temazepam cap 7.5 mg.....	84
tacrolimus oint 0.03%	165	TEMODAR INJ 100MG.....	29
tacrolimus oint 0.1%.....	165	temozolomide cap 100 mg	29
tadalafil tab 10 mg	130	temozolomide cap 140 mg.....	29
tadalafil tab 2.5 mg	130	temozolomide cap 180 mg.....	29
tadalafil tab 20 mg.....	130	temozolomide cap 20 mg	29
tadalafil tab 20 mg (pah)	59	temozolomide cap 250 mg	29
tadalafil tab 5 mg	130	temozolomide cap 5 mg	29
TAFINLAR CAP 50MG	38	TENIVAC INJ 5-2LF	146
TAFINLAR CAP 75MG	38	tenofovir disoproxil fumarate tab 300 mg.	18
TAFINLAR TAB 10MG	38	terazosin hcl cap 10 mg (base equivalent)	
tafluprost preservative free (pf) ophth soln 0.0015%	152	130
take action.....	111	terazosin hcl cap 1 mg (base equivalent)	130
TALTZ INJ 80MG/ML	140	terazosin hcl cap 2 mg (base equivalent)	130
tamoxifen citrate tab 10 mg (base equivalent).....	34	terazosin hcl cap 5 mg (base equivalent)	130
tamoxifen citrate tab 20 mg (base equivalent).....	34	terbinafine hcl tab 250 mg	15
tamsulosin hcl cap 0.4 mg	130	terbutaline sulfate tab 2.5 mg	156

<i>terconazole vaginal suppos 80 mg</i>	132
<i>teriflunomide tab 14 mg</i>	87
<i>teriflunomide tab 7 mg</i>	87
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	102
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	102
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	102
<i>testosterone td gel 10mg/act (2%)</i>	102
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ...	102
<i>tetrabenazine tab 12.5 mg</i>	87
<i>tetrabenazine tab 25 mg</i>	87
<i>tetracycline hcl cap 250 mg</i>	28
<i>tetracycline hcl cap 500 mg</i>	29
<i>THALOMID CAP 100MG</i>	33
<i>THALOMID CAP 150MG</i>	33
<i>THALOMID CAP 200MG</i>	33
<i>THALOMID CAP 50MG</i>	33
<i>theophylline elixir 80 mg/15ml</i>	161
<i>theophylline soln 80 mg/15ml</i>	161
<i>theophylline tab er 12hr 300 mg</i>	161
<i>theophylline tab er 12hr 450 mg</i>	161
<i>theophylline tab er 24hr 400 mg</i>	161
<i>theophylline tab er 24hr 600 mg</i>	161
<i>thioridazine hcl tab 100 mg</i>	74
<i>thioridazine hcl tab 10 mg</i>	74
<i>thioridazine hcl tab 25 mg</i>	74
<i>thioridazine hcl tab 50 mg</i>	74
<i>thiothixene cap 10 mg</i>	74
<i>thiothixene cap 1 mg</i>	74
<i>thiothixene cap 2 mg</i>	74
<i>thiothixene cap 5 mg</i>	74
<i>tiagabine hcl tab 12 mg</i>	79
<i>tiagabine hcl tab 16 mg</i>	79
<i>tiagabine hcl tab 2 mg</i>	78
<i>tiagabine hcl tab 4 mg</i>	79
<i>TICE BCG INJ.</i>	33
<i>tilia fe</i>	111
<i>timolol maleate ophth gel forming soln 0.25%</i>	152
<i>timolol maleate ophth gel forming soln 0.5%</i>	152
<i>timolol maleate ophth soln 0.25%</i>	152
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	152
<i>timolol maleate tab 10 mg</i>	52
<i>timolol maleate tab 20 mg</i>	52
<i>timolol maleate tab 5 mg</i>	52
<i>tinidazole tab 250 mg</i>	14
<i>tinidazole tab 500 mg</i>	14
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	154
<i>TIVICAY PD TAB 5MG</i>	18
<i>TIVICAY TAB 10MG</i>	18
<i>TIVICAY TAB 25MG</i>	18
<i>TIVICAY TAB 50MG</i>	18
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .88	.88
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .88	.88
<i>TOBRADEX OIN 0.3-0.1%</i>	149
<i>TOBRADEX ST SUS 0.3-0.05</i>	149
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	149
<i>tobramycin nebu soln 300 mg/4ml</i>	158
<i>tobramycin nebu soln 300 mg/5ml</i>	158
<i>tobramycin ophth soln 0.3%</i>	150
<i>tobramycin sulfate for inj 1.2 gm</i>	14
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	15
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	15
<i>TODAY SPONGE MIS</i>	130
<i>TOLEREX POW</i>	100
<i>tolmetin sodium cap 400 mg</i>	2
<i>tolmetin sodium tab 600 mg</i>	2
<i>tolterodine tartrate cap er 24hr 2 mg</i>	131
<i>tolterodine tartrate cap er 24hr 4 mg</i>	131
<i>tolterodine tartrate tab 1 mg</i>	131
<i>tolterodine tartrate tab 2 mg</i>	131
<i>tolvaptan tab 15 mg</i>	121
<i>tolvaptan tab 30 mg</i>	121
<i>topiramate sprinkle cap 15 mg</i>	79
<i>topiramate sprinkle cap 25 mg</i>	79
<i>topiramate tab 100 mg</i>	79
<i>topiramate tab 200 mg</i>	79
<i>topiramate tab 25 mg</i>	79
<i>topiramate tab 50 mg</i>	79

