



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2025 Formulary: List of covered drugs**

For more recent information or other questions, contact us at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays or visit www.nhpri.org/INTEGRITY. We have made no changes to this formulary since 9/23/2025.

Neighborhood INTEGRITY | 2025 *List of Covered Drugs* (*Drug List* or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs and items are covered by Neighborhood INTEGRITY. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Neighborhood INTEGRITY. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	4
B. Frequently Asked Questions (FAQ)	4
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	4
B2. Does the <i>Drug List</i> ever change?	5
B3. What happens when there is a change to the <i>Drug List</i> ?.....	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	7
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	7
B6. What happens if Neighborhood INTEGRITY changes their rules about some drugs (for example, PA (approval), quantity limits, and/or step therapy restrictions)?	7
B7. How can I find a drug on the <i>Drug List</i> ?	7
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	8
B9. What if I am a new Neighborhood INTEGRITY Member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	8
B10. Can I ask for an exception to cover my drug?	9
B11. How can I ask for an exception?	9
B12. How long does it take to get an exception?	9
B13. What are generic drugs?	10

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



B14. What are original biological products and how are they related to biosimilars?	10
B15. What are OTC drugs?	10
B16. Does Neighborhood INTEGRITY cover non-drug OTC products?	10
B17. What is my copay?	10
B18. What are drug tiers?	11
C. Overview of the <i>List of Covered Drugs</i>	11
C1. Drugs Grouped by Medical Condition.....	11
D. Index of Covered Drugs.....	163



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

A. Disclaimers

This is a list of drugs that Members can get in Neighborhood INTEGRITY.

- ❖ Neighborhood INTEGRITY is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- ❖ You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at www.nhpri.org/INTEGRITY.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. TTY users should call 711. The call is free.
- ❖ This document is available for free in Spanish, Portuguese, and Khmer.
- ❖ You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a "standing request". Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or format. You can change or delete your standing request at any time by calling Member Services.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *List of Covered Drugs* in section C are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Neighborhood INTEGRITY will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Neighborhood INTEGRITY network pharmacy.
- Neighborhood INTEGRITY may have additional steps to access certain drugs (refer to question B4 below).

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



You can also refer to an up-to-date list of drugs that we cover on our website at www.nhpri.org/INTEGRITY or call Member Services at 1-844-812-6896 (TTY 711).

B2. Does the *Drug List* ever change?

Yes, and Neighborhood INTEGRITY must follow Medicare and Rhode Island Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Neighborhood INTEGRITY before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Neighborhood INTEGRITY's up to date *Drug List* online at www.nhpri.org/INTEGRITY. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at 1-844-812-6896 (TTY 711).

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.

- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. We will send you a letter with advice on how to follow up with your provider and pharmacist.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Neighborhood INTEGRITY before you fill your prescription. Neighborhood INTEGRITY may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Neighborhood INTEGRITY limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs in section C has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Neighborhood INTEGRITY changes their rules about some drugs (for example, PA (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in section D.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **Cardiovascular**. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 1-844-812-6896 (TTY 711) and ask about it. If you learn that Neighborhood INTEGRITY will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Neighborhood INTEGRITY Member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug during the first 90 days you are a Member of Neighborhood INTEGRITY. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Neighborhood INTEGRITY, **or**
- you are taking a drug that is part of a step therapy restriction.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY Member.
- This is in addition to the temporary supply during the first 90 days you are a Member of Neighborhood INTEGRITY.

Level of Care transitions are allowed for members released from a long-term care facility within the past 30 days. We will cover a cumulative 30-day supply of the drug you need whether or not you are a new Neighborhood INTEGRITY member.

Level of Care transitions are also allowed for members admitted to a long-term care facility within the past 30 days. We will cover a cumulative 31-day supply of the drug you need (fill limits are applicable for certain brand name drugs), whether or not you are a new Neighborhood INTEGRITY member.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Neighborhood INTEGRITY to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Neighborhood INTEGRITY may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. Member Services will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber should fax the statement to 1-855-829-2875.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Neighborhood INTEGRITY covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter.” Neighborhood INTEGRITY covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Neighborhood INTEGRITY Drug List to find out what OTC drugs are covered.

B16. Does Neighborhood INTEGRITY cover non-drug OTC products?

Neighborhood INTEGRITY covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain urine or blood testing supplies, certain flavoring agents or dyes that can be added to liquid medications, and certain cream bases used for compounding.

You can read the Neighborhood INTEGRITY Drug List to find out what non-drug OTC products are covered.

B17. What is my copay?

As a Neighborhood INTEGRITY Member, you have no copays for prescription and OTC drugs as long as you follow Neighborhood INTEGRITY's rules.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

B18. What are drug tiers?

Tiers are groups of drugs on our *Drug List*. All tiers have no copays under your Neighborhood INTEGRITY plan.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are non-Medicare drugs and non-Medicare covered OTC drugs and items.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

Note: The DP next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box above.
- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Rhode Island Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **Cardiovascular**. That is where you will find drugs that treat heart conditions.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity limit: Neighborhood INTEGRITY limits the amount of this drug you can get.

B/D = This drug may be covered either by Medicare Part B or D. Depending upon the circumstances, a prior authorization (approval) may be required. Information may need to be submitted describing why and where (in what setting) you are using this drug.

DP = This drug is not a Part D drug.

NDS= Non-Extended Day Supply. This drug is not available for more than a 30-day supply.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., SYNTHROID), and generic drugs are listed in lower-case italics (e.g., *levothyroxine*). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Neighborhood INTEGRITY has any rules for covering your drug.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ANALGESICS		
Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral capsule 0.6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (Tier 1)	
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (Tier 2)	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
Miscellaneous		
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen er oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml</i>	\$0 (Tier 3)	DP
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	\$0 (Tier 3)	DP
APHEN ORAL TABLET 325 MG	\$0 (Tier 3)	DP
<i>arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply DP - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin rectal suppository 300 mg</i>	\$0 (Tier 3)	DP
<i>aspirin regimen oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>childrens apap oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 3)	DP
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 3)	DP
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 3)	DP
<i>ed-apap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	\$0 (Tier 3)	DP
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	\$0 (Tier 3)	DP
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	\$0 (Tier 3)	DP
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	\$0 (Tier 3)	DP
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>ft aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>ft pain relief adult extra st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>ft pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp acetaminophen oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 3)	DP
<i>gnp children's pain & fever oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin adults oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense pain relief extra st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>goodsense pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	\$0 (Tier 3)	DP
<i>hm adult aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>hm pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0 (Tier 1)	B/D
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>liquid pain relief oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	\$0 (Tier 3)	DP
<i>mapap oral capsule 500 mg</i>	\$0 (Tier 3)	DP
<i>mapap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>m-pap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>non-aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>pain relief oral liquid 500 mg/15ml</i>	\$0 (Tier 3)	DP
<i>pain relief regular strength oral tablet 325 mg</i>	\$0 (Tier 3)	DP
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 3)	DP
PHARBETOL ORAL TABLET 325 MG	\$0 (Tier 3)	DP
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>qc pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain reliever ex st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>sm pain reliever oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>tri-buffered aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
Nsaids		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ft ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 3)	DP
<i>gnp ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 3)	DP
<i>goodsense ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	\$0 (Tier 1)	
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 3)	DP
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	\$0 (Tier 3)	DP
<i>meijer ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen dr oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet delayed release 375 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP
<i>sm ibuprofen ib oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>sm ibuprofen oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	\$0 (Tier 3)	DP
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	\$0 (Tier 1)	PA; QL (4 per 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0 (Tier 1)	PA; QL (450 per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1)	QL (400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 2)	
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$0 (Tier 1)	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (Tier 2)	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (900 per 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply DP - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
ANTI-INFECTIVES		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	PA; NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500000 unit</i>	\$0 (Tier 1)	
<i>posaconazole oral suspension 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (630 per 30 days); NDS
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 2)	PA; QL (93 per 30 days); NDS
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (600 per 28 days); NDS
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier 1)	QL (480 per 30 days)
Anti-Infectives - Miscellaneous		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2)	PA; QL (672 per 365 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	\$0 (Tier 2)	PA; NDS
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
CARESTART COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (Tier 2)	PA; NDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0 (Tier 2)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	\$0 (Tier 1)	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)	
<i>covid-19 at-home test in vitro kit</i>	\$0 (Tier 3)	DP
<i>cvs covid-19 at home test kit in vitro kit</i>	\$0 (Tier 3)	DP
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 2)	NDS
DIATRUST COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>ellume covid-19 home test in vitro kit</i>	\$0 (Tier 3)	DP
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2)	QL (12 per 365 days); NDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>gnp antibacterial urinary pain oral tablet 162-162.5 mg</i>	\$0 (Tier 3)	DP
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (Tier 1)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; NDS
INDICAID COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 3)	DP
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	PA; QL (12 per 90 days)
<i>ivermectin oral tablet 6 mg</i>	\$0 (Tier 1)	PA; QL (10 per 90 days)
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0 (Tier 2)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0 (Tier 2)	QL (1800 per 30 days); NDS
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 2)	QL (6 per 30 days); NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (Tier 2)	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	\$0 (Tier 3)	DP
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0 (Tier 1)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (Tier 1)	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	\$0 (Tier 1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>qc urinary pain relief oral tablet 162-162.5 mg</i>	\$0 (Tier 3)	DP
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	\$0 (Tier 3)	DP
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (Tier 2)	NDS
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 2)	NDS
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
TOBI PODHALER INHALATION CAPSULE 28 MG	\$0 (Tier 2)	PA; NDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (Tier 2)	PA; NDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	\$0 (Tier 2)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0 (Tier 1)	QL (80 per 180 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0 (Tier 1)	QL (160 per 180 days)
Antimalarials		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)	
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0 (Tier 1)	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0 (Tier 2)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA
Antiretroviral Agents		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	NDS
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 2)	QL (60 per 30 days); NDS
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 2)	QL (30 per 30 days); NDS
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	NDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	\$0 (Tier 2)	NDS
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (Tier 2)	NDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (Tier 2)	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (Tier 2)	NDS
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier 2)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2)	NDS
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (Tier 1)	
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)	
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2)	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	QL (400 per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2)	QL (240 per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (480 per 30 days)
REYATAZ ORAL PACKET 50 MG	\$0 (Tier 2)	NDS
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 2)	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	NDS
SUNLENCA ORAL TABLET 300 MG	\$0 (Tier 2)	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (Tier 2)	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2)	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (Tier 2)	NDS
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2)	NDS
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2)	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2)	NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
Antiretroviral Combination Agents		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2)	NDS
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2)	NDS
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2)	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2)	NDS
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2)	NDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (Tier 2)	NDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 2)	NDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	\$0 (Tier 2)	NDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0 (Tier 1)	
<i>emtricitab- rilpivir-tenofov df oral tablet 200-25-300 mg</i>	\$0 (Tier 2)	NDS
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2)	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2)	NDS
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2)	NDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	\$0 (Tier 2)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (Tier 1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	NDS
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (Tier 2)	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	NDS
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	\$0 (Tier 2)	
Antitubercular Agents		
<i>cycloserine oral capsule 250 mg</i>	\$0 (Tier 2)	NDS
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2)	PA; NDS
Antivirals		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2)	ST; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	\$0 (Tier 2)	PA; NDS
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0 (Tier 2)	PA; NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	\$0 (Tier 2)	PA; NDS
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0 (Tier 2)	PA; NDS
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 1)	
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (336 per 28 days); NDS
MAVYRET ORAL PACKET 50-20 MG	\$0 (Tier 2)	PA; NDS
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA; NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (Tier 1)	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (Tier 1)	QL (1080 per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	\$0 (Tier 1)	QL (40 per 90 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	\$0 (Tier 1)	QL (22 per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	\$0 (Tier 1)	QL (60 per 90 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (Tier 2)	PA; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (Tier 2)	QL (120 per 365 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 2)	NDS
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)	
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2)	PA; NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	\$0 (Tier 2)	QL (1 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$0 (Tier 2)	QL (1 per 180 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	\$0 (Tier 2)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	\$0 (Tier 2)	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	\$0 (Tier 2)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (Tier 1)	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	\$0 (Tier 1)	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	\$0 (Tier 1)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (Tier 2)	NDS
Erythromycins/Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gm</i>	\$0 (Tier 1)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (Tier 2)	NDS
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2)	NDS
E.E.S. 400 ORAL TABLET 400 MG	\$0 (Tier 1)	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	\$0 (Tier 1)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2)	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fidaxomicin oral tablet 200 mg</i>	\$0 (Tier 2)	NDS
Fluoroquinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (Tier 1)	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (Tier 2)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (Tier 2)	NDS
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0 (Tier 1)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	\$0 (Tier 1)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (Tier 1)	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	NDS
NUZYRA ORAL TABLET 150 MG	\$0 (Tier 2)	QL (30 per 14 days); NDS
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (Tier 2)	NDS
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	\$0 (Tier 2)	B/D; NDS
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2)	B/D; NDS
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0 (Tier 1)	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0 (Tier 1)	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 500 mg</i>	\$0 (Tier 1)	B/D
<i>cyclophosphamide injection solution reconstituted 2 gm</i>	\$0 (Tier 2)	B/D; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>	\$0 (Tier 2)	B/D; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 2)	B/D
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	\$0 (Tier 2)	B/D; NDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2)	NDS
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)	NDS
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0 (Tier 1)	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>oxaliplatin intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>vivimusta intravenous solution 100 mg/4ml</i>	\$0 (Tier 2)	B/D; NDS
Antimetabolites		
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (Tier 1)	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0 (Tier 1)	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0 (Tier 1)	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0 (Tier 1)	B/D
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2)	PA; QL (5 per 28 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	\$0 (Tier 2)	PA; QL (100 per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	\$0 (Tier 2)	PA; QL (80 per 28 days); NDS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	\$0 (Tier 2)	NDS
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (14 per 28 days); NDS
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 2)	B/D; NDS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (Tier 2)	NDS
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)	NDS
Hormonal Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
<i>abiraterone acetate oral tablet 500 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ABIRTEGA ORAL TABLET 250 MG	\$0 (Tier 1)	PA; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2)	PA
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2)	NDS
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	\$0 (Tier 2)	PA; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier 2)	PA
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 2)	B/D; NDS
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (Tier 2)	PA; NDS
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	NDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)	
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2)	NDS
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2)	PA; NDS
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2)	NDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 1)	PA
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
YONSA ORAL TABLET 125 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
Immunomodulators		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
Miscellaneous		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2)	PA; QL (2 per 28 days); NDS
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2)	PA; QL (300 per 30 days); NDS
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1)	B/D
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	\$0 (Tier 2)	B/D; NDS
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0 (Tier 1)	B/D
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2)	NDS
<i>tretinoin oral capsule 10 mg</i>	\$0 (Tier 2)	NDS
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
Mitotic Inhibitors		
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0 (Tier 2)	B/D; NDS
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0 (Tier 1)	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0 (Tier 2)	B/D; NDS
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	\$0 (Tier 2)	B/D; NDS
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	\$0 (Tier 1)	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0 (Tier 1)	B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0 (Tier 1)	B/D
Molecular Target Agents		
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
AUGTYRO ORAL CAPSULE 160 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	\$0 (Tier 2)	PA; QL (66 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
BALVERSA ORAL TABLET 3 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
BALVERSA ORAL TABLET 4 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
BALVERSA ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	\$0 (Tier 2)	PA
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0 (Tier 2)	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (150 per 25 days); NDS
BOSULIF ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (360 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (63 per 28 days); NDS
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>erlotinib hcl oral tablet 25 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>everolimus oral tablet soluble 2 mg</i>	\$0 (Tier 2)	PA; QL (150 per 30 days); NDS
<i>everolimus oral tablet soluble 3 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>everolimus oral tablet soluble 5 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
GOMEKLI ORAL CAPSULE 1 MG	\$0 (Tier 2)	PA; QL (168 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET SOLUBLE 1 MG	\$0 (Tier 2)	PA; QL (168 per 28 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (Tier 2)	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2)	PA; NDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
IBTROZI ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>imatinib mesylate oral tablet 400 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2)	PA; QL (216 per 27 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>imkeldi oral solution 80 mg/ml</i>	\$0 (Tier 2)	PA; QL (280 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
ITOVEBI ORAL TABLET 3 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
ITOVEBI ORAL TABLET 9 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2)	B/D; NDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2)	PA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (42 per 28 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (63 per 28 days); NDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (49 per 28 days); NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (70 per 28 days); NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (91 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
KOSELUGO ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
LORBRENA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (140 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2)	PA; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (Tier 2)	PA; NDS
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (3 per 28 days); NDS
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	\$0 (Tier 2)	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	\$0 (Tier 2)	PA; QL (24 per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; NDS
<i>pazopanib hcl oral tablet 200 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0 (Tier 2)	PA; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
REVUFORJ ORAL TABLET 110 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
ROZLYTREK ORAL PACKET 50 MG	\$0 (Tier 2)	PA; QL (336 per 28 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (224 per 28 days); NDS
SCEMBLIX ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (300 per 30 days); NDS
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2)	PA; QL (900 per 30 days); NDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	\$0 (Tier 2)	PA; QL (15 per 21 days); NDS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (Tier 2)	PA; NDS
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 2)	PA; QL (64 per 28 days); NDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	\$0 (Tier 2)	PA; QL (64 per 28 days); NDS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2)	PA; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (112 per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (Tier 2)	PA; QL (42 per 28 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
VITRAKVI ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	PA; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA; QL (16 per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (24 per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (32 per 28 days); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2)	PA; NDS
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
Protective Agents		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0 (Tier 1)	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>mesna oral tablet 400 mg</i>	\$0 (Tier 2)	NDS
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2)	NDS
CARDIOVASCULAR		
Ace Inhibitor Combinations		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
Ace Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Aldosterone Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Alpha Blockers		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Angiotensin II Receptor Antagonist Combinations		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	\$0 (Tier 2)	QL (240 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	\$0 (Tier 1)	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 2)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)	QL (60 per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
Antilipemics, Fibrates		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
Antilipemics, Hmg-CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
Antilipemics, Miscellaneous		
<i>cholestyramine light oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>cholestyramine oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol hcl oral granules 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral packet 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
NEXLETOL ORAL TABLET 180 MG	\$0 (Tier 2)	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0 (Tier 1)	PA
PREVALITE ORAL PACKET 4 GM	\$0 (Tier 1)	
PREVALITE ORAL POWDER 4 GM/DOSE	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	\$0 (Tier 2)	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0 (Tier 2)	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0 (Tier 2)	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (Tier 2)	
Beta-Blocker/Diuretic Combinations		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
Beta-Blockers		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium Channel Blockers		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
Diuretics		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
Miscellaneous		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (Tier 1)	
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (Tier 2)	QL (450 per 30 days)
<i>digoxin injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (Tier 1)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2)	PA; NDS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0 (Tier 1)	
Pulmonary Arterial Hypertension		
ALYQ ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>bosentan oral tablet soluble 32 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (360 per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0 (Tier 2)	PA; NDS
YUTREPIA INHALATION CAPSULE 106 MCG	\$0 (Tier 2)	PA; QL (224 per 28 days); NDS
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG, 79.5 MCG	\$0 (Tier 2)	PA; QL (140 per 28 days); NDS
CENTRAL NERVOUS SYSTEM		
Antianxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	\$0 (Tier 1)	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
Antidementia		
<i>donepezil hcl oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>donepezil hcl oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	PA
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (Tier 1)	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	\$0 (Tier 1)	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (Tier 2)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (Tier 1)	QL (30 per 30 days)
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (Tier 2)	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (Tier 2)	PA; QL (56 per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (Tier 1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)	QL (180 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (Tier 2)	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (Tier 2)	PA; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)	
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	
RALDESY ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	PA; QL (1800 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2)	PA; QL (28 per 14 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2)	PA; QL (14 per 14 days); NDS
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
INBRIJA INHALATION CAPSULE 42 MG	\$0 (Tier 2)	PA; QL (300 per 30 days); NDS
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (Tier 2)	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2)	PA
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 per 56 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2)	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2)	QL (1 per 28 days); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (Tier 1)	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (Tier 2)	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (Tier 2)	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (Tier 2)	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (Tier 2)	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (Tier 2)	QL (3.2 per 28 days); NDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0 (Tier 1)	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (Tier 1)	PA; QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	\$0 (Tier 2)	PA; QL (112 per 365 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	QL (0.75 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	QL (1 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	QL (1.5 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	\$0 (Tier 2)	QL (4.5 per 365 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	QL (0.5 per 28 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2)	PA; QL (16 per 365 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	\$0 (Tier 2)	PA; QL (16 per 365 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (Tier 2)	QL (3.5 per 180 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (Tier 2)	QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2)	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2)	QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2)	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2)	QL (2.63 per 90 days); NDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	ST; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	ST; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	\$0 (Tier 1)	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	\$0 (Tier 2)	QL (2 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0 (Tier 1)	ST; QL (90 per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	ST; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	\$0 (Tier 1)	ST; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; QL (600 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0 (Tier 1)	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0 (Tier 2)	PA; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0 (Tier 2)	PA; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
Antiseizure Agents		
APTOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	PA; QL (600 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	PA; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2)	PA; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
DIACOMIT ORAL PACKET 250 MG	\$0 (Tier 2)	PA; QL (360 per 30 days); NDS
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1)	PA; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA; QL (600 per 30 days); NDS
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)	PA; QL (480 per 30 days)
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2)	PA; QL (360 per 30 days); NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2)	PA; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (Tier 1)	
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	\$0 (Tier 2)	QL (360 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>perampanel oral tablet 2 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (Tier 2)	PA; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0 (Tier 2)	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
ROWEEPRA ORAL TABLET 500 MG	\$0 (Tier 1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (2400 per 30 days); NDS
<i>rufinamide oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2)	QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2)	QL (360 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2)	QL (180 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2)	QL (120 per 30 days)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>topiramate oral solution 25 mg/ml</i>	\$0 (Tier 1)	PA; QL (480 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (Tier 2)	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	\$0 (Tier 2)	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	\$0 (Tier 2)	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (Tier 2)	QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i>	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
VIGADRONE ORAL PACKET 500 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
VIGADRONE ORAL TABLET 500 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
VIGAFYDE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA; QL (900 per 30 days); NDS
VIGPODER ORAL PACKET 500 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2)	QL (56 per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2)	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (Tier 2)	QL (28 per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	\$0 (Tier 2)	QL (28 per 28 days); NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 2)	PA; QL (900 per 30 days); NDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; QL (1100 per 30 days); NDS
Attention Deficit Hyperactivity Disorder		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	PA; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	PA; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
Hypnotics		
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2)	PA; QL (1 per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 2)	NDS
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (Tier 2)	PA; QL (8 per 30 days); NDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2)	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (Tier 2)	PA; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	PA; QL (40 per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (Tier 2)	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (16 per 30 days)
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	\$0 (Tier 2)	PA; QL (56 per 365 days); NDS
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA; QL (14 per 28 days); NDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier 2)	PA; QL (12 per 28 days); NDS
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (12 per 28 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier 2)	PA; QL (12 per 28 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	\$0 (Tier 2)	PA; QL (6.4 per 365 days); NDS
Musculoskeletal Therapy Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>baclofen oral tablet 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>methocarbamol oral tablet 500 mg</i>	\$0 (Tier 2)	PA; QL (360 per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	\$0 (Tier 2)	PA; QL (240 per 30 days)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
Narcolepsy/Cataplexy		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0 (Tier 2)	PA; QL (540 per 30 days); NDS
Psychotherapeutic-Misc		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>gnp pain relief nighttime oral tablet 250-250-38 mg</i>	\$0 (Tier 3)	DP
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	\$0 (Tier 1)	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	\$0 (Tier 1)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	\$0 (Tier 3)	DP
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	\$0 (Tier 3)	DP
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 3)	DP
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0 (Tier 3)	DP
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 3)	DP
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0 (Tier 3)	DP
<i>sm nicotine mouth/throat gum 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine mouth/throat lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0 (Tier 1)	QL (106 per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)	QL (56 per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2)	NDS
ENDOCRINE AND METABOLIC		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	\$0 (Tier 1)	PA
<i>methyltestosterone oral capsule 10 mg</i>	\$0 (Tier 2)	PA; QL (600 per 30 days); NDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	\$0 (Tier 1)	PA; QL (150 per 30 days)
Antidiabetics, Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	\$0 (Tier 2)	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
CEQUR SIMPLICITY 2U DEVICE	\$0 (Tier 2)	PA; QL (10 per 30 days)
CEQUR SIMPLICITY 2U DEVICE	\$0 (Tier 2)	PA; QL (8 per 24 days)
CEQUR SIMPLICITY INSERTER	\$0 (Tier 2)	PA; QL (2 per 365 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	\$0 (Tier 2)	PA
<i>cvs gauze sterile pad 2"x2"</i>	\$0 (Tier 2)	PA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	\$0 (Tier 2)	PA
FIASP FLEXTouch SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	B/D
<i>global alcohol prep ease pad 70 %</i>	\$0 (Tier 2)	PA
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)	B/D; NDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2)	NDS
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2)	PA; QL (15 per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0 (Tier 2)	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	\$0 (Tier 2)	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2)	QL (15 per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (Tier 2)	QL (15 per 30 days)
Antidiabetics		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 2)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0 (Tier 2)	QL (120 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (Tier 2)	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (Tier 2)	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (Tier 2)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2)	QL (60 per 30 days)
Antiobesity Agents		
ADIPEX-P ORAL TABLET 37.5 MG	\$0 (Tier 3)	DP
<i>benzphetamine hcl oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
LOMAIRA ORAL TABLET 8 MG	\$0 (Tier 3)	DP
<i>orlistat oral capsule 120 mg</i>	\$0 (Tier 3)	DP
<i>phendimetrazine tartrate oral tablet 35 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl oral tablet 37.5 mg</i>	\$0 (Tier 3)	DP
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	\$0 (Tier 3)	DP
XENICAL ORAL CAPSULE 120 MG	\$0 (Tier 3)	DP
Calcium Regulators		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0 (Tier 1)	ST
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (Tier 1)	
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	\$0 (Tier 2)	PA; NDS
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (Tier 1)	B/D
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 1)	B/D
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	\$0 (Tier 2)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (Tier 2)	QL (1 per 180 days)
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0 (Tier 1)	ST
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	\$0 (Tier 2)	PA; NDS
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2)	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2)	PA; NDS
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	\$0 (Tier 1)	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)	NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (Tier 2)	PA
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet soluble 125 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	\$0 (Tier 2)	PA; NDS
KIONEX COMBINATION SUSPENSION 15 GM/60ML	\$0 (Tier 1)	
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (Tier 2)	
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 2)	NDS
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	\$0 (Tier 1)	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	\$0 (Tier 1)	
<i>trientine hcl oral capsule 250 mg</i>	\$0 (Tier 2)	PA; NDS
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
<i>aimsco lubricated</i>	\$0 (Tier 3)	DP
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
AMETHYST ORAL TABLET 90-20 MCG	\$0 (Tier 1)	
APRI ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 1)	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (Tier 1)	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 1)	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0 (Tier 2)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
DOLISHALE ORAL TABLET 90-20 MCG	\$0 (Tier 1)	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	
DUREX REALFEEL DEVICE	\$0 (Tier 3)	DP
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0 (Tier 1)	
EMZAHH ORAL TABLET 0.35 MG	\$0 (Tier 1)	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	\$0 (Tier 1)	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0 (Tier 1)	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 1)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply DP - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)	
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
FANTASY LUBRICATED	\$0 (Tier 3)	DP
FANTASY LUBRICATED/SPERMICIDE	\$0 (Tier 3)	DP
FC2 FEMALE CONDOM	\$0 (Tier 3)	DP
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0 (Tier 1)	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0 (Tier 1)	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	\$0 (Tier 1)	
HEATHER ORAL TABLET 0.35 MG	\$0 (Tier 1)	
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
JASMIEL ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0 (Tier 1)	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 1)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	\$0 (Tier 1)	
<i>kimono</i>	\$0 (Tier 3)	DP
KIMONO COLORS DEVICE	\$0 (Tier 3)	DP
KIMONO MAXX-LARGE FLARE	\$0 (Tier 3)	DP
<i>kimono micro thin</i>	\$0 (Tier 3)	DP
<i>kimono micro thin plus</i>	\$0 (Tier 3)	DP
<i>kimono plus</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>kimono sensation</i>	\$0 (Tier 3)	DP
<i>kimono sensation plus</i>	\$0 (Tier 3)	DP
KIMONO SPECIAL DEVICE	\$0 (Tier 3)	DP
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0 (Tier 1)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0 (Tier 1)	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0 (Tier 2)	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LOJAIMI ESS ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (Tier 1)	
LORYNA ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LYLEQ ORAL TABLET 0.35 MG	\$0 (Tier 1)	
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>maxx</i>	\$0 (Tier 3)	DP
<i>maxx plus</i>	\$0 (Tier 3)	DP
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MELEYA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0 (Tier 1)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0 (Tier 2)	
NIKKI ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (Tier 1)	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 1)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 1)	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 1)	
OCELLA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
ORQUIDEA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 1)	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
REALITY LATEX CONDOMS	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0 (Tier 1)	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	\$0 (Tier 1)	
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 1)	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 1)	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
SYEDA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 1)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 1)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRUSTEX LUB/RIBBED/STUDDERED	\$0 (Tier 3)	DP
TRUSTEX LUB/SPERMICIDE EX ST	\$0 (Tier 3)	DP
TRUSTEX LUB/SPERMICIDE XL	\$0 (Tier 3)	DP
TRUSTEX LUBRICATED	\$0 (Tier 3)	DP
TRUSTEX LUBRICATED EX LARGE	\$0 (Tier 3)	DP
TRUSTEX LUBRICATED EXTRA ST	\$0 (Tier 3)	DP
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRUSTEX NON-LUBRICATED	\$0 (Tier 3)	DP
TRUSTEX RIA LUB/SPERMICIDE	\$0 (Tier 3)	DP
TRUSTEX RIA LUBRICATED	\$0 (Tier 3)	DP
TRUSTEX RIA NON-LUBRICATED	\$0 (Tier 3)	DP
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0 (Tier 3)	DP
TURQOZ ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0 (Tier 1)	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	\$0 (Tier 1)	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0 (Tier 1)	
VESTURA ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0 (Tier 1)	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 1)	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0 (Tier 1)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0 (Tier 1)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0 (Tier 1)	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
Estrogens		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	\$0 (Tier 2)	
ABIGALE ORAL TABLET 1-0.5 MG	\$0 (Tier 2)	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	\$0 (Tier 2)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0 (Tier 2)	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0 (Tier 2)	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	\$0 (Tier 2)	
MIMVEY ORAL TABLET 1-0.5 MG	\$0 (Tier 2)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0 (Tier 1)	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (Tier 2)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)	B/D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	\$0 (Tier 1)	B/D
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	\$0 (Tier 1)	B/D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)	B/D
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (Tier 1)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0 (Tier 2)	
Glucose Elevating Agents		
<i>cvs glucose oral gel 40 %</i>	\$0 (Tier 3)	DP
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2)	NDS
GLUTOSE 5 ORAL GEL 40 %	\$0 (Tier 3)	DP
<i>value plus glucose oral gel 40 %</i>	\$0 (Tier 3)	DP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	\$0 (Tier 2)	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	\$0 (Tier 2)	
Miscellaneous		
ALDURAZYPE INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (Tier 2)	PA; NDS
<i>betaine oral powder</i>	\$0 (Tier 2)	NDS
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 2)	PA; NDS
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0 (Tier 2)	PA; NDS
<i>charcoal powder</i>	\$0 (Tier 3)	DP
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	B/D; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 2)	B/D; QL (120 per 30 days); NDS
CVS KETONE CARE IN VITRO STRIP	\$0 (Tier 3)	DP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (Tier 1)	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0 (Tier 2)	NDS
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0 (Tier 2)	NDS
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (Tier 1)	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2)	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	\$0 (Tier 2)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2)	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2)	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2)	PA; NDS
JAVYGTOR ORAL PACKET 100 MG, 500 MG	\$0 (Tier 2)	PA; NDS
JAVYGTOR ORAL TABLET 100 MG	\$0 (Tier 2)	PA; NDS
KETO-DIASTIX IN VITRO STRIP	\$0 (Tier 3)	DP
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	\$0 (Tier 2)	PA; NDS
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (Tier 1)	B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (Tier 2)	PA; NDS
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 2)	PA; NDS
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2)	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 2)	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2)	PA; NDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0 (Tier 2)	PA; NDS
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 2)	PA; NDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 2)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA; NDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (Tier 2)	PA; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2)	PA; NDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	\$0 (Tier 2)	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA; NDS
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (Tier 2)	PA; NDS
VEOZAH ORAL TABLET 45 MG	\$0 (Tier 2)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Progestins		
GALLIFREY ORAL TABLET 5 MG	\$0 (Tier 1)	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0 (Tier 2)	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0 (Tier 2)	PA
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	
Thyroid Agents		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
Vitamin D Analogs		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	B/D
GASTROINTESTINAL		
Antacids		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 3)	DP
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	\$0 (Tier 3)	DP
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	\$0 (Tier 3)	DP
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	\$0 (Tier 3)	DP
<i>antacid calcium oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>antacid calcium rich oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>antacid oral suspension 400-400-40 mg/10ml</i>	\$0 (Tier 3)	DP
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	\$0 (Tier 3)	DP
<i>calcium antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 3)	DP
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-lanta oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp magnesium oxide oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 3)	DP
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	\$0 (Tier 3)	DP
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	\$0 (Tier 3)	DP
MAOX ORAL TABLET 420 MG	\$0 (Tier 3)	DP
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	\$0 (Tier 3)	DP
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	\$0 (Tier 3)	DP
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sb antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sm antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sm calcium antacid oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sodium bicarbonate oral powder</i>	\$0 (Tier 3)	DP
TUMS ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 3)	DP
Anti-Diarrheal		
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>diamode oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>ft anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>ft anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>ft stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>ft stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>gnp anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>gnp anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>gnp pink bismuth oral tablet 262 mg</i>	\$0 (Tier 3)	DP
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>goodsense stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>hm stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	\$0 (Tier 3)	DP
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>loperamide hcl oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>qc anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>qc anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>qc stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
RESTORA RX ORAL CAPSULE 60-1.25 MG	\$0 (Tier 3)	DP
<i>sb anti-diarrhea oral tablet 2 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 3)	DP
<i>sm anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>sm stomach relief oral tablet 262 mg</i>	\$0 (Tier 3)	DP
<i>sm stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	\$0 (Tier 3)	DP
<i>stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>stomach relief oral tablet 262 mg</i>	\$0 (Tier 3)	DP
<i>stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	\$0 (Tier 3)	DP
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier 1)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	B/D; QL (60 per 30 days)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2)	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	\$0 (Tier 2)	PA
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (Tier 2)	PA; QL (10 per 30 days)
Antispasmodics		
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (Tier 2)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (Tier 2)	
<i>glycopyrrolate oral tablet 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glycopyrrolate oral tablet 2 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
H2-Receptor Antagonists		
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	\$0 (Tier 1)	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0 (Tier 1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
Inflammatory Bowel Disease		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)	QL (1680 per 28 days)
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0 (Tier 1)	QL (28 per 28 days)
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	
Laxatives		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>bisacodyl laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>bisacodyl oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>bisacodyl rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	\$0 (Tier 3)	DP
COLACE CLEAR ORAL CAPSULE 50 MG	\$0 (Tier 3)	DP
COLACE ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>docusate calcium oral capsule 240 mg</i>	\$0 (Tier 3)	DP
<i>docusate mini rectal enema 283 mg/5ml</i>	\$0 (Tier 3)	DP
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML	\$0 (Tier 3)	DP
<i>dss oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
ENEMEEZ KIDS RECTAL ENEMA 100 MG/5ML	\$0 (Tier 3)	DP
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	\$0 (Tier 3)	DP
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	\$0 (Tier 3)	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>epsom salt oral granules</i>	\$0 (Tier 3)	DP
EVAC ORAL POWDER	\$0 (Tier 3)	DP
EVAC-U-GEN ORAL TABLET 8.6 MG	\$0 (Tier 3)	DP
<i>fiber laxative + calcium oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber laxative oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber oral powder 28.3 %</i>	\$0 (Tier 3)	DP
<i>fiber oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber-lax oral tablet 625 mg</i>	\$0 (Tier 3)	DP
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML	\$0 (Tier 3)	DP
<i>ft clearlax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>ft fiber laxative oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>ft gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>ft laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>ft mineral oil oral oil</i>	\$0 (Tier 3)	DP
<i>ft senna laxatives oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>ft senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>ft stool softener oral tablet 50-8.6 mg</i>	\$0 (Tier 3)	DP
<i>gavilax oral packet 17 gm, 8.5 gm</i>	\$0 (Tier 3)	DP
<i>gavilax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0 (Tier 1)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 1)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (Tier 1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>gentlelax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>geri-kot oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>glycerin (adult) rectal suppository 2 gm</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glycerin (infants & children) rectal suppository 1 gm</i>	\$0 (Tier 3)	DP
<i>glycerin adult rectal suppository 2 gm</i>	\$0 (Tier 3)	DP
<i>glycerin childrens rectal suppository 1 gm, 1.2 gm</i>	\$0 (Tier 3)	DP
GLYCOLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
GNP CLEARLAX ORAL PACKET 17 GM	\$0 (Tier 3)	DP
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>gnp epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>gnp fiber oral powder 43 %</i>	\$0 (Tier 3)	DP
<i>gnp fiber-caps oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	\$0 (Tier 3)	DP
<i>gnp glycerin child rectal suppository 1.2 gm</i>	\$0 (Tier 3)	DP
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp mineral oil oral oil</i>	\$0 (Tier 3)	DP
<i>gnp natural fiber oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>gnp natural fiber oral powder 28.3 %</i>	\$0 (Tier 3)	DP
<i>gnp senna lax oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>gnp senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener ex st oral capsule 250 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>goodsense epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>goodsense mineral oil oral oil</i>	\$0 (Tier 3)	DP
<i>goodsense senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>goodsense stool softener oral capsule 100 mg</i>	\$0 (Tier 3)	DP
HEALTHYLAX ORAL PACKET 17 GM	\$0 (Tier 3)	DP
<i>hm enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>kp senna oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>laxative max str oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>laxative regular strength oral tablet 15 mg</i>	\$0 (Tier 3)	DP
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	\$0 (Tier 3)	DP
<i>mineral oil oral oil</i>	\$0 (Tier 3)	DP
MIRALAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	\$0 (Tier 1)	
<i>natural psyllium seed oral powder 100 %</i>	\$0 (Tier 3)	DP
<i>natural senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	\$0 (Tier 3)	DP
ONELAX RECTAL SUPPOSITORY 10 MG	\$0 (Tier 3)	DP
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	\$0 (Tier 3)	DP
PEDIA-LAX ORAL LIQUID 50 MG/15ML	\$0 (Tier 3)	DP
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM	\$0 (Tier 3)	DP
<i>peg 3350 oral packet 17 gm</i>	\$0 (Tier 3)	DP
<i>peg 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (Tier 2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0 (Tier 3)	DP
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>psyllium fiber oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>qc enema rectal enema 16-6 gm/133ml</i>	\$0 (Tier 3)	DP
<i>qc epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>qc fiber laxative oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>qc gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc mineral oil heavy oral oil</i>	\$0 (Tier 3)	DP
<i>qc natura-lax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>qc psyllium fiber oral powder 43 %</i>	\$0 (Tier 3)	DP
<i>qc stool softener oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>qc stool softener pls laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>qc vegetable laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
REGULOID ORAL CAPSULE 400 MG	\$0 (Tier 3)	DP
REGULOID ORAL POWDER 28.3 %, 43 %, 51.7 %	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sb milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 3)	DP
<i>senexon-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna oral capsule 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna oral liquid 8.8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>senna oral syrup 8.8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>senna oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-lax oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-tabs oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-time oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-time s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	\$0 (Tier 3)	DP
SENOKOT ORAL TABLET 8.6 MG	\$0 (Tier 3)	DP
SENOKOT S ORAL TABLET 8.6-50 MG	\$0 (Tier 3)	DP
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>sm enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>sm epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>sm fiber oral powder 28.3 %, 43 %, 58.6 %</i>	\$0 (Tier 3)	DP
<i>sm fiber oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>sm fiber powder oral powder 25 %</i>	\$0 (Tier 3)	DP
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>sm senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>sm senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>sm stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stimulant laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stool softener laxative oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	\$0 (Tier 3)	DP
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	\$0 (Tier 3)	DP
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (Tier 2)	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 2)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)	
<i>ft gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>ft gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>ft gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	\$0 (Tier 3)	DP
<i>gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	\$0 (Tier 3)	DP
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 3)	DP
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	\$0 (Tier 3)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA; NDS
<i>gnp anti-gas oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>infants gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2)	QL (30 per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	QL (30 per 30 days)
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	\$0 (Tier 3)	DP
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG	\$0 (Tier 3)	DP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	\$0 (Tier 2)	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	\$0 (Tier 2)	PA; QL (11.2 per 28 days); NDS
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>simethicone oral capsule 125 mg, 180 mg</i>	\$0 (Tier 3)	DP
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 3)	DP
<i>simethicone ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>sm gas relief oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 3)	DP
<i>sucrafate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
VOWST ORAL CAPSULE	\$0 (Tier 2)	PA; QL (12 per 30 days); NDS
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	\$0 (Tier 2)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)	ST; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
GENITOURINARY		
Benign Prostatic Hyperplasia		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
Miscellaneous		
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 1)	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)	
Urinary Antispasmodics		
GEMTESA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2)	QL (300 per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (Tier 1)	ST; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
Vaginal Anti-Infectives		
<i>3 day vaginal vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>7 day vaginal vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole vaginal cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 3)	DP
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>gnp miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 3)	DP
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply DP - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>miconazole 7 vaginal suppository 100 mg</i>	\$0 (Tier 3)	DP
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & %	\$0 (Tier 3)	DP
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 3)	DP
MONISTAT 3 VAGINAL CREAM 4 %	\$0 (Tier 3)	DP
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM)	\$0 (Tier 3)	DP
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	\$0 (Tier 3)	DP
<i>qc 3 day vaginal cream 4 %</i>	\$0 (Tier 3)	DP
<i>qc clotrimazole vaginal cream 1 %</i>	\$0 (Tier 3)	DP
<i>qc miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm 3-day vaginal vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	\$0 (Tier 3)	DP
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>sm miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm miconazole 7 vaginal suppository 100 mg</i>	\$0 (Tier 3)	DP
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
HEMATOLOGIC		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0 (Tier 2)	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2)	QL (74 per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (Tier 1)	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (Tier 1)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier 2)	NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier 1)	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/500ml-%</i>	\$0 (Tier 2)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0 (Tier 1)	B/D
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	\$0 (Tier 2)	QL (620 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (Tier 2)	QL (620 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2)	QL (51 per 30 days)
Hematopoietic Growth Factors		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA; QL (1.2 per 28 days); NDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier 2)	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2)	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA; NDS
Iron		
<i>active fe oral tablet 75-1.25 mg</i>	\$0 (Tier 3)	DP
CENTRATEX ORAL CAPSULE 106-1 MG	\$0 (Tier 3)	DP
CHROMAGEN ORAL CAPSULE	\$0 (Tier 3)	DP
CORVITA 150 ORAL TABLET 150-1.25 MG	\$0 (Tier 3)	DP
CORVITE 150 ORAL TABLET	\$0 (Tier 3)	DP
<i>corvite fe oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>cvs slow release iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>eq slow-release iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>eq iron supplement therapy oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>eq slow release iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	\$0 (Tier 3)	DP
FERATE ORAL TABLET 240 (27 FE) MG	\$0 (Tier 3)	DP
FERGON ORAL TABLET 240 (27 FE) MG	\$0 (Tier 3)	DP
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG	\$0 (Tier 3)	PA; DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ferocon oral capsule</i>	\$0 (Tier 3)	DP
FEROSUL ORAL TABLET 325 (65 FE) MG	\$0 (Tier 3)	DP
FERRALET 90 ORAL TABLET 90-1 MG	\$0 (Tier 3)	DP
<i>ferretts oral tablet 325 (106 fe) mg</i>	\$0 (Tier 3)	DP
FERREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
<i>ferric x-150 oral capsule 150 mg</i>	\$0 (Tier 3)	DP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	\$0 (Tier 3)	DP
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i>	\$0 (Tier 3)	DP
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate er oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG	\$0 (Tier 3)	DP
FOLIVANE-F ORAL CAPSULE 125-1 MG	\$0 (Tier 3)	DP
FOLIVANE-PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
FUSION ORAL CAPSULE 65-65-25-30 MG	\$0 (Tier 3)	DP
FUSION PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>gnp iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
HEMATEX ORAL LIQUID 100 MG/5ML	\$0 (Tier 3)	DP
<i>hematinic/folic acid oral tablet 324-1 mg</i>	\$0 (Tier 3)	DP
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	\$0 (Tier 3)	DP
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	\$0 (Tier 3)	DP
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	\$0 (Tier 3)	DP
ICAR ORAL SUSPENSION 15 MG/1.25ML	\$0 (Tier 3)	DP
IFEREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
INFED INJECTION SOLUTION 50 MG/ML	\$0 (Tier 3)	DP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	\$0 (Tier 3)	DP
INTEGRA F ORAL CAPSULE 125-1 MG	\$0 (Tier 3)	DP
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG	\$0 (Tier 3)	DP
INTEGRA PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>iron 27 oral tablet 240 (27 fe) mg</i>	\$0 (Tier 3)	DP
<i>iron chews pediatric oral tablet chewable 15 mg</i>	\$0 (Tier 3)	DP
<i>iron folate plus oral capsule</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>iron folate-f oral capsule 125-1 mg</i>	\$0 (Tier 3)	DP
<i>iron high-potency oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg, 90 (18 fe) mg</i>	\$0 (Tier 3)	DP
<i>iron slow release oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	\$0 (Tier 3)	DP
IRON UP ORAL LIQUID 15 MG/0.5ML	\$0 (Tier 3)	DP
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	\$0 (Tier 3)	DP
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	\$0 (Tier 3)	DP
MULTIGEN ORAL TABLET 70 MG	\$0 (Tier 3)	DP
MULTIGEN PLUS ORAL TABLET	\$0 (Tier 3)	DP
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	\$0 (Tier 3)	DP
NEPHRON FA ORAL TABLET	\$0 (Tier 3)	DP
NIFEREX ORAL TABLET	\$0 (Tier 3)	DP
NOVAFERRUM 50 ORAL CAPSULE 50 MG	\$0 (Tier 3)	DP
NOVAFERRUM ORAL LIQUID 125 MG/5ML	\$0 (Tier 3)	DP
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML	\$0 (Tier 3)	DP
NU-IRON ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML	\$0 (Tier 3)	DP
POLY-IRON 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
<i>polysaccharide iron complex oral capsule 150 mg</i>	\$0 (Tier 3)	DP
<i>polysaccharide-iron complex oral capsule 150 mg</i>	\$0 (Tier 3)	DP
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 3)	DP
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>ra high potency iron oral tablet 27 mg</i>	\$0 (Tier 3)	DP
<i>ra iron oral tablet 27 mg</i>	\$0 (Tier 3)	DP
<i>ra slow release iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 3)	DP
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG	\$0 (Tier 3)	DP
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 45 mg, 47.5 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>sm iron oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm slow release dried iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>sm slow release iron oral tablet extended release 45 mg</i>	\$0 (Tier 3)	DP
<i>sv iron oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
TANDEM ORAL CAPSULE 53-53 MG	\$0 (Tier 3)	DP
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	\$0 (Tier 3)	DP
TRICON ORAL CAPSULE	\$0 (Tier 3)	DP
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	\$0 (Tier 3)	DP
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>	\$0 (Tier 3)	DP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 3)	DP
VITRON-C ORAL TABLET 65-125 MG	\$0 (Tier 3)	DP
<i>wee care oral suspension 15 mg/1.25ml</i>	\$0 (Tier 3)	DP
Miscellaneous		
ALVAIZ ORAL TABLET 18 MG, 36 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
ALVAIZ ORAL TABLET 54 MG, 9 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (Tier 2)	PA; QL (24 per 30 days); NDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (Tier 2)	PA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2)	PA; QL (20 per 30 days); NDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 2)	PA; QL (27 per 30 days); NDS
<i>l-glutamine oral packet 5 gm</i>	\$0 (Tier 2)	PA; NDS
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	\$0 (Tier 2)	PA; QL (27 per 30 days); NDS
SIKLOS ORAL TABLET 100 MG	\$0 (Tier 2)	
SIKLOS ORAL TABLET 1000 MG	\$0 (Tier 2)	NDS
TAVNEOS ORAL CAPSULE 10 MG	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0 (Tier 1)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	\$0 (Tier 1)	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	\$0 (Tier 2)	PA; QL (28 per 365 days); NDS
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	\$0 (Tier 2)	PA; QL (28 per 365 days); NDS
<i>adalimumab-aacf(cd/uc/hs str) subcutaneous auto-injector kit 40 mg/0.8ml</i>	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
<i>adalimumab-aacf(psluv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	\$0 (Tier 2)	PA; QL (4 per 365 days); NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (32 per 365 days); NDS
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	\$0 (Tier 2)	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (32 per 365 days); NDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (32 per 365 days); NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (32 per 365 days); NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 per 365 days); NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA; QL (32 per 365 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 per 28 days); NDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (2 per 28 days); NDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 per 28 days); NDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (3 per 28 days); NDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2)	PA; QL (3 per 28 days); NDS
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (28 per 365 days); NDS
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (28 per 365 days); NDS
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (4 per 365 days); NDS
<i>infliximab intravenous solution reconstituted 100 mg</i>	\$0 (Tier 2)	PA; NDS
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA; NDS
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days); NDS
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; NDS
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (Tier 2)	PA; QL (168 per 365 days); NDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2)	PA; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (Tier 2)	PA; QL (1.2 per 56 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2)	PA; QL (2.4 per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
SOTYKTU ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	\$0 (Tier 2)	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	\$0 (Tier 2)	PA; QL (4 per 28 days); NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	\$0 (Tier 2)	PA; NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 per 28 days); NDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 per 28 days); NDS
VELSIPITY ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (Tier 2)	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	B/D
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	\$0 (Tier 2)	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (Tier 2)	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2)	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2)	PA; NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	\$0 (Tier 2)	PA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2)	PA; NDS
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	\$0 (Tier 2)	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	\$0 (Tier 2)	B/D; NDS
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (Tier 2)	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2)	B/D; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 2)	B/D; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2)	B/D; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2)	B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2)	B/D; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 1)	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 1)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 1)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 1)	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	\$0 (Tier 1)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 1)	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 1)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 1)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DENGAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lf/0.5ml</i>	\$0 (Tier 1)	B/D
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 1)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 1)	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 1)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 1)	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0 (Tier 1)	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0 (Tier 1)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (Tier 1)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 1)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 1)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 1)	
IPOLE INJECTION INJECTABLE	\$0 (Tier 1)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	\$0 (Tier 1)	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 1)	
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 1)	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	\$0 (Tier 1)	
MENVEO INTRAMUSCULAR SOLUTION	\$0 (Tier 1)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 1)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 1)	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0 (Tier 1)	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 1)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 1)	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
<i>penmenvy intramuscular suspension reconstituted</i>	\$0 (Tier 1)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 1)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 1)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 1)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 1)	B/D
ROTARIX ORAL SUSPENSION	\$0 (Tier 1)	
ROTATEQ ORAL SOLUTION	\$0 (Tier 1)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 1)	QL (2 per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 1)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 1)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 1)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 1)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 1)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 1)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 1)	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	\$0 (Tier 1)	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	\$0 (Tier 1)	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 1)	
MISCELLANEOUS		
Miscellaneous		
1st base external cream	\$0 (Tier 3)	DP
ARBEM H-COSMETIC EXTERNAL CREAM	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ARBEM LIOPEN EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>az cream external cream</i>	\$0 (Tier 3)	DP
BASE PCCA CLARIFYING EXTERNAL CREAM	\$0 (Tier 3)	DP
CLEODERM EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>cream base external cream</i>	\$0 (Tier 3)	DP
<i>emollient base external cream</i>	\$0 (Tier 3)	DP
<i>gnp petroleum jelly external gel</i>	\$0 (Tier 3)	DP
<i>hm petroleum jelly external gel</i>	\$0 (Tier 3)	DP
<i>hydrous emulsified base external cream</i>	\$0 (Tier 3)	DP
<i>melatonin oral liquid 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>microderm base external cream</i>	\$0 (Tier 3)	DP
MICROSOME BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>oral suspend oral liquid</i>	\$0 (Tier 3)	DP
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	\$0 (Tier 3)	DP
ORAPENN SD ANHYD UNSWEETEN ORAL LIQUID	\$0 (Tier 3)	DP
ORA-PLUS ORAL LIQUID	\$0 (Tier 3)	DP
PCCA BASE 7542 EXTERNAL CREAM	\$0 (Tier 3)	DP
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>petroleum jelly external gel</i>	\$0 (Tier 3)	DP
PFCB EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE COSMETIC EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE LIGHT EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE VAGINAL EXTERNAL CREAM	\$0 (Tier 3)	DP
PHYTOBASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>polyethylene glycol 3350 powder</i>	\$0 (Tier 3)	DP
<i>qc petroleum jelly external gel 99.89 %</i>	\$0 (Tier 3)	DP
<i>scar care external cream</i>	\$0 (Tier 3)	DP
<i>sm alcohol solution 70 %</i>	\$0 (Tier 3)	DP
SYRSPEND SF ORAL LIQUID	\$0 (Tier 3)	DP
U-BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
VANIBASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>vanishing cream botanical base external cream</i>	\$0 (Tier 3)	DP
<i>versatile cream base external cream</i>	\$0 (Tier 3)	DP
VERSIGEL EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>white petroleum jelly external gel</i>	\$0 (Tier 3)	DP
<i>wound care external cream</i>	\$0 (Tier 3)	DP
XCEL 100 EXTERNAL CREAM	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0 (Tier 1)	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	\$0 (Tier 2)	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)	
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	\$0 (Tier 1)	
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	\$0 (Tier 2)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier 2)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	\$0 (Tier 1)	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	\$0 (Tier 1)	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	\$0 (Tier 1)	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	\$0 (Tier 2)	
<i>lactated ringers intravenous solution</i>	\$0 (Tier 1)	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0 (Tier 2)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 2)	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0 (Tier 2)	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	\$0 (Tier 1)	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0 (Tier 2)	
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	\$0 (Tier 2)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	\$0 (Tier 1)	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	\$0 (Tier 1)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (Tier 1)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (Tier 1)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (Tier 2)	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	\$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
<i>m-natal plus oral tablet 27-1 mg</i>	\$0 (Tier 2)	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)	
<i>prenatal oral tablet 27-1 mg</i>	\$0 (Tier 2)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)	
<i>westab plus oral tablet 27-1 mg</i>	\$0 (Tier 2)	
Electrolytes		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	\$0 (Tier 3)	DP
BIOLYTE ORAL SOLUTION	\$0 (Tier 3)	DP
CERALYTE 70 ORAL SOLUTION	\$0 (Tier 3)	DP
CERASPORT EX1 ORAL SOLUTION	\$0 (Tier 3)	DP
CERASPORT ORAL SOLUTION	\$0 (Tier 3)	DP
<i>cvs electrolyte solution oral solution</i>	\$0 (Tier 3)	DP
<i>cvs ped electrolyte freeze pop oral solution</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cvs pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
ENFAMIL ENFALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
<i>gnp electrolyte solution oral solution</i>	\$0 (Tier 3)	DP
<i>goodsense electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>h-e-b oral electrolyte oral solution</i>	\$0 (Tier 3)	DP
HYDRALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
KINDERLYTE ORAL SOLUTION	\$0 (Tier 3)	DP
KINDERLYTE PREMAX ORAL SOLUTION	\$0 (Tier 3)	DP
<i>oral electrolytes oral solution</i>	\$0 (Tier 3)	DP
<i>oralyte oral solution</i>	\$0 (Tier 3)	DP
<i>ped electrolyte freeze pops oral solution</i>	\$0 (Tier 3)	DP
<i>ped electrolyte freezer pops oral solution</i>	\$0 (Tier 3)	DP
PEDIA VANCE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE ADVANCED CARE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE SINGLES ORAL SOLUTION	\$0 (Tier 3)	DP
<i>pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>ra pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
REHYDRALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
<i>sb pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>sm pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>truelyte oral solution</i>	\$0 (Tier 3)	DP
Iv Nutrition		
<i>chromic chloride intravenous solution 40 mcg/10ml</i>	\$0 (Tier 3)	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (6/5) intravenous solution 6 %</i>	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (8/10) intravenous solution 8 %</i>	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (8/14) intravenous solution 8 %</i>	\$0 (Tier 2)	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	\$0 (Tier 1)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	\$0 (Tier 3)	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (Tier 1)	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	\$0 (Tier 1)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D; NDS
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (Tier 2)	B/D
<i>selenious acid intravenous solution 60 mcg/ml</i>	\$0 (Tier 3)	DP
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	\$0 (Tier 3)	DP
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D
<i>zinc chloride intravenous solution 1 mg/ml</i>	\$0 (Tier 3)	DP
Minerals		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
CALCITRATE ORAL TABLET 315-6.25 MG-MCG	\$0 (Tier 3)	DP
<i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 1000 + d oral tablet 1000-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 1200 oral tablet chewable 1200-1000 mg-unit</i>	\$0 (Tier 3)	DP
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600 high potency oral tablet 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 3)	DP
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate oral powder 800 mg/2gm</i>	\$0 (Tier 3)	DP
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate powder</i>	\$0 (Tier 3)	DP
<i>calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium citrate plus/magnesium oral tablet</i>	\$0 (Tier 3)	DP
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium creamies oral tablet chewable 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium gluconate oral capsule 50 mg</i>	\$0 (Tier 3)	DP
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium lactate oral tablet 100 mg, 750 mg</i>	\$0 (Tier 3)	DP
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg</i>	\$0 (Tier 3)	DP
<i>calcium-magnesium-zinc-d3 oral tablet 333 mg-133 mg-5 mg-5 mcg, 333-133-5-3.33 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium-magnesium-zinc-vit d3 oral tablet 333 mg-133 mg-5 mg-1.7 mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cal-mint oral tablet chewable 260 mg</i>	\$0 (Tier 3)	DP
CALTRATE 600+D PLUS MINERALS ORAL TABLET 600-800 MG-UNIT	\$0 (Tier 3)	DP
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	\$0 (Tier 3)	DP
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG	\$0 (Tier 3)	DP
CALTRATE BONE HEALTH ORAL TABLET 600-20 MG-MCG	\$0 (Tier 3)	DP
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG	\$0 (Tier 3)	DP
CALTRATE MINIS PLUS MINERALS ORAL TABLET 300-800 MG-UNIT	\$0 (Tier 3)	DP
<i>chelated magnesium oral tablet 100 mg</i>	\$0 (Tier 3)	DP
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	\$0 (Tier 3)	DP
CITRACAL MAXIMUM PLUS ORAL TABLET	\$0 (Tier 3)	DP
CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG	\$0 (Tier 3)	DP
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 3)	DP
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 3)	DP
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs magnesium oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>cvs magnesium oxide oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 3)	DP
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fem-cal citrate oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp cal mag zinc +d3 oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 3)	DP
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 3)	DP
<i>kp mag-oxide magnesium oral tablet 200 mg</i>	\$0 (Tier 3)	DP
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 3)	DP
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 3)	DP
<i>mag-g oral tablet 500 (27 mg) mg</i>	\$0 (Tier 3)	DP
MAGNEBIND 300 ORAL TABLET 250-300 MG	\$0 (Tier 3)	DP
MAGNEBIND 400 ORAL TABLET 80-115 MG	\$0 (Tier 3)	DP
<i>magnesium gluconate oral tablet 250 mg, 27.5 mg</i>	\$0 (Tier 3)	DP
<i>magnesium lactate oral tablet extended release 84 mg (7meq)</i>	\$0 (Tier 3)	DP
<i>magnesium oral tablet 200 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>magnesium oxide -mg supplement oral tablet chewable 200 mg</i>	\$0 (Tier 3)	DP
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	\$0 (Tier 3)	DP
MAGOX 400 ORAL TABLET 400 (240 MG) MG	\$0 (Tier 3)	DP
MAG-OXIDE ORAL TABLET 200 MG	\$0 (Tier 3)	DP
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	\$0 (Tier 3)	DP
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	\$0 (Tier 3)	DP
<i>mgo oral tablet 400 (240 mg) mg</i>	\$0 (Tier 3)	DP
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	\$0 (Tier 3)	DP
ORAZINC ORAL TABLET 110 (25 ZN) MG	\$0 (Tier 3)	DP
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	\$0 (Tier 3)	DP
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	\$0 (Tier 3)	DP

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG	\$0 (Tier 3)	DP
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	\$0 (Tier 3)	DP
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium oral tablet 500 mg, 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	\$0 (Tier 3)	DP
<i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>ra calcium 600 oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
RA HI CAL ORAL TABLET 500-5 MG-MCG	\$0 (Tier 3)	DP
<i>ra natural magnesium oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>ra zinc oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sb oyster shell calcium oral tablet 500 mg</i>	\$0 (Tier 3)	DP
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	\$0 (Tier 3)	DP
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i>	\$0 (Tier 3)	DP
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm magnesium oxide oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$0 (Tier 3)	DP
<i>sodium phosphates intravenous solution 45 mmole/15ml</i>	\$0 (Tier 3)	DP
<i>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>super calcium 600 + d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>super calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>true magnesium oxide oral tablet 400 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
ZINC 15 ORAL TABLET 66 (15 ZN) MG	\$0 (Tier 3)	DP
<i>zinc gluconate oral tablet 100 mg, 30 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>zinc oral capsule 220 (50 zn) mg</i>	\$0 (Tier 3)	DP
<i>zinc oral tablet 30 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	\$0 (Tier 3)	DP
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	\$0 (Tier 3)	DP
Miscellaneous		
<i>co q 10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>co q-10 oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 3)	DP
<i>co q10 oral capsule 30 mg</i>	\$0 (Tier 3)	DP
<i>co-enzyme q10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	DP
<i>coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>coq10 maximum strength oral capsule 400 mg</i>	\$0 (Tier 3)	DP
<i>coq10 oral capsule 100 mg, 200 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>coq-10 oral capsule 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 3)	DP
<i>cvs coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>cvs coq-10 oral capsule 200 mg, 400 mg</i>	\$0 (Tier 3)	DP
<i>eql coq10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	DP
<i>glutamine oral powder</i>	\$0 (Tier 3)	DP
<i>gnp co q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp co q10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp melatonin oral tablet 3 mg</i>	\$0 (Tier 3)	DP
<i>kp melatonin oral tablet 3 mg</i>	\$0 (Tier 3)	DP
<i>l-glutamine oral powder</i>	\$0 (Tier 3)	DP
<i>melatonin maximum strength oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml</i>	\$0 (Tier 3)	DP
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	\$0 (Tier 3)	DP
NEOQ10 ORAL CAPSULE 125 MG	\$0 (Tier 3)	DP
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 3)	DP
<i>ra coenzyme q-10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	DP
<i>sm co q-10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	DP
<i>sm coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>yl coenzyme q10 oral capsule 30 mg</i>	\$0 (Tier 3)	DP
Vitamins		
<i>50+ adult eye health oral capsule</i>	\$0 (Tier 3)	DP
<i>a thru z advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z high potency oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select 50+ advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select 50+ mens oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>a thru z select ultimate women oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z ultimate mens oral tablet</i>	\$0 (Tier 3)	DP
<i>a-10000 oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>a-25 oral capsule 7.5 mg (25000 ut)</i>	\$0 (Tier 3)	DP
<i>abc complete senior 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>abc complete senior mens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>abc complete senior womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>acerola c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>actical oral capsule</i>	\$0 (Tier 3)	DP
ACTIVNUTRIENTS ORAL CAPSULE	\$0 (Tier 3)	DP
ACTIVNUTRIENTS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE	\$0 (Tier 3)	DP
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>adult one daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
ADVANCED MULTI EA ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	\$0 (Tier 3)	DP
ALIVE ENERGY 50+ ORAL TABLET	\$0 (Tier 3)	DP
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE	\$0 (Tier 3)	DP
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE MENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ALIVE MENS COMPLETE MULTI ORAL TABLET	\$0 (Tier 3)	DP
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE MULTI-VITAMIN ORAL LIQUID	\$0 (Tier 3)	DP
ALIVE ONCE DAILY WOMENS ORAL TABLET	\$0 (Tier 3)	DP
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE WOMENS ENERGY ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALLBEE/C ORAL TABLET	\$0 (Tier 3)	DP
AMLADEX ORAL TABLET	\$0 (Tier 3)	DP
<i>antioxidant a/c/e/selenium oral tablet</i>	\$0 (Tier 3)	DP
<i>antioxidant formula oral tablet</i>	\$0 (Tier 3)	DP
<i>antioxidant oral capsule</i>	\$0 (Tier 3)	DP
<i>anti-oxidant oral tablet</i>	\$0 (Tier 3)	DP
<i>antioxidant vitamins oral tablet</i>	\$0 (Tier 3)	DP
APETIBEX ORAL CAPSULE	\$0 (Tier 3)	DP
APPE-CURB ORAL CAPSULE	\$0 (Tier 3)	DP
AQUA-E ORAL LIQUID 50.25 MG/ML (75 UT/ML)	\$0 (Tier 3)	DP
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	\$0 (Tier 3)	DP
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>ascorbic acid injection solution 500 mg/ml</i>	\$0 (Tier 3)	DP
<i>ascorbic acid oral tablet 500 mg</i>	\$0 (Tier 3)	DP
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	\$0 (Tier 3)	DP
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>b complex oral capsule</i>	\$0 (Tier 3)	DP
<i>b complex vitamins oral capsule</i>	\$0 (Tier 3)	DP
<i>b complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>b complex-c-folic acid oral tablet</i>	\$0 (Tier 3)	DP
<i>b1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>b-1 oral tablet 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 50 mcg, 500 mcg</i>	\$0 (Tier 3)	DP
<i>b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>b-12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 3)	DP
<i>b6 natural oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML	\$0 (Tier 3)	DP
<i>baby super daily d3 oral liquid 10 mcg /0.028ml</i>	\$0 (Tier 3)	DP
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>	\$0 (Tier 3)	DP
BACMIN ORAL TABLET	\$0 (Tier 3)	DP
<i>balance b-50 oral tablet</i>	\$0 (Tier 3)	DP
<i>bariatric multivitamins/iron oral capsule</i>	\$0 (Tier 3)	DP
<i>b-complex (folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex balanced oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex/b-12 oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex-c (w/folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>better b complex oral tablet</i>	\$0 (Tier 3)	DP
BIO-35 GLUTEN-FREE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>biocal oral capsule</i>	\$0 (Tier 3)	DP
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	\$0 (Tier 3)	DP
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	\$0 (Tier 3)	DP
<i>biotin maximum strength oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>biotin oral capsule 1 mg, 10 mg, 5 mg, 5000 mcg</i>	\$0 (Tier 3)	DP
<i>biotin oral tablet 1000 mcg, 5 mg</i>	\$0 (Tier 3)	DP
<i>body/hair/skin/nails oral capsule</i>	\$0 (Tier 3)	DP
BONEUP 3 PER DAY ORAL CAPSULE	\$0 (Tier 3)	DP
BONEUP ORAL CAPSULE	\$0 (Tier 3)	DP
BONEUP VEGETARIAN ORAL TABLET	\$0 (Tier 3)	DP
<i>bp vit 3 oral capsule 1 mg</i>	\$0 (Tier 3)	DP
BPROTECTED MULTI-VITE ORAL LIQUID	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	\$0 (Tier 3)	DP
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	\$0 (Tier 3)	DP
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML, 11 MG/ML	\$0 (Tier 3)	DP
<i>c 1000 oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c 500 oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>c-1000 oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-1000 oral tablet extended release 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-1000/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-250 oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500/rose hips oral tablet 500 mg</i>	\$0 (Tier 3)	DP
CALCIDOL ORAL SOLUTION 200 MCG/ML	\$0 (Tier 3)	DP
<i>c-chewable oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>centavite a-z complete-mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>centravites 50 plus oral tablet</i>	\$0 (Tier 3)	DP
<i>centravites adults oral tablet</i>	\$0 (Tier 3)	DP
<i>centravites oral tablet</i>	\$0 (Tier 3)	DP
CENTRUM ADULT ORAL LIQUID	\$0 (Tier 3)	DP
CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM ADULTS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM CARDIO ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM MEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM MINIS ADULTS 50+ ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM MINIS WOMEN 50+ ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM ORAL LIQUID	\$0 (Tier 3)	DP
CENTRUM SILVER 50+MEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER 50+WOMEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ADULT 50+ ORAL TABLET	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CENTRUM SILVER MEN 50+ ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER WOMEN 50+ ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SPECIALIST HEART ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SPECIALIST VISION ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM ULTRA WOMENS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM WOMEN ORAL TABLET	\$0 (Tier 3)	DP
<i>century mature oral tablet</i>	\$0 (Tier 3)	DP
<i>century oral tablet</i>	\$0 (Tier 3)	DP
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
CEROVITE SENIOR ORAL TABLET	\$0 (Tier 3)	DP
CERTA-VITE ORAL LIQUID	\$0 (Tier 3)	DP
CERTAVITE SENIOR ORAL TABLET	\$0 (Tier 3)	DP
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	\$0 (Tier 3)	DP
CERTAVITE/ANTIOXIDANTS ORAL TABLET	\$0 (Tier 3)	DP
<i>childrens animal shapes oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>childrens chew multivitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens chewable vitamins oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>classic prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>cod liver oil oral capsule 4000-200 unit</i>	\$0 (Tier 3)	DP
<i>cod liver oil w/vit a & d oral capsule</i>	\$0 (Tier 3)	DP
<i>companion oral tablet</i>	\$0 (Tier 3)	DP
COMPETE ORAL TABLET	\$0 (Tier 3)	DP
<i>complete multivitamin/mineral oral liquid</i>	\$0 (Tier 3)	DP
CORVITA ORAL TABLET	\$0 (Tier 3)	DP
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>cvs adult 50+ eye health oral capsule</i>	\$0 (Tier 3)	DP
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CVS AIRSHIELD ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>cvs b complex plus c oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>cvs b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cv's b6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>cv's biotin high potency oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cv's biotin oral capsule 10 mg, 5000 mcg</i>	\$0 (Tier 3)	DP
<i>cv's chewable c with rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>cv's chewable childrens vitamin oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>cv's childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>cv's d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>cv's daily gummies adult oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's daily multiple for men oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's daily multiple women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's e oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>cv's eye health & lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's eye health adult 50+ oral capsule</i>	\$0 (Tier 3)	DP
<i>cv's folic acid oral tablet 800 mcg</i>	\$0 (Tier 3)	DP
<i>cv's gummy dinos oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's gummy multivitamin kids oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's mens daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's one daily essential oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's one daily mens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's one daily mens formula oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's one daily womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's one daily womens formula oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite adult 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite adult 50+ oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cv's spectravite adults oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite men oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite senior oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite ultra men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite ultra mens oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite ultra women oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite women oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's spectravite womens senior oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's super b complex/c oral tablet</i>	\$0 (Tier 3)	DP
<i>cv's vision health oral capsule</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cvx vitamin b12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b-12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin d3 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>cvx vitamin e oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>cvx womens active daily oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx womens daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	\$0 (Tier 3)	DP
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	\$0 (Tier 3)	DP
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>d 400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 baby drops oral liquid 10 mcg /0.025ml</i>	\$0 (Tier 3)	DP
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT)</i>	\$0 (Tier 3)	DP
<i>d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>daily combo multi vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>daily multiple vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>daily multivitamin oral capsule</i>	\$0 (Tier 3)	DP
<i>daily value multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vite multivitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vite oral tablet</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>daily vites oral tablet</i>	\$0 (Tier 3)	DP
<i>daily-vite multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>daily-vite oral tablet</i>	\$0 (Tier 3)	DP
DDROPS ORAL LIQUID 25 MCG /0.028ML, 50 MCG /0.028ML	\$0 (Tier 3)	DP
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	\$0 (Tier 3)	DP
DECUBI-VITE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>dekas bariatric oral tablet chewable</i>	\$0 (Tier 3)	DP
DEKAS PLUS OCEAN ORAL CAPSULE	\$0 (Tier 3)	DP
DEKAS PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
DEKAS PLUS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	\$0 (Tier 3)	DP
DERMACINRX MULTITAM ORAL TABLET	\$0 (Tier 3)	DP
DERMACINRX RIBOTIN-E ORAL TABLET	\$0 (Tier 3)	DP
DERMACINRX ZINTREXYL-C ORAL TABLET	\$0 (Tier 3)	DP
<i>diabetes health formula oral tablet</i>	\$0 (Tier 3)	DP
DIALYVITE 3000 ORAL TABLET 3 MG	\$0 (Tier 3)	DP
DIALYVITE 5000 ORAL TABLET 5 MG	\$0 (Tier 3)	DP
DIALYVITE 800 ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
<i>dialyvite 800/ultra d oral tablet</i>	\$0 (Tier 3)	DP
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
DIALYVITE ORAL TABLET	\$0 (Tier 3)	DP
DIALYVITE SUPREME D ORAL TABLET	\$0 (Tier 3)	DP
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	\$0 (Tier 3)	DP
DIALYVITE/ZINC ORAL TABLET	\$0 (Tier 3)	DP
DODDEX INJECTION SOLUTION 1000 MCG/ML	\$0 (Tier 3)	DP
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
D-VI-SOL ORAL LIQUID 10 MCG/ML	\$0 (Tier 3)	DP
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>e 1000 oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>e200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>e-200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
ELDERTONIC ORAL LIQUID	\$0 (Tier 3)	DP
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	\$0 (Tier 3)	DP
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG	\$0 (Tier 3)	DP
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	\$0 (Tier 3)	DP
<i>eq complete multivit adult 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>eq complete multivitamin-adult oral tablet</i>	\$0 (Tier 3)	DP
<i>eq multivitamin gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>eq one daily mens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eq one daily mens health oral tablet</i>	\$0 (Tier 3)	DP
<i>eq one daily womens health oral tablet</i>	\$0 (Tier 3)	DP
<i>eql b complex 50 oral tablet</i>	\$0 (Tier 3)	DP
<i>eql b-12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>eql b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>eql biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>eql century mature adults 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eql century mature oral tablet</i>	\$0 (Tier 3)	DP
<i>eql century mens oral tablet</i>	\$0 (Tier 3)	DP
<i>eql century oral tablet</i>	\$0 (Tier 3)	DP
<i>eql child multivit/minerals oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>eql one daily mens 50+ advance oral tablet</i>	\$0 (Tier 3)	DP
<i>eql one daily mens health oral tablet</i>	\$0 (Tier 3)	DP
<i>eql one daily womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>eql super b complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>eql vision formula oral tablet</i>	\$0 (Tier 3)	DP
<i>eql vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>eql vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>eql vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>eql vitamin e oral capsule 400 unit</i>	\$0 (Tier 3)	DP
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	\$0 (Tier 3)	DP
<i>ergocalciferol oral solution 200 mcg/ml</i>	\$0 (Tier 3)	DP
ESSENTIA ORAL TABLET	\$0 (Tier 3)	DP
<i>essential balance oral tablet</i>	\$0 (Tier 3)	DP
ESTER-C ORAL TABLET	\$0 (Tier 3)	DP
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET	\$0 (Tier 3)	DP
<i>eye health + lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>eye multivitamin/sodium oral tablet</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG	\$0 (Tier 3)	DP
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES COMPLETE ORAL TABLET CHEWABLE , 18 MG	\$0 (Tier 3)	DP
FLINSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
FLINSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
FLINSTONES/MY FIRST ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	\$0 (Tier 3)	DP
<i>folate oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>folbee oral tablet 2.5-25-1 mg</i>	\$0 (Tier 3)	DP
<i>folbee plus oral tablet</i>	\$0 (Tier 3)	DP
FOLBIC ORAL TABLET 2.5-25-2 MG	\$0 (Tier 3)	DP
<i>folic acid injection solution 5 mg/ml</i>	\$0 (Tier 3)	DP
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	\$0 (Tier 3)	DP
FOLIFLEX ORAL TABLET	\$0 (Tier 3)	DP
<i>folika-bc oral tablet 1 mg</i>	\$0 (Tier 3)	DP
<i>folite oral tablet</i>	\$0 (Tier 3)	PA; DP
FOLITIN-Z ORAL TABLET	\$0 (Tier 3)	DP
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	\$0 (Tier 3)	PA; DP
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	\$0 (Tier 3)	DP
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	\$0 (Tier 3)	DP
FOLTANX ORAL TABLET 3-35-2 MG	\$0 (Tier 3)	DP
FOLTRATE ORAL TABLET 500-1 MCG-MG	\$0 (Tier 3)	DP
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	\$0 (Tier 3)	PA; DP
<i>freedavite oral tablet</i>	\$0 (Tier 3)	DP
<i>fruit c 500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fruit c oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP
<i>fruity c oral tablet chewable 250 mg</i>	\$0 (Tier 3)	DP
<i>fruity chews oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
<i>genadek step 1 oral capsule</i>	\$0 (Tier 3)	DP
<i>genadek step 2 oral capsule</i>	\$0 (Tier 3)	DP
GERBER GROW MIGHTY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
GERBER LIL' BRAINIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
GERITOL COMPLETE ORAL TABLET	\$0 (Tier 3)	DP
<i>gerivite complete oral tablet</i>	\$0 (Tier 3)	DP
<i>glucoten oral capsule</i>	\$0 (Tier 3)	DP
<i>gnp biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>gnp childrens chewables/ex c oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp essential one daily oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>gnp hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp healthy eyes oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp little ones childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>gnp mega multi for men oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp mega multi for women oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily mens health 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily mens/lycopene oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>gnp therapeutic-m oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp vitamin a oral capsule 3000 mcg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin e oral capsule 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>hair skin & nails advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>hair skin & nails oral tablet</i>	\$0 (Tier 3)	DP
<i>hair skin nails oral capsule</i>	\$0 (Tier 3)	DP
<i>hair/skin/nails oral capsule</i>	\$0 (Tier 3)	DP
<i>hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
HARD NAILS ORAL CAPSULE 2.5 MG	\$0 (Tier 3)	DP
<i>healthy eyes oral tablet</i>	\$0 (Tier 3)	DP
<i>healthy eyes supervision 2 oral capsule</i>	\$0 (Tier 3)	DP
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	\$0 (Tier 3)	DP
<i>healthy hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>healthy kids gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>high potency multivit/la oral tablet</i>	\$0 (Tier 3)	DP
<i>high potency multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete men oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete women oral tablet</i>	\$0 (Tier 3)	DP
<i>hm womens 50+ advanced daily oral tablet</i>	\$0 (Tier 3)	DP
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3	\$0 (Tier 3)	DP
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	\$0 (Tier 3)	DP
<i>hylazinc oral tablet</i>	\$0 (Tier 3)	DP
ICAPS AREDS FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	\$0 (Tier 3)	DP
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE	\$0 (Tier 3)	DP
ICAPS MV ORAL TABLET	\$0 (Tier 3)	DP
ICAPS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>immune support oral tablet chewable</i>	\$0 (Tier 3)	DP
IMMUNERX ORAL CAPSULE	\$0 (Tier 3)	DP
INFUVITE ADULT INTRAVENOUS SOLUTION	\$0 (Tier 3)	DP
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	\$0 (Tier 3)	DP
<i>i-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>just 4 kidz multivitamin/probiotic oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>kobee oral tablet</i>	\$0 (Tier 3)	DP
<i>kp adults 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp adults daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp b complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	\$0 (Tier 3)	DP
<i>kp mens 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp mens daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
KP VISION FORMULA ORAL TABLET	\$0 (Tier 3)	DP
KP VISION FORMULA/LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>kp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>kp womens 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp womens daily formula oral tablet</i>	\$0 (Tier 3)	DP
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	\$0 (Tier 3)	DP
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 3)	DP
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 3)	DP
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	\$0 (Tier 3)	DP
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	\$0 (Tier 3)	DP
LYSIPLEX PLUS ORAL LIQUID	\$0 (Tier 3)	DP
MACULAR HEALTH FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
MACUVITE EYE CARE ORAL TABLET	\$0 (Tier 3)	DP
MACUVITE ORAL TABLET	\$0 (Tier 3)	DP
MACUVITE/LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0 (Tier 3)	DP
<i>maximum daily green oral tablet</i>	\$0 (Tier 3)	DP
<i>mega biotin oral capsule 10 mg</i>	\$0 (Tier 3)	DP
MEGA MULTI MEN ORAL TABLET	\$0 (Tier 3)	DP
<i>megavite fruits & veggies oral tablet</i>	\$0 (Tier 3)	DP
<i>megavite golden years 55+ oral tablet</i>	\$0 (Tier 3)	DP
<i>meijer advanced formula oral tablet</i>	\$0 (Tier 3)	DP
<i>meijer c oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>mens 50+ advanced oral capsule</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>mens 50+ multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>mens daily formulalycopene oral capsule</i>	\$0 (Tier 3)	DP
<i>mens multivitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
MERIBIN ORAL CAPSULE 5 MG	\$0 (Tier 3)	DP
METAFOLBIC ORAL TABLET 6-1-50-5 MG	\$0 (Tier 3)	DP
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	\$0 (Tier 3)	DP
MOOD FOOD ES ORAL CAPSULE	\$0 (Tier 3)	DP
MOOD FOOD ORAL CAPSULE	\$0 (Tier 3)	DP
MTX SUPPORT ORAL TABLET	\$0 (Tier 3)	DP
<i>multi + omega-3 adult gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi adult gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi completeliron oral tablet</i>	\$0 (Tier 3)	DP
<i>multi for her 50+ oral capsule</i>	\$0 (Tier 3)	DP
<i>multi for her 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multi for her oral capsule</i>	\$0 (Tier 3)	DP
<i>multi for her oral tablet</i>	\$0 (Tier 3)	DP
<i>multi for him 50+ oral tablet</i>	\$0 (Tier 3)	DP
MULTI FOR HIM ORAL TABLET	\$0 (Tier 3)	DP
<i>multi vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multi vitamin w/d-3 oral tablet</i>	\$0 (Tier 3)	DP
<i>multi vitamin/minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vit/minerals/no iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins essential oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins/liron oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins/womens oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins-minerals oral liquid</i>	\$0 (Tier 3)	DP
<i>multipro oral capsule</i>	\$0 (Tier 3)	DP
<i>multi-vit/liron/fluoride oral solution 0.25-10 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivit/multimineral adult oral liquid</i>	\$0 (Tier 3)	DP
<i>multivitamin & mineral oral liquid</i>	\$0 (Tier 3)	DP
<i>multivitamin adult (minerals) oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adult oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adults 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adults oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin childrens gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin drops/liron oral solution 11 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivitamin gummies adult oral tablet chewable</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>multivitamin gummies mens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi-vitamin gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin gummies womens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin infant & toddler oral solution , 11 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivitamin men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin monocaps oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin oral liquid</i>	\$0 (Tier 3)	DP
<i>multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 3)	DP
<i>multivitamin women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin women oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin/zinc stress oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin-minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>multi-vite oral liquid</i>	\$0 (Tier 3)	DP
<i>multivit-min gummies childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION ORAL SOLUTION	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>mvw hi-d adek gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
MVW MODULATOR FORMULATION MINI ORAL CAPSULE	\$0 (Tier 3)	DP
MVW MODULATOR FORMULATION ORAL CAPSULE	\$0 (Tier 3)	DP
<i>myamulti oral tablet</i>	\$0 (Tier 3)	DP
MYNEPHRON ORAL CAPSULE 1 MG	\$0 (Tier 3)	DP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	\$0 (Tier 3)	DP
<i>natural c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
NEPHPLEX RX ORAL TABLET	\$0 (Tier 3)	DP
<i>nephro vitamins oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
NEPHRONEX ORAL TABLET	\$0 (Tier 3)	DP
NEPHRO-VITE ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
<i>niacin er oral capsule extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>niacin er oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>niacin oral tablet 250 mg, 50 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>niacinamide oral tablet 500 mg</i>	\$0 (Tier 3)	DP
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	\$0 (Tier 3)	DP
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	\$0 (Tier 3)	DP
NIVA-FOL ORAL TABLET 2.5-25-2 MG	\$0 (Tier 3)	DP
<i>no iron mult vitamin-minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>norwegian cod liver oil oral capsule</i>	\$0 (Tier 3)	DP
<i>ocular vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>ocutabs oral tablet</i>	\$0 (Tier 3)	DP
<i>ocutabs-lutein oral tablet</i>	\$0 (Tier 3)	DP
OCUVITE ADULT 50+ ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE ADULT FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE EXTRA ORAL TABLET	\$0 (Tier 3)	DP
OCUVITE EYE + MULTI ORAL TABLET	\$0 (Tier 3)	DP
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OCUVITE-LUTEIN ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE-LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
<i>omnicap oral tablet</i>	\$0 (Tier 3)	DP
ONCOVITE ORAL TABLET	\$0 (Tier 3)	DP
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>one daily calcium/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily complete oral tablet</i>	\$0 (Tier 3)	DP
ONE DAILY ESSENTIAL ORAL TABLET	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>one daily for men 50+ advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for men/lycopene oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for women 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for women oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily healthy weight adv oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily maximum oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily mens 50+ multivit oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily mens health oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily mens oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily multivitamin adult oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily multivitamin/liron oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily womens 50 plus oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily/minerals oral tablet</i>	\$0 (Tier 3)	DP
ONE VITE DAILY MULTIVITAMIN ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY ENERGY ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY ESSENTIAL ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS (MINERALS) ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS PETITES ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>one-daily multi caps oral capsule</i>	\$0 (Tier 3)	DP
<i>one-daily multi vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vit/mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>optic-vites oral tablet</i>	\$0 (Tier 3)	DP
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14000 UT)	\$0 (Tier 3)	DP
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
<i>optimum pms oral tablet</i>	\$0 (Tier 3)	DP
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OPTIVITE P.M.T. ORAL TABLET	\$0 (Tier 3)	DP
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OSTEOPRIME PLUS ORAL TABLET	\$0 (Tier 3)	DP
<i>pan-c 500/bioflavonoids oral tablet</i>	\$0 (Tier 3)	DP
<i>parvlex oral tablet</i>	\$0 (Tier 3)	DP
<i>pc pediatric poly-vital/fe drop oral solution 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>pc pediatric poly-vitamin drop oral solution</i>	\$0 (Tier 3)	DP
PERIDIN-C ORAL TABLET 200-50-150 MG	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	\$0 (Tier 3)	DP
PHYTOMULTI ORAL TABLET	\$0 (Tier 3)	DP
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>phytonadione oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>plain niacin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 3)	DP
POLY-VI-SOL ORAL SOLUTION	\$0 (Tier 3)	DP
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	\$0 (Tier 3)	DP
<i>poly-vita oral solution</i>	\$0 (Tier 3)	DP
<i>poly-vitaliron oral solution 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>poly-vite pediatric oral solution</i>	\$0 (Tier 3)	DP
<i>poly-viteliron oral solution 11 mg/ml</i>	\$0 (Tier 3)	DP
<i>prenatal 19 oral tablet</i>	\$0 (Tier 3)	DP
<i>prenatal one daily oral tablet 27-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	\$0 (Tier 3)	DP
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatalliron oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
PRESERVISION AREDS 2 ORAL CAPSULE	\$0 (Tier 3)	DP
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	\$0 (Tier 3)	DP
PRESERVISION AREDS ORAL CAPSULE	\$0 (Tier 3)	DP
PRESERVISION AREDS ORAL TABLET	\$0 (Tier 3)	DP
PRESERVISION/LUTEIN ORAL CAPSULE	\$0 (Tier 3)	DP
<i>prevent oral capsule</i>	\$0 (Tier 3)	DP
PRO-CAL ORAL TABLET	\$0 (Tier 3)	DP
PROCERV HP ORAL TABLET	\$0 (Tier 3)	DP
PRORENAL + D ORAL TABLET	\$0 (Tier 3)	DP
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	\$0 (Tier 3)	DP
PROSIGHT ORAL TABLET	\$0 (Tier 3)	DP
PROTECT CARDIO AF ORAL CAPSULE	\$0 (Tier 3)	DP
PROTECT PLUS SO ORAL CAPSULE	\$0 (Tier 3)	DP
PROTEGRA ORAL CAPSULE	\$0 (Tier 3)	DP
PUREWAY-C ORAL TABLET 500 MG	\$0 (Tier 3)	DP
<i>pyridoxine hcl injection solution 100 mg/ml</i>	\$0 (Tier 3)	DP
<i>pyridoxine hcl oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>qc childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>qc childrens vitamins/extra c oral tablet chewable</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc daily multivit/multimineral oral tablet</i>	\$0 (Tier 3)	DP
<i>qc daily multivitamins/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>qc mens daily multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>qc multi-vite 50 & over oral tablet</i>	\$0 (Tier 3)	DP
<i>qc multi-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>qc therin-m oral tablet</i>	\$0 (Tier 3)	DP
<i>qc vitamin d3 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>qc womens daily multivitamin oral tablet</i>	\$0 (Tier 3)	DP
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	\$0 (Tier 3)	DP
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	\$0 (Tier 3)	DP
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	\$0 (Tier 3)	DP
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 3)	DP
<i>quin b strong oral tablet</i>	\$0 (Tier 3)	DP
<i>quintabs oral tablet</i>	\$0 (Tier 3)	DP
<i>quintabs-m oral tablet</i>	\$0 (Tier 3)	DP
<i>ra balanced b-100 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra balanced b-50 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra b-complex oral tablet</i>	\$0 (Tier 3)	DP
<i>ra b-complex with b-12 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra biotin oral capsule 2500 mcg</i>	\$0 (Tier 3)	DP
RA CENTRAL-VITE ORAL TABLET	\$0 (Tier 3)	DP
<i>ra central-vite womens mature oral tablet</i>	\$0 (Tier 3)	DP
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 (Tier 3)	DP
<i>ra niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>ra no flush niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>ra one daily maximum oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily mens/vit d-3 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-12 oral tablet 100 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c cr oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c oral tablet 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamins complete childrens oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	\$0 (Tier 3)	DP
RENAL ORAL CAPSULE 1 MG	\$0 (Tier 3)	DP
<i>renal vitamin oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
RENAPLEX ORAL TABLET	\$0 (Tier 3)	DP
RENAPLEX-D ORAL TABLET	\$0 (Tier 3)	DP
<i>rena-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>rena-vite rx oral tablet 1 mg</i>	\$0 (Tier 3)	DP
<i>reno caps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>sb vitamin c oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>senior tabs oral tablet</i>	\$0 (Tier 3)	DP
<i>sentry oral tablet</i>	\$0 (Tier 3)	DP
<i>sentry senior oral tablet</i>	\$0 (Tier 3)	DP
SIDEROL ORAL TABLET	\$0 (Tier 3)	DP
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG	\$0 (Tier 3)	DP
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>sm animal shapes kids first oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>sm antioxidant vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b super vitamin complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b100 complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b-complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b-complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>sm biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ ultimate mens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ ultimate women oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete advanced formula oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete senior formula oral tablet</i>	\$0 (Tier 3)	DP
<i>sm folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>sm hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>sm multiple vitamins essential oral tablet</i>	\$0 (Tier 3)	DP
<i>sm multiple vitamins/liron oral tablet</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm niacin cr oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>sm one daily mens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm opti-vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>sm super b complex/c oral tablet</i>	\$0 (Tier 3)	DP
<i>sm vit c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin b complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>sm vitamin b1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>sm vitamin b12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 3)	DP
<i>sm vitamin b6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin c cr oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>sm vitamin d oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>sm vitamin e oral capsule 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>solo oral tablet</i>	\$0 (Tier 3)	DP
<i>span c oral tablet</i>	\$0 (Tier 3)	DP
SPECTRAVITE ORAL TABLET	\$0 (Tier 3)	DP
<i>stress formula (folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>stress formula oral tablet</i>	\$0 (Tier 3)	DP
<i>stress formula/iron oral tablet</i>	\$0 (Tier 3)	DP
STRESSTABS ADVANCED ORAL TABLET	\$0 (Tier 3)	DP
STRESSTABS ENERGY ORAL TABLET	\$0 (Tier 3)	DP
STROVITE ONE ORAL TABLET	\$0 (Tier 3)	DP
<i>super antioxidant oral capsule</i>	\$0 (Tier 3)	DP
<i>super aytinal 50 plus oral tablet</i>	\$0 (Tier 3)	DP
<i>super aytinal oral tablet</i>	\$0 (Tier 3)	DP
<i>super b complex/fa/vit c oral tablet</i>	\$0 (Tier 3)	DP
<i>super b complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>super b-complex + vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>super b-complex/vit c/fa oral tablet</i>	\$0 (Tier 3)	DP
<i>super biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml</i>	\$0 (Tier 3)	DP
<i>super multiple oral tablet</i>	\$0 (Tier 3)	DP
SUPER QUINTS B-50 ORAL TABLET	\$0 (Tier 3)	DP
<i>super thera vite m oral tablet</i>	\$0 (Tier 3)	DP
<i>super vita-mins oral tablet</i>	\$0 (Tier 3)	DP
<i>support oral liquid</i>	\$0 (Tier 3)	DP
SUPPORT-500 ORAL CAPSULE	\$0 (Tier 3)	DP
<i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL CAPSULE	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
TAB-A-VITE ORAL TABLET	\$0 (Tier 3)	DP
TAB-A-VITE/BETA CAROTENE ORAL TABLET	\$0 (Tier 3)	DP
TAB-A-VITE/IRON ORAL TABLET	\$0 (Tier 3)	DP
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	\$0 (Tier 3)	DP
THERA ORAL TABLET	\$0 (Tier 3)	DP
<i>thera vital m oral tablet</i>	\$0 (Tier 3)	DP
<i>therabasic-m oral tablet</i>	\$0 (Tier 3)	DP
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 3)	DP
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT)	\$0 (Tier 3)	DP
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 3)	DP
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M ADVANCED ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M PREMIER ORAL TABLET	\$0 (Tier 3)	DP
THERAMILL FORTE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>therapeutic formula/hematinics oral tablet</i>	\$0 (Tier 3)	DP