<i>topotecan hcl for inj 4 mg (base equiv)</i>	41
<i>toremifene citrate tab 60 mg (base equivalent).....</i>	34
<i>torsemide tab 100 mg.....</i>	56
<i>torsemide tab 10 mg</i>	56
<i>torsemide tab 20 mg</i>	56
<i>torsemide tab 5 mg.....</i>	56
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<i>tramadol hcl tab 50 mg</i>	12
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SUM5462-1S (3/24)

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(UPDATED 8/5/19)

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 - 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

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Civil Rights Coordinator, Corporate Office of Civil Rights

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

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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) ማስታበቃው፡፡ ይህ ማስታበቃው ስለ መደን ሰራተኞቸው ይሆል፡፡ ከተወሰነት ቁነ-ገዢበት በፈት ለፈጸምና የሚገበ ነገሮች ሌሎች አገልግሎት ወጥኩ ቅናት ለይዘን ይቻላል፡፡ ይኝነት መረጃ የማማገኘት እና የለምንም ከፍያ በቋንቃዋው እና የማማገኘት መብት አለዋቸው፡፡ አባል ካሁን ክመታዊው ክርድዎች በስተቀርባ ላይ ወደተጠቀሰው የስልክ ቅጽር መደዣዎች ይቻላሉ፡፡ አባል ካሁን ደንብ መደ ለሳይ ቅጽር 855-258-6518 ደመለው ባን አንዳጂኑ አስተካርድ ድረስ ጉባኤን መጠበቅ አለበታል፡፡ አንድ ወከል መልስ ለስተዋዊ፣ የሚፈልገትኩን ቅንቃዋቅ የአመቱ፣ ካዘጋጀ ከተጠሪዎች የሚፈልገው፡፡

Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yíí ní ìwífún nípa işé adójútòfò re. Ó le ní àwọn déètì pàtò o sì le ní láti gbé ìgbésè ní àwọn ojó gbèdèke kan. O ni ètò láti gba ìwífún yíí àti ìrànlówó ní èdè re lófèé. Àwọn ọmọ-egbè gbódò pe nómbà fóònù tó wà léyìn káàdì ìdánímò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tití a ó fi sọ fún o láti tẹ 0. Nígbàtí aşojú kan bá dálhùn, sọ èdè tí o fé a ó sì so ó pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đói thoại cho đến khi được nhắc nhở 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 फोन 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।

Băsăjă-wùqù (Bassa) Tò Đùă Cáo! Bă nìà ke bá nyō bĕ kĕ m gbo kpá bó nì fă-ă-fă-tăă nyee jé dyí. Bă nìà ke bĕdĕ wé jéé bĕ bĕ m kĕ dĕ wa mă m kĕ nyuee nyu hwè bĕ wé bĕa kĕ zi. Č mă nì kpé bĕ m kĕ bă nìà ke kĕ gbo-kpá-kpá m măee dyé dĕ nì bădă-wùqù mă bĕ m kĕ se wădă qđ pĕé. Kpooă nyō bĕ m e qă făun-năbă nìà dĕ waă I.D. kăà dĕin nyę. Nyō tăă séin m e qă năbă nìà ke: 855-258-6518, kĕ m m e fă tee bĕ wa kĕe m gbo cĕ bĕ m kĕ năbă mă 0 kee dyi pădăin hwè. Č jă kĕ nyō qđ dyi m gă jăin, po wuđu m mă poe dyie, kĕ nyō qđ mu bó năm bĕ 0 kĕ nì wuđu mă ză.

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 নশ্বরে কল করতে হবে। অন্যেরা 855-258-6518 নশ্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাসীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: بہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں بو 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 خرچ 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 بیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبائے کو کہے جانے تک انتظار کریں۔ ایجنت کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی دربارہ پوشش بیمه شما است. ممکن است حاوی تاریخ‌های 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 در پشت کارت شناسایی‌شان تماس بگیرند. سایر افراد می‌توانند 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 تغطية التأمينية، وقد يحتوي على تاريخ مهم، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهاية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكالفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في بطاقةتعريف الهوية الخاصة بهم. يمكن للأخرين 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 المתרגمين الفوريين.

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

Igbo (Igbo) Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike ịnwe ụbọchị ndị di mkpa, i nwere ike ịme ihe tupu ụfodụ ụbọchị njedebe. I nwere ikike ịnweta ozi na enyemaka a n'asusu gi na akwughị ụgwọ o bụla. Ndị otu kwesiri ikpo akara ekwentị dị n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejikọ gi na onye ọkowa 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 아니신 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 ił hane'ígíí bii' dahólóó bee éédahózin béeso ách'áqáh naanilník'ist'i'ígíí bá. Bii' dahólóó doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béishee bee hane'é bee wółta'ígíí nitl'izgo bee nee hóadolzinígíí bikéédéé' bikáá' bich'i' hodoonihjí'. Aadóó náánála' éí kojí' dahóoolnih 855-258-6518 dóó yii diiłts'ííl yałtí'ígíí t'áá níléjí áádóó éí bikéé'dóó naasbą́as bił adidiilchił. Áká'ánidaalwó'ígíí neidiitqáago, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.