<i>therapeutic-m oral tablet</i>	\$0 (Tier 3)	DP
<i>thera-tabs m oral tablet</i>	\$0 (Tier 3)	DP
<i>thera-tabs oral tablet</i>	\$0 (Tier 3)	DP
THERATRUM COMPLETE 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERATRUM COMPLETE ORAL TABLET	\$0 (Tier 3)	DP
THEREMS ORAL TABLET	\$0 (Tier 3)	DP
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	\$0 (Tier 3)	DP
<i>thiamine hcl oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>thiamine mononitrate oral tablet 100 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tm-daily vite oral tablet</i>	\$0 (Tier 3)	DP
<i>tm-vite rx oral tablet 1 mg</i>	\$0 (Tier 3)	DP
<i>triphrocaps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 3)	DP
<i>tropical liquid nutrition oral liquid</i>	\$0 (Tier 3)	DP
<i>true folic acid oral tablet 1 mg, 400 mcg</i>	\$0 (Tier 3)	DP
<i>true multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>true vitamin b12 oral tablet 1000 mcg, 500 mcg</i>	\$0 (Tier 3)	DP
<i>true vitamin b6 oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>true vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>true vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>true vitamin e oral capsule 450 mg, 90 mg</i>	\$0 (Tier 3)	DP
UDAMIN SP ORAL TABLET	\$0 (Tier 3)	DP
ULTRA BONEUP ORAL TABLET	\$0 (Tier 3)	DP
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
<i>ultra freeda oral tablet</i>	\$0 (Tier 3)	DP
<i>ultra freedaliron oral tablet</i>	\$0 (Tier 3)	DP
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	\$0 (Tier 3)	DP
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	\$0 (Tier 3)	DP
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	\$0 (Tier 3)	DP
<i>v-c forte oral capsule</i>	\$0 (Tier 3)	DP
VENEXA FE ORAL TABLET	\$0 (Tier 3)	PA; DP
VENEXA ORAL TABLET	\$0 (Tier 3)	PA; DP
VENTRIXYL FE ORAL TABLET	\$0 (Tier 3)	DP
VENTRIXYL ORAL TABLET	\$0 (Tier 3)	DP
VIC-FORTE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>virt-caps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>vision formula/lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>vision health oral capsule</i>	\$0 (Tier 3)	DP
<i>vision vitamins oral tablet</i>	\$0 (Tier 3)	DP
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg</i>	\$0 (Tier 3)	DP
<i>vita hair oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabasic complete oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabasic senior oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabex plus oral capsule</i>	\$0 (Tier 3)	DP
<i>vitachew adult multi vitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>vitachew multiple vitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>vitachew vit c citrus burst oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
VITAJEY DAILY C GUMMIES ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 3)	DP
VITAJEY MULTI GUMMIES ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
VITAL-D RX ORAL TABLET 1 MG	\$0 (Tier 3)	DP
<i>vitalee oral tablet</i>	\$0 (Tier 3)	DP
VITALETS CHILDRENS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin b + c complex oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin b 12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b complex oral capsule</i>	\$0 (Tier 3)	DP
<i>vitamin b complex oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin b1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12 oral tablet 100 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b-12 oral tablet dispersible 5000 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12 tr oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c er oral capsule extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c er oral tablet extended release 1500 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c gummies oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c oral tablet chewable 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitamin c/rose hips oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c/rose hips tr oral tablet extended release 1000 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips tr oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut), 50000 unit</i>	\$0 (Tier 3)	DP
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d infant oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	\$0 (Tier 3)	DP
<i>vitamin d3 complete oral tablet</i>	\$0 (Tier 3)	DP
VITAMIN D3 IMMUNE HEALTH ORAL LIQUID 25 MCG/10ML	\$0 (Tier 3)	DP
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin e blend oral capsule 400 unit</i>	\$0 (Tier 3)	DP
<i>vitamin e high potency oral capsule 90 mg</i>	\$0 (Tier 3)	DP
<i>vitamin e oral capsule 1000 unit, 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitamin e water soluble oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 3)	DP
<i>vitamins a-d-e/selenium oral tablet</i>	\$0 (Tier 3)	DP
VITASANA ORAL TABLET	\$0 (Tier 3)	DP
VITATRUM COMPLETE ORAL TABLET	\$0 (Tier 3)	DP
<i>vitatrum oral tablet</i>	\$0 (Tier 3)	DP
<i>vitatrum oral tablet chewable</i>	\$0 (Tier 3)	DP
VITRAMYN ORAL TABLET	\$0 (Tier 3)	DP
VITRANOL FE ORAL TABLET	\$0 (Tier 3)	PA; DP
VITRANOL ORAL TABLET	\$0 (Tier 3)	PA; DP
VITREXATE FE ORAL TABLET	\$0 (Tier 3)	PA; DP
VITREXATE ORAL TABLET	\$0 (Tier 3)	PA; DP
VITREXYL + IRON ORAL TABLET	\$0 (Tier 3)	PA; DP
VITREXYL ORAL TABLET	\$0 (Tier 3)	PA; DP
<i>vitrum 50+ senior multi oral tablet</i>	\$0 (Tier 3)	DP
VITRUM SENIOR ORAL TABLET	\$0 (Tier 3)	DP
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
<i>wescaps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>westab max oral tablet 2.5-25-2 mg</i>	\$0 (Tier 3)	DP
<i>westab one oral tablet 2.5-25-1 mg</i>	\$0 (Tier 3)	DP
<i>womens 50+ advanced oral capsule</i>	\$0 (Tier 3)	DP
<i>womens 50+ multi vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>womens daily form/fal/calfe oral tablet</i>	\$0 (Tier 3)	DP
<i>womens daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>womens multi gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>womens multi oral capsule</i>	\$0 (Tier 3)	DP
<i>womens multivitamin + collagen oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>womens multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>xcellent a 3000 oral capsule 3000 mcg</i>	\$0 (Tier 3)	DP
<i>xcellent a 7500 oral capsule 7.5 mg (25000 ut)</i>	\$0 (Tier 3)	DP
YELETS TEENAGE FORMULA ORAL TABLET	\$0 (Tier 3)	DP
<i>yl folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>yl vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>yl vitamin c oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
YUMVS MULTI ZERO ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
YUMVS VITAMIN C ZERO ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 3)	DP
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OPHTHALMIC		
Antiallergics		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)	
NAPHCN-A OPHTHALMIC SOLUTION 0.025-0.3 %	\$0 (Tier 3)	DP
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	\$0 (Tier 3)	DP
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)	
Antiglaucoma		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (Tier 1)	
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (Tier 2)	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	\$0 (Tier 1)	
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (Tier 2)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (Tier 2)	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (Tier 2)	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (Tier 2)	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0 (Tier 1)	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	\$0 (Tier 1)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 1)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (Tier 2)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (Tier 2)	
Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (Tier 2)	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0 (Tier 2)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (Tier 1)	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	QL (12 per 30 days)
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (Tier 2)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (Tier 1)	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	\$0 (Tier 1)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	\$0 (Tier 1)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 2)	PA; NDS
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (Tier 2)	
Anti-Inflammatories		
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	\$0 (Tier 2)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0 (Tier 2)	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	\$0 (Tier 1)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0 (Tier 2)	
Miscellaneous		
ALCON TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
<i>artificial tears ophthalmic solution , 0.2-0.2-1 %, 0.5-0.6 %</i>	\$0 (Tier 3)	DP
<i>atropine sulfate solution 1 % ophthalmic</i>	\$0 (Tier 1)	
<i>atropine sulfate solution 1 % ophthalmic</i>	\$0 (Tier 2)	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML	\$0 (Tier 3)	DP
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (Tier 2)	PA; NDS
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (Tier 2)	PA; NDS
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 3)	DP
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)	
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 3)	DP
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 3)	DP
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	\$0 (Tier 3)	DP
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.6 %</i>	\$0 (Tier 3)	DP
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	\$0 (Tier 2)	
MURO 128 OPHTHALMIC OINTMENT 5 %	\$0 (Tier 3)	DP
MURO 128 OPHTHALMIC SOLUTION 5 %	\$0 (Tier 3)	DP
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	\$0 (Tier 3)	DP
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 3)	DP
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	\$0 (Tier 3)	DP
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	\$0 (Tier 3)	DP
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	\$0 (Tier 3)	DP
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %	\$0 (Tier 3)	DP
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)	
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 3)	DP
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	\$0 (Tier 3)	DP
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	\$0 (Tier 3)	DP
SOOTHE XP OPHTHALMIC SOLUTION	\$0 (Tier 3)	DP
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION	\$0 (Tier 3)	DP
STYE OPHTHALMIC SOLUTION 0.5-0.6 %	\$0 (Tier 3)	DP
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 3)	DP
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 3)	DP
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
THERATEARS OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 3)	DP
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	\$0 (Tier 2)	
OTIC		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
FLAC OTIC OIL 0.01 %	\$0 (Tier 1)	
<i>fluocinolone acetate otic oil 0.01 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ofloxacin otic solution 0.3 %</i>	\$0 (Tier 1)	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0 (Tier 2)	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0 (Tier 2)	QL (23.6 per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (Tier 2)	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (Tier 1)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 per 30 days)
Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2)	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (Tier 2)	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0 (Tier 1)	
Antihistamines		
<i>12hr allergy relief oral tablet 60 mg</i>	\$0 (Tier 3)	DP
<i>24hr allergy relief oral tablet 180 mg</i>	\$0 (Tier 3)	DP
<i>aler-cap oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>all-day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>aller-chlor oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>allergy (cetirizine) oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>allergy 24-hr oral tablet 180 mg</i>	\$0 (Tier 3)	DP
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>allergy oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>allergy oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>allergy relief (loratadine) oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>allergy relief childrens oral solution 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>allergy relief oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>azelastine hcl nasal solution 0.1 %</i>	\$0 (Tier 1)	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 3)	DP
BANOPHEN ORAL TABLET 25 MG	\$0 (Tier 3)	DP
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl childrens alrly oral solution 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>childrens loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>chlorhist oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>chlorpheniramine maleate oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>complete allergy medicine oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>complete allergy relief oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 2)	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 2)	PA
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eq1 all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>ft all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>ft all day allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy relief oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>geri-dryl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp allergy relief oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp loratadine oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aller-ease oral tablet 180 mg</i>	\$0 (Tier 3)	DP
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2)	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (Tier 2)	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2)	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>levocetirizine dihydrochloride tablet 5 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>loradamed oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>loratadine childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine childrens oral tablet chewable 5 mg</i>	\$0 (Tier 3)	DP
<i>loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>loratadine oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 3)	DP
<i>m-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pharbecchlor oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>qc all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
<i>qc loratadine allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sb allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sb loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm all day allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm allergy relief oral tablet 60 mg</i>	\$0 (Tier 3)	DP
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
<i>sm loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>total allergy oral tablet 25 mg</i>	\$0 (Tier 3)	DP
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 3)	DP
Beta Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier 1)	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier 1)	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0 (Tier 1)	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0 (Tier 1)	ST; QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (60 per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (Tier 2)	QL (36 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (Tier 2)	QL (48 per 30 days)
Cough And Cold		
12 hour decongestant oral tablet extended release 12 hour 120 mg	\$0 (Tier 3)	DP
12 hour nasal decongestant nasal solution 0.05 %	\$0 (Tier 3)	DP
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	\$0 (Tier 3)	DP
12 hour nasal spray nasal solution 0.05 %	\$0 (Tier 3)	DP
4-WAY FAST ACTING NASAL SOLUTION 1 %	\$0 (Tier 3)	DP
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 3)	DP
all day allergy d oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
allergy relief d oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	\$0 (Tier 3)	DP
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	\$0 (Tier 3)	DP
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
aquanaz oral tablet 10-15-400 mg	\$0 (Tier 3)	DP
benzonatate oral capsule 100 mg, 150 mg, 200 mg	\$0 (Tier 3)	DP
capcof oral syrup 5-2-10 mg/5ml	\$0 (Tier 3)	DP
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	\$0 (Tier 3)	DP
chest congestion relief dm oral syrup 10-100 mg/5ml	\$0 (Tier 3)	DP
chest congestion relief oral liquid 100 mg/5ml	\$0 (Tier 3)	DP
childrens mucus relief cough oral liquid 5-100 mg/5ml	\$0 (Tier 3)	DP
coditussin ac oral liquid 200-10 mg/5ml	\$0 (Tier 3)	DP
coditussin dac oral liquid 30-10-200 mg/5ml	\$0 (Tier 3)	DP
cough dm childrens oral suspension extended release 30 mg/5ml	\$0 (Tier 3)	DP
cough dm oral suspension extended release 30 mg/5ml	\$0 (Tier 3)	DP
cvs cough dm oral suspension extended release 30 mg/5ml	\$0 (Tier 3)	DP
DECONEX IR ORAL TABLET 10-385 MG	\$0 (Tier 3)	DP
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 3)	DP
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
<i>dextromethorphan hbr oral capsule 15 mg</i>	\$0 (Tier 3)	DP
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eql cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>ft mucus relief 12hr max str oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>ft mucus relief 12hr oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 3)	DP
<i>ft nasal decongestant max str oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>ft nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>ft nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>ft tussin adult oral liquid 200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>geri-tussin oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal four spray nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray fast acting nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 3)	DP
<i>goodsense tussin dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>guaifenesin oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	\$0 (Tier 3)	DP
HYCODAN ORAL TABLET 5-1.5 MG	\$0 (Tier 3)	DP
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	\$0 (Tier 3)	DP
<i>hydromet oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 3)	DP
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 3)	DP
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 3)	DP
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	\$0 (Tier 3)	DP
MAXIFED ORAL TABLET 60-360 MG	\$0 (Tier 3)	DP
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	\$0 (Tier 3)	DP
<i>meijer nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 3)	DP
MUCINEX COLD CHILDRENS ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 3)	DP
MUCINEX COUGH & CONGEST CHILD ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 3)	DP
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 3)	DP
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG	\$0 (Tier 3)	DP
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	\$0 (Tier 3)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 3)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG	\$0 (Tier 3)	DP
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	\$0 (Tier 3)	DP
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	\$0 (Tier 3)	DP
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	\$0 (Tier 3)	DP
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	\$0 (Tier 3)	DP
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 3)	DP
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	\$0 (Tier 3)	DP
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant pe max st oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal four nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal spray no drip nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	\$0 (Tier 3)	DP
NIVANEX DMX ORAL TABLET 10-15-380 MG	\$0 (Tier 3)	DP
<i>no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>oxymetazoline hcl nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>phenylephrine hcl oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 3)	DP
POLY-VENT IR ORAL TABLET 60-380 MG	\$0 (Tier 3)	DP
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>qc nasal decongestant pe oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc tussin expectorant adult oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc vapor inhaler inhalation inhaler 50 mg</i>	\$0 (Tier 3)	DP
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML	\$0 (Tier 3)	DP
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
<i>rynex pse oral liquid 1-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sb 12hr nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>sb cough control oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sb coughtab oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>sinus nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sinus relief extra strength nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nasal spray sinus nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml, 20-200 mg/20ml</i>	\$0 (Tier 3)	DP
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 3)	DP
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sodium chloride inhalation nebulization solution 7 %</i>	\$0 (Tier 3)	DP
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	\$0 (Tier 3)	DP
SUDOGEST ORAL TABLET 30 MG, 60 MG	\$0 (Tier 3)	DP
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML	\$0 (Tier 3)	DP
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML	\$0 (Tier 3)	DP
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	\$0 (Tier 3)	DP
TUSNEL ORAL LIQUID 30-15-200 MG/5ML	\$0 (Tier 3)	DP
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML	\$0 (Tier 3)	DP
TUSNEL-DM PEDIATRIC ORAL LIQUID 7.5-2.5-25 MG/ML	\$0 (Tier 3)	DP
TUSNEL-EX ORAL LIQUID 100 MG/5ML	\$0 (Tier 3)	DP
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin cough oral syrup 15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml, 200-20 mg/10ml</i>	\$0 (Tier 3)	DP
<i>tussin dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
VANACOF DM ORAL LIQUID 10-18-200 MG/15ML	\$0 (Tier 3)	DP
VANATAB DM ORAL TABLET 5-9-198 MG	\$0 (Tier 3)	DP
Leukotriene Modulators		
<i>montelukast sodium oral packet 4 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
Miscellaneous		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (Tier 1)	B/D
AEROCHAMBER MINI CHAMBER DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER MV	\$0 (Tier 3)	DP
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU LARGE	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU SMALL	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	\$0 (Tier 3)	DP
AEROCHAMBER PLUS FLOW VU	\$0 (Tier 3)	DP
AEROCHAMBER W/FLOWSIGNAL	\$0 (Tier 3)	DP
AEROCHAMBER Z-STAT PLUS	\$0 (Tier 3)	DP
AEROCHAMBER Z-STAT PLUS CHAMBR	\$0 (Tier 3)	DP
AEROCHAMBER Z-STAT PLUS/LARGE	\$0 (Tier 3)	DP
AEROCHAMBER Z-STAT PLUS/MEDIUM	\$0 (Tier 3)	DP
AEROCHAMBER Z-STAT PLUS/SMALL	\$0 (Tier 3)	DP
AEROVENT PLUS DEVICE	\$0 (Tier 3)	DP
ALYFTREK ORAL TABLET 10-50-125 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2)	PA; NDS
BREATHERITE VALVED MDI CHAMBER DEVICE	\$0 (Tier 3)	DP
CLEVER CHOICE HOLDING CHAMBER DEVICE	\$0 (Tier 3)	DP
COMPACT SPACE CHAMBER DEVICE	\$0 (Tier 3)	DP
COMPACT SPACE CHAMBER/LG MASK DEVICE	\$0 (Tier 3)	DP
COMPACT SPACE CHAMBER/MED MASK DEVICE	\$0 (Tier 3)	DP
COMPACT SPACE CHAMBER/SM MASK DEVICE	\$0 (Tier 3)	DP
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	\$0 (Tier 3)	DP
EASIVENT	\$0 (Tier 3)	DP
EASIVENT MASK LARGE	\$0 (Tier 3)	DP
EASIVENT MASK MEDIUM	\$0 (Tier 3)	DP
EASIVENT MASK SMALL	\$0 (Tier 3)	DP
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (Tier 1)	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (Tier 1)	
<i>eq space chamber anti-static device</i>	\$0 (Tier 3)	DP
<i>eq space chamber anti-static l device</i>	\$0 (Tier 3)	DP
<i>eq space chamber anti-static m device</i>	\$0 (Tier 3)	DP
<i>eq space chamber anti-static s device</i>	\$0 (Tier 3)	DP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (Tier 2)	PA; QL (1 per 28 days); NDS
FLEXICHAMBER DEVICE	\$0 (Tier 3)	DP
INSPIREASE	\$0 (Tier 3)	DP
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
MICROCHAMBER	\$0 (Tier 3)	DP
MICROCHAMBER DEVICE	\$0 (Tier 3)	DP
MICROSPACER	\$0 (Tier 3)	DP
<i>neti pot sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 3)	DP
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
OPTICHAMBER DIAMOND	\$0 (Tier 3)	DP
OPTICHAMBER DIAMOND DEVICE	\$0 (Tier 3)	DP
OPTICHAMBER DIAMOND-LG MASK DEVICE	\$0 (Tier 3)	DP
OPTICHAMBER DIAMOND-MD MASK	\$0 (Tier 3)	DP
OPTICHAMBER DIAMOND-SM MASK	\$0 (Tier 3)	DP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 2)	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 2)	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
POCKET CHAMBER DEVICE	\$0 (Tier 3)	DP
POCKET SPACER DEVICE	\$0 (Tier 3)	DP
<i>pro comfort spacer adult</i>	\$0 (Tier 3)	DP
<i>pro comfort spacer child</i>	\$0 (Tier 3)	DP
<i>pro comfort spacer infant device</i>	\$0 (Tier 3)	DP
<i>procare spacer/adult mask device</i>	\$0 (Tier 3)	DP
<i>procare spacer/child mask device</i>	\$0 (Tier 3)	DP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (Tier 2)	PA; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (Tier 2)	PA; NDS
<i>pure comfort spacer chamber device</i>	\$0 (Tier 3)	DP
RITEFLO DEVICE	\$0 (Tier 3)	DP
<i>roflumilast oral tablet 250 mcg</i>	\$0 (Tier 1)	QL (56 per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	\$0 (Tier 1)	QL (30 per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (Tier 1)	
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2)	PA; QL (84 per 28 days); NDS
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2)	PA; QL (56 per 28 days); NDS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	\$0 (Tier 3)	DP
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	\$0 (Tier 3)	DP
VORTEX VALVED HOLDING CHAMBER DEVICE	\$0 (Tier 3)	DP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	\$0 (Tier 2)	PA; NDS
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (16 per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (Tier 2)	PA; QL (32 per 30 days)
Steroid Inhalants		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	\$0 (Tier 2)	QL (12.2 per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	\$0 (Tier 2)	QL (18.3 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (Tier 2)	QL (30 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (Tier 1)	B/D
Steroid/Beta-Agonist Combinations		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2)	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	\$0 (Tier 2)	QL (32.1 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (Tier 2)	QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 1)	QL (30.9 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	\$0 (Tier 1)	QL (30.6 per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	\$0 (Tier 2)	QL (39 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	\$0 (Tier 1)	QL (60 per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (Tier 1)	QL (60 per 30 days)
TOPICAL		
Dermatology, Acne		
AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>adapalene external gel 0.1 %</i>	\$0 (Tier 3)	DP
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
BENZEFOAM EXTERNAL FOAM 5.3 %	\$0 (Tier 3)	DP
BENZEPRO EXTERNAL FOAM 5.3 %	\$0 (Tier 3)	DP
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (Tier 1)	QL (46.6 per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>clindamycin phos (once-daily) external gel 1 %</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
DIFFERIN EXTERNAL GEL 0.1 %	\$0 (Tier 3)	DP
<i>ery external pad 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>erythromycin external gel 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1)	QL (118 per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
Dermatology, Antibiotics		
<i>bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (Tier 1)	QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>gnp triple antibiotic external ointment</i>	\$0 (Tier 3)	DP
<i>gnp triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>goodsense first aid antibiotic external ointment</i>	\$0 (Tier 3)	DP
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	\$0 (Tier 3)	DP
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1)	QL (220 per 30 days)
<i>qc triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)	
<i>sm antibiotic external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
SSD EXTERNAL CREAM 1 %	\$0 (Tier 1)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (Tier 2)	QL (453.6 per 30 days)
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	\$0 (Tier 3)	DP
<i>triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>triple antibiotic+pain relief external ointment 1 %</i>	\$0 (Tier 3)	DP
Dermatology, Antifungals		
<i>antifungal (clotrimazole) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>antifungal (tolnaftate) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>antifungal clotrimazole external cream 1 %</i>	\$0 (Tier 3)	DP
<i>anti-fungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>antifungal external cream 2 %</i>	\$0 (Tier 3)	DP
<i>antifungal external powder 2 %</i>	\$0 (Tier 3)	DP
<i>athletes foot (clotrimazole) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>athletes foot (terbinafine) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>athletes foot powder spray external aerosol powder 1 %</i>	\$0 (Tier 3)	DP
<i>baza antifungal external cream 2 %</i>	\$0 (Tier 3)	DP
<i>butenafine hcl external cream 1 %</i>	\$0 (Tier 3)	DP
<i>castellani paint modified external liquid 1.5 %</i>	\$0 (Tier 3)	DP
<i>ciclopirox external shampoo 1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clotrimazole anti-fungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole cream 1 % external (otc)</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole cream 1 % external (rx)</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>clotrimazole solution 1 % external (rx)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 %	\$0 (Tier 3)	DP
<i>cvs jock itch external cream 1 %</i>	\$0 (Tier 3)	DP
DESENEX EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
<i>econazole nitrate external cream 1 %</i>	\$0 (Tier 1)	QL (85 per 30 days)
<i>ft antifungal external cream 1 %, 2 %</i>	\$0 (Tier 3)	DP
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>ft athletes foot (terbinafine) external cream 1 %</i>	\$0 (Tier 3)	DP
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	\$0 (Tier 3)	DP
<i>gnp athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp miconazorb af external powder 2 %</i>	\$0 (Tier 3)	DP
<i>gnp terbinafine hydrochloride external cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>goodsense athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	\$0 (Tier 1)	QL (60 per 30 days)
<i>miconazole antifungal external cream 2 %</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate external cream 2 %</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate external solution 2 %</i>	\$0 (Tier 3)	DP
MICOTRIN AP EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
MYCOZYL AP EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (Tier 1)	QL (60 per 30 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	\$0 (Tier 1)	QL (60 per 30 days)
<i>qc antifungal (tolnaftate) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>qc tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>sm antifungal clotrimazole external cream 1 %</i>	\$0 (Tier 3)	DP
<i>sm antifungal miconazole external cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm antifungal tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>terbinafine hcl external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tolnaftate antifungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tolnaftate external powder 1 %</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRIPLE PASTE AF EXTERNAL OINTMENT 2 %	\$0 (Tier 3)	DP
Dermatology, Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>calcipotriene external cream 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
CALCITRENE EXTERNAL OINTMENT 0.005 %	\$0 (Tier 1)	PA; QL (120 per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
<i>tazarotene external cream 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (Tier 2)	PA; QL (60 per 30 days)
Dermatology, Corticosteroids		
<i>ala-cort external cream 1 %</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external ointment 1 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate external cream 0.2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external solution 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
TRIDERM EXTERNAL CREAM 0.5 %	\$0 (Tier 1)	QL (454 per 30 days)
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1)	B/D; QL (30 per 30 days)
LIDOCAN EXTERNAL PATCH 5 %	\$0 (Tier 1)	PA; QL (3 per 1 day)
TRIDACAINE II EXTERNAL PATCH 5 %	\$0 (Tier 1)	PA; QL (3 per 1 day)
Dermatology, Miscellaneous Skin And Mucous Membrane		
<i>ammonium lactate cream 12 % external (otc)</i>	\$0 (Tier 3)	DP
<i>ammonium lactate cream 12 % external (rx)</i>	\$0 (Tier 1)	
<i>ammonium lactate lotion 12 % external (otc)</i>	\$0 (Tier 3)	DP
<i>ammonium lactate lotion 12 % external (rx)</i>	\$0 (Tier 1)	
<i>anti-itch external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
AQUA GLYCOLIC FACE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>arthritis pain relieving external cream 0.075 %</i>	\$0 (Tier 3)	DP
BANOPHEN EXTERNAL CREAM 2-0.1 %	\$0 (Tier 3)	DP
<i>benzoin external tincture</i>	\$0 (Tier 3)	DP
<i>beta care external cream</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BETA XMA EXTERNAL CREAM	\$0 (Tier 3)	DP
BETADINE EXTERNAL SOLUTION 10 %	\$0 (Tier 3)	DP
<i>bexarotene external gel 1 %</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>calamine external lotion 8-8 %</i>	\$0 (Tier 3)	DP
<i>calamine phenolated external lotion</i>	\$0 (Tier 3)	DP
<i>calamine-zinc oxide external lotion 8-8 %</i>	\$0 (Tier 3)	DP
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	\$0 (Tier 3)	DP
<i>capsaicin external cream 0.025 %, 0.075 %, 0.1 %</i>	\$0 (Tier 3)	DP
<i>capsaicin hp external cream 0.1 %</i>	\$0 (Tier 3)	DP
<i>capsaicin pain relief external cream 0.1 %</i>	\$0 (Tier 3)	DP
CAPZASIN-HP EXTERNAL CREAM 0.1 %	\$0 (Tier 3)	DP
CERAVE MOISTURIZING EXTERNAL CREAM	\$0 (Tier 3)	DP
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	\$0 (Tier 3)	DP
CETAPHIL MOISTURIZING EXTERNAL CREAM	\$0 (Tier 3)	DP
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>chlorhexidine gluconate external solution 4 %</i>	\$0 (Tier 3)	DP
CLORPACTIN POWDER 2 GM	\$0 (Tier 3)	DP
<i>coconut oil beauty external cream</i>	\$0 (Tier 3)	DP
<i>cvs dry skin therapy external cream</i>	\$0 (Tier 3)	DP
<i>cvs moisturizing external cream</i>	\$0 (Tier 3)	DP
D-CERIN EXTERNAL CREAM 33 %	\$0 (Tier 3)	DP
DERMABASE EXTERNAL CREAM	\$0 (Tier 3)	DP
DIABETIDERM EXTERNAL CREAM	\$0 (Tier 3)	DP
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>diclofenac sodium external solution 1.5 %</i>	\$0 (Tier 1)	QL (300 per 28 days)
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
DML FORTE EXTERNAL CREAM	\$0 (Tier 3)	DP
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	\$0 (Tier 3)	DP
EMOLLIA-CREME EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>eq therapeutic moisturizing external cream</i>	\$0 (Tier 3)	DP
<i>eucerin advanced repair external cream</i>	\$0 (Tier 3)	DP
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	\$0 (Tier 3)	DP
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	\$0 (Tier 3)	DP
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	\$0 (Tier 3)	DP
EUCERIN SKIN CALMING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>first aid antiseptic external ointment 10 %</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1)	QL (40 per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1)	QL (10 per 30 days)
<i>gnp anti-itch external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>gnp antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
<i>gnp calamine external lotion 8-8 %</i>	\$0 (Tier 3)	DP
<i>gnp lidocaine pain relief external patch 4 %</i>	\$0 (Tier 3)	DP
<i>gnp povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
<i>gnp zinc oxide external ointment 20 %</i>	\$0 (Tier 3)	DP
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	\$0 (Tier 3)	DP
HIBICLENS EXTERNAL SOLUTION 4 %	\$0 (Tier 3)	DP
HYDRASYN25 EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>itch relief extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
KERADAN EXTERNAL CREAM	\$0 (Tier 3)	DP
KERR TRIPLE DYE SWABS EXTERNAL SWAB	\$0 (Tier 3)	DP
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %	\$0 (Tier 3)	DP
<i>leader finger cream external cream</i>	\$0 (Tier 3)	DP
<i>lidocaine external patch 4 %</i>	\$0 (Tier 3)	DP
<i>lidocaine pain relief external patch 4 %</i>	\$0 (Tier 3)	DP
<i>lidocaine pain relief max st external patch 4 %</i>	\$0 (Tier 3)	DP
<i>lidocaine pain relieving external patch 4 %</i>	\$0 (Tier 3)	DP
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 %	\$0 (Tier 3)	DP
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1)	QL (59 per 30 days)
<i>moisturizing cream external cream</i>	\$0 (Tier 3)	DP
NEUTROGENA HAND EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>nitroglycerin rectal ointment 0.4 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
NUTRADERM EXTERNAL CREAM	\$0 (Tier 3)	DP
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
PEN-KERA EXTERNAL CREAM	\$0 (Tier 3)	DP
PENTRAVAN EXTERNAL CREAM	\$0 (Tier 3)	DP
PENTRAVAN PLUS EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>pimecrolimus external cream 1 %</i>	\$0 (Tier 1)	PA; QL (100 per 30 days)
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1)	QL (7 per 28 days)
<i>povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
PRETTY FEET/HANDS EXTERNAL CREAM	\$0 (Tier 3)	DP
PROCTOCORT EXTERNAL CREAM 1 %	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PROCTO-MED HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>qc calamine external lotion</i>	\$0 (Tier 3)	DP
<i>qc povidone iodine external solution 10 %</i>	\$0 (Tier 3)	DP
RISABAL-PH EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>sb povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>sm antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
<i>sm benzoin tincture external tincture</i>	\$0 (Tier 3)	DP
<i>sm benzoin tincture nfxi external tincture</i>	\$0 (Tier 3)	DP
<i>sm calamine external lotion</i>	\$0 (Tier 3)	DP
<i>sm calamine phenolated external lotion</i>	\$0 (Tier 3)	DP
<i>sm povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (100 per 30 days)
<i>therapeutic moisturizing external cream</i>	\$0 (Tier 3)	DP
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
VANICREAM EXTERNAL CREAM	\$0 (Tier 3)	DP
VELVACHOL EXTERNAL CREAM	\$0 (Tier 3)	DP
XERAC AC EXTERNAL SOLUTION 6.25 %	\$0 (Tier 3)	DP
<i>zinc oxide external ointment 20 %</i>	\$0 (Tier 3)	DP
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	\$0 (Tier 3)	DP
Dermatology, Scabicides And Pediculides		
<i>cvs lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>ft lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>gnp lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>gnp lice treatment external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>goodsense lice killing external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>lice killing external shampoo 4-0.33 %</i>	\$0 (Tier 3)	DP
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>malathion external lotion 0.5 %</i>	\$0 (Tier 1)	QL (59 per 30 days)
NIX CREME RINSE EXTERNAL LIQUID 1 %	\$0 (Tier 3)	DP
<i>permethrin external cream 5 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>sb lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
Dermatology, Wound Care Agents		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (Tier 2)	QL (180 per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
<i>sterile water for irrigation irrigation solution</i>	\$0 (Tier 1)	
Mouth/Throat/Dental Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)	
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
KOURZEQ MOUTH/THROAT PASTE 0.1 %	\$0 (Tier 1)	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)	
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	\$0 (Tier 3)	DP
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	\$0 (Tier 1)	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	\$0 (Tier 3)	DP
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (Tier 1)	
Otic		
DEBROX OTIC SOLUTION 6.5 %	\$0 (Tier 3)	DP
<i>ear drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>earwax removal otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>ft earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>ft earwax removal otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>gnp earwax removal drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>gnp earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 3)	DP
MURINE EAR OTIC SOLUTION 6.5 %	\$0 (Tier 3)	DP
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	\$0 (Tier 3)	DP
<i>sm ear drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP

D. Index of Covered Drugs

12 hour decongestant.....	144	acyclovir sodium.....	25	ALECENSA.....	32
12 hour nasal decongestant.....	144	ADACEL.....	95	alendronate sodium.....	63
12 hour nasal spray.....	144	adalimumab-aacf (2 pen).....	91	aler-cap.....	140
12hr allergy relief.....	140	adalimumab-aacf (2 syringe).....	91	alfuzosin hcl er.....	84
1st base.....	97	adalimumab-aacf(cd/uc/hs strt).....	91	aliskiren fumarate.....	44
24hr allergy relief.....	140	adalimumab-aacf(psl/uv starter).....	91	ALIVE DIABETIC MULTIVITAMIN.....	109
3 day vaginal.....	85	adapalene.....	154	ALIVE ENERGY 50+.....	109
4-WAY FAST ACTING.....	144	adefovir dipivoxil.....	25	ALIVE EVERYDAY IMMUNE	
50+ adult eye health.....	108	ADEK GUMMIES PLUS ZN.....	108	HEALTH.....	109
600+d3.....	102	ADIPEX-P.....	63	ALIVE HAIR, SKIN & NAILS.....	109
7 day vaginal.....	85	ADMELOG.....	60	ALIVE MENS 50+.....	109
8 hr arthritis pain relief.....	13	ADMELOG SOLOSTAR.....	60	ALIVE MENS COMPLETE MULTI.....	109
a thru z advanced.....	108	adult one daily gummies.....	108	ALIVE MENS GUMMY	
a thru z high potency.....	108	ADVAIR HFA.....	153	MULTIVITAMINS.....	109
a thru z select.....	108	ADVANCED MULTI EA.....	108	ALIVE MULTI-VITAMIN.....	109
a thru z select 50+ advanced.....	108	ADVANTAGE CARE		ALIVE MULTI-VITAMIN	
a thru z select 50+ mens.....	108	ELECTROLYTE PED.....	100	CHILDRENS.....	109
a thru z select advanced.....	108	AEROCHAMBER MINI CHAMBER.....	150	ALIVE ONCE DAILY WOMENS....	109
a thru z select ultimate women.....	108	AEROCHAMBER MV.....	150	ALIVE ULTRA POTENCY	
a thru z ultimate mens.....	108	AEROCHAMBER PLS FLOVU		WOMENS 50+.....	109
a-10000.....	108	MTHPIECE.....	150	ALIVE WOMENS 50+.....	109
a-25.....	108	AEROCHAMBER PLUS FLO-VU		ALIVE WOMENS 50+ COMPLETE	
abacavir sulfate.....	22	INTERM.....	150	MV.....	109
abacavir sulfate-lamivudine.....	24	AEROCHAMBER PLUS FLO-VU		ALIVE WOMENS 50+ GUMMY....	109
abc complete senior 50+.....	108	LARGE.....	150, 151	ALIVE WOMENS ENERGY.....	109
abc complete senior mens 50+.....	108	AEROCHAMBER PLUS FLO-VU		ALIVE WOMENS GUMMY.....	109
abc complete senior womens 50+.....	108	MEDIUM.....	151	all day allergy.....	140
ABELCET.....	19	AEROCHAMBER PLUS FLO-VU		all day allergy childrens.....	140
ABIGALE.....	70	SMALL.....	151	all day allergy d.....	144
ABIGALE LO.....	70	AEROCHAMBER PLUS FLOW VU		ALLBEE/C.....	109
ABILIFY ASIMTUFII.....	48		151	all-day allergy childrens.....	140
ABILIFY MAINTENA.....	48	AEROCHAMBER		aller-chlor.....	140
abiraterone acetate.....	30	W/FLOWSIGNAL.....	151	allergy.....	140
ABIRTEGA.....	31	AEROCHAMBER Z-STAT PLUS....	151	allergy (cetirizine).....	140
ABRYSVO.....	95	AEROCHAMBER Z-STAT PLUS		allergy 24-hr.....	140
acamprosate calcium.....	58	CHAMBR.....	151	allergy childrens.....	140
acarbose.....	61	AEROCHAMBER Z-STAT		allergy rel child (loratadine).....	140
ACCUTANE.....	154	PLUS/LARGE.....	151	allergy relief.....	141
acebutolol hcl.....	42	AEROCHAMBER Z-STAT		allergy relief (loratadine).....	140
acerola c-500.....	108	PLUS/MEDIUM.....	151	allergy relief cetirizine.....	140
acetaminophen.....	13	AEROCHAMBER Z-STAT		allergy relief childrens.....	140, 141
acetaminophen 8 hour.....	13	PLUS/SMALL.....	151	allergy relief d.....	144
acetaminophen childrens.....	13	AEROVENT PLUS.....	151	allergy relief d-12.....	144
acetaminophen er.....	13	AFIRMELLE.....	64	allergy relief d-24.....	144
acetaminophen extra strength.....	13	AIMOVIG.....	56	allergy relief/nasal decongest.....	144
acetaminophen infants.....	13	aimsco lubricated.....	64	allergy/congestion relief.....	144
acetaminophen-codeine.....	18	AIRBORNE.....	108	allopurinol.....	13
acetazolamide.....	43	AIRBORNE GUMMIES.....	108	ALMACONE DOUBLE STRENGTH.....	74
acetazolamide er.....	43	AIRBORNE KIDS.....	108	alosetron hcl.....	83
acetic acid.....	85, 139	AIRSUPRA.....	153	alprazolam.....	45
acetylcysteine.....	150	AKEEGA.....	31	ALTAVERA.....	64
acitretin.....	157	ala-cort.....	157	alum & mag hydroxide-simeth.....	74
ACTHIB.....	95	ALAVERT ALLERGY/SINUS.....	144	aluminum hydroxide gel.....	74
actical.....	108	albendazole.....	19	ALUNBRIG.....	32
ACTIMMUNE.....	94	albuterol sulfate.....	143	ALVAIZ.....	90
active fe.....	87	albuterol sulfate hfa.....	143	ALVESCO.....	153
ACTIVNUTRIENTS.....	108	alclometasone dipropionate.....	157	alyacen 1/35.....	64
ACTIVNUTRIENTS W/O IRON.....	108	ALCON TEARS.....	137	alyacen 7/7/7.....	64
acyclovir.....	25	ALDURAZYME.....	72	ALYFTREK.....	151

ALYGLO.....	94	AQUA-E.....	109	AYVAKIT.....	33
ALYQ.....	44	aquanaz.....	144	az cream.....	98
amantadine hcl.....	47	AQUASOL A.....	109	azacitidine.....	30
ambrisentan.....	45	aqueous vitamin d.....	109	azathioprine.....	94
AMETHIA.....	64	ARALAST NP.....	151	azelastine hcl.....	135, 141
AMETHYST.....	64	ARANELLE.....	64	azithromycin.....	27
amikacin sulfate.....	20	ARBEM H-COSMETIC.....	97	AZO HORMONAL HEALTH	
amiloride hcl.....	43	ARBEM LIOPEN.....	98	CYCLE CARE.....	109
amiloride-hydrochlorothiazide.....	43	ARCALYST.....	94	AZO HORMONAL HEALTH	
amiodarone hcl.....	40	AREXVY.....	95	HAPPY CYCL.....	109
amitriptyline hcl.....	46	ARIKAYCE.....	20	aztreonam.....	20
AMLADEX.....	109	aripiprazole.....	48	AZURETTE.....	65
amlodipine besy-benazepril hcl.....	39	ARISTADA.....	48	b complex.....	110
amlodipine besylate.....	42	ARISTADA INITIO.....	48	b complex vitamins.....	110
amlodipine besylate-valsartan.....	39	armodafinil.....	58	b complex-c.....	110
amlodipine-olmesartan.....	40	ARNUITY ELLIPTA.....	153	b complex-c-folic acid.....	110
ammonium lactate.....	158	arthritis pain relief.....	13	b1.....	110
AMNESTEEM.....	154	arthritis pain reliever.....	13	b-1.....	110
amoxapine.....	46	arthritis pain relieving.....	158	b-12.....	110
amoxicillin.....	28	artificial tears.....	137	b-12 tr.....	110
amoxicillin-pot clavulanate.....	28	ascorbic acid.....	109	b-6.....	110
amoxicillin-pot clavulanate er.....	28	asenapine maleate.....	48	b6 natural.....	110
amphetamine-dextroamphet er.....	55	ASHLYNA.....	64	BABY DDROPS.....	110
amphetamine-dextroamphetamine.....	55	aspirin.....	14	baby super daily d3.....	110
amphotericin b.....	19	aspirin adult low dose.....	13	baby vitamin d3.....	110
amphotericin b liposome.....	19	aspirin adult low strength.....	13	bacitracin.....	136, 154
ampicillin.....	28	aspirin ec adult low dose.....	13	bacitracin zinc.....	154
ampicillin sodium.....	28	aspirin ec low strength.....	13	bacitracin zinc-aloe.....	154
ampicillin-sulbactam sodium.....	28	aspirin low dose.....	13	bacitracin-polymyxin b.....	136
anagrelide hcl.....	90	aspirin regimen.....	14	bacitra-neomycin-polymyxin-hc.....	135
anastrozole.....	31	aspirin-dipyridamole er.....	90	baclofen.....	57
ANORO ELLIPTA.....	140	ASSURE ID INSULIN SAFETY		BACMIN.....	110
antacid.....	75	SYR.....	60	BAFIERTAM.....	57
antacid & antigas.....	74	ASTAGRAF XL.....	94	balance b-50.....	110
antacid calcium.....	74	atazanavir sulfate.....	22	balsalazide disodium.....	78
antacid calcium rich.....	74	atenolol.....	42	BALVERSA.....	33
antacid maximum strength.....	74	atenolol-chlorthalidone.....	42	BALZIVA.....	65
antacid regular strength.....	75	athletes foot (clotrimazole).....	155	BANOPHEN.....	141, 158
antacid/antigas.....	75	athletes foot (terbinafine).....	155	BARACLUDGE.....	25
anti-diarrheal.....	76	athletes foot powder spray.....	155	bariatric multivitamins/iron.....	110
antifungal.....	155	atomoxetine hcl.....	55	BASAGLAR KWIKPEN.....	60
anti-fungal.....	155	atorvastatin calcium.....	41	BASE PCCA CLARIFYING.....	98
antifungal (clotrimazole).....	155	atovaquone.....	20	baza antifungal.....	155
antifungal (tolnaftate).....	155	atovaquone-proguanil hcl.....	22	bcg vaccine.....	95
antifungal clotrimazole.....	155	atropine sulfate.....	137	b-complex (folic acid).....	110
anti-itch.....	158	ATROVENT HFA.....	140	b-complex balanced.....	110
antioxidant.....	109	AUBRA EQ.....	64	b-complex/b-12.....	110
anti-oxidant.....	109	AUGTYRO.....	32	b-complex/vitamin c.....	110
antioxidant a/c/e/selenium.....	109	AUROVELA 1/20.....	64	b-complex-c.....	110
antioxidant formula.....	109	AUROVELA 24 FE.....	65	b-complex-c (w/folic acid).....	110
antioxidant vitamins.....	109	AUROVELA FE 1.5/30.....	65	benazepril hcl.....	39
antiseptic skin cleanser.....	158	AUROVELA FE 1/20.....	65	benazepril-hydrochlorothiazide.....	39
APETIBEX.....	109	AUSTEDO.....	56	bendamustine hcl.....	29
APHEN.....	13	AUSTEDO XR.....	56, 57	BENDEKA.....	29
APPE-CURB.....	109	AUSTEDO XR PATIENT		BENLYSTA.....	95
aprepitant.....	77	TITRATION.....	57	BENZEFOAM.....	154
APRI.....	64	AUVELITY.....	46	BENZEPRO.....	154
APTIOM.....	51	AVIANE.....	65	benzoin.....	158
APTIVUS.....	22	AVMAPKI FAKZYNJA CO-PACK.....	32	benzonatate.....	144
AQUA GLYCOLIC FACE.....	158	AYUNA.....	65	benzoyl peroxide-erythromycin.....	154

<i>benzphetamine hcl</i>	63	BREATHERITE VALVED MDI		<i>calcium 600 high potency</i>	102
<i>benztropine mesylate</i>	47	CHAMBER.....	151	<i>calcium 600/vitamin d</i>	102
BERINERT.....	90	BREO ELLIPTA.....	153	<i>calcium 600/vitamin d3</i>	102
BESIVANCE.....	136	BREYNA.....	154	<i>calcium 600+d</i>	102
BESREMI.....	32	BREZTRI AEROSPHERE.....	140	<i>calcium 600+d high potency</i>	102
<i>beta care</i>	158	<i>briellyn</i>	65	<i>calcium 600+d3</i>	102
BETA XMA.....	159	BRILINTA.....	90	<i>calcium 600+d3 plus minerals</i>	103
BETADINE.....	159	<i>brimonidine tartrate</i>	135	<i>calcium antacid</i>	75
<i>betaine</i>	72	<i>brinzolamide</i>	135	<i>calcium carb-cholecalciferol</i>	103
<i>betamethasone dipropionate</i>	157	BRIVIACT.....	51, 52	<i>calcium carbonate</i>	103
<i>betamethasone dipropionate aug.</i> ..	157	<i>bromfenac sodium</i>	136	<i>calcium carbonate antacid</i>	75
<i>betamethasone valerate</i>	157	<i>bromocriptine mesylate</i>	47	<i>calcium citrate</i>	103
BETASERON.....	57	BRUKINSA.....	33	<i>calcium citrate + d</i>	103
<i>betaxolol hcl</i>	42, 135	<i>budesonide</i>	78, 153	<i>calcium citrate + d3</i>	103
<i>bethanechol chloride</i>	85	<i>budesonide er</i>	78	<i>calcium citrate + d3 maximum</i>	103
BETOPTIC-S.....	135	<i>budesonide-formoterol fumarate</i>	154	<i>calcium citrate plus/magnesium</i>	103
<i>better b complex</i>	110	<i>bumetanide</i>	43	<i>calcium citrate+d3</i>	103
BEVESPI AEROSPHERE.....	140	<i>buprenorphine</i>	17	<i>calcium citrate+d3 petites</i>	103
<i>bexarotene</i>	32, 159	<i>buprenorphine hcl</i>	58	<i>calcium citrate-vitamin d</i>	103
BEXSERO.....	95	<i>buprenorphine hcl-naloxone hcl</i>	58	<i>calcium citrate-vitamin d3</i>	103
<i>bicalutamide</i>	31	<i>bupropion hcl</i>	46	<i>calcium creamies</i>	103
BICILLIN L-A.....	28	<i>bupropion hcl er (smoking det)</i>	58	<i>calcium gluconate</i>	103
BIKTARVY.....	24	<i>bupropion hcl er (sr)</i>	46	<i>calcium high potency</i>	103
BINAXNOW COVID-19 AG HOME		<i>bupropion hcl er (xl)</i>	46	<i>calcium high potency/vitamin d</i>	103
TEST.....	20	<i>buspirone hcl</i>	45	<i>calcium lactate</i>	103
BIO-35 GLUTEN-FREE.....	110	<i>butenafine hcl</i>	155	<i>calcium oyster shell</i>	103
<i>biocal</i>	110	<i>butorphanol tartrate</i>	18	<i>calcium plus vitamin d</i>	103
BIO-D-MULSION.....	110	<i>c 1000</i>	111	<i>calcium plus vitamin d3</i>	103
BIO-D-MULSION FORTE.....	110	<i>c 500</i>	111	<i>calcium+d3</i>	103
BIOLYTE.....	100	<i>c-1000</i>	111	<i>calcium-magnesium-zinc</i>	103
BION TEARS PF.....	137	<i>c-1000/rose hips</i>	111	<i>calcium-magnesium-zinc-d3</i>	103
<i>biotin</i>	110	<i>c-250</i>	111	<i>calcium-magnesium-zinc-vit d3</i>	103
<i>biotin maximum strength</i>	110	<i>c-500</i>	111	CAL-GEST ANTACID.....	75
<i>bisacodyl</i>	78	<i>c-500/rose hips</i>	111	<i>cal-mint</i>	104
<i>bisacodyl ec</i>	78	<i>cabergoline</i>	72	CALMOSEPTINE.....	159
<i>bisacodyl laxative</i>	78	CABOMETYX.....	33	CALQUENCE.....	33
<i>bismuth</i>	76	<i>calamine</i>	159	CALTRATE 600+D PLUS	
<i>bismuth subsalicylate</i>	76	<i>calamine phenolated</i>	159	MINERALS.....	104
<i>bisoprolol fumarate</i>	42	<i>calamine-zinc oxide</i>	159	CALTRATE 600+D3.....	104
<i>bisoprolol-hydrochlorothiazide</i>	42	CALCIDOL.....	111	CALTRATE 600+D3 SOFT.....	104
BIVIGAM.....	94	<i>calcipotriene</i>	157	CALTRATE BONE HEALTH.....	104
BLISOVI 24 FE.....	65	<i>calcitonin (salmon)</i>	63	CALTRATE MINIS PLUS	
BLISOVI FE 1.5/30.....	65	CALCITRATE.....	102	MINERALS.....	104
<i>body/hair/skin/nails</i>	110	<i>cal-citrate plus vitamin d</i>	102	CAMILA.....	65
BONEUP.....	110	CALCITRENE.....	157	CAMRESE.....	65
BONEUP 3 PER DAY.....	110	<i>calcitriol</i>	74	CAMRESE LO.....	65
BONEUP VEGETARIAN.....	110	<i>calcium</i>	103	<i>candesartan cilexetil</i>	40
BONSITY.....	63	<i>calcium + d3</i>	102	<i>candesartan cilexetil-hctz</i>	40
BOOSTRIX.....	95	<i>calcium + vitamin d3</i>	102	<i>capcof</i>	144
<i>bortezomib</i>	33	<i>calcium 1000 + d</i>	102	CAPLYTA.....	48
<i>bosentan</i>	45	<i>calcium 1200</i>	102	CAPRELSA.....	33
BOSULIF.....	33	<i>calcium 500 + d</i>	102	<i>capsaicin</i>	159
<i>bp vit 3</i>	110	<i>calcium 500 + d3</i>	102	<i>capsaicin hp</i>	159
BPROTECTED MULTI-VITE.....	110	<i>calcium 500/d</i>	102	<i>capsaicin pain relief</i>	159
BPROTECTED PEDIA D-VITE.....	111	<i>calcium 500/vitamin d</i>	102	<i>captopril</i>	39
BPROTECTED PEDIA POLY-VITE		<i>calcium 500+d</i>	102	<i>captopril-hydrochlorothiazide</i>	39
.....	111	<i>calcium 500+d high potency</i>	102	CAPZASIN-HP.....	159
BPROTECTED PEDIA POLY-		<i>calcium 500+d3</i>	102	<i>carbamazepine</i>	52
VITE/FE.....	111	<i>calcium 600</i>	102	<i>carbamazepine er</i>	52
BRAFTOVI.....	33	<i>calcium 600 + d</i>	102	<i>carbidopa-levodopa</i>	47

<i>carbidopa-levodopa er</i>	47	CENTRUM SILVER ULTRA		<i>ciclopirox</i>	155
<i>carbidopa-levodopa-entacapone</i>	48	WOMENS.....	112	<i>ciclopirox olamine</i>	155
<i>carboplatin</i>	29	CENTRUM SILVER WOMEN 50+ ..	112	<i>cilostazol</i>	90
<i>carboxymethylcellulose sod pf</i>	137	CENTRUM SPECIALIST HEART ..	112	CILOXAN.....	136
<i>carboxymethylcellulose sodium</i>	137	CENTRUM SPECIALIST VISION ..	112	CIMDUO.....	24
CARESTART COVID-19 HOME		CENTRUM ULTRA WOMENS.....	112	<i>cinacalcet hcl</i>	72
TEST.....	20	CENTRUM WOMEN.....	112	<i>ciprofloxacin hcl</i>	28, 136
<i>carglumic acid</i>	72	<i>century</i>	112	<i>ciprofloxacin in d5w</i>	28
<i>carisoprodol</i>	57	<i>century mature</i>	112	<i>ciprofloxacin-dexamethasone</i>	139
<i>carteolol hcl</i>	135	<i>cephalexin</i>	27	<i>cisplatin</i>	29
CARTIA XT.....	42	CEQUR SIMPLICITY 2U.....	60	<i>citalopram hydrobromide</i>	46
<i>carvedilol</i>	42	CEQUR SIMPLICITY INSERTER.....	60	CITRACAL MAXIMUM.....	104
<i>caspofungin acetate</i>	19	CERALYTE 70.....	100	CITRACAL MAXIMUM PLUS.....	104
<i>castellani paint modified</i>	155	CERASPORT.....	100	CITRACAL PETITES/VITAMIN D ..	104
CAYSTON.....	20	CERASPORT EX1.....	100	<i>citrus calcium/vitamin d</i>	104
<i>c-chewable</i>	111	CERAVE MOISTURIZING.....	159	CLARAVIS.....	154
<i>cefactor</i>	26	CERAVE SA ROUGH & BUMPY		<i>clarithromycin</i>	27
<i>cefadroxil</i>	26	SKIN.....	159	<i>clarithromycin er</i>	27
<i>cefazolin sodium</i>	26	CERDELGA.....	72	<i>classic prenatal</i>	112
<i>cefazolin sodium-dextrose</i>	26	CEREZYME.....	72	CLEAR EYES NATURAL TEARS ..	137
<i>cefdinir</i>	26	CEROVITE JR.....	112	CLEARLAX.....	78
<i>cefepime hcl</i>	26	CEROVITE SENIOR.....	112	CLEODERM.....	98
<i>cefixime</i>	26	CERTA-VITE.....	112	CLEVER CHOICE HOLDING	
<i>cefotetan disodium</i>	26	CERTAVITE SENIOR.....	112	CHAMBER.....	151
<i>cefoxitin sodium</i>	26	CERTAVITE		<i>clindamycin hcl</i>	20
<i>cefpodoxime proxetil</i>	26	SENIOR/ANTIOXIDANT.....	112	<i>clindamycin palmitate hcl</i>	20
<i>cefprozil</i>	26	CERTAVITE/ANTIOXIDANTS.....	112	<i>clindamycin phos (once-daily)</i>	154
<i>ceftazidime</i>	26	CETAPHIL MOISTURIZING.....	159	<i>clindamycin phos (twice-daily)</i>	154
<i>ceftriaxone sodium</i>	26, 27	CETAPHIL THERAPEUTIC HAND	159	<i>clindamycin phosphate</i>	20, 85, 154
<i>cefuroxime axetil</i>	27	<i>cetirizine hcl</i>	141	<i>clindamycin phosphate in d5w</i>	20
<i>cefuroxime sodium</i>	27	<i>cetirizine hcl allergy child</i>	141	<i>clindamycin phosphate in nacl</i>	20
<i>celecoxib</i>	16	<i>cetirizine hcl childrens</i>	141	CLINIMIX/DEXTROSE (4.25/10) ...	101
<i>centavite a-z complete-mineral</i>	111	<i>cetirizine hcl childrens alrgy</i>	141	CLINIMIX/DEXTROSE (4.25/5).....	101
CENTRATEX.....	87	<i>cetirizine-pseudoephedrine er</i>	144	CLINIMIX/DEXTROSE (5/15).....	101
<i>centravites</i>	111	<i>cevimeline hcl</i>	162	CLINIMIX/DEXTROSE (5/20).....	101
<i>centravites 50 plus</i>	111	<i>charcoal</i>	72	<i>clanimix/dextrose (6/5)</i>	101
<i>centravites adults</i>	111	CHATEAL EQ.....	65	<i>clanimix/dextrose (8/10)</i>	101
CENTRUM.....	111	<i>chelated magnesium</i>	104	<i>clanimix/dextrose (8/14)</i>	101
CENTRUM ADULT.....	111	CHEMET.....	64	CLINISOL SF.....	101
CENTRUM ADULTS.....	111	<i>chest congestion relief</i>	144	CLINITEST RAPID COVID-19	
CENTRUM ADULTS		<i>chest congestion relief dm</i>	144	TEST.....	20
MULTIGUMMIES.....	111	<i>childrens acetaminophen</i>	14	CLINOLIPID.....	101
CENTRUM CARDIO.....	111	<i>childrens animal shapes</i>	112	<i>clobazam</i>	52
CENTRUM FLAVOR BURST		<i>childrens apap</i>	14	<i>clobetasol propionate</i>	157
ADULT.....	111	<i>childrens chew multivitamin</i>	112	<i>clobetasol propionate e</i>	157
CENTRUM FLAVOR BURST KIDS		<i>childrens chewable vitamins</i>	112	<i>clomipramine hcl</i>	46
.....	111	<i>childrens gummies</i>	112	<i>clonazepam</i>	52
CENTRUM FRESH/FRUITY 50+ ...	111	<i>childrens ibuprofen</i>	16	<i>clonidine</i>	44
CENTRUM FRESH/FRUITY		<i>childrens loratadine</i>	141	<i>clonidine hcl</i>	44
ADULT.....	111	<i>childrens mucus relief cough</i>	144	<i>clopidogrel bisulfate</i>	90
CENTRUM KIDS.....	111	<i>chlorhexidine gluconate</i>	159, 162	<i>clorazepate dipotassium</i>	52
CENTRUM MEN.....	111	<i>chlorhist</i>	141	CLORPACTIN.....	159
CENTRUM MINIS ADULTS 50+	111	<i>chloroquine phosphate</i>	22	<i>clotrimazole</i>	85, 155, 156, 162
CENTRUM MINIS WOMEN 50+	111	<i>chlorpheniramine maleate</i>	141	<i>clotrimazole 3</i>	85
CENTRUM SILVER.....	112	<i>chlorthalidone</i>	43	<i>clotrimazole anti-fungal</i>	155
CENTRUM SILVER 50+MEN.....	111	<i>cholestyramine</i>	41	<i>clotrimazole athletes foot</i>	155
CENTRUM SILVER 50+WOMEN ..	111	<i>cholestyramine light</i>	41	<i>clotrimazole-betamethasone</i>	156
CENTRUM SILVER ADULT 50+ ...	111	CHROMAGEN.....	87	<i>clozapine</i>	49
CENTRUM SILVER MEN 50+.....	112	<i>chromic chloride</i>	101	<i>co q 10</i>	107
				<i>co q10</i>	107

<i>co q-10</i>	107	<i>cough dm</i>	144	<i>cvs one daily essential</i>	113
COARTEM.....	22	<i>cough dm childrens</i>	144	<i>cvs one daily mens 50+ adv</i>	113
COBENFY.....	49	<i>covid-19 at-home test</i>	20	<i>cvs one daily mens formula</i>	113
COBENFY STARTER PACK.....	49	<i>cream base</i>	98	<i>cvs one daily womens 50+ adv</i>	113
<i>coconut oil beauty</i>	159	CREON.....	83	<i>cvs one daily womens formula</i>	113
<i>cod liver oil</i>	112	CRITIC-AID CLEAR AF.....	156	<i>cvs oyster shell calcium-vit d</i>	104
<i>cod liver oil w/vit a & d</i>	112	<i>cromolyn sodium</i>	83, 135, 151	<i>cvs ped electrolyte freeze pop</i>	100
<i>coditussin ac</i>	144	CRYSELLE-28.....	65	<i>cvs pediatric electrolyte</i>	101
<i>coditussin dac</i>	144	CULTURELLE KIDS COMPLETE.....	112	<i>cvs pinworm treatment</i>	20
<i>coenzyme q-10</i>	107	CULTURELLE KIDS PROBIOTIC- MV.....	112	<i>cvs slow release dried iron</i>	87
<i>co-enzyme q10</i>	107	CULTURELLE PROBIOTICS + MULTIV.....	112	<i>cvs slow release iron</i>	87
COLACE.....	78	<i>cupric chloride</i>	101	<i>cvs spectravite adult 50+</i>	113
COLACE 2-IN-1.....	78	<i>cvs adult 50+ eye health</i>	112	<i>cvs spectravite adults</i>	113
COLACE CLEAR.....	78	CVS AIRSHIELD.....	112	<i>cvs spectravite advanced</i>	113
<i>colchicine</i>	13	CVS AIRSHIELD IMMUNITY SUPPORT.....	112	<i>cvs spectravite men</i>	113
<i>colchicine-probenecid</i>	13	<i>cvs b complex plus c</i>	112	<i>cvs spectravite men 50+</i>	113
<i>colesevelam hcl</i>	41	<i>cvs b-1</i>	112	<i>cvs spectravite senior</i>	113
<i>colestipol hcl</i>	41	<i>cvs b-12</i>	112	<i>cvs spectravite ultra men 50+</i>	113
<i>colistimethate sodium (cba)</i>	20	<i>cvs b6</i>	113	<i>cvs spectravite ultra mens</i>	113
COMBIGAN.....	135	<i>cvs biotin</i>	113	<i>cvs spectravite ultra women</i>	113
COMBIVENT RESPIMAT.....	140	<i>cvs biotin high potency</i>	113	<i>cvs spectravite women</i>	113
COMETRIQ (100 MG DAILY DOSE).....	33	<i>cvs calcium + d3</i>	104	<i>cvs spectravite women 50+</i>	113
COMETRIQ (140 MG DAILY DOSE).....	33	<i>cvs calcium 600 & vitamin d3</i>	104	<i>cvs spectravite womens senior</i>	113
COMETRIQ (60 MG DAILY DOSE).....	33	<i>cvs calcium 600 + d/minerals</i>	104	<i>cvs super b complex/c</i>	113
COMFORT ASSIST INSULIN SYRINGE.....	60	<i>cvs calcium 600+d</i>	104	<i>cvs vision health</i>	113
COMPACT SPACE CHAMBER.....	151	<i>cvs calcium carbonate</i>	104	<i>cvs vitamin b12</i>	114
COMPACT SPACE CHAMBER/LG MASK.....	151	<i>cvs calcium citrate+d3 petites</i>	104	<i>cvs vitamin b-12</i>	114
COMPACT SPACE CHAMBER/MED MASK.....	151	<i>cvs chewable c with rose hips</i>	113	<i>cvs vitamin c</i>	114
COMPACT SPACE CHAMBER/SM MASK.....	151	<i>cvs chewable childrens vitamin</i>	113	<i>cvs vitamin c-rose hips</i>	114
<i>companion</i>	112	<i>cvs childrens complete</i>	113	<i>cvs vitamin d3</i>	114
COMPETE.....	112	<i>cvs coenzyme q-10</i>	107	<i>cvs vitamin e</i>	114
COMPLERA.....	24	<i>cvs coq-10</i>	107	<i>cvs womens active daily</i>	114
<i>complete allergy medicine</i>	141	<i>cvs cough dm</i>	144	<i>cvs womens daily gummies</i>	114
<i>complete allergy relief</i>	141	<i>cvs covid-19 at home test kit</i>	20	<i>cvs zinc gluconate</i>	104
<i>complete multivitamin/mineral</i>	112	<i>cvs d3</i>	113	<i>cyanocobalamin</i>	114
COMPRO.....	77	<i>cvs daily gummies</i>	113	<i>cyclobenzaprine hcl</i>	57
<i>constulose</i>	78	<i>cvs daily gummies adult</i>	113	<i>cyclophosphamide</i>	29, 30
COPAXONE.....	57	<i>cvs daily multiple for men</i>	113	<i>cycloserine</i>	24
COPIKTRA.....	33	<i>cvs daily multiple women 50+</i>	113	<i>cyclosporine</i>	95
<i>coq10</i>	107	<i>cvs dry skin therapy</i>	159	<i>cyclosporine modified</i>	95
<i>coq-10</i>	107	<i>cvs e</i>	113	<i>cyproheptadine hcl</i>	141
<i>coq10 maximum strength</i>	107	<i>cvs electrolyte solution</i>	100	CYRED EQ.....	65
CORLANOR.....	44	<i>cvs eye health & lutein</i>	113	CYSTADROPS.....	137
CORVITA.....	112	<i>cvs eye health adult 50+</i>	113	CYSTAGON.....	72
CORVITA 150.....	87	<i>cvs folic acid</i>	113	CYSTARAN.....	137
CORVITE 150.....	87	<i>cvs gauze sterile</i>	60	<i>cytarabine</i>	30
<i>corvite fe</i>	87	<i>cvs glucose</i>	72	<i>d 1000</i>	114
COSENTYX.....	91	<i>cvs gummy dinos</i>	113	<i>d 10000</i>	114
COSENTYX (300 MG DOSE).....	91	<i>cvs gummy multivitamin kids</i>	113	<i>d 400</i>	114
COSENTYX SENSOREADY (300 MG).....	91	<i>cvs iron</i>	87	<i>d 5000</i>	114
COSENTYX SENSOREADY PEN.....	91	<i>cvs jock itch</i>	156	<i>d-1000 extra strength</i>	114
COSENTYX UNOREADY.....	91	CVS KETONE CARE.....	72	<i>d2000 ultra strength</i>	114
COTELLIC.....	33	<i>cvs lice treatment</i>	161	<i>d3</i>	114
		<i>cvs magnesium</i>	104	<i>d3 2000</i>	114
		<i>cvs magnesium oxide</i>	104	<i>d3 5000</i>	114
		<i>cvs mens daily gummies</i>	113	<i>d3 baby drops</i>	114
		<i>cvs moisturizing</i>	159	<i>d3 high potency</i>	114
				<i>d3 maximum strength</i>	114
				<i>d3 super strength</i>	114
				<i>d3-1000</i>	114

<i>d-3-5</i>	114	<i>desmopressin acetate</i>	72	<i>diphenoxylate-atropine</i>	83
<i>D3-50</i>	114	<i>desmopressin acetate pf</i>	72	<i>diphtheria-tetanus toxoids dt</i>	96
<i>d-400</i>	114	<i>desmopressin acetate spray</i>	72	<i>dipyridamole</i>	90
<i>d-5000</i>	114	<i>desogestrel-ethinyl estradiol</i>	65	<i>disopyramide phosphate</i>	40
<i>dabigatran etexilate mesylate</i>	86	<i>desvenlafaxine succinate er</i>	46	<i>disulfiram</i>	58
<i>daily combo multi vitamins</i>	114	<i>dexamethasone</i>	71	<i>divalproex sodium</i>	52
<i>daily multiple vitamins</i>	114	<i>DEXAMETHASONE INTENSOL</i>	71	<i>divalproex sodium er</i>	52
<i>daily multivitamin</i>	114	<i>dexamethasone sod phos (pf)</i>	71	<i>DML FORTE</i>	159
<i>daily value multivitamin</i>	114	<i>dexamethasone sod phosphate pf</i>	71	<i>docetaxel</i>	32
<i>daily vitamins</i>	114	<i>dexamethasone sodium phosphate</i>	71, 137	<i>DOCIVYX</i>	32
<i>daily vite</i>	114	<i>dexmethylphenidate hcl</i>	55	<i>docusate calcium</i>	78
<i>daily vite multivitamin/iron</i>	114	<i>dextromethorphan hbr</i>	145	<i>docusate mini</i>	78
<i>daily vites</i>	115	<i>dextromethorphan polistirex er</i>	145	<i>docusate sodium</i>	78
<i>daily-vite</i>	115	<i>dextromethorphan-guaifenesin</i>	145	<i>DOCUSOL KIDS</i>	79
<i>daily-vite multivitamin</i>	115	<i>dextrose</i>	101	<i>DODEX</i>	115
<i>dalfampridine er</i>	57	<i>dextrose in lactated ringers</i>	99	<i>dofetilide</i>	40
<i>danazol</i>	59	<i>dextrose-sodium chloride</i>	99	<i>DOLISHALE</i>	65
<i>dantrolene sodium</i>	58	<i>diabetes health formula</i>	115	<i>donepezil hcl</i>	45
<i>DANZITEN</i>	33	<i>DIABETIDERM</i>	159	<i>DOPTELET</i>	90
<i>dapsone</i>	20	<i>DIABETIDERM FOOT</i> <i>REJUVENATING</i>	159	<i>dorzolamide hcl</i>	135
<i>DAPTACEL</i>	95	<i>DIACOMIT</i>	52	<i>dorzolamide hcl-timolol mal</i>	135
<i>daptomycin</i>	20	<i>DIALYVITE</i>	115	<i>DOTTI</i>	70
<i>darunavir</i>	22	<i>DIALYVITE 3000</i>	115	<i>DOVATO</i>	24
<i>dasatinib</i>	33	<i>DIALYVITE 5000</i>	115	<i>doxazosin mesylate</i>	39
<i>DASETTA 1/35 (28)</i>	65	<i>DIALYVITE 800</i>	115	<i>doxepin hcl</i>	46, 55
<i>DASETTA 7/7/7</i>	65	<i>dialyvite 800/ultra d</i>	115	<i>doxorubicin hcl</i>	32
<i>DAURISMO</i>	33	<i>DIALYVITE 800/ZINC</i>	115	<i>doxorubicin hcl liposomal</i>	32
<i>DAYSEE</i>	65	<i>DIALYVITE 800-ZINC 15</i>	115	<i>DOXY 100</i>	29
<i>DAYVIGO</i>	55	<i>DIALYVITE SUPREME D</i>	115	<i>doxycycline hyclate</i>	29
<i>D-CERIN</i>	159	<i>DIALYVITE VITAMIN D 5000</i>	115	<i>doxycycline monohydrate</i>	29
<i>DDROPS</i>	115	<i>DIALYVITE/ZINC</i>	115	<i>DRISDOL</i>	115
<i>DEBLITANE</i>	65	<i>diamode</i>	76	<i>DRIZALMA SPRINKLE</i>	46
<i>DEBROX</i>	162	<i>DIATRUST COVID-19 HOME</i> <i>TEST</i>	20	<i>dronabinol</i>	77
<i>DECARA</i>	115	<i>diazepam</i>	52	<i>drospiren-eth estrad-levomefol</i>	65
<i>DECONEX IR</i>	144	<i>DIAZEPAM INTENSOL</i>	52	<i>drospirenone-ethinyl estradiol</i>	65
<i>DECUBI-VITE</i>	115	<i>diazoxide</i>	72	<i>droxidopa</i>	44
<i>deferasirox</i>	64	<i>diclofenac potassium</i>	16	<i>DRY EYE FORMULA</i>	115
<i>dekas bariatric</i>	115	<i>diclofenac sodium</i>	16, 137, 159	<i>dry eye relief drops</i>	137
<i>DEKAS PLUS</i>	115	<i>diclofenac sodium er</i>	16	<i>dss</i>	79
<i>DEKAS PLUS OCEAN</i>	115	<i>dicloxacin sodium</i>	28	<i>DULERA</i>	154
<i>DELSTRIGO</i>	24	<i>dicyclomine hcl</i>	77, 78	<i>duloxetine hcl</i>	46
<i>DELSYM</i>	145	<i>diethylpropion hcl</i>	63	<i>DUPIXENT</i>	91
<i>DELSYM CGH/CHEST CONG DM</i> <i>CHILD</i>	144	<i>diethylpropion hcl er</i>	63	<i>DUREX REALFEEL</i>	65
<i>DELSYM COUGH CHILDRENS</i>	145	<i>DIFFERIN</i>	154	<i>dutasteride</i>	85
<i>DELSYM COUGH/CHEST</i> <i>CONGEST DM</i>	145	<i>DIFICID</i>	27	<i>dutasteride-tamsulosin hcl</i>	85
<i>delta d3</i>	115	<i>diflunisal</i>	16	<i>D-VI-SOL</i>	115
<i>DENGVAZIA</i>	96	<i>digoxin</i>	44	<i>d-vite pediatric</i>	115
<i>DEPO-SUBQ PROVERA 104</i>	65	<i>dihydroergotamine mesylate</i>	56	<i>DYNA-HEX 4</i>	159
<i>DEPO-TESTOSTERONE</i>	59	<i>DILANTIN</i>	52	<i>e 1000</i>	115
<i>DERMABASE</i>	159	<i>diltiazem hcl</i>	43	<i>E.E.S. 400</i>	27
<i>DERMACINRX FOLTAMIN</i>	115	<i>diltiazem hcl er</i>	43	<i>e200</i>	115
<i>DERMACINRX MULTITAM</i>	115	<i>diltiazem hcl er beads</i>	42	<i>e-200</i>	115
<i>DERMACINRX RIBOTIN-E</i>	115	<i>diltiazem hcl er coated beads</i>	43	<i>ear drops</i>	162
<i>DERMACINRX ZINTREXYL-C</i>	115	<i>dilt-xr</i>	43	<i>earwax removal</i>	162
<i>DESCOVY</i>	24	<i>diphenhydramine hcl</i>	141	<i>earwax removal kit</i>	162
<i>DESENEX</i>	156	<i>diphenhydramine hcl childrens</i>	141	<i>EASIVENT</i>	151
<i>desipramine hcl</i>	46	<i>diphenhydramine-zinc acetate</i>	159	<i>EASIVENT MASK LARGE</i>	151
<i>desmopressin ace spray refrig</i>	72			<i>EASIVENT MASK MEDIUM</i>	151
				<i>EASIVENT MASK SMALL</i>	151
				<i>econazole nitrate</i>	156

ECOTRIN	14	epiphenone	39	erythromycin base	27
ECOTRIN ARTHRTIS PAIN	14	EPRONTIA	52	erythromycin ethylsuccinate	27
ECOTRIN LOW STRENGTH	14	epsom salt	79	erythromycin lactobionate	27
ed chlorped jr	141	eq calcium 500+d	104	ERZOFR	49
ed-a-hist dm	145	eq calcium 600+d	104	escitalopram oxalate	46
ed-apap	14	eq calcium 600+d+minerals	104	eslicarbazepine acetate	52
EDURANT	22	eq calcium citrate+d	104	esomeprazole magnesium	84
EDURANT PED	22	eq complete multivit adult 50+	116	ESSENTIA	116
efavirenz	22	eq complete multivitamin child	116	essential balance	116
efavirenz-emtricitab-tenofo df	24	eq complete multivitamin-adult	116	ESTARYLLA	65
efavirenz-lamivudine-tenofovir	24	eq cough dm	145	ESTER-C	116
ELDERTONIC	115	eq multivitamin gummies	116	estradiol	70
ELFOLATE PLUS	115	eq one daily mens 50+	116	estradiol valerate	70
ELIGARD	31	eq one daily mens health	116	estradiol-norethindrone acet	71
ELINEST	65	eq one daily womens health	116	ESTROVEN MENOPAUSE	
ELIQUIS	86	eq slow-release iron	87	SUPPLEMENT	116
ELIQUIS DVT/PE STARTER PACK	86	eq space chamber anti-static	151	eszopiclone	55
ellume covid-19 home test	20	eq space chamber anti-static l	151	ethambutol hcl	24
ELURYNG	65	eq space chamber anti-static m	151	ethosuximide	52
EMERGEN-C VITAMIN C	115	eq space chamber anti-static s	151	ethynodiol diac-eth estradiol	66
EMGALITY	56	eq therapeutic moisturizing	159	etodolac	16
EMGALITY (300 MG DOSE)	56	eql all day allergy	141	etodolac er	16
EMOLLIA-CREME	159	eql b complex 50	116	etonogestrel-ethinyl estradiol	66
emollient base	98	eql b-12	116	etoposide	32
EMSAM	46	eql b-6	116	etravirine	23
emtricitabine	23	eql biotin	116	eucerin advanced repair	159
emtricitabine-tenofovir df	24	eql calcium citrate/vitamin d	104	EUCERIN ADVANCED REPAIR	
emtricitab-rilpivir-tenofov df	24	eql calcium citrate/vitamin d3	104	HAND	159
EMTRIVA	23	eql calcium/vitamin d	104	EUCERIN CALMING DAILY	
EMVERM	20	eql calcium/vitamin d3	104	MOIST	159
EMZAHH	65	eql century	116	EUCERIN PLUS	159
enalapril maleate	39	eql century mature	116	EUCERIN SKIN CALMING	159
enalapril-hydrochlorothiazide	39	eql century mature adults 50+	116	EULEXIN	31
ENBREL	91	eql century mens	116	EVAC	79
ENBREL MINI	91	eql child multivit/minerals	116	EVAC-U-GEN	79
ENBREL SURECLICK	91	eql coq10	107	everolimus	33, 95
ENDOCET	18	eql cough dm	145	EVOTAZ	24
ENDUR-ACIN	116	eql iron supplement therapy	87	EXEL COMFORT POINT PEN	
ENDUR-C	116	eql one daily mens 50+ advance	116	NEEDLE	60
enema	79	eql one daily mens health	116	exemestane	31
enema ready-to-use	79	eql one daily womens 50+ adv	116	eye health + lutein	116
ENEMEEZ KIDS	79	eql slow release iron	87	eye multivitamin/sodium	116
ENEMEEZ MINI	79	eql super b complex/vitamin c	116	EYSUVIS	137
ENEMEEZ PLUS	79	eql vision formula	116	ezetimibe	41
ENFAMIL ENFALYTE	101	eql vitamin b-12	116	ezetimibe-simvastatin	41
ENGERIX-B	96	eql vitamin c	116	FABRAZYME	72
ENILLORING	65	eql vitamin c/rose hips	116	FALMINA	66
enoxaparin sodium	86	eql vitamin d3	116	famciclovir	25
ENPRESSE-28	65	eql vitamin e	116	famotidine	78
ENSKYCE	65	ergocalciferol	116	famotidine (pf)	78
ENSTILAR	157	ergotamine-caffeine	56	famotidine premixed	78
entacapone	48	ERIVEDGE	33	FANAPT	49
entecavir	25	ERLEADA	31	FANAPT TITRATION PACK A	49
ENTRESTO	40	erlotinib hcl	33	FANAPT TITRATION PACK C	49
enulose	79	ERRIN	65	FANTASY LUBRICATED	66
EPCLUSA	25	ertapenem sodium	20	FANTASY	
EPIDIOLEX	52	ery	154	LUBRICATED/SPERMICIDE	66
epinephrine	151	ERY-TAB	27	FARXIGA	61
epinephrine (anaphylaxis)	44	ERYTHROCIN LACTOBIONATE	27	FASENRA	151, 152
EPITOL	52	erythromycin	27, 136, 154	FASENRA PEN	151

FC2 FEMALE CONDOM.....	66	FLINTSTONES GUMMIES BONE		fruit c.....	118
FEIRZA 1.5/30.....	66	BUILD.....	117	fruit c 500.....	117
FEIRZA 1/20.....	66	FLINTSTONES GUMMIES		fruity c.....	118
felbamate.....	52, 53	COMPLETE.....	117	fruity chews.....	118
felodipine er.....	43	FLINTSTONES GUMMIES-		FRUZAQLA.....	33
fem-cal citrate.....	105	IMMUNITY.....	117	ft 12 hour cough relief.....	145
fenofibrate.....	41	FLINTSTONES PLUS CALCIUM.....	117	ft 8 hour pain relief.....	14
fenofibrate micronized.....	41	FLINTSTONES PLUS EXTRA		ft all day allergy.....	141
fentanyl.....	18	IRON.....	117	ft all day allergy 24 hour.....	141
FERAHEME.....	87	FLINTSTONES SOUR GUMMIES.....	117	ft all day allergy relief.....	141
FERATE.....	87	FLINTSTONES W/IRON.....	117	ft all day allergy-d.....	145
FERGON.....	87	FLINTSTONES/MY FIRST.....	117	ft allergy childrens.....	141
FERIVA 21/7 (WITH DOCUSATE).....	87	FLORIVA PLUS.....	117	ft allergy relief.....	141
ferocon.....	88	FLOWFLEX COVID-19 AG HOME		ft allergy relief 12 hour.....	141
FEROSUL.....	88	TEST.....	20	ft allergy relief 24 hour.....	141
FERRALET 90.....	88	fluconazole.....	19	ft allergy relief childrens.....	141
ferretts.....	88	fluconazole in sodium chloride.....	19	ft allergy relief-d.....	145
FERREX 150.....	88	flucytosine.....	19	ft antacid & antigas.....	75
ferric x-150.....	88	fludrocortisone acetate.....	71	ft antacid regular strength.....	75
FERRLECIT.....	88	flunisolide.....	153	ft anti-diarrheal.....	76
ferrous fumarate.....	88	fluocinolone acetonide.....	139, 157	ft antifungal.....	156
ferrous gluconate.....	88	fluocinolone acetonide body.....	157	ft aspirin.....	14
ferrous sulfate.....	88	fluocinolone acetonide scalp.....	157	ft aspirin low dose.....	14
ferrous sulfate er.....	88	fluocinonide.....	157, 158	ft athletes foot (clotrimaz).....	156
FETZIMA.....	46	fluocinonide emulsified base.....	157	ft athletes foot (terbinafine).....	156
FETZIMA TITRATION.....	46	fluorometholone.....	137	ft children's pain/fever.....	14
FEVERALL ADULTS.....	14	fluorouracil.....	30, 160	ft clearax.....	79
FEVERALL CHILDRENS.....	14	fluoxetine hcl.....	46	ft earwax removal.....	162
FEVERALL INFANTS.....	14	fluphenazine decanoate.....	49	ft earwax removal kit.....	162
FEVERALL JUNIOR STRENGTH.....	14	fluphenazine hcl.....	49	ft enteric coated aspirin.....	14
fexofenadine hcl.....	141	flurbiprofen.....	16	ft fiber laxative.....	79
FIASP.....	60	flurbiprofen sodium.....	137	ft gas relief.....	83
FIASP FLEXTOUCH.....	60	fluticasone propionate.....	153, 158	ft gas relief extra strength.....	83
FIASP PENFILL.....	60	fluticasone-salmeterol.....	154	ft gas relief infants.....	83
FIASP PUMPCART.....	60	fluvoxamine maleate.....	45	ft gas relief ultra strength.....	83
fiber.....	79	folate.....	117	ft gentle laxative.....	79
fiber laxative.....	79	folbee.....	117	ft ibuprofen.....	17
fiber laxative + calcium.....	79	folbee plus.....	117	ft ibuprofen childrens.....	16
fiber-lax.....	79	FOLBIC.....	117	ft ibuprofen ib childrens.....	16
fidaxomicin.....	28	folic acid.....	117	ft laxative.....	79
finasteride.....	85	FOLIFLEX.....	117	ft lice killing max st.....	161
FINEST NUTRITION VITAMIN B-		folika-bc.....	117	ft milk of magnesia.....	79
12.....	117	FOLITAB 500.....	88	ft mineral oil.....	79
fingolimod hcl.....	57	folite.....	117	ft mucus relief 12hr.....	145
FINTEPLA.....	53	FOLITIN-Z.....	117	ft mucus relief 12hr max str.....	145
FINZALA.....	66	FOLIVANE-F.....	88	ft mucus relief dm.....	145
FIRMAGON.....	31	FOLIVANE-PLUS.....	88	ft nasal decongestant max str.....	145
FIRMAGON (240 MG DOSE).....	31	FOLIXAPURE.....	117	ft nasal decongestant pe.....	145
first aid antiseptic.....	159	folplex 2.2.....	117	ft nasal spray.....	145
FLAC.....	139	FOLTABS 800.....	117	ft nicotine.....	58
FLAREX.....	137	FOLTANX.....	117	ft pain relief.....	14
FLEBOGAMMA DIF.....	94	FOLTRATE.....	117	ft pain relief adult extra st.....	14
flecainide acetate.....	40	FOLTREXYL.....	117	ft senna laxatives.....	79
FLEET ENEMA.....	79	fondaparinux sodium.....	86	ft senna-s.....	79
FLEXICHAMBER.....	152	fosamprenavir calcium.....	23	ft stomach relief.....	76
FLINSTONES GUMMIES OMEGA-		fosinopril sodium.....	39	ft stool softener.....	79
3 DHA.....	117	fosinopril sodium-hctz.....	39	ft tussin adult.....	145
FLINTSTONES COMPLETE.....	117	FOTIVDA.....	33	ft tussin cf adult.....	145
FLINTSTONES GUMMIES.....	117	freedavite.....	117	full spectrum b/vitamin c.....	118
		FRINDOVYX.....	30	FULPHILA.....	87

<i>fulvestrant</i>	31	<i>geri-kot</i>	79	<i>gnp calcium 600 +d3</i>	105
FUNGOID TINCTURE.....	156	<i>geri-lanta</i>	75	<i>gnp calcium citrate +d3</i>	105
<i>furosemide</i>	43	<i>geri-lanta maximum strength</i>	75	<i>gnp childrens allergy</i>	142
FUSION.....	88	<i>geri-mox</i>	75	<i>gnp childrens chewables/ex c</i>	118
FUSION PLUS.....	88	GERITOL COMPLETE.....	118	<i>gnp childrens ibuprofen</i>	17
FUZEON.....	23	<i>geri-tussin</i>	145	<i>gnp children's pain & fever</i>	14
FYAVOLV.....	71	<i>gerivite complete</i>	118	GNP CLEARLAX.....	80
FYCOMPA.....	53	GILOTRIF.....	34	<i>gnp clotrimazole 3</i>	85
<i>gabapentin</i>	53	<i>glatiramer acetate</i>	57	<i>gnp co q10</i>	107
<i>galantamine hydrobromide</i>	45	GLATOPA.....	57	<i>gnp co q-10</i>	107
<i>galantamine hydrobromide er</i>	45	GLEOSTINE.....	30	<i>gnp cough dm er</i>	145
GALBRIELA.....	66	<i>glimepiride</i>	61	<i>gnp d 1000</i>	118
GALLIFREY.....	74	<i>glipizide</i>	61	<i>gnp earwax removal drops</i>	162
GAMASTAN.....	94	<i>glipizide er</i>	61	<i>gnp earwax removal kit</i>	162
GAMMAGARD.....	94	<i>glipizide xl</i>	61, 62	<i>gnp electrolyte solution</i>	101
GAMMAGARD S/D LESS IGA.....	94	<i>glipizide-metformin hcl</i>	62	<i>gnp epsom salt</i>	80
GAMMAKED.....	94	<i>global alcohol prep ease</i>	60	<i>gnp essential one daily</i>	118
GAMMAPLEX.....	94	<i>glucoten</i>	118	<i>gnp fiber</i>	80
GAMUNEX-C.....	94	<i>glutamine</i>	107	<i>gnp fiber-caps</i>	80
<i>ganciclovir sodium</i>	25	GLUTOSE 5.....	72	<i>gnp folic acid</i>	118
GARDASIL 9.....	96	<i>glycerin (adult)</i>	79	<i>gnp gas relief</i>	83
<i>gas relief</i>	83	<i>glycerin (infants & children)</i>	80	<i>gnp gas relief extra strength</i>	83
<i>gas relief extra strength</i>	83	<i>glycerin adult</i>	80	<i>gnp gentle laxative</i>	80
<i>gas relief infants</i>	83	<i>glycerin childrens</i>	80	<i>gnp glycerin (adult)</i>	80
<i>gas relief ultra strength</i>	83	GLYCOLAX.....	80	<i>gnp glycerin child</i>	80
GAS-X EXTRA STRENGTH.....	83	<i>glycopyrrolate</i>	78	<i>gnp hair/skin/nails</i>	118
GAS-X ULTRA STRENGTH.....	83	GLYDO.....	158	<i>gnp healthy eyes</i>	118
<i>gatifloxacin</i>	136	GLYXAMBI.....	62	<i>gnp ibuprofen</i>	17
GATTEX.....	83	<i>gnp 8 hour arthritis relief</i>	14	<i>gnp ibuprofen childrens</i>	17
<i>gavilax</i>	79	<i>gnp 8 hour pain relief</i>	14	<i>gnp ibuprofen infants</i>	17
GAVILYTE-C.....	79	<i>gnp 8 hour pain reliever</i>	14	<i>gnp infant gas relief</i>	83
GAVILYTE-G.....	79	<i>gnp acetaminophen</i>	14	<i>gnp infants pain/fever</i>	14
GAVILYTE-N WITH FLAVOR		<i>gnp all day allergy</i>	142	<i>gnp iron</i>	88
PACK.....	79	<i>gnp all day allergy childrens</i>	142	<i>gnp lice treatment</i>	161
GAVRETO.....	33	<i>gnp all day allergy-d</i>	145	<i>gnp lidocaine pain relief</i>	160
<i>gefitinib</i>	34	<i>gnp allergy</i>	142	<i>gnp little ones childrens</i>	118
<i>gemcitabine hcl</i>	30	<i>gnp allergy & congestion</i>	145	<i>gnp loperamide hcl</i>	76
<i>gemfibrozil</i>	41	<i>gnp allergy relief</i>	142	<i>gnp loratadine</i>	142
GEMTESA.....	85	<i>gnp allergy relief 24 hr</i>	142	<i>gnp loratadine childrens</i>	142
<i>genadek step 1</i>	118	<i>gnp allergy relief max st</i>	142	<i>gnp lubricant eye drops (pf)</i>	137
<i>genadek step 2</i>	118	<i>gnp allergy/congestion relief</i>	145	<i>gnp lubricating plus eye drops</i>	138
<i>generlac</i>	79	<i>gnp antacid</i>	75	<i>gnp magnesium oxide</i>	75
GENGRAF.....	95	<i>gnp antacid & anti-gas</i>	75	<i>gnp mega multi for men</i>	118
GENOTROPIN.....	72	<i>gnp antacid regular strength</i>	75	<i>gnp mega multi for women</i>	118
GENOTROPIN MINIQUICK.....	72	<i>gnp antibacterial urinary pain</i>	20	<i>gnp melatonin</i>	108
<i>gentamicin in saline</i>	20	<i>gnp anti-diarrheal</i>	76	<i>gnp melatonin maximum strength</i>	108
<i>gentamicin sulfate</i> 20, 136, 154, 155		<i>gnp anti-gas</i>	83	<i>gnp miconazole 1</i>	85
GENTEAL SEVERE.....	137	<i>gnp anti-itch</i>	160	<i>gnp miconazole 3</i>	85
GENTEAL TEARS.....	137	<i>gnp antiseptic skin cleanser</i>	160	<i>gnp miconazole 7</i>	85
GENTEAL TEARS MODERATE PF		<i>gnp artificial tears</i>	137	<i>gnp miconazorb af</i>	156
.....	137	<i>gnp aspirin</i>	14	<i>gnp milk of magnesia</i>	80
GENTEAL TEARS PF.....	137	<i>gnp aspirin low dose</i>	14	<i>gnp mineral oil</i>	80
GENTEAL TEARS SEVERE		<i>gnp athletes foot</i>	156	<i>gnp mucus er</i>	145
DAY/NIGHT.....	137	<i>gnp bacitracin zinc</i>	155	<i>gnp nasal decongestant</i>	146
<i>gentle laxative</i>	79	<i>gnp biotin</i>	118	<i>gnp nasal decongestant pe</i>	146
<i>gentlelax</i>	79	<i>gnp cal mag zinc +d3</i>	105	<i>gnp nasal four spray</i>	146
GENVOYA.....	24	<i>gnp calamine</i>	160	<i>gnp nasal spray</i>	146
GERBER GROW MIGHTY.....	118	<i>gnp calcium</i>	105	<i>gnp nasal spray extra moist</i>	146
GERBER LIL' BRAINIES.....	118	<i>gnp calcium 500 +d3</i>	105	<i>gnp nasal spray fast acting</i>	146
<i>geri-dryl</i>	141, 142	<i>gnp calcium 600 +d/minerals</i>	105	<i>gnp natural fiber</i>	80

<i>gnp nicotine</i>	58	<i>goodsense allergy relief child</i>	142	<i>haloperidol lactate</i>	49
<i>gnp nicotine mini</i>	58	<i>goodsense antacid</i>	75	HARD NAILS.....	119
<i>gnp nicotine polacrilex</i>	58	<i>goodsense antacid & gas relief</i>	75	HARVONI.....	25
<i>gnp no drip nasal spray</i>	146	<i>goodsense anti-diarrheal</i>	76	HAVRIX.....	96
<i>gnp one daily mens health 50+</i>	118	<i>goodsense arthritis pain</i>	15	<i>healthy eyes</i>	119
<i>gnp one daily mens/lycopene</i>	118	<i>goodsense artificial tears</i>	138	<i>healthy eyes supervision 2</i>	119
<i>gnp one daily womens</i>	118	<i>goodsense aspirin adults</i>	15	<i>healthy eyes/lutein-zeaxanthin</i>	119
<i>gnp one daily womens 50+</i>	118	<i>goodsense aspirin low dose</i>	15	<i>healthy hair/skin/nails</i>	119
<i>gnp pain & fever childrens</i>	15	<i>goodsense athletes foot</i>	156	<i>healthy kids gummies</i>	119
<i>gnp pain & fever infants</i>	15	<i>goodsense bisacodyl laxative</i>	80	HEALTHY MAMA SHAKE THAT	
<i>gnp pain relief</i>	15	GOODSENSE CLEARLAX.....	80	ACHE.....	15
<i>gnp pain relief extra strength</i>	15	<i>goodsense cough dm</i>	146	HEALTHY MAMA TAME THE	
<i>gnp pain relief nighttime</i>	58	<i>goodsense cough dm childrens</i>	146	FLAME.....	75
<i>gnp petroleum jelly</i>	98	<i>goodsense electrolyte</i>	101	HEALTHYLAX.....	80
<i>gnp pink bismuth</i>	76	<i>goodsense enema</i>	80	HEATHER.....	66
<i>gnp pink bismuth ultra str</i>	76	<i>goodsense epsom salt</i>	80	<i>h-e-b oral electrolyte</i>	101
<i>gnp povidone-iodine</i>	160	<i>goodsense first aid antibiotic</i>	155	HEMATEx.....	88
<i>gnp prenatal</i>	118	<i>goodsense ibuprofen</i>	17	<i>hematinic/folic acid</i>	88
<i>gnp pseudoephedrine hcl 12 hr</i>	146	<i>goodsense ibuprofen childrens</i>	17	HEMATOGEN FA.....	88
<i>gnp senna lax</i>	80	<i>goodsense ibuprofen infants</i>	17	HEMATOGEN FORTE.....	88
<i>gnp senna plus</i>	80	<i>goodsense lice killing</i>	161	HEMOCYTE PLUS.....	88
<i>gnp stomach relief</i>	76	<i>goodsense lubricating eye drop</i>	138	<i>heparin (porcine) in nacl</i>	86
<i>gnp stool softener</i>	80	<i>goodsense milk of magnesia</i>	80	<i>heparin sodium (porcine)</i>	86
<i>gnp stool softener ex st</i>	80	<i>goodsense mineral oil</i>	80	<i>heparin sodium (porcine) pf</i>	86
<i>gnp stool softener/laxative</i>	80	<i>goodsense mucus er</i>	146	HEPLISAV-B.....	96
<i>gnp terbinafine hydrochloride</i>	156	<i>goodsense mucus relief child</i>	146	HERCEPTIN.....	34
<i>gnp therapeutic-m</i>	118	<i>goodsense nicotine</i>	58	HERCEPTIN HYLECTA.....	34
<i>gnp tolnaftate</i>	156	<i>goodsense pain & fever child</i>	15	HERZUMA.....	34
<i>gnp triple antibiotic</i>	155	<i>goodsense pain & fever infants</i>	15	HIBERIX.....	96
<i>gnp triple antibiotic plus</i>	155	<i>goodsense pain relief</i>	15	HIBICLENS.....	160
<i>gnp tussin cf cough & cold</i>	146	<i>goodsense pain relief extra st</i>	15	<i>high potency multivit/ifa</i>	119
<i>gnp tussin cough long acting</i>	146	<i>goodsense senna laxative</i>	80	<i>high potency multivitamin</i>	119
<i>gnp tussin dm</i>	146	<i>goodsense stomach relief</i>	76	<i>hm adult aspirin</i>	15
<i>gnp tussin dm cough</i>	146	<i>goodsense stool softener</i>	80	<i>hm all day allergy childrens</i>	142
<i>gnp tussin dm max</i>	146	<i>goodsense tussin cf</i>	146	<i>hm arthritis pain relief</i>	15
<i>gnp tussin mucus & chest cong</i>	146	<i>goodsense tussin dm</i>	146	<i>hm calcium citrate+d3 petite</i>	105
<i>gnp vitamin a</i>	118	<i>goodsense tussin dm max</i>	146	<i>hm complete men</i>	119
<i>gnp vitamin b-1</i>	118	<i>goodsense ultra lubricant drop</i>	138	<i>hm complete women</i>	119
<i>gnp vitamin b-12</i>	118	<i>granisetron hcl</i>	77	<i>hm cough dm</i>	146
<i>gnp vitamin b-6</i>	118	<i>griseofulvin microsize</i>	19	<i>hm enema</i>	80
<i>gnp vitamin c</i>	118	<i>griseofulvin ultramicrosize</i>	19	<i>hm fexofenadine hcl</i>	142
<i>gnp vitamin c drops</i>	118	<i>guaifenesin</i>	146	<i>hm ibuprofen childrens</i>	17
<i>gnp vitamin c w/rose hips</i>	118	<i>guaifenesin er</i>	146	<i>hm loratadine</i>	142
<i>gnp vitamin c/rose hips</i>	118	<i>guaifenesin-codeine</i>	146	<i>hm loratadine childrens</i>	142
<i>gnp vitamin d</i>	119	<i>guaifenesin-dm</i>	146	<i>hm nicotine polacrilex</i>	58
<i>gnp vitamin d maximum strength</i>	119	<i>guanfacine hcl</i>	44	<i>hm pain relief</i>	15
<i>gnp vitamin d super strength</i>	119	<i>guanfacine hcl er</i>	55	<i>hm petroleum jelly</i>	98
<i>gnp vitamin d3</i>	119	GUMMI BEAR		<i>hm stomach relief</i>	76
<i>gnp vitamin d3 extra strength</i>	119	MULTIVITAMIN/MIN.....	119	<i>hm stomach relief ultra</i>	76
<i>gnp vitamin e</i>	119	HAEGARDA.....	90	<i>hm stool softener/laxative</i>	80
<i>gnp womens gentle laxative</i>	80	HAILEY 1.5/30.....	66	<i>hm womens 50+ advanced daily</i>	119
<i>gnp zinc oxide</i>	160	HAILEY 24 FE.....	66	HONEY BEARS W/IRON-ZINC.....	119
GOLD BOND ULTIMATE		<i>hair skin & nails</i>	119	HUMIRA (2 PEN).....	91
HEALING.....	160	<i>hair skin & nails advanced</i>	119	HUMIRA (2 SYRINGE).....	92
GOMEKLI.....	34	<i>hair skin nails</i>	119	HUMIRA-CD/UC/HS STARTER.....	92
<i>goodsense advanced antacid</i>	75	<i>hair/skin/nails</i>	119	HUMIRA-PED>/=40KG UC	
<i>goodsense all day allergy</i>	142	<i>halobetasol propionate</i>	158	STARTER.....	92
<i>goodsense all day allergy-d</i>	146	HALOETTE.....	66	HUMIRA-PSORIASIS/UEIT	
<i>goodsense aller-ease</i>	142	<i>haloperidol</i>	49	STARTER.....	92
<i>goodsense allergy relief</i>	142	<i>haloperidol decanoate</i>	49		

HUMULIN R U-500 (CONCENTRATED).....	60	INBRIJA.....	48	<i>i-vite</i>	120
HUMULIN R U-500 KWIKPEN.....	60	INCASSIA.....	66	IWILFIN.....	32
HYCODAN.....	146	INCRELEX.....	73	IXIARO.....	96
<i>hydralazine hcl</i>	44	INCRUSE ELLIPTA.....	140	JAIMIESS.....	66
HYDRALYTE.....	101	<i>indapamide</i>	43	JAKAFI.....	34
HYDRASYN25.....	160	INDICAID COVID-19 RAPID TEST.....	21	JANTOVEN.....	87
<i>hydrochlorothiazide</i>	43	INFANRIX.....	96	JANUMET.....	62
<i>hydrocod poli-chlorphe poli er</i>	146	<i>infants gas relief</i>	83	JANUMET XR.....	62
<i>hydrocodone bitartrate er</i>	18	<i>infants ibuprofen</i>	17	JANUVIA.....	62
<i>hydrocodone bit-homatrop mbr</i>	147	INFED.....	88	JARDIANCE.....	62
<i>hydrocodone-acetaminophen</i>	18	<i>infliximab</i>	92	JASMIEL.....	66
<i>hydrocodone-ibuprofen</i>	18	INFUVITE ADULT.....	119	JAVYGTOR.....	73
<i>hydrocortisone</i>	71, 78, 158	INFUVITE PEDIATRIC.....	119	JAYPIRCA.....	34
<i>hydrocortisone (perianal)</i>	160	INJECTAFER.....	88	JENTADUETO.....	62
<i>hydrocortisone sod suc (pf)</i>	71	INLYTA.....	34	JENTADUETO XR.....	62
<i>hydrocortisone valerate</i>	158	INQOVI.....	30	JINTELI.....	71
<i>hydromet</i>	147	INREBIC.....	34	JOLESSA.....	66
<i>hydromorphone hcl</i>	18	INSPIREASE.....	152	JULEBER.....	66
<i>hydrous emulsified base</i>	98	INTEGRA.....	88	JULUCA.....	24
<i>hydroxocobalamin acetate</i>	119	INTEGRA F.....	88	JUNEL 1.5/30.....	66
<i>hydroxychloroquine sulfate</i>	93	INTEGRA PLUS.....	88	JUNEL 1/20.....	66
<i>hydroxyurea</i>	32	INTELENCE.....	23	JUNEL FE 1.5/30.....	66
<i>hydroxyzine hcl</i>	142	INTELISWAB COVID-19 RAPID TEST.....	21	JUNEL FE 1/20.....	66
<i>hydroxyzine pamoate</i>	142	INTRALIPID.....	102	JUNEL FE 24.....	66
<i>hylazinc</i>	119	INTROVALE.....	66	<i>just 4 kidz multivit/probiotic</i>	120
<i>ibandronate sodium</i>	63	INVEGA HAFYERA.....	49, 50	JYLAMVO.....	94
IBRANCE.....	34	INVEGA SUSTENNA.....	50	JYNNEOS.....	96
IBTROZI.....	34	INVEGA TRINZA.....	50	KADCYLA.....	34
IBU.....	17	IPOL.....	96	KAITLIB FE.....	66
<i>ibuprofen</i>	17	<i>ipratropium bromide</i>	140	KALETRA.....	24
<i>ibuprofen childrens</i>	17	<i>ipratropium-albuterol</i>	140	KALYDECO.....	152
<i>ibuprofen infants</i>	17	<i>irbesartan</i>	40	KANJINTI.....	34
<i>ibuprofen junior strength</i>	17	<i>irbesartan-hydrochlorothiazide</i>	40	KARIVA.....	66
ICAPS.....	119	<i>irinotecan hcl</i>	32	<i>kcl (0.149%) in nacl</i>	99
ICAPS AREDS FORMULA.....	119	<i>iron</i>	89	<i>kcl in dextrose-nacl</i>	99
ICAPS LUTEIN & OMEGA-3.....	119	<i>iron 27</i>	88	KELNOR 1/35.....	66
ICAPS LUTEIN & ZEAXANTHIN... ..	119	<i>iron chews pediatric</i>	88	KELNOR 1/50.....	66
ICAPS MV.....	119	<i>iron folate plus</i>	88	KERADAN.....	160
ICAR.....	88	<i>iron folate-f</i>	89	KERENDIA.....	39
<i>icatibant acetate</i>	90	<i>iron high-potency</i>	89	KERR TRIPLE DYE SWABS.....	160
ICLEVIA.....	66	<i>iron slow release</i>	89	KESIMPTA.....	57
ICLUSIG.....	34	<i>iron supplement</i>	89	<i>ketoconazole</i>	19, 156
IDACIO (2 PEN).....	92	IRON UP.....	89	KETO-DIASTIX.....	73
IDACIO (2 SYRINGE).....	92	IS-D 10,000.....	120	<i>ketorolac tromethamine</i>	137
IDACIO-CROHNS/UC STARTER.....	92	ISENTRESS.....	23	KEYTRUDA.....	34
IDACIO-PSORIASIS STARTER.....	92	ISENTRESS HD.....	23	<i>kimono</i>	66
IDHIFA.....	34	ISIBLOOM.....	66	KIMONO COLORS.....	66
IFEREX 150.....	88	ISOLYTE-P IN D5W.....	99	KIMONO MAXX-LARGE FLARE.....	66
IHEALTH COVID-19 RAPID TEST.....	20	ISOLYTE-S PH 7.4.....	99	<i>kimono micro thin</i>	66
<i>imatinib mesylate</i>	34	<i>isoniazid</i>	24	<i>kimono micro thin plus</i>	66
IMBRUVICA.....	34	<i>isosorbide dinitrate</i>	44	<i>kimono plus</i>	66
<i>imipenem-cilastatin</i>	21	<i>isosorbide mononitrate er</i>	44	<i>kimono sensation</i>	67
<i>imipramine hcl</i>	46	<i>isotretinoin</i>	154	<i>kimono sensation plus</i>	67
<i>imiquimod</i>	160	<i>isradipine</i>	43	KIMONO SPECIAL.....	67
<i>imkeldi</i>	34	<i>itch relief extra strength</i>	160	KINDERLYTE.....	101
<i>immune support</i>	119	ITOVEBI.....	34	KINDERLYTE PREMAX.....	101
IMMUNERX.....	119	<i>itraconazole</i>	19	KINRIX.....	96
IMOVAX RABIES.....	96	<i>ivabradine hcl</i>	44	KIONEX.....	64
IMPAVIDO.....	21	<i>ivermectin</i>	21	KISQALI (200 MG DOSE).....	34
				KISQALI (400 MG DOSE).....	35

KISQALI (600 MG DOSE).....	35	<i>lapatinib ditosylate</i>	35	<i>linezolid in sodium chloride</i>	21
KISQALI FEMARA (200 MG DOSE).....	35	LARIN 1.5/30.....	67	LINZESS.....	83
KISQALI FEMARA (400 MG DOSE).....	35	LARIN 1/20.....	67	<i>liothyronine sodium</i>	74
KISQALI FEMARA (600 MG DOSE).....	35	LARIN 24 FE.....	67	<i>liquid acetaminophen</i>	15
KLAYESTA.....	156	LARIN FE 1.5/30.....	67	<i>liquid allergy relief</i>	142
KLOR-CON.....	100	LARIN FE 1/20.....	67	<i>liquid pain relief</i>	15
KLOR-CON 10.....	100	<i>latanoprost</i>	135	<i>lisinopril</i>	39
KLOR-CON M10.....	100	<i>laxative</i>	81	<i>lisinopril-hydrochlorothiazide</i>	39
KLOR-CON M15.....	100	<i>laxative max str</i>	81	<i>lithium</i>	57
KLOR-CON M20.....	100	<i>laxative regular strength</i>	81	<i>lithium carbonate</i>	57
KLS ALLERCLEAR D-24HR.....	147	LAYOLIS FE.....	67	<i>lithium carbonate er</i>	57
KLS ALLER-TEC D.....	147	LAZCLUZE.....	35	LIVTENCITY.....	25
<i>kobee</i>	120	<i>leader finger cream</i>	160	<i>l-methylfolate</i>	120
KOSELUGO.....	35	<i>leflunomide</i>	94	<i>l-methylfolate calcium</i>	120
KOURZEQ.....	162	<i>lenalidomide</i>	31	<i>l-methylfolate-b6-b12</i>	120
<i>kp adults 50+ daily formula</i>	120	LENVIMA (10 MG DAILY DOSE) ...	35	<i>l-methyl-mc</i>	120
<i>kp adults daily formula</i>	120	LENVIMA (12 MG DAILY DOSE) ...	35	LOESTRIN 1.5/30 (21).....	67
<i>kp b complex-c</i>	120	LENVIMA (14 MG DAILY DOSE) ...	35	LOESTRIN 1/20 (21).....	67
<i>kp bisacodyl</i>	80	LENVIMA (18 MG DAILY DOSE) ...	35	LOESTRIN FE 1.5/30.....	67
<i>kp calcium 600+d</i>	105	LENVIMA (20 MG DAILY DOSE) ...	35	LOESTRIN FE 1/20.....	67
<i>kp calcium citrate+d</i>	105	LENVIMA (24 MG DAILY DOSE) ...	35	<i>lohist-dm</i>	147
<i>kp calcium-magnesium-zinc</i>	105	LENVIMA (4 MG DAILY DOSE).....	35	LOJAIMIESS.....	67
<i>kp ferrous gluconate</i>	89	LENVIMA (8 MG DAILY DOSE).....	35	LOKELMA.....	64
<i>kp ferrous sulfate</i>	89	LESSINA.....	67	LOMAIRA.....	63
<i>kp folic acid</i>	120	<i>letrozole</i>	31	LONSURF.....	30
<i>kp mag-oxide magnesium</i>	105	<i>leucovorin calcium</i>	38, 39	<i>loperamide hcl</i>	76, 83
<i>kp melatonin</i>	108	LEUKERAN.....	30	<i>lopinavir-ritonavir</i>	24
<i>kp mens 50+ daily formula</i>	120	<i>leuprolide acetate</i>	31	<i>loradamed</i>	142
<i>kp mens daily formula</i>	120	<i>levalbuterol hcl</i>	143	<i>loratadine</i>	142
<i>kp niacin</i>	120	<i>levalbuterol tartrate</i>	143	<i>loratadine childrens</i>	142
<i>kp prenatal multivitamins</i>	120	<i>levetiracetam</i>	53	<i>loratadine-d 12hr</i>	147
<i>kp pseudoephedrine hcl</i>	147	<i>levetiracetam er</i>	53	<i>loratadine-d 24hr</i>	147
<i>kp senna</i>	80	<i>levetiracetam in nacl</i>	53	<i>lorazepam</i>	45
KP VISION FORMULA.....	120	<i>levobunolol hcl</i>	135	LORAZEPAM INTENSOL.....	45
KP VISION FORMULA/LUTEIN.....	120	<i>levocarnitine</i>	73	LORBRENA.....	35
<i>kp vitamin b-12</i>	120	<i>levocetirizine dihydrochloride</i>	142	LORYNA.....	67
<i>kp vitamin b-6</i>	120	<i>levofloxacin</i>	28	<i>losartan potassium</i>	40
<i>kp vitamin d</i>	120	<i>levofloxacin in d5w</i>	28	<i>losartan potassium-hctz</i>	40
<i>kp vitamin d3</i>	120	LEVONEST.....	67	LOTEMAX.....	137
<i>kp womens 50+ daily formula</i>	120	<i>levonorgest-eth estrad 91-day</i>	67	<i>loteprednol etabonate</i>	137
<i>kp womens daily formula</i>	120	<i>levonorgestrel-ethinyl estrad</i>	67	<i>lovastatin</i>	41
K-PAX IMMUNE PROFESSIONAL ST.....	120	<i>levonorg-eth estrad triphasic</i>	67	LOW-OGESTREL.....	67
KRAZATI.....	35	LEVORA 0.15/30 (28).....	67	<i>loxapine succinate</i>	50
KURVELO.....	67	LEVO-T.....	74	<i>lubricant eye drops</i>	138
<i>labetalol hcl</i>	42	<i>levothyroxine sodium</i>	74	<i>lubricant eye drops (pf)</i>	138
LAC-HYDRIN FIVE.....	160	LEVOXYL.....	74	<i>lubricant eye drops pf</i>	138
<i>lacosamide</i>	53	<i>l-glutamine</i>	90, 108	<i>lubricating eye drops</i>	138
<i>lactated ringers</i>	99	<i>lice killing</i>	161	LUMAKRAS.....	35
<i>lactulose</i>	81	<i>lice killing maximum strength</i>	161	LUMIGAN.....	135
<i>lactulose encephalopathy</i>	80	<i>lidocaine</i>	158, 160	LUMIZYME.....	73
<i>lamivudine</i>	23, 25	<i>lidocaine hcl</i>	15, 158	LUPRON DEPOT (1-MONTH).....	31
<i>lamivudine-zidovudine</i>	24	<i>lidocaine hcl (pf)</i>	15	LUPRON DEPOT (3-MONTH).....	31
<i>lamotrigine</i>	53	<i>lidocaine pain relief</i>	160	LUPRON DEPOT-PED (1-MONTH).....	73
<i>lamotrigine er</i>	53	<i>lidocaine pain relief max st</i>	160	LUPRON DEPOT-PED (3-MONTH).....	73
<i>lanreotide acetate</i>	73	<i>lidocaine pain relieving</i>	160	LUPRON DEPOT-PED (6-MONTH).....	73
<i>lansoprazole</i>	84	<i>lidocaine viscous hcl</i>	162	<i>lurasidone hcl</i>	50
		<i>lidocaine-prilocaine</i>	158	LUTERA.....	67
		LIDOCAN.....	158	LYBALVI.....	50
		LILETTA (52 MG).....	67	LYLEQ.....	67
		<i>linezolid</i>	21	LYLLANA.....	71

LYNPARZA.....	35	<i>megavite golden years 55+.....</i>	120	<i>miconazole 3 combo-suppl.....</i>	85
LYSIPLEX PLUS.....	120	<i>megestrol acetate.....</i>	31, 74	<i>miconazole 7.....</i>	85, 86
LYSODREN.....	31	<i>meijer advanced formula.....</i>	120	<i>miconazole antifungal.....</i>	156
LYTGOBI (12 MG DAILY DOSE).....	35	<i>meijer c.....</i>	120	<i>miconazole nitrate.....</i>	156
LYTGOBI (16 MG DAILY DOSE).....	35	<i>meijer ibuprofen.....</i>	17	MICOTRIN AP.....	156
LYTGOBI (20 MG DAILY DOSE).....	35	<i>meijer nasal decongestant.....</i>	147	MICROCHAMBER.....	152
LYZA.....	67	MEKINIST.....	36	<i>microderm base.....</i>	98
MACULAR HEALTH FORMULA.....	120	MEKTOVI.....	36	MICROGESTIN 1.5/30.....	68
MACUVITE.....	120	<i>melatonin.....</i>	98, 108	MICROGESTIN 1/20.....	68
MACUVITE EYE CARE.....	120	<i>melatonin maximum strength.....</i>	108	MICROGESTIN FE 1.5/30.....	68
MACUVITE/LUTEIN.....	120	MELEYA.....	68	MICROGESTIN FE 1/20.....	68
MAG64.....	105	<i>meloxicam.....</i>	17	MICROSOME BASE.....	98
<i>mag-al plus.....</i>	75	<i>memantine hcl.....</i>	45	MICROSPACER.....	152
<i>mag-al plus xs.....</i>	75	<i>memantine hcl er.....</i>	45	<i>midodrine hcl.....</i>	44
MAGDELAY.....	105	<i>memantine hcl-donepezil hcl.....</i>	45	MIEBO.....	138
<i>mag-g.....</i>	105	MENACTRA.....	96	<i>mifepristone.....</i>	73
MAGNEBIND 300.....	105	MENQUADFI.....	96	MILI.....	68
MAGNEBIND 400.....	105	<i>mens 50+ advanced.....</i>	120	<i>milk of magnesia.....</i>	81
<i>magnesium.....</i>	105	<i>mens 50+ multivitamin.....</i>	121	MIMVEY.....	71
<i>magnesium gluconate.....</i>	105	<i>mens daily formula/lycopene.....</i>	121	<i>mineral oil.....</i>	81
<i>magnesium lactate.....</i>	105	<i>mens multivitamin.....</i>	121	<i>minocycline hcl.....</i>	29
<i>magnesium oxide.....</i>	75	MENVEO.....	96	<i>minoxidil.....</i>	44
<i>magnesium oxide -mg supplement.....</i>	105	<i>mercaptopurine.....</i>	30	MINTOX.....	75
<i>magnesium sulfate.....</i>	99	MERIBIN.....	121	<i>mintox maximum strength.....</i>	75
<i>magnesium sulfate in d5w.....</i>	99	<i>meropenem.....</i>	21	MINTOX PLUS.....	75
<i>magnesium-aluminum-simethicone.....</i>	75	<i>mesalamine.....</i>	78	MIRALAX.....	81
MAGNESIUM-OXIDE.....	105	<i>mesalamine er.....</i>	78	<i>mirtazapine.....</i>	47
MAGOX 400.....	105	<i>mesalamine-cleanser.....</i>	78	<i>misoprostol.....</i>	83
MAG-OXIDE.....	105	<i>mesna.....</i>	39	MITIGARE.....	13
MAG-TAB SR.....	105	MESNEX.....	39	M-M-R II.....	96
<i>malathion.....</i>	161	METAFOLBIC.....	121	<i>m-natal plus.....</i>	100
<i>manganese chloride.....</i>	105	METAFOLBIC PLUS.....	121	<i>modafinil.....</i>	58
MAOX.....	75	<i>metformin hcl.....</i>	62	<i>moexipril hcl.....</i>	39
<i>mapap.....</i>	15	<i>metformin hcl er.....</i>	62	<i>moisturizing cream.....</i>	160
MAPAP CHILDRENS.....	15	<i>methadone hcl.....</i>	18	<i>molindone hcl.....</i>	50
<i>maraviroc.....</i>	23	METHADONE HCL INTENSOL.....	18	<i>mometasone furoate.....</i>	158
MAR-COF CG EXPECTORANT.....	147	<i>methazolamide.....</i>	44	MONISTAT 1 DAY OR NIGHT.....	86
<i>marlissa.....</i>	67	<i>methenamine hippurate.....</i>	21	MONISTAT 3.....	86
MARPLAN.....	47	<i>methimazole.....</i>	74	MONISTAT 3 COMBO PACK APP.....	86
MATULANE.....	32	<i>methocarbamol.....</i>	58	MONISTAT 7 COMBO PACK APP.....	86
MAVYRET.....	25	<i>methotrexate sodium.....</i>	30, 94	MONISTAT 7 SIMPLY CURE.....	86
MAXALLERGY KIDS.....	142	<i>methotrexate sodium (pf).....</i>	30	MONJUVI.....	36
MAXIFED.....	147	<i>methsuximide.....</i>	53	MONOFERRIC.....	89
MAXIMUM D3.....	120	<i>methylphenidate hcl.....</i>	55	MONO-LINYAH.....	68
<i>maximum daily green.....</i>	120	<i>methylphenidate hcl er.....</i>	55	<i>montelukast sodium.....</i>	150
<i>maxi-tuss ac.....</i>	147	<i>methylprednisolone.....</i>	71	MOOD FOOD.....	121
<i>maxi-tuss cd.....</i>	147	<i>methylprednisolone acetate.....</i>	71	MOOD FOOD ES.....	121
<i>maxi-tuss g.....</i>	147	<i>methylprednisolone sodium succ.....</i>	71	<i>morphine sulfate.....</i>	18
<i>maxi-tuss gmx.....</i>	147	<i>methyltestosterone.....</i>	59	<i>morphine sulfate (concentrate).....</i>	18
<i>maxx.....</i>	67	<i>metoclopramide hcl.....</i>	77	<i>morphine sulfate er.....</i>	18
<i>maxx plus.....</i>	67	<i>metolazone.....</i>	44	MOUNJARO.....	62
<i>m-dryl.....</i>	142	<i>metoprolol succinate er.....</i>	42	MOVANTIK.....	83
<i>meclizine hcl.....</i>	77	<i>metoprolol tartrate.....</i>	42	<i>moxifloxacin hcl.....</i>	28, 136
<i>medi-first triple antibiotic.....</i>	155	<i>metoprolol-hydrochlorothiazide.....</i>	42	<i>moxifloxacin hcl in nacl.....</i>	28
MEDPURA ZINC OXIDE.....	160	<i>metronidazole.....</i>	21, 85, 160	<i>m-pap.....</i>	15
<i>medroxyprogesterone acetate.....</i>	67, 74	<i>metryrosine.....</i>	44	MRESVIA.....	96
<i>mefloquine hcl.....</i>	22	<i>mgo.....</i>	105	MTX SUPPORT.....	121
<i>mega biotin.....</i>	120	MIBELAS 24 FE.....	68	MUCINEX.....	147
MEGA MULTI MEN.....	120	<i>micalfungin sodium.....</i>	19	MUCINEX CHILDRENS.....	
<i>megavite fruits & veggies.....</i>	120	<i>miconazole 1.....</i>	85	FREEFROM.....	147

MUCINEX COLD CHILDRENS.....	147	<i>multivitamin infant & toddler.....</i>	122	<i>nasal decongestant pe max st.....</i>	148
MUCINEX COUGH & CONGEST		<i>multivitamin men 50+.....</i>	122	<i>nasal decongestant spray.....</i>	148
CHILD.....	147	<i>multi-vitamin monocaps.....</i>	122	<i>nasal four.....</i>	148
MUCINEX COUGH CHILDRENS..	147	<i>multivitamin w/fluoride.....</i>	122	<i>nasal spray 12 hour.....</i>	148
MUCINEX DM.....	147	<i>multivitamin women.....</i>	122	<i>nasal spray extra moisturizing.....</i>	148
MUCINEX FAST-MAX CHEST		<i>multivitamin women 50+.....</i>	122	<i>nasal spray no drip.....</i>	148
CONG MS.....	147	<i>multivitamin womens 50+ adv.....</i>	122	NASCOBAL.....	123
MUCINEX FAST-MAX CONGEST		<i>multivitamin/fluoride.....</i>	122	NATACYN.....	136
COUGH.....	147	<i>multi-vitamin/fluoride.....</i>	122	<i>nateglinide.....</i>	62
MUCINEX FAST-MAX DM MAX....	147	<i>multi-vitamin/fluorideliron.....</i>	122	<i>natural close hips.....</i>	123
MUCINEX MAXIMUM STRENGTH147		<i>multi-vitamin/liron.....</i>	122	<i>natural psyllium seed.....</i>	81
MUCINEX SINUS-MAX CLEAR &		<i>multi-vitamin/minerals.....</i>	122	<i>natural senna laxative.....</i>	81
COOL.....	148	<i>multivitamin/zinc stress.....</i>	122	<i>natural vitamin d-3.....</i>	123
MUCINEX SINUS-MAX		<i>multivitamin-minerals.....</i>	122	NAYZILAM.....	53
SINUS/ALLRGY.....	148	<i>multivitamins plus iron child.....</i>	122	<i>nebivolol hcl.....</i>	42
<i>mucus relief.....</i>	148	<i>multi-vite.....</i>	122	NECON 0.5/35 (28).....	68
<i>mucus relief cough childrens.....</i>	148	<i>multivit-min gummies childrens.....</i>	122	<i>nefazodone hcl.....</i>	47
<i>mucus relief dm.....</i>	148	<i>mupirocin.....</i>	155	<i>neomycin sulfate.....</i>	21
<i>mucus relief dm max.....</i>	148	MURINE EAR.....	162	<i>neomycin-bacitracin zn-polymyx.....</i>	136
<i>mucus relief er.....</i>	148	MURINE EAR WAX REMOVAL		<i>neomycin-polymyxin-dexameth</i>	
<i>mucus relief max st.....</i>	148	SYSTEM.....	162	<i>.....</i>	135, 136
MULTAQ.....	40	MURO 128.....	138	<i>neomycin-polymyxin-gramicidin.....</i>	136
<i>multi + omega-3 adult gummies.....</i>	121	MVW COMPLETE FORMULATION		<i>neomycin-polymyxin-hc.....</i>	136, 139
<i>multi adult gummies.....</i>	121	<i>.....</i>	122	NEO-POLYCIN.....	136
<i>multi complete/liron.....</i>	121	MVW COMPLETE FORMULATION		NEO-POLYCIN HC.....	136
<i>multi for her.....</i>	121	D3000.....	122	NEOQ10.....	108
<i>multi for her 50+.....</i>	121	MVW COMPLETE FORMULATION		NEPHPLEX RX.....	123
MULTI FOR HIM.....	121	D5000.....	122	<i>nephro vitamins.....</i>	123
<i>multi for him 50+.....</i>	121	MVW COMPLETE FORMULATION		NEPHRON FA.....	89
<i>multi vitamin.....</i>	121	MINIS.....	122	NEPHRONEX.....	123
<i>multi vitamin w/d-3.....</i>	121	<i>mvw hi-d adek gummies.....</i>	123	NEPHRO-VITE.....	123
<i>multi vitamin/minerals.....</i>	121	MVW MODULATOR		NERLYNX.....	36
MULTIGEN.....	89	FORMULATION.....	123	<i>neti pot sinus wash.....</i>	152
MULTIGEN PLUS.....	89	MVW MODULATOR		NEUTROGENA HAND.....	160
<i>multiple electro type 1 ph 5.5.....</i>	99	FORMULATION MINI.....	123	<i>nevirapine.....</i>	23
<i>multiple electro type 1 ph 7.4.....</i>	99	<i>myamulti.....</i>	123	<i>nevirapine er.....</i>	23
<i>multiple vit/minerals/no iron.....</i>	121	<i>mycophenolate mofetil.....</i>	95	NEXLETOL.....	41
<i>multiple vitamins.....</i>	121	<i>mycophenolate sodium.....</i>	95	NEXLIZET.....	41
<i>multiple vitamins essential.....</i>	121	MYCOZYL AP.....	156	NEXPLANON.....	68
<i>multiple vitamins/liron.....</i>	121	MYLANTA MAXIMUM STRENGTH.75		<i>niacin.....</i>	123
<i>multiple vitamins/womens.....</i>	121	MYLICON INFANTS GAS RELIEF..83		<i>niacin er.....</i>	123
<i>multiple vitamins-minerals.....</i>	121	MYNEPHRON.....	123	<i>niacin er (antihyperlipidemic).....</i>	41
<i>multipro.....</i>	121	MYRBETRIQ.....	85	<i>niacinamide.....</i>	123
<i>multi-vit/liron/fluoride.....</i>	121	<i>na ferric gluc cplx in sucrose.....</i>	89	<i>nicardipine hcl.....</i>	43
<i>multivit/multimineral adult.....</i>	121	<i>na sulfate-k sulfate-mg sulf.....</i>	81	NICODERM CQ.....	59
<i>multivitamin.....</i>	122	<i>nabumetone.....</i>	17	NICOMIDE.....	123
<i>multi-vitamin.....</i>	122	<i>nadolol.....</i>	42	NICORETTE.....	59
<i>multivitamin & mineral.....</i>	121	<i>nafacillin sodium.....</i>	28	NICORETTE MINI.....	59
<i>multivitamin adult.....</i>	121	NAGLAZYME.....	73	NICORETTE STARTER KIT.....	59
<i>multivitamin adult (minerals).....</i>	121	<i>nalbuphine hcl.....</i>	18	<i>nicotinamide.....</i>	123
<i>multivitamin adults.....</i>	121	<i>naloxone hcl.....</i>	58	<i>nicotine.....</i>	59
<i>multivitamin adults 50+.....</i>	121	<i>naltrexone hcl.....</i>	58	<i>nicotine mini.....</i>	59
<i>multivitamin childrens.....</i>	121	NAMZARIC.....	45	<i>nicotine polacrilex.....</i>	59
<i>multivitamin childrens (w/ fa).....</i>	121	NAPHCON-A.....	135	<i>nicotine polacrilex mini.....</i>	59
<i>multivitamin childrens gummies.....</i>	121	<i>naproxen.....</i>	17	<i>nicotine step 1.....</i>	59
<i>multivitamin dropsliron.....</i>	121	<i>naproxen dr.....</i>	17	<i>nicotine step 2.....</i>	59
<i>multi-vitamin gummies.....</i>	122	<i>naproxen sodium.....</i>	17	<i>nicotine step 3.....</i>	59
<i>multivitamin gummies adult.....</i>	121	<i>naratriptan hcl.....</i>	56	NICOTROL.....	59
<i>multivitamin gummies mens.....</i>	122	<i>nasal decongestant.....</i>	148	NICOTROL NS.....	59
<i>multivitamin gummies womens.....</i>	122	<i>nasal decongestant pe.....</i>	148	<i>nifedipine er.....</i>	43

<i>nifedipine er osmotic release</i>	43	NUPLAZID	50	<i>one daily calcium/iron</i>	123
NIFEREX.....	89	NURTEC.....	56	<i>one daily complete</i>	123
NIKKI.....	68	NUTRADERM.....	160	ONE DAILY ESSENTIAL.....	123
<i>nilotinib hcl</i>	36	NUTRILIPID.....	102	<i>one daily for men 50+ advanced</i>	124
<i>nilutamide</i>	31	NUZYRA.....	29	<i>one daily for men/lycopen</i>	124
<i>nimodipine</i>	43	NYAMYC.....	156	<i>one daily for women</i>	124
NINJACOF-XG.....	148	NYLIA 1/35.....	68	<i>one daily for women 50+ adv</i>	124
NINLARO.....	36	NYLIA 7/7/7.....	68	<i>one daily healthy weight adv</i>	124
<i>nitazoxanide</i>	21	<i>nystatin</i>	19, 156, 162	<i>one daily maximum</i>	124
<i>nitisinone</i>	73	NYSTOP.....	156	<i>one daily mens</i>	124
NITRO-BID.....	44	OCELLA.....	68	<i>one daily mens 50+ multivit</i>	124
<i>nitrofurantoin macrocrystal</i>	21	OCTAGAM.....	94	<i>one daily mens health</i>	124
<i>nitrofurantoin monohyd macro</i>	21	<i>octreotide acetate</i>	73	<i>one daily multivitamin adult</i>	124
<i>nitroglycerin</i>	44, 160	<i>ocular vitamins</i>	123	<i>one daily multivitamin/iron</i>	124
NIVA-FOL.....	123	<i>ocutabs</i>	123	<i>one daily womens</i>	124
NIVANEX DMX.....	148	<i>ocutabs-lutein</i>	123	<i>one daily womens 50 plus</i>	124
NIX CREME RINSE.....	161	OCUVITE ADULT 50+.....	123	<i>one daily womens 50+</i>	124
<i>nizatidine</i>	78	OCUVITE ADULT FORMULA.....	123	<i>one daily/minerals</i>	124
<i>no drip nasal spray</i>	148	OCUVITE EXTRA.....	123	ONE VITE DAILY MULTIVITAMIN.....	124
<i>no iron mult vitamin-minerals</i>	123	OCUVITE EYE + MULTI.....	123	ONE VITE FERROUS SULFATE....	89
<i>nohist-dm</i>	148	OCUVITE EYE HEATLH.....		ONE-A-DAY ENERGY.....	124
<i>non-aspirin</i>	15	GUMMIES.....	123	ONE-A-DAY ESSENTIAL.....	124
<i>non-aspirin extra strength</i>	15	OCUVITE-LUTEIN.....	123	ONE-A-DAY FOR HER.....	
NORA-BE.....	68	ODEFSEY.....	24	VITACRAVES.....	124
<i>norelgestromin-eth estradiol</i>	68	ODOMZO.....	36	ONE-A-DAY FOR HIM.....	
<i>norethin ace-eth estrad-fe</i>	68	OFEV.....	152	VITACRAVES.....	124
<i>norethindrone</i>	68	<i>ofloxacin</i>	136, 140	ONE-A-DAY JOLLY RANCHER....	124
<i>norethindrone acetate</i>	74	OGIVRI.....	36	ONE-A-DAY MENOPAUSE.....	
<i>norethindrone acet-ethinyl est</i>	68	OGSIVEO.....	36	FORMULA.....	124
<i>norethindrone-eth estradiol</i>	71	OJEMDA.....	36	ONE-A-DAY MENS.....	124
<i>norethin-eth estradiol-fe</i>	68	OJJAARA.....	36	ONE-A-DAY MENS (MINERALS)..	124
<i>norgestimate-eth estradiol</i>	68	<i>olanzapine</i>	50	ONE-A-DAY MENS 50+.....	124
<i>norgestim-eth estrad triphasic</i>	68	<i>olmesartan medoxomil</i>	40	ONE-A-DAY MENS 50+.....	
NORLYROC.....	68	<i>olmesartan medoxomil-hctz</i>	40	ADVANTAGE.....	124
NORTREL 0.5/35 (28).....	68	<i>olmesartan-amlodipine-hctz</i>	40	ONE-A-DAY MENS HEALTH.....	
NORTREL 1/35 (21).....	68	<i>omega-3-acid ethyl esters</i>	41	FORMULA.....	124
NORTREL 1/35 (28).....	68	<i>omeprazole</i>	84	ONE-A-DAY MENS VITACRAVES.....	124
NORTREL 7/7/7.....	68	<i>omnicap</i>	123	ONE-A-DAY PROACTIVE 65+.....	124
<i>nortriptyline hcl</i>	47	OMNIPOD 5 DEXG7G6 INTRO.....		ONE-A-DAY TEEN.....	
NORVIR.....	23	GEN 5.....	61	ADVANTAGE/HER.....	124
<i>norwegian cod liver oil</i>	123	OMNIPOD 5 DEXG7G6 PODS.....		ONE-A-DAY TEEN.....	
NOVAFERRUM.....	89	GEN 5.....	61	ADVANTAGE/HIM.....	124
NOVAFERRUM 50.....	89	OMNIPOD 5 G7 INTRO (GEN 5).....	61	ONE-A-DAY VITACRAVES.....	125
NOVAFERRUM PEDIATRIC.....		OMNIPOD 5 G7 PODS (GEN 5).....	61	ONE-A-DAY VITACRAVES ADULT.....	124
DROPS.....	89	OMNIPOD 5 LIBRE2 G6 INTRO.....			
NOVOLIN 70/30.....	60	G5.....	61	ONE-A-DAY VITACRAVES.....	
NOVOLIN 70/30 FLEXPEN.....	60	OMNIPOD 5 LIBRE2 PLUS G6.....		IMMUNITY.....	124
NOVOLIN N.....	60	PODS.....	61	ONE-A-DAY VITACRAVES SOUR.....	125
NOVOLIN N FLEXPEN.....	60	OMNIPOD CLASSIC PODS (GEN.....		ONE-A-DAY.....	
NOVOLIN R.....	60	3).....	61	VITACRAVES+OMEGA-3.....	125
NOVOLIN R FLEXPEN.....	60	OMNIPOD DASH INTRO (GEN 4)..	61	ONE-A-DAY WEIGHT SMART.....	
NOVOLOG.....	60	OMNIPOD DASH PODS (GEN 4)...	61	ADVANCE.....	125
NOVOLOG FLEXPEN.....	60	OMNIPOD GO.....	61	ONE-A-DAY WOMENS.....	125
NOVOLOG MIX 70/30.....	61	ON/GO COVID-19 ANTIGEN TEST.....	21	ONE-A-DAY WOMENS 50 PLUS..	125
NOVOLOG MIX 70/30 FLEXPEN....	61	ON/GO ONE COVID-19 HOME.....		ONE-A-DAY WOMENS 50+.....	125
NOVOLOG PENFILL.....	61	TEST.....	21	ONE-A-DAY WOMENS 50+.....	
NUBEQA.....	31	ONCOVITE.....	123	ADVANTAGE.....	125
NUDEXTA.....	57	<i>ondansetron</i>	77	ONE-A-DAY WOMENS HEALTHY.....	
NU-IRON.....	89	<i>ondansetron hcl</i>	77	SKIN.....	125
NULOJIX.....	95	ONE A DAY MENS VITACRAVES.....	123		

ONE-A-DAY WOMENS MIND & BODY	125	oxycodone hcl	18, 19	PENBRAYA	96
ONE-A-DAY WOMENS PETITES	125	oxycodone-acetaminophen	19	penicillamine	64
ONE-A-DAY WOMENS VITACRAVES	125	OXYCONTIN	18	penicillin g potassium	29
one-daily multi caps	125	oxymetazoline hcl	148	penicillin g sodium	29
one-daily multi vitamins	125	OYSCO 500+D	106	penicillin v potassium	29
one-daily multi-vit/mineral	125	oyster shell calcium	106	PEN-KERA	160
one-daily multi-vitamin	125	oyster shell calcium + d	106	penmenvy	96
one-daily multi-vitamin/iron	125	oyster shell calcium + d3	106	PENTACEL	96
one-daily/iron	125	oyster shell calcium plus d	106	pentamidine isethionate	21
ONELAX	81	oyster shell calcium w/d	106	pentoxifylline er	90
ONELAX DOCUSATE SODIUM	81	oyster shell calcium/d	106	PENTRAVAN	160
ONELAX SENNA	81	oyster shell calcium/d3	106	PENTRAVAN PLUS	160
ONTRUZANT	36	oyster shell calcium/d3	106	perampanel	53
ONUREG	30	oyster shell calcium/vit d3	106	PERIDIN-C	125
OPCON-A	135	oyster shell calcium/vitamin d	106	perindopril erbumine	39
OPIPZA	50	OZEMPIC (0.25 OR 0.5 MG/DOSE)	62	PERIOGARD	162
OPSUMIT	45	OZEMPIC (1 MG/DOSE)	62	PERIOMED	162
OPTICHAMBER DIAMOND	152	OZEMPIC (2 MG/DOSE)	62	permethrin	161
OPTICHAMBER DIAMOND-LG MASK	152	PACERONE	40	perphenazine	50
OPTICHAMBER DIAMOND-MD MASK	152	paclitaxel	32	petroleum jelly	98
OPTICHAMBER DIAMOND-SM MASK	152	paclitaxel protein-bound part	32	PFCB	98
optic-vites	125	pain & fever childrens	15	PFIZERPEN	29
OPTIFAST POST BARIATRIC	125	pain & fever infants	15	pharbechlor	143
OPTIMAL D3	125	pain relief	15	pharbedryl	143
OPTIMAL D3 M	125	pain relief extra strength	15	PHARBETOL	15
optimum pms	125	pain relief regular strength	15	PHARBETOL EXTRA STRENGTH	15
OPTISOURCE POST BARIATRIC SURG	125	paliperidone er	50	PHARMABASE ANTIOXIDANT	98
OPTIVITE P.M.T.	125	pamidronate disodium	63, 64	PHARMABASE COSMETIC	98
OPURITY BYPASS OPTIMIZED	125	pan-c 500/bioflavonoids	125	PHARMABASE COSMETIC NATURAL	98
oral electrolytes	101	PANRETIN	160	PHARMABASE LIGHT	98
oral suspend	98	pantoprazole sodium	84	PHARMABASE VAGINAL	98
oralyte	101	PANZYGA	94	pharmacist choice d-vitamin	126
ORAPENN SD ANHYD SWEETENED	98	paricalcitol	74	PHAZYME MAXIMUM STRENGTH	84
ORAPENN SD ANHYD UNSWEETEN	98	paroxetine hcl	47	PHAZYME ULTRA STRENGTH	84
ORA-PLUS	98	parvlex	125	phendimetrazine tartrate	63
ORASEP	162	PAXLOVID (150/100)	25	phenelzine sulfate	47
ORAZINC	105	PAXLOVID (300/100 & 150/100)	25	phenobarbital	53
ORGOVYX	31	PAXLOVID (300/100)	25	phenobarbital sodium	53
ORKAMBI	152	pazopanib hcl	36	phentermine hcl	63
orlistat	63	pc pediatric poly-vital/fe drop	125	phenylephrine hcl	148
ORQUIDEA	68	pc pediatric poly-vitamin drop	125	phenylephrine-dm-gg	148
ORSERDU	31	PCCA BASE 7542	98	PHENYTEK	53
OS-CAL	106	PCCA EMOLLIENT CREAM BASE	98	phenytoin	53, 54
OS-CAL CALCIUM + D3	105	ped electrolyte freeze pops	101	phenytoin sodium	54
OS-CAL EXTRA D3	105	ped electrolyte freezer pops	101	phenytoin sodium extended	54
oseltamivir phosphate	25	PEDIA VANCE	101	PHESGO	36
OSTEOPRIME PLUS	125	PEDIA-LAX	81	PHILITH	68
oxacillin sodium	28, 29	PEDIALYTE	101	PHYTOBASE	98
oxaliplatin	30	PEDIALYTE ADVANCED CARE	101	PHYTOMULTI	126
oxcarbazepine	53	PEDIALYTE FREEZER POPS	101	phytonadione	126
oxybutynin chloride	85	PEDIALYTE SINGLES	101	PIFELTRO	23
oxybutynin chloride er	85	PEDIARIX	96	pilocarpine hcl	135, 162
		pediatric electrolyte	101	PILOT COVID-19 AT-HOME TEST	21
		PEDVAX HIB	96	pimecrolimus	160
		peg 3350	81	pimozide	50
		peg 3350-kcl-na bicarb-nacl	81	PIMTREA	68
		peg-3350/electrolytes	81	pin-away	21
		PEGASYS	25	pindolol	42
		PEMAZYRE	36	pinworm medicine	21
		pemetrexed disodium	30		

<i>pioglitazone hcl</i>	62	<i>prenatal/iron</i>	126	<i>psyllium fiber</i>	81
<i>pioglitazone hcl-metformin hcl</i>	62	PRESERVISION AREDS.....	126	PULMOZYME.....	152
<i>piperacillin sod-tazobactam so</i>	29	PRESERVISION AREDS 2.....	126	<i>pure calcium carbonate</i>	106
PIQRAY (200 MG DAILY DOSE).....	36	PRESERVISION AREDS 2+MULTI		<i>pure comfort spacer chamber</i>	152
PIQRAY (250 MG DAILY DOSE).....	36	VIT.....	126	<i>purevit dualfe plus</i>	89
PIQRAY (300 MG DAILY DOSE).....	36	PRESERVISION/LUTEIN.....	126	PUREWAY-C.....	126
<i>pirfenidone</i>	152	PRETTY FEET/HANDS.....	160	PURIXAN.....	30
<i>piroxicam</i>	17	PREVALITE.....	41	<i>pyrazinamide</i>	24
<i>plain niacin</i>	126	<i>prevent</i>	126	<i>pyridostigmine bromide</i>	57
PLENAMINE.....	102	PREVYMIS.....	25	<i>pyridoxine hcl</i>	126
PLENVU.....	81	PREZCOBIX.....	24	<i>pyrimethamine</i>	21
POCKET CHAMBER.....	152	PREZISTA.....	23	PYZCHIVA.....	92
POCKET SPACER.....	152	PRIFTIN.....	24	<i>qc 3 day</i>	86
<i>podofilox</i>	160	<i>primaquine phosphate</i>	22	<i>qc acetaminophen 8 hours</i>	15
POLYCIN.....	136	<i>primidone</i>	54	<i>qc acetaminophen infants</i>	16
<i>polyethylene glycol 3350</i>	81, 98	PRIORIX.....	97	<i>qc all day allergy</i>	143
POLY-IRON 150.....	89	PRIVIGEN.....	94	<i>qc allergy childrens</i>	143
<i>polymyxin b sulfate</i>	21	<i>pro comfort spacer adult</i>	152	<i>qc allergy relief</i>	143
<i>polymyxin b-trimethoprim</i>	136	<i>pro comfort spacer child</i>	152	<i>qc antacid</i>	76
<i>polysaccharide iron complex</i>	89	<i>pro comfort spacer infant</i>	152	<i>qc antacid/anti-gas</i>	76
<i>polysaccharide-iron complex</i>	89	<i>probenecid</i>	13	<i>qc anti-diarrheal</i>	76
<i>poly-tussin ac</i>	148	PRO-CAL.....	126	<i>qc antifungal (tolnaftate)</i>	156
POLY-VENT IR.....	148	<i>procare spacer/adult mask</i>	152	<i>qc anti-itch extra strength</i>	161
POLY-VI-FLOR.....	126	<i>procare spacer/child mask</i>	152	<i>qc arthritis pain relief</i>	16
<i>polyvinyl alcohol</i>	138	PROCERV HP.....	126	<i>qc artificial tears</i>	138
POLY-VI-SOL.....	126	<i>prochlorperazine</i>	77	<i>qc aspirin</i>	16
POLY-VI-SOL/IRON.....	126	<i>prochlorperazine edisylate</i>	77	<i>qc aspirin low dose</i>	16
<i>poly-vita</i>	126	<i>prochlorperazine maleate</i>	77	<i>qc calamine</i>	161
<i>poly-vital/iron</i>	126	PROCRIT.....	87	<i>qc calcium fast dissolution</i>	106
<i>poly-vite pediatric</i>	126	PROCTOCORT.....	160	<i>qc childrens complete</i>	126
<i>poly-vitel/iron</i>	126	PROCTO-MED HC.....	161	<i>qc childrens ibuprofen</i>	17
POMALYST.....	31	PROCTOSOL HC.....	161	<i>qc childrens vitamins/extra c</i>	126
PORTIA-28.....	68	PROCTOZONE-HC.....	161	<i>qc clotrimazole</i>	86
<i>posaconazole</i>	19	<i>progesterone</i>	74	<i>qc daily multivit/multimineral</i>	127
<i>potassium chloride</i>	100	PROGRAF.....	95	<i>qc daily multivitamins/iron</i>	127
<i>potassium chloride crys er</i>	100	PROLASTIN-C.....	152	<i>qc diarrhea relief</i>	76
<i>potassium chloride er</i>	100	PROLIA.....	64	<i>qc enema</i>	81
<i>potassium chloride in nacl</i>	99	<i>promethazine hcl</i>	77	<i>qc enteric aspirin</i>	16
<i>potassium citrate er</i>	85	<i>promethazine vcl/codeine</i>	148	<i>qc epsom salt</i>	81
<i>potassium cl in dextrose 5%</i>	100	<i>promethazine-codeine</i>	148	<i>qc ferrous sulfate</i>	89
<i>povidone-iodine</i>	160	<i>promethazine-dm</i>	148	<i>qc fiber laxative</i>	81
<i>pramipexole dihydrochloride</i>	48	PRONUTRIENTS CALCIUM+D3.....	106	<i>qc gentle laxative</i>	81
<i>prasugrel hcl</i>	90	<i>propafenone hcl</i>	41	<i>qc ibuprofen</i>	17
<i>pravastatin sodium</i>	41	<i>propafenone hcl er</i>	41	<i>qc loratadine allergy relief</i>	143
<i>praziquantel</i>	21	<i>proparacaine hcl</i>	138	<i>qc loratadine-d</i>	148
<i>prazosin hcl</i>	39	<i>propranolol hcl</i>	42	<i>qc mens daily multivitamin</i>	127
<i>prednisolone</i>	71	<i>propranolol hcl er</i>	42	<i>qc miconazole 7</i>	86
<i>prednisolone acetate</i>	137	<i>propylthiouracil</i>	74	<i>qc milk of magnesia</i>	81
<i>prednisolone sodium phosphate</i>		PROQUAD.....	97	<i>qc mineral oil heavy</i>	81
.....	71, 137	PRORENAL + D.....	126	<i>qc mucus relief</i>	149
<i>prednisone</i>	71, 72	PRORENAL + D W/ OMEGA-3.....	126	<i>qc mucus relief er</i>	148
PREDNISONE INTENSOL.....	71	PROSIGHT.....	126	<i>qc multi-vite</i>	127
<i>preferred plus insulin syringe</i>	61	PROSOL.....	102	<i>qc multi-vite 50 & over</i>	127
<i>pregabalin</i>	54	PROTECT CARDIO AF.....	126	<i>qc nasal decongestant pe</i>	149
PREMASOL.....	102	PROTECT PLUS SO.....	126	<i>qc natura-lax</i>	81
<i>prenatal</i>	100, 126	PROTEGRA.....	126	<i>qc nicotine transdermal system</i>	59
<i>prenatal 19</i>	126	<i>protriptyline hcl</i>	47	<i>qc non-aspirin extra strength</i>	16
<i>prenatal one daily</i>	126	<i>pseudoeph-bromphen-dm</i>	148	<i>qc pain relief</i>	16
<i>prenatal vitamin and mineral</i>	126	<i>pseudoephedrine hcl</i>	148	<i>qc pain relief childrens</i>	16
<i>prenatal vitamins</i>	126	<i>pseudoephedrine hcl er</i>	148	<i>qc pain relief extra strength</i>	16

<i>qc petroleum jelly</i>	98	<i>ra slow release iron</i>	89	RESTASIS.....	139
<i>qc povidone iodine</i>	161	<i>ra vitamin a</i>	127	RESTASIS MULTIDOSE.....	139
<i>qc psyllium fiber</i>	81	<i>ra vitamin b-1</i>	127	RESTORA RX.....	76
<i>qc stomach relief</i>	76	<i>ra vitamin b12</i>	127	RETEVMO.....	36
<i>qc stool softener</i>	81	<i>ra vitamin b-12</i>	127	REVUFORJ.....	36
<i>qc stool softener pls laxative</i>	81	<i>ra vitamin b-12 tr</i>	127	REXULTI.....	51
<i>qc suphedrine maximum strength</i> ..	149	<i>ra vitamin b-6</i>	127	REYATAZ.....	23
<i>qc therin-m</i>	127	<i>ra vitamin c</i>	127	REZLIDHIA.....	36
<i>qc tolnaftate</i>	156	<i>ra vitamin c cr</i>	127	REZUROCK.....	95
<i>qc triple antibiotic max st</i>	155	<i>ra vitamin c/rose hips</i>	128	RHOPRESSA.....	135
<i>qc tussin dm cough/congestion</i>	149	<i>ra vitamin d-3</i>	128	<i>ribavirin</i>	25
<i>qc tussin expectorant adult</i>	149	<i>ra vitamins complete childrens</i>	128	<i>rifabutin</i>	24
<i>qc urinary pain relief</i>	21	<i>ra zinc</i>	106	<i>rifampin</i>	25
<i>qc vapor inhaler</i>	149	RABAVERT.....	97	<i>riluzole</i>	57
<i>qc vegetable laxative</i>	81	<i>rabeprazole sodium</i>	84	<i>rimantadine hcl</i>	25
<i>qc vitamin d3</i>	127	RADIANCE PLATINUM VITAMIN		RINVOQ.....	92
<i>qc womens daily multivitamin</i>	127	D3.....	128	RINVOQ LQ.....	92
QINLOCK.....	36	RALDESY.....	47	RISABAL-PH.....	161
Q-SORB CO Q-10.....	108	<i>raloxifene hcl</i>	73	<i>risedronate sodium</i>	64
QSYMIA.....	63	<i>ramipril</i>	39	<i>risperidone</i>	51
QUADRACEL.....	97	<i>ranolazine er</i>	44	<i>risperidone microspheres er</i>	51
<i>quetiapine fumarate</i>	51	<i>rasagiline mesylate</i>	48	RITEFLO.....	152
<i>quetiapine fumarate er</i>	51	REALITY LATEX CONDOMS.....	68	<i>ritonavir</i>	23
QUFLORA FE.....	127	RECLIPSEN.....	69	<i>rivaroxaban</i>	87
QUFLORA FE PEDIATRIC.....	127	RECOMBIVAX HB.....	97	<i>rivastigmine</i>	46
QUFLORA PEDIATRIC.....	127	<i>reeses pinworm medicine</i>	21	<i>rivastigmine tartrate</i>	46
QUICKVUE AT-HOME COVID-19		REFRESH.....	138	RIVELSA.....	69
TEST.....	21	REFRESH CELLUVISC.....	138	<i>rizatriptan benzoate</i>	56
<i>quin b strong</i>	127	REFRESH DIGITAL.....	138	<i>robafen cf multi-symptom cold</i>	149
<i>quinapril hcl</i>	39	REFRESH DIGITAL PF.....	138	ROBAFEN DM.....	149
<i>quinidine sulfate</i>	41	REFRESH LIQUIGEL.....	138	ROBITUSSIN 12 HOUR COUGH..	149
<i>quinine sulfate</i>	22	REFRESH OPTIVE.....	138	ROCKLATAN.....	135
<i>quintabs</i>	127	REFRESH OPTIVE ADVANCED...138		<i>roflumilast</i>	152
<i>quintabs-m</i>	127	REFRESH OPTIVE ADVANCED		ROMVIMZA.....	36
QULIPTA.....	56	PF.....	138	<i>ropinirole hcl</i>	48
<i>ra balanced b-100</i>	127	REFRESH OPTIVE MEGA-3.....	138	<i>rosuvastatin calcium</i>	41
<i>ra balanced b-50</i>	127	REFRESH OPTIVE PF.....	138	ROSYRAH.....	69
<i>ra b-complex</i>	127	REFRESH PLUS.....	138	ROTARIX.....	97
<i>ra b-complex with b-12</i>	127	REFRESH RELIEVA.....	138	ROTATEQ.....	97
<i>ra biotin</i>	127	REFRESH RELIEVA PF.....	138	ROWEEPRA.....	54
<i>ra calcium 600</i>	106	REFRESH TEARS.....	138	ROZLYTREK.....	37
<i>ra calcium 600/vitamin d-3</i>	106	REGULOID.....	81	RUBRACA.....	37
<i>ra calcium cit plus vit d-3</i>	106	REHYDRALYTE.....	101	<i>rufinamide</i>	54
<i>ra calcium citrate plus vit d</i>	106	RELENZA DISKHALER.....	25	RUKOBIA.....	23
<i>ra calcium cit-vit d-3 petites</i>	106	RELI-ON INSULIN SYRINGE.....	61	RYBELSUS.....	62
<i>ra calcium plus vitamin d</i>	106	RELISTOR.....	84	RYDAPT.....	37
RA CENTRAL-VITE.....	127	REMICADE.....	92	<i>rynex pse</i>	149
<i>ra central-vite womens mature</i>	127	RENAL.....	128	<i>sacubitril-valsartan</i>	40
<i>ra coenzyme q-10</i>	108	<i>renal vitamin</i>	128	SAJAZIR.....	90
<i>ra folic acid</i>	127	RENAPLEX.....	128	SANTYL.....	162
RA HI CAL.....	106	RENAPLEX-D.....	128	<i>sapropterin dihydrochloride</i>	73
<i>ra high potency iron</i>	89	<i>rena-vite</i>	128	<i>sb 12hr nasal spray</i>	149
<i>ra iron</i>	89	<i>rena-vite rx</i>	128	<i>sb allergy</i>	143
<i>ra natural magnesium</i>	106	RENFLEXIS.....	92	<i>sb allergy relief/nasal decong</i>	149
<i>ra niacin</i>	127	<i>reno caps</i>	128	<i>sb antacid</i>	76
<i>ra no flush niacin</i>	127	<i>repaglinide</i>	62	<i>sb anti-diarrhea</i>	76
<i>ra one daily maximum</i>	127	REPATHA.....	42	<i>sb calcium + d</i>	106
<i>ra one daily mens 50+ w/vit d3</i>	127	REPATHA PUSHTRONEX		<i>sb cough control</i>	149
<i>ra one daily mens/vit d-3</i>	127	SYSTEM.....	42	<i>sb coughtab</i>	149
<i>ra pediatric electrolyte</i>	101	REPATHA SURECLICK.....	42	<i>sb lice killing max st</i>	161

<i>sb loratadine</i>	143	SLOW-MAG.....	106	<i>sm enema</i>	82
<i>sb milk of magnesia</i>	82	<i>sm 3-day vaginal</i>	86	<i>sm epsom salt</i>	82
<i>sb oyster shell calcium</i>	106	<i>sm 8 hour pain relief</i>	16	<i>sm fexofenadine hcl</i>	143
<i>sb pediatric electrolyte</i>	101	<i>sm alcohol</i>	98	<i>sm fiber</i>	82
<i>sb povidone-iodine</i>	161	<i>sm all day allergy</i>	143	<i>sm fiber powder</i>	82
<i>sb vitamin c</i>	128	<i>sm all day allergy childrens</i>	143	<i>sm folic acid</i>	128
<i>scar care</i>	98	<i>sm all day allergy relief</i>	143	<i>sm gas relief</i>	84
SCSEMBLIX.....	37	<i>sm all day allergy-d</i>	149	<i>sm gas relief infants</i>	84
scopolamine.....	77	<i>sm allergy childrens</i>	143	<i>sm gentle laxative</i>	82
SECUADO.....	51	<i>sm allergy relief</i>	143	<i>sm hair/skin/nails</i>	128
<i>selegiline hcl</i>	48	<i>sm allergy relief childrens</i>	143	<i>sm ibuprofen</i>	17
<i>selenious acid</i>	102	<i>sm animal shapes complete</i>	128	<i>sm ibuprofen ib</i>	17
<i>selenium sulfide</i>	156	<i>sm animal shapes kids first</i>	128	<i>sm ibuprofen ib childrens</i>	17
SELZENTRY.....	23	<i>sm antacid</i>	76	<i>sm infants ibuprofen</i>	17
<i>senexon-s</i>	82	<i>sm antibiotic</i>	155	<i>sm iron</i>	89
<i>senior tabs</i>	128	<i>sm anti-diarrheal</i>	77	<i>sm iron slow release</i>	89
<i>senna</i>	82	<i>sm antifungal clotrimazole</i>	156	<i>sm lice killing max strength</i>	161
<i>senna laxative</i>	82	<i>sm antifungal miconazole</i>	156	<i>sm lice treatment</i>	162
<i>senna plus</i>	82	<i>sm antifungal tolnaftate</i>	156	<i>sm loratadine</i>	143
<i>senna s</i>	82	<i>sm anti-itch extra strength</i>	161	<i>sm loratadine allergy relief</i>	143
<i>senna-lax</i>	82	<i>sm antioxidant vitamins</i>	128	<i>sm lorata-dine d</i>	149
<i>senna-plus</i>	82	<i>sm antiseptic skin cleanser</i>	161	<i>sm loratadine d 12hr</i>	149
<i>senna-s</i>	82	<i>sm arthritis pain relief</i>	16	<i>sm lubricant eye drops</i>	139
<i>senna-tabs</i>	82	<i>sm arthritis pain reliever</i>	16	<i>sm lubricating plus</i>	139
<i>senna-time</i>	82	<i>sm aspirin adult low strength</i>	16	<i>sm lubricating tears</i>	139
<i>senna-time s</i>	82	<i>sm aspirin low dose</i>	16	<i>sm magnesium oxide</i>	107
<i>sennosides-docusate sodium</i>	82	<i>sm b super vitamin complex</i>	128	<i>sm miconazole 3</i>	86
SENOKOT.....	82	<i>sm b100 complex</i>	128	<i>sm miconazole 3 applicator</i>	86
SENOKOT EXTRA STRENGTH.....	82	<i>sm b-complex</i>	128	<i>sm miconazole 7</i>	86
SENOKOT S.....	82	<i>sm b-complex/vitamin c</i>	128	<i>sm milk of magnesia</i>	82
<i>sentry</i>	128	<i>sm benzoin tincture</i>	161	<i>sm mucus relief</i>	149
<i>sentry senior</i>	128	<i>sm benzoin tincture nfxi</i>	161	<i>sm multiple vitamins essential</i>	128
SEREVENT DISKUS.....	143	<i>sm biotin</i>	128	<i>sm multiple vitamins/iron</i>	128
<i>sertraline hcl</i>	47	<i>sm calamine</i>	161	<i>sm nasal decongestant</i>	149
<i>se-tan plus</i>	89	<i>sm calamine phenolated</i>	161	<i>sm nasal decongestant pe</i>	149
SETLAKIN.....	69	<i>sm calcium 500/vitamin d3</i>	106	<i>sm nasal spray</i>	149
SHAROBEL.....	69	<i>sm calcium 600/vitamin d</i>	106	<i>sm nasal spray 12 hour</i>	149
SHINGRIX.....	97	<i>sm calcium 600+d3</i>	106	<i>sm nasal spray sinus</i>	149
SIDEROL.....	128	<i>sm calcium antacid</i>	76	<i>sm niacin cr</i>	129
SIGNIFOR.....	73	<i>sm calcium citrate+/vit d3</i>	106	<i>sm nicotine</i>	59
SIKLOS.....	90	<i>sm calcium citrate+d3 petite</i>	106	<i>sm nicotine polacrilex</i>	59
<i>sildenafil citrate</i>	45	<i>sm calcium citrate+vit d3 max</i>	107	<i>sm one daily mens</i>	129
<i>silver sulfadiazine</i>	155	<i>sm calcium/vitamin d</i>	107	<i>sm one daily womens</i>	129
SIMBRINZA.....	135	<i>sm calcium/vitamin d3</i>	107	<i>sm opti-vitamins</i>	129
<i>simethicone</i>	84	<i>sm calcium-vitamin d</i>	107	<i>sm oyster shell calcium/vit d</i>	107
<i>simethicone drops infants</i>	84	<i>sm chewable vitamin c</i>	128	<i>sm oyster shell calcium/vit d3</i>	107
<i>simethicone ultra strength</i>	84	<i>sm childrens ibuprofen</i>	17	<i>sm pain & fever childrens</i>	16
SIMLIYA.....	69	<i>sm childrens loratadine</i>	143	<i>sm pain & fever infants</i>	16
SIMPESSE.....	69	SM CLEARLAX.....	82	<i>sm pain reliever</i>	16
<i>simvastatin</i>	41	<i>sm clotrimazole vaginal</i>	86	<i>sm pain reliever childrens</i>	16
<i>sinus nasal spray</i>	149	<i>sm co q-10</i>	108	<i>sm pain reliever ex st</i>	16
<i>sinus relief extra strength</i>	149	<i>sm coenzyme q-10</i>	108	<i>sm pediatric electrolyte</i>	101
<i>sirolimus</i>	95	<i>sm complete</i>	128	<i>sm povidone-iodine</i>	161
SIRTURO.....	25	<i>sm complete 50+</i>	128	<i>sm senna laxative</i>	82
SKYRIZI.....	92, 93	<i>sm complete 50+ ultimate mens</i>	128	<i>sm senna-s</i>	82
SKYRIZI PEN.....	92	<i>sm complete 50+ ultimate women</i>	128	<i>sm slow release dried iron</i>	90
SLO-NIACIN.....	128	<i>sm complete advanced formula</i>	128	<i>sm slow release iron</i>	90
SLOW FE.....	89	<i>sm complete senior formula</i>	128	<i>sm stomach relief</i>	77
<i>slow iron</i>	89	<i>sm dry eye relief</i>	139	<i>sm stool softener</i>	82
<i>slow release iron</i>	89	<i>sm ear drops</i>	162	<i>sm stool softener/laxative</i>	82

<i>sm super b complex/c</i>	129	STIVARGA.....	37	SYMPAZAN.....	54
<i>sm triple antibiotic</i>	155	<i>stomach relief</i>	77	SYMTUZA.....	24
<i>sm triple antibiotic max st</i>	155	<i>stomach relief extra strength</i>	77	SYNAREL.....	73
<i>sm triple antibiotic original</i>	155	<i>stomach relief ultra</i>	77	SYNJARDY.....	63
<i>sm tussin cf</i>	149	<i>stool softener</i>	82	SYNJARDY XR.....	63
<i>sm tussin cough/chest congest</i>	149	<i>stool softener laxative</i>	82	SYNTHROID.....	74
<i>sm tussin dm</i>	149	<i>stool softener plus laxative</i>	82	SYRSPEND SF.....	98
<i>sm tussin dm max</i>	149	<i>stool softener/laxative</i>	82	SYSTANE.....	139
<i>sm tussin mucus+chest congest</i>	150	<i>streptomycin sulfate</i>	22	SYSTANE BALANCE.....	139
<i>sm vit c/rose hips</i>	129	<i>stress formula</i>	129	SYSTANE COMPLETE.....	139
<i>sm vitamin b complex/vitamin c</i>	129	<i>stress formula (folic acid)</i>	129	SYSTANE HYDRATION PF.....	139
<i>sm vitamin b1</i>	129	<i>stress formulaliron</i>	129	SYSTANE ICAPS AREDS2.....	130
<i>sm vitamin b-12</i>	129	STRESSTABS ADVANCED.....	129	SYSTANE PRESERVATIVE FREE	
<i>sm vitamin b12 tr</i>	129	STRESSTABS ENERGY.....	129		139
<i>sm vitamin b6</i>	129	STRIBILD.....	24	SYSTANE ULTRA.....	139
<i>sm vitamin b-6</i>	129	STROVITE ONE.....	129	SYSTANE ULTRA PF.....	139
<i>sm vitamin c</i>	129	STUDIO 35 MOISTURIZING SKIN.....	161	TAB-A-VITE.....	130
<i>sm vitamin c cr</i>	129	STYE.....	139	TAB-A-VITE/BETA CAROTENE....	130
<i>sm vitamin c/rose hips</i>	129	SUBVENITE.....	54	TAB-A-VITE/IRON.....	130
<i>sm vitamin d</i>	129	<i>sucralfate</i>	84	TAB-A-VITE/IRON/BETA	
<i>sm vitamin d3</i>	129	SUDOGEST.....	150	CAROTENE.....	130
<i>sm vitamin e</i>	129	<i>sudogest 12 hour</i>	150	TABLOID.....	30
<i>sm zinc gluconate</i>	107	SUDOGEST MAXIMUM		TABRECTA.....	37
<i>sodium bicarbonate</i>	76	STRENGTH.....	150	<i>tacrolimus</i>	95, 161
<i>sodium chloride</i>	100, 150, 162	<i>sulfacetamide sodium</i>	136	<i>tadalafil</i>	85
<i>sodium chloride (hypertonic)</i>	139	<i>sulfacetamide sodium (acne)</i>	154	<i>tadalafil (pah)</i>	45
<i>sodium fluoride</i>	100, 107	<i>sulfacetamide-prednisolone</i>	136	TAFINLAR.....	37
<i>sodium oxybate</i>	58	<i>sulfadiazine</i>	22	TAGRISSO.....	37
<i>sodium phenylbutyrate</i>	73	<i>sulfamethoxazole-trimethoprim</i>	22	TALZENNA.....	37
<i>sodium phosphates</i>	107	SULFAMYLON.....	155	<i>tamoxifen citrate</i>	31
<i>sodium polystyrene sulfonate</i>	64	<i>sulfasalazine</i>	78	<i>tamsulosin hcl</i>	85
<i>solifenacin succinate</i>	85	<i>sulindac</i>	17	TANDEM.....	90
SOLQUA.....	61	<i>sumatriptan</i>	56	TANDEM PLUS.....	90
<i>solo</i>	129	<i>sumatriptan succinate</i>	56	TARINA 24 FE.....	69
SOLTAMOX.....	31	<i>sumatriptan succinate refill</i>	56	TARINA FE 1/20 EQ.....	69
SOLU-CORTEF.....	72	<i>sunitinib malate</i>	37	TASIGNA.....	37
SOMATULINE DEPOT.....	73	SUNLENCA.....	23	<i>tasimelteon</i>	55
SOMAVERT.....	73	<i>super antioxidant</i>	129	TAVNEOS.....	90
SOOTHE XP.....	139	<i>super aytinal</i>	129	<i>tazarotene</i>	157
SOOTHE XP XTRA PROTECTION		<i>super aytinal 50 plus</i>	129	TAZICEF.....	27
.....	139	<i>super b complex/fa/vit c</i>	129	TAZORAC.....	157
<i>sorafenib tosylate</i>	37	<i>super b complex/vitamin c</i>	129	TAZVERIK.....	37
<i>sotalol hcl</i>	41	<i>super b-complex + vitamin c</i>	129	TECENTRIQ.....	37
<i>sotalol hcl (af)</i>	41	<i>super b-complex/vit c/fa</i>	129	TECENTRIQ HYBREZA.....	37
SOTYKTU.....	93	<i>super biotin</i>	129	<i>teeny tummy gas relief drops</i>	84
<i>span c</i>	129	<i>super calcium</i>	107	TEFLARO.....	27
SPECTRAVITE.....	129	<i>super calcium 600 + d 400</i>	107	<i>telmisartan</i>	40
SPEEDY SWAB COVID-19		<i>super calcium 600 + d3</i>	107	<i>telmisartan-amlodipine</i>	40
ANTIGEN.....	21	<i>super daily d3</i>	130	<i>telmisartan-hctz</i>	40
<i>spironolactone</i>	39	<i>super multiple</i>	130	<i>temazepam</i>	55, 56
<i>spironolactone-hctz</i>	44	SUPER QUINTS B-50.....	130	TENIVAC.....	97
SPRINTEC 28.....	69	<i>super thera vite m</i>	130	<i>tenofovir disoproxil fumarate</i>	23
SPRITAM.....	54	<i>super vita-mins</i>	130	TEPMETKO.....	37
SPS (SODIUM POLYSTYRENE		<i>suphedrine 12hour</i>	150	<i>terazosin hcl</i>	39
SULF).....	64	<i>support</i>	130	<i>terbinafine hcl</i>	19, 156
SRONYX.....	69	SUPPORT-500.....	130	<i>terbutaline sulfate</i>	143
SSD.....	155	<i>sv iron</i>	90	<i>terconazole</i>	86
STELARA.....	93	<i>sv vitamin b-12 er</i>	130	<i>teriparatide</i>	64
<i>sterile water for irrigation</i>	162	SYEDA.....	69	<i>testosterone</i>	60
<i>stimulant laxative</i>	82	SYMDEKO.....	152	<i>testosterone cypionate</i>	59

<i>testosterone enanthate</i>	60	TORPENZ.....	37	TRI-VYLIBRA LO.....	69
<i>tetrabenazine</i>	57	<i>torsemide</i>	44	TROGARZO.....	23
<i>tetracycline hcl</i>	29	<i>total allergy</i>	143	TROPHAMINE.....	102
THALOMID.....	31, 32	TOUJEO MAX SOLOSTAR.....	61	<i>tropical liquid nutrition</i>	131
THE MAGIC BULLET.....	82	TOUJEO SOLOSTAR.....	61	<i>trospium chloride</i>	85
<i>theophylline</i>	153	TPN ELECTROLYTES.....	100	<i>true ferrous sulfate</i>	90
<i>theophylline er</i>	152, 153	TRADJENTA.....	63	<i>true folic acid</i>	131
THERA.....	130	TRALEMENT.....	102	<i>true magnesium oxide</i>	107
<i>thera vital m</i>	130	<i>tramadol hcl</i>	19	<i>true multivitamin</i>	131
<i>therabasic-m</i>	130	<i>tramadol-acetaminophen</i>	19	<i>true vitamin b12</i>	131
THERA-D 2000.....	130	<i>trandolapril</i>	39	<i>true vitamin b6</i>	131
THERA-D 4000.....	130	<i>tranexamic acid</i>	90	<i>true vitamin c</i>	131
THERA-D RAPID REPLETION.....	130	<i>tranylcypromine sulfate</i>	47	<i>true vitamin d3</i>	131
THERAGRAN-M.....	130	TRAVASOL.....	102	<i>true vitamin e</i>	131
THERAGRAN-M ADVANCED.....	130	TRAZIMERA.....	37	<i>truelyte</i>	101
THERAGRAN-M ADVANCED 50 PLUS.....	130	<i>trazodone hcl</i>	47	TRULICITY.....	63
THERAGRAN-M PREMIER.....	130	TRELEGY ELLIPTA.....	140	TRUMENBA.....	97
THERAGRAN-M PREMIER 50 PLUS.....	130	TREMFYA.....	93	TRUQAP.....	37
THERAMILL FORTE.....	130	TREMFYA CROHNS INDUCTION..	93	TRUSTEX.....	
<i>therapeutic formula/hematinics</i>	130	TREMFYA ONE-PRESS.....	93	LUB/RIBBED/STUDDED.....	69
<i>therapeutic moisturizing</i>	161	TREMFYA PEN.....	93	TRUSTEX LUB/SPERMICIDE EX ST.....	69
<i>therapeutic-m</i>	130	<i>treprostinil</i>	45	TRUSTEX LUB/SPERMICIDE XL...	69
<i>thera-tabs</i>	130	TRESIBA.....	61	TRUSTEX LUBRICATED.....	69
<i>thera-tabs m</i>	130	TRESIBA FLEXTOUCH.....	61	TRUSTEX LUBRICATED EX.....	
THERATEARS.....	139	<i>tretinoin</i>	32, 154	LARGE.....	69
THERATRUM COMPLETE.....	130	<i>triamcinolone acetonide</i>	158, 162	TRUSTEX LUBRICATED EXTRA ST.....	69
THERATRUM COMPLETE 50 PLUS.....	130	<i>triamterene-hctz</i>	44	TRUSTEX.....	
THEREMS.....	130	<i>tri-buffered aspirin</i>	16	LUBRICATED/SPERMICIDE.....	69
<i>thiamine hcl</i>	130	TRICON.....	90	TRUSTEX NON-LUBRICATED.....	70
<i>thiamine mononitrate</i>	130	TRIDACAINE II.....	158	TRUSTEX RIA LUB/SPERMICIDE..	70
<i>thioridazine hcl</i>	51	TRIDERM.....	158	TRUSTEX RIA LUBRICATED.....	70
<i>thiothixene</i>	51	<i>trientine hcl</i>	64	TRUSTEX RIA NON-LUBRICATED	70
TIADYL T ER.....	43	TRI-ESTARYLLA.....	69	TRUSTEX-NONOXYNOL-9/RIB/STUD.....	70
<i>tiagabine hcl</i>	54	<i>trifluoperazine hcl</i>	51	TRUXIMA.....	37
TIBSOVO.....	37	<i>trifluridine</i>	136	TUKYSA.....	37
<i>ticagrelor</i>	91	<i>trigels-f forte</i>	90	TUMS.....	76
TICOVAC.....	97	<i>trihexyphenidyl hcl</i>	48	TURALIO.....	37
<i>tigecycline</i>	29	TRIJARDY XR.....	63	TURQOZ.....	70
TILIA FE.....	69	TRIKAFTA.....	153	TUSNEL.....	150
<i>timolol maleate</i>	42, 135	TRI-LEGEST FE.....	69	TUSNEL C.....	150
<i>tinidazole</i>	22	TRI-LINYAH.....	69	<i>tusnel diabetic</i>	150
TIVICAY.....	23	TRI-LO-ESTARYLLA.....	69	TUSNEL DM.....	150
TIVICAY PD.....	23	TRI-LO-MARZIA.....	69	TUSNEL DM PEDIATRIC.....	150
<i>tizanidine hcl</i>	58	TRI-LO-MILI.....	69	TUSNEL PEDIATRIC.....	150
<i>tm-daily vite</i>	131	TRI-LO-SPRINTEC.....	69	TUSNEL-DM PEDIATRIC.....	150
<i>tm-vite rx</i>	131	<i>trimethoprim</i>	22	TUSNEL-EX.....	150
TOBI PODHALER.....	22	TRI-MILI.....	69	<i>tussin cf</i>	150
TOBRADEX.....	136	<i>trimipramine maleate</i>	47	<i>tussin cough</i>	150
<i>tobramycin</i>	22, 136	TRINTELLIX.....	47	<i>tussin dm</i>	150
<i>tobramycin sulfate</i>	22	TRI-NYMYO.....	69	<i>tussin dm cough + chest</i>	150
<i>tobramycin-dexamethasone</i>	136	<i>triphrocaps</i>	131	<i>tussin mucus & chest congest</i>	150
<i>tolnaftate</i>	156	<i>triple antibiotic</i>	155	<i>tussin mucus+chest congestion</i>	150
<i>tolnaftate antifungal</i>	156	<i>triple antibiotic plus</i>	155	TWINRIX.....	97
<i>tolterodine tartrate</i>	85	<i>triple antibiotic+pain relief</i>	155	TYBOST.....	23
<i>tolterodine tartrate er</i>	85	TRIPLE PASTE AF.....	157	TYDEMY.....	70
<i>topiramate</i>	54	TRI-SPRINTEC.....	69	TYENNE.....	93
<i>toremifene citrate</i>	31	TRIUMEQ.....	24	TYPHIM VI.....	97
		<i>triumeq pd</i>	24		
		<i>tri-vite/fluoride</i>	131		
		TRI-VYLIBRA.....	69		

U-BASE.....	98	VENTRIXYL FE.....	131	vitamin c drops.....	132
UBRELVY.....	56	VEOZAH.....	73	vitamin c er.....	132
UDAMIN SP.....	131	verapamil hcl.....	43	vitamin c gummies.....	132
ULTRA BONEUP.....	131	verapamil hcl er.....	43	vitamin c plus wild rose hips.....	132
ultra calcium + vitamin d3.....	107	VERQUVO.....	44	vitamin c/rose hips.....	133
ULTRA CHOICE MULTIVITAMIN		VERSACLOZ.....	51	vitamin c/rose hips tr.....	133
KIDS.....	131	versatile cream base.....	98	vitamin c-rose hips.....	133
ultra freeda.....	131	VERSIGEL.....	98	vitamin c-rose hips er.....	133
ultra freedaliron.....	131	VERZENIO.....	38	vitamin c-rose hips tr.....	133
ULTRA FRESH.....	139	VESTURA.....	70	vitamin d.....	133
ultra lubricating eye drops.....	139	VIC-FORTE.....	131	vitamin d (cholecalciferol).....	133
ultra lubricating eye drops pf.....	139	VIENVA.....	70	vitamin d (ergocalciferol).....	133
ULTRACHOICE ADV FORMULA		vigabatrin.....	54	vitamin d high potency.....	133
MATURE.....	131	VIGADRONE.....	54	vitamin d infant.....	133
ULTRACHOICE ADVANCED		VIGAFYDE.....	55	VITAMIN D-1000 MAX ST.....	133
FORMULA.....	131	VIGPODER.....	55	vitamin d3.....	133
UNITHROID.....	74	vilazodone hcl.....	47	vitamin d-3.....	133
UPSPRING BABY VIT D.....	131	VIMKUNYA.....	97	vitamin d3 complete.....	133
ursodiol.....	84	vincristine sulfate.....	32	VITAMIN D3 IMMUNE HEALTH....	133
valacyclovir hcl.....	25	vinorelbine tartrate.....	32	vitamin d3 maximum strength.....	133
VALCHLOR.....	161	viorele.....	70	vitamin d3 super strength.....	133
valganciclovir hcl.....	26	VIRACEPT.....	23	vitamin d3 ultra strength.....	133
valproate sodium.....	54	VIREAD.....	23	vitamin e.....	133
valproic acid.....	54	virt-caps.....	131	vitamin e blend.....	133
valsartan.....	40	vision formulallutein.....	131	vitamin e high potency.....	133
valsartan-hydrochlorothiazide.....	40	vision health.....	131	vitamin e water soluble.....	134
VALTOCO 10 MG DOSE.....	54	vision vitamins.....	131	vitamin k1.....	134
VALTOCO 15 MG DOSE.....	54	VISTA ADVANCED AREDS2		vitamins acd-fluoride.....	134
VALTOCO 20 MG DOSE.....	54	FORMULA.....	131	vitamins a-d-e/selenium.....	134
VALTOCO 5 MG DOSE.....	54	VISTA ADVANCED DRY EYE		VITASANA.....	134
VALTYA 1/50.....	70	FORMULA.....	131	vitatrum.....	134
value plus glucose.....	72	vit e-vit c-beta carotene.....	131	VITATRUM COMPLETE.....	134
VANACOF DM.....	150	vita c/bioflavonoids/rose hips.....	132	VITRAKVI.....	38
VANATAB DM.....	150	vita hair.....	132	VITRAMYN.....	134
vancomycin hcl.....	22	vitabasic complete.....	132	VITRANOL.....	134
vancomycin hcl in nacl.....	22	vitabasic senior.....	132	VITRANOL FE.....	134
VANFLYTA.....	37	vitabex plus.....	132	VITREXATE.....	134
VANIBASE.....	98	vitachew adult multi vitamin.....	132	VITREXATE FE.....	134
VANICREAM.....	161	vitachew multiple vitamin.....	132	VITREXYL.....	134
vanishing cream botanical base.....	98	vitachew vit c citrus burst.....	132	VITREXYL + IRON.....	134
VAQTA.....	97	VITAJEY DAILY C GUMMIES.....	132	VITRON-C.....	90
varenicline tartrate.....	59	VITAJEY MULTI GUMMIES		vitrum 50+ senior multi.....	134
varenicline tartrate (starter).....	59	ADULT.....	132	VITRUM SENIOR.....	134
VARIVAX.....	97	VITAL-D RX.....	132	vivimusta.....	30
VASCEPA.....	42	vitalee.....	132	VIVITROL.....	59
VAXCHORA.....	97	VITALETS CHILDRENS.....	132	VIVOTIF.....	97
v-c forte.....	131	vitamin a.....	132	VIZIMPRO.....	38
vegetable lax+stool softener.....	82	vitamin b + c complex.....	132	VONJO.....	38
VELIVET.....	70	vitamin b 12.....	132	VORANIGO.....	38
VELSIPITY.....	93	vitamin b complex.....	132	voriconazole.....	19
VELVACHOL.....	161	vitamin b1.....	132	VORTEX HOLD	
VENCLEXTA.....	37	vitamin b-1.....	132	CHMBR/MASK/CHILD.....	153
VENCLEXTA STARTING PACK.....	38	vitamin b12.....	132	VORTEX HOLD	
VENEXA.....	131	vitamin b-12.....	132	CHMBR/MASK/TODDLER.....	153
VENEXA FE.....	131	vitamin b-12 er.....	132	VORTEX VALVED HOLDING	
venlafaxine hcl.....	47	vitamin b12 tr.....	132	CHAMBER.....	153
venlafaxine hcl er.....	47	vitamin b12-folic acid.....	132	VOSEVI.....	26
VENOFER.....	90	vitamin b6.....	132	VOWST.....	84
VENTOLIN HFA.....	143, 144	vitamin b-6.....	132	VRAYLAR.....	51
VENTRIXYL.....	131	vitamin c.....	132	VYFEMLA.....	70

VYLIBRA.....	70	XTANDI.....	31
VYZULTA.....	135	XULANE.....	70
WAL-DRYL ALLERGY.....	143	XULTOPHY.....	61
<i>warfarin sodium</i>	87	YELETS TEENAGE FORMULA....	134
<i>wee care</i>	90	YESINTEK.....	93
WEEKLY-D.....	134	YF-VAX.....	97
WELIREG.....	32	<i>yl coenzyme q10</i>	108
WERA.....	70	<i>yl folic acid</i>	134
<i>wescaps</i>	134	<i>yl vitamin b-6</i>	134
<i>westab max</i>	134	<i>yl vitamin c</i>	134
<i>westab one</i>	134	<i>yl vitamin c-rose hips</i>	134
<i>westab plus</i>	100	YONSA.....	31
<i>white petroleum jelly</i>	98	YOUR LIFE MULTI ADULT	
WIXELA INHUB.....	154	GUMMIES.....	134
<i>womens 50+ advanced</i>	134	YUMVS MULTI ZERO.....	134
<i>womens 50+ multi vitamin</i>	134	YUMVS VITAMIN C ZERO.....	135
<i>womens daily form/fal/cal/fe</i>	134	YUMVS ZERO DIABETIC	
<i>womens daily formula</i>	134	MULTIVITAM.....	135
<i>womens multi</i>	134	YUMVSKIDS MULTI ZERO.....	135
<i>womens multi gummies</i>	134	YUTREPIA.....	45
<i>womens multivitamin</i>	134	YUVAFEM.....	71
<i>womens multivitamin + collagen</i>	134	ZAFEMY.....	70
<i>wound care</i>	98	<i>zafirlukast</i>	150
WYMZYA FE.....	70	<i>zaleplon</i>	56
WYOST.....	64	ZARXIO.....	87
XALKORI.....	38	ZEGALOGUE.....	72
XARAH FE.....	70	ZEJULA.....	38
XARELTO.....	87	ZELBORAF.....	38
XARELTO STARTER PACK.....	87	ZEMAIRA.....	153
XATMEP.....	94	ZENATANE.....	154
XCEL 100.....	98	ZENPEP.....	84
<i>xcellent a 3000</i>	134	ZERVIAE.....	135
<i>xcellent a 7500</i>	134	<i>zidovudine</i>	24
XCOPRI.....	55	<i>zinc</i>	107
XCOPRI (250 MG DAILY DOSE)....	55	ZINC 15.....	107
XCOPRI (350 MG DAILY DOSE)....	55	<i>zinc chloride</i>	102
XDEMVEY.....	136	<i>zinc gluconate</i>	107
XELJANZ.....	93	<i>zinc oxide</i>	161
XELJANZ XR.....	93	<i>zinc sulfate</i>	107
XELRIA FE.....	70	<i>ziprasidone hcl</i>	51
XENICAL.....	63	<i>ziprasidone mesylate</i>	51
XERAC AC.....	161	ZIRABEV.....	38
XERMELO.....	84	ZIRGAN.....	136
XGEVA.....	64	<i>zoledronic acid</i>	64
XHANCE.....	153	ZOLINZA.....	38
XIFAXAN.....	84	<i>zolpidem tartrate</i>	56
XIGDUO XR.....	63	ZONISADE.....	55
XIIDRA.....	139	<i>zonisamide</i>	55
XOFLUZA (40 MG DOSE).....	26	ZOO FRIENDS/EXTRA C.....	135
XOFLUZA (80 MG DOSE).....	26	ZOSTRIX NATURAL PAIN RELIEF	
XOLAIR.....	153		161
XOSPATA.....	38	ZOVIA 1/35 (28).....	70
XPOVIO (100 MG ONCE		ZTALMY.....	55
WEEKLY).....	38	ZUMANDIMINE.....	70
XPOVIO (40 MG ONCE WEEKLY)...	38	ZURZUVAE.....	47
XPOVIO (40 MG TWICE WEEKLY)...	38	ZYDELIG.....	38
XPOVIO (60 MG ONCE WEEKLY)...	38	ZYKADIA.....	38
XPOVIO (60 MG TWICE WEEKLY)...	38	ZYLET.....	136
XPOVIO (80 MG ONCE WEEKLY)...	38	ZYPREXA RELPREVV.....	51
XPOVIO (80 MG TWICE WEEKLY)...	38		

Neighborhood INTEGRITY (Medicare-Medicaid Plan)
2025 Formulary: List of Covered Drugs

For more recent information or other questions, contact us at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays or visit www.nhpri.org/INTEGRITY. No changes made since 9/23/2025.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 12 p.m. on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

Notice of Non-Discrimination

Neighborhood Health Plan of Rhode Island (Neighborhood) does not discriminate or treat people differently because of race, color, national origin (including people who do not speak English as their primary language), age, disability, religion, or sex (such as sexual orientation, sexual stereotypes, gender identity, pregnancy or related conditions).

We're here for you!

Neighborhood offers FREE assistance such as:

- » aids and services for people with disabilities
- » qualified interpreters, translation services, and sign language interpreters
- » written information in large print, braille, electronic and audio format

If you need any of these services, call the Member Services phone number on the back of your Neighborhood ID card. If you are not a Neighborhood member, please call us at 1-800-963-1001 (TTY 711).

Discrimination Complaints

If you feel like Neighborhood has failed to provide these services or has discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a grievance in person, by phone, mail, fax or email. Need help? Call your Neighborhood Civil Rights Coordinator at the phone number below.

PHONE: 1-401-427-7646 (TTY 711)

**MAIL OR
IN PERSON:** Neighborhood Health Plan of Rhode Island
Attn: Civil Rights Coordinator
910 Douglas Pike
Smithfield, RI 02917

FAX: 1-401-709-7005

EMAIL: OCRCoordinator@nhpri.org

ONLINE: <https://www.nhpri.org/non-discrimination-language-assistance>

You can also file a complaint with the **U.S. Department of Health and Human Services:**

PHONE: Call 1-800-368-1019 (TTY 1-800-537-7697)

BY MAIL: Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

ONLINE: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

For more information or to view this notice online, please visit the Neighborhood website at www.nhpri.org.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-963-1001 (TTY 711) or speak to your provider.

تنبيه: إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات بديلة لأصحاب الإعاقات مجانًا. اتصل على 1-800-963-1001 (هاتف الصم وضعاف السمع 711) أو تحدث إلى مقدم الخدمة الخاص بك.

注意：若您使用粵語，我們將為您提供免費的語言協助服務。此外，我們也提供適當的輔助設備與服務，為您提供免費且易於閱讀的資訊。致電 1-800-963-1001 (TTY 711) 或與您的供應商商討。

请注意：如果您说普通话，我们可以为您提供免费的语言援助服务。还会以通俗易懂的形式，免费提供相应的辅助性帮助和服务。请致电 1-800-963-1001 (TTY 711) 或直接联系您的供应商。

À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-963-1001 (ATS 711) ou parlez à votre fournisseur.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele 1-800-963-1001 (TTY 711) oswa pale ak founisè w la.

ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlose Sprachassistenzen nutzen. Geeignete unterstützende Hilfen und Services, die Informationen in barrierefreien Formaten bereitstellen, sind ebenfalls kostenfrei. Rufen Sie 1-800-963-1001 (TTY 711) an oder kontaktieren Sie Ihren Anbieter.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायता और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-963-1001 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornirvi informazioni in formati accessibili. Potete chiamare il numero 1-800-963-1001 (TTY 711) o parlare con il vostro fornitore.

注意：日本語を話せる場合には、無料の言語サービスをご利用いただけます。利用できる形式で情報を提供するための適切な補助器具・サービスも無料でご利用いただけます。1-800-963-1001（テキスト電話（TTY）711）にお電話でお問い合わせになるか、提供者にご相談ください。

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ

សេវាជំនួយភាសាភតិកត្តាមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ

និងសេវាកម្មជំនួយសមស្របដោយភតិកត្តាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬពិគ្រោះយោបល់ជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이해 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료 이용하실 수 있습니다. 1-800-963-1001(TTY 711)로 전화하시거나 서비스 제공업체에 문의하세요.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne pomoce i usługi, które zapewniają informacje w zrozumiałym formacie. Zadzwoń pod numer 1-800-963-1001 (TTY 711) lub skonsultuj się ze swoim świadczeniodawcą.

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-963-1001 (TDD 711) ou fale com o seu prestador

ВНИМАНИЕ! Если вы говорите по-русски, то вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по телефону 1-800-963-1001 (телетайп 711) или обратитесь к своему поставщику услуг.

ATENCIÓN: Si habla español, se ofrecen servicios gratuitos de asistencia con el idioma. También se ofrecen ayudas y servicios auxiliares apropiados para brindar información en formatos accesibles sin cargo alguno. Llame al 1-800-963-1001 (TTY 711) o consulte con su proveedor.

PANSININ: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng tulong serbisyo sa lengguwahe. Ang mga naaangkop na dagdag na mga pantulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na porma ay magagamit din nang walang bayad. Tumawag sa 1-800-963-1001 (TTY 711) o makipag-usap sa iyong tagapagbigay.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các biện pháp hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số 1-800-963-1001 (TTY 711) hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị.