



Neighborhood **INTEGRITY** for Duals (HMO D-SNP)

2026 List of Covered Drugs (Drug List or Formulary)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Approved Formulary ID: 00026453 Version 10

This Drug List was updated on 3/30/2026. For more recent information or other questions, contact us at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays) or visit www.nhpri.org/INTEGRITYDuals.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by Neighborhood INTEGRITY for Duals. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. 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).....	5
B1. What 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.).....	5
B2. Does the <i>Drug List</i> ever change?	5
B3. What happens when there's a change to the <i>Drug List</i> ?	6
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	8
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	8
B6. What happens if Neighborhood INTEGRITY for Duals changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	9
B7. How can I find a drug on the <i>Drug List</i> ?	9
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?.....	9
B9. What if I'm a new Neighborhood INTEGRITY for Duals member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	10
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?	11

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



B12. How long does it take to get an exception?	11
B13. What are generic drugs?	11
B14. What are original biological products and how are they related to biosimilars?	11
B15. What are OTC drugs?	12
B16. Does Neighborhood INTEGRITY for Duals cover non-drug OTC products?.....	12
B17. Does Neighborhood INTEGRITY for Duals cover long-term supplies of prescriptions?	12
B18. Can I get prescriptions delivered to my home from my local pharmacy?	13
B19. What's my copay?	13
C. Overview of the <i>List of Covered Drugs</i>	14
C1. List of Drugs by Medical Condition	14
D. Index of Covered Drugs.....	237

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



A. Disclaimers

This is a list of drugs that members can get in Neighborhood INTEGRITY for Duals.

- ❖ Neighborhood Health Plan of Rhode Island's INTEGRITY for Duals (HMO D-SNP) is a health plan that contracts with Medicare and the Rhode Island Medicaid Program. Enrollment in Neighborhood Health Plan of Rhode Island's INTEGRITY for Duals plan depends on contract renewal.
- ❖ You can always check the Neighborhood INTEGRITY for Duals up-to-date *List of Covered Drugs* online at www.nhpri.org/INTEGRITYDuals or by calling Member Services at the numbers listed at the bottom of this page. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the numbers listed at the bottom of this page. This call is free.
- ❖ This document is available for free in Spanish and Portuguese.
- ❖ 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.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Neighborhood INTEGRITY for Duals. The 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 for Duals 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,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Neighborhood INTEGRITY for Duals network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

If we cover a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can also find an up-to-date list of drugs that we cover on our website at www.nhpri.org/INTEGRITYDuals or call Member Services at the numbers listed at the bottom of this page.

B2. Does the *Drug List* ever change?

Yes, and Neighborhood INTEGRITY for Duals 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 for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

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

If you're taking a drug that was covered at the **beginning** of the year, we'll 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 isn't 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 the Neighborhood INTEGRITY for Duals up-to-date *Drug List* online at www.nhpri.org/INTEGRITYDuals. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers listed at the bottom of this page to check the current *Drug List*.

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

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

- **Substitutions of certain new versions 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 appear on the same or lower cost-sharing tier with the same or fewer restrictions. 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.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



- 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'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. In this notice, we will give you advice on how to follow up with your provider and pharmacist.

We may make other changes that affect the drugs you take. We'll 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 isn't 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'll:

- 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's 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 questions B10-B12.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



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:** For some drugs, you or your doctor or other prescriber must get authorization from Neighborhood INTEGRITY for Duals before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Neighborhood INTEGRITY for Duals limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY for Duals requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If Neighborhood INTEGRITY for Duals covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at www.nhpri.org/INTEGRITYDuals. We have posted online documents that explain our prior authorization 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's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. 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 in the section titled, "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



B6. What happens if Neighborhood INTEGRITY for Duals changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, 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:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find **Section C1** labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the **Cardiovascular** category. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the numbers listed at the bottom of this page and ask about it. If you learn that Neighborhood INTEGRITY for Duals won't 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's like the one you want to take. **Or**
- Ask Neighborhood INTEGRITY for Duals to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



B9. What if I'm a new Neighborhood INTEGRITY for Duals 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 drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's 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'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that our plan doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We'll cover one 31-day supply of the drug you need (unless you've a prescription for fewer days), whether or not you're a new Neighborhood INTEGRITY for Duals member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

Level of Care transitions are allowed if you have left 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 for Duals member.

Level of Care transitions are also allowed if you have been 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 for Duals member.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



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

Yes. You can ask Neighborhood INTEGRITY for Duals to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, our plan may limit the amount of a drug we'll 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 prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G** 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'll 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'll give you a decision within 24 hours of getting your prescriber's supporting statement.

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 for Duals 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

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



cost less. There are biosimilar 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 for Duals covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the Neighborhood INTEGRITY for Duals *Drug List* to find out what OTC drugs are covered at the pharmacy with a prescription from your provider.

You can also get some OTC drugs as part of your supplemental benefits without a prescription from your provider. Please refer to Chapter 4 of the Member Handbook on how to use this supplemental OTC benefit.

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

Our plan covers some non-drug OTC products when they’re 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 for Duals *Drug List* to find out what non-drug OTC products are covered at the pharmacy with a prescription from your provider.

You can also get some non-drug OTC products as part of your supplemental benefits without a prescription from your provider. Please refer to **Chapter 4** of the Member Handbook on how to use this supplemental OTC benefit.

B17. Does Neighborhood INTEGRITY for Duals cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs. A 90-day supply has the same copay as a one-month supply.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



- Medications on Tier 5 on the *Drug List* can only be filled for a maximum 30-day supply at a time.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Some local pharmacies may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

Neighborhood INTEGRITY for Duals members may have copays for prescription drugs in tiers 3 through 5 as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 Preferred generic drugs have a \$0 copay. This tier also includes non-Medicare drugs, OTC drugs and non-drug OTC products that Rhode Island Medicaid covers.
- Tier 2 Generic drugs have a \$0 copay.
- Tier 3 Preferred brand drugs have a \$0, \$1.60/\$5.10 or \$4.90/\$12.65 copay, depending on the level of **Extra Help** you get and whether the drug is generic or brand.
- Tier 4 Non-preferred drugs have a \$0, \$1.60/\$5.10 or \$4.90/\$12.65 copay, depending on the level of **Extra Help** you get and whether the drug is generic or brand.
- Tier 5 Specialty drugs have a \$0, \$1.60/\$5.10 or \$4.90/\$12.65 copay, depending on the level of **Extra Help** you get and whether the drug is generic or brand. These medications can only be filled for a maximum 30-day supply at a time.

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."

If you have questions, call Member Services at the numbers listed at the bottom of this page.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY for Duals. 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 our plan.

Note: The **DP** symbol next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Rhode Island Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers listed at the bottom of this page.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

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

PA = Prior Authorization: you must have approval from our 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 for Duals limits the amount of this drug you can get.

DP = This drug is not a Part D drug.

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

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *levothyroxine*), brand name drugs are capitalized (for example, SYNTHROID), and OTC drugs and non-drug products are listed in lower case (for example, acetaminophen). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Neighborhood INTEGRITY for Duals has any rules for covering your drug.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.



EFFECTIVE DATE: 4/1/2026

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 tablet 0.6 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>probenecid oral tablet 500 mg</i>	\$0-\$12.65 (Tier 3)	
Miscellaneous		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>8hr muscle aches & pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen childrens oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen childrens oral tablet chewable 160 mg, 80 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen er oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml, 80 mg/2.5ml</i>	\$0 (Tier 1)	DP
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen oral tablet chewable 160 mg, 80 mg</i>	\$0 (Tier 1)	DP
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	\$0 (Tier 1)	DP
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG	\$0 (Tier 1)	DP
<i>aminofen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>apap childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>apap extra strength oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>apap extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APHEN ORAL TABLET 325 MG	\$0 (Tier 1)	DP
<i>apra oral elixir 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>aspirin 81 oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin 81 oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>aspirin childrens oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin ec oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin low strength oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 1)	DP
<i>aspirin rectal suppository 300 mg</i>	\$0 (Tier 1)	DP
<i>aspirin regimen oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	\$0 (Tier 1)	DP
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 1)	DP
BAYER ASPIRIN ORAL TABLET 325 MG	\$0 (Tier 1)	DP
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 1)	DP
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0 (Tier 1)	DP
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 1)	DP
<i>betatemp childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 1)	DP
BUFFERIN ORAL TABLET 325 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>childrens apap oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>childrens aspirin free oral elixir 80 mg/2.5ml</i>	\$0 (Tier 1)	DP
<i>childrens aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	\$0 (Tier 1)	DP
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>childrens pain reliever oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>curanol oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>cvs 8hr muscle aches & pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>cvs acetaminophen oral capsule 325 mg</i>	\$0 (Tier 1)	DP
<i>cvs acetaminophen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>cvs aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	\$0 (Tier 1)	DP
<i>cvs genuine aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs menstrual relief oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>cvs pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs pain relief childrens oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>cvs pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>cvs pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 1)	DP
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 1)	DP
<i>ed-apap oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>effervescent antacid/pain rel oral tablet effervescent 500 mg</i>	\$0 (Tier 1)	DP
<i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>eq acetaminophen oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>eq arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>eq aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eq pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq pain & fever childrens oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>eq pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eq pain reliever ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>eq pain reliever oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq pain reliever oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eql acetaminophen childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eql acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>eql acetaminophen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>eql menstrual relief max st oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	\$0 (Tier 1)	DP
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	\$0 (Tier 1)	DP
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	\$0 (Tier 1)	DP
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>ft aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>ft pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft pain relief adult extra st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>ft pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>ft pain relief oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ft pain reliever adults rectal suppository 650 mg</i>	\$0 (Tier 1)	DP
<i>ft pain reliever children rectal suppository 120 mg</i>	\$0 (Tier 1)	DP
<i>ft pain reliever ex str adult oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>ft rapid release pain relief oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>genuine aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>gnp acetaminophen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>gnp aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 1)	DP
<i>gnp children's pain & fever oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>gnp pain relief oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>goodsense aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>goodsense aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>goodsense menstrual relief oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense pain relief extra st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>goodsense pain relief oral tablet 325 mg</i>	\$0 (Tier 1)	DP
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	\$0 (Tier 1)	DP
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>infants pain & fever oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>kls acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>kp aspirin oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0-\$12.65 (Tier 3)	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0-\$12.65 (Tier 3)	B/D
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>liquid pain relief oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML	\$0 (Tier 1)	DP
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	\$0 (Tier 1)	DP
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	\$0 (Tier 1)	DP
<i>mapap oral capsule 500 mg</i>	\$0 (Tier 1)	DP
<i>mapap oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML	\$0 (Tier 1)	DP
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
MAX RELIEF JUNIOR ORAL LIQUID 160 MG/5ML	\$0 (Tier 1)	DP
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	\$0 (Tier 1)	DP
MEDIQUE ASPIRIN ORAL TABLET 325 MG	\$0 (Tier 1)	DP
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML	\$0 (Tier 1)	DP
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 1)	DP
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG	\$0 (Tier 1)	DP
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>meijer jr st aspirin free oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>menstrual relief max strength oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP
MIDOL COMPLETE ORAL TABLET 500-60-15 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG	\$0 (Tier 1)	DP
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG	\$0 (Tier 1)	DP
<i>mm arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>mm aspirin oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>m-pap oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>non-aspirin oral tablet 325 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>non-aspirin pain relief oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pain & fever childrens oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pain & fever kids oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pain and fever relief kids oral liquid 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pain relief childrens oral elixir 160 mg/5ml, 240 mg/7.5ml, 325 mg/10.15ml, 40 mg/1.25ml, 480 mg/15ml, 650 mg/20.31ml, 80 mg/2.5ml</i>	\$0 (Tier 1)	DP
<i>pain relief childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pain relief extra strength oral capsule 500 mg</i>	\$0 (Tier 1)	DP
<i>pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>pain relief oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>pain relief regular strength oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>pain reliever extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>pain reliever for adults oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>pain reliever oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>pain reliever oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>pain reliever/fever reducer rectal suppository 120 mg</i>	\$0 (Tier 1)	DP
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 1)	DP
PHARBETOL ORAL TABLET 325 MG	\$0 (Tier 1)	DP
<i>qc 8 hour arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc antacid & pain relief oral tablet effervescent 500 mg</i>	\$0 (Tier 1)	DP
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>qc aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>qc aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>qc menstrual complete max st oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc pain relief extra strength oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>qc pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>qc pain relief oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ra 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>ra acetaminophen childrens oral tablet chewable 160 mg</i>	\$0 (Tier 1)	DP
<i>ra acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>ra acetaminophen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ra arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 1)	DP
<i>ra aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra menstrual relief oral tablet 500-60-15 mg</i>	\$0 (Tier 1)	DP
<i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ra pain relief aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ra pain reliever ex st oral liquid 500 mg/15ml</i>	\$0 (Tier 1)	DP
<i>sb arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 1)	DP
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
<i>sb aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	\$0 (Tier 1)	DP
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	\$0 (Tier 1)	DP
<i>sb non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>sb non-aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>sb non-aspirin oral tablet chewable 160 mg, 80 mg</i>	\$0 (Tier 1)	DP
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb pain reliever ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 1)	DP
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 1)	DP
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0 (Tier 1)	DP
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 1)	DP
<i>tri-buffered aspirin oral tablet 325 mg</i>	\$0 (Tier 1)	DP
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	\$0 (Tier 1)	DP
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG	\$0 (Tier 1)	DP
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG	\$0 (Tier 1)	DP
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 1)	DP
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 1)	DP
TYLENOL ORAL CAPSULE 325 MG	\$0 (Tier 1)	DP
TYLENOL ORAL TABLET 325 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Nsaids		
ADDAPRIN ORAL TABLET 200 MG	\$0 (Tier 1)	DP
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 1)	DP
ADVIL ORAL TABLET 200 MG	\$0 (Tier 1)	DP
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 caps every 30 days
<i>celecoxib oral capsule 400 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 1)	DP
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	\$0 (Tier 1)	DP
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 1)	DP
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 1)	DP
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>cvs ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 2)	QL; 120 tabs every 30 days
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0-\$12.65 (Tier 3)	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>diflunisal oral tablet 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>eq ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq ibuprofen junior oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>eq ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>eq childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>eq ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0-\$12.65 (Tier 3)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>ft ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>ft ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>ft pain relief oral tablet 200 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>gnp ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>goodsense ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 1)	DP
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	\$0 (Tier 1)	
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>ibuprofen oral suspension 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen suspension 100 mg/5ml oral (otc)</i>	\$0 (Tier 1)	DP
<i>ibuprofen suspension 100 mg/5ml oral (rx)</i>	\$0 (Tier 1)	DP
<i>ibuprofen suspension 100 mg/5ml oral (rx)</i>	\$0-\$12.65 (Tier 3)	
INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML	\$0 (Tier 1)	DP
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>kls ibuprofen ib oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>kls ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	\$0 (Tier 1)	DP
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	\$0 (Tier 1)	DP
MEDI-PROFEN ORAL TABLET 200 MG	\$0 (Tier 1)	DP
<i>meijer ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 1)	DP
MOTRIN IB ORAL TABLET 200 MG	\$0 (Tier 1)	DP
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML	\$0 (Tier 1)	DP
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 2)	
<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 2)	QL; 120 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0-\$12.65 (Tier 3)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0-\$12.65 (Tier 3)	
<i>qc ibuprofen ib oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>qc ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>ra ibuprofen childrens oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra ibuprofen infants oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>ra ibuprofen junior strength oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>ra ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>ra pain relief ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>sb ibuprofen oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>sb infants ibuprofen oral suspension 50 mg/1.25ml</i>	\$0 (Tier 1)	DP
<i>sm ibuprofen ib oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 2)	
WAL-PROFEN ORAL TABLET 200 MG	\$0 (Tier 1)	DP
WAL-TAP CHILDRENS ORAL ELIXIR 1-2.5 MG/5ML	\$0 (Tier 1)	DP
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-\$12.65 (Tier 4)	PA; QL; 4 patches every 28 days
<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-\$12.65 (Tier 4)	PA; QL; 10 patches every 30 days
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 90 mL every 30 days
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	PA; QL; 450 mL every 30 days
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 90 tabs every 30 days
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 90 tabs every 30 days
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0-\$12.65 (Tier 3)	QL; 2700 mL every 30 days
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 2)	QL; 400 tabs every 30 days
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 2)	QL; 360 tabs every 30 days
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 2)	QL; 180 tabs every 30 days
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0-\$12.65 (Tier 4)	
ENDOCET ORAL TABLET 10-325 MG	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$0-\$12.65 (Tier 3)	QL; 360 tabs every 30 days
ENDOCET ORAL TABLET 7.5-325 MG	\$0-\$12.65 (Tier 3)	QL; 240 tabs every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0-\$12.65 (Tier 4)	QL; 2700 mL every 30 days
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0-\$12.65 (Tier 3)	QL; 240 tabs every 30 days
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0-\$12.65 (Tier 3)	QL; 150 tabs every 30 days
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0-\$12.65 (Tier 4)	QL; 600 mL every 30 days
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0-\$12.65 (Tier 3)	QL; 180 mL every 30 days
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0-\$12.65 (Tier 3)	QL; 900 mL every 30 days
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0-\$12.65 (Tier 4)	QL; 180 mL every 30 days
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	QL; 900 mL every 30 days
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0-\$12.65 (Tier 3)	QL; 360 tabs every 30 days
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0-\$12.65 (Tier 3)	QL; 240 tabs every 30 days
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier 2)	QL; 240 tabs every 30 days
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 2)	QL; 240 tabs every 30 days
ANTI-INFECTIVES		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0-\$12.65 (Tier 5)	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0-\$12.65 (Tier 4)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0-\$12.65 (Tier 5)	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0-\$12.65 (Tier 3)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 2)	
<i>fluconazole oral tablet 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 5)	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>itraconazole oral capsule 100 mg</i>	\$0-\$12.65 (Tier 4)	QL; 120 caps every 30 days
<i>ketoconazole oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	
<i>nystatin oral tablet 500000 unit</i>	\$0-\$12.65 (Tier 3)	
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 93 tabs every 30 days
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 2)	PA; QL; 30 tabs every 30 days
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 600 mL every 28 days
<i>voriconazole oral tablet 200 mg</i>	\$0-\$12.65 (Tier 4)	QL; 120 tabs every 30 days
<i>voriconazole oral tablet 50 mg</i>	\$0-\$12.65 (Tier 4)	QL; 480 tabs every 30 days
Anti-Infectives - Miscellaneous		
<i>advin covid-19 antigen test in vitro kit</i>	\$0 (Tier 1)	DP
<i>albendazole oral tablet 200 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 672 tabs every year
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0-\$12.65 (Tier 4)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	\$0-\$12.65 (Tier 5)	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 300 mL every 30 days
AZO URINARY TRACT DEFENSE ORAL TABLET 162-162.5 MG	\$0 (Tier 1)	DP
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
BLUJEPAL ORAL TABLET 750 MG	\$0-\$12.65 (Tier 3)	
CARESTART COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0-\$12.65 (Tier 5)	PA
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	\$0 (Tier 1)	DP
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 2)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0-\$12.65 (Tier 4)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0-\$12.65 (Tier 4)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	\$0-\$12.65 (Tier 3)	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0-\$12.65 (Tier 4)	
<i>covid-19 at home antigen test in vitro kit</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>covid-19 at-home test in vitro kit</i>	\$0 (Tier 1)	DP
<i>covid-19 otc antigen 1-pack in vitro kit</i>	\$0 (Tier 1)	DP
<i>covid-19 otc antigen 2-pack in vitro kit</i>	\$0 (Tier 1)	DP
<i>cvs covid-19 at home test kit in vitro kit</i>	\$0 (Tier 1)	DP
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 1)	DP
CYSTEX URINARY PAIN RELIEF ORAL TABLET 162-162.5 MG	\$0 (Tier 1)	DP
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0-\$12.65 (Tier 3)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0-\$12.65 (Tier 5)	
DIATRUST COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>ellume covid-19 home test in vitro kit</i>	\$0 (Tier 1)	DP
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0-\$12.65 (Tier 5)	QL; 12 tabs every year
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0-\$12.65 (Tier 3)	
<i>fastep covid-19 antigen test in vitro kit</i>	\$0 (Tier 1)	DP
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>fosfomycin tromethamine oral packet 3 gm</i>	\$0-\$12.65 (Tier 4)	
GENABIO COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 1)	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-\$12.65 (Tier 3)	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>gnp antibacterial urinary pain oral tablet 162-162.5 mg</i>	\$0 (Tier 1)	DP
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT	\$0 (Tier 1)	DP
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0-\$12.65 (Tier 5)	PA
INDICAID COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 1)	DP
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>ivermectin oral tablet 3 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 20 tabs every 90 days
<i>ivermectin oral tablet 6 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 10 tabs every 90 days
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0-\$12.65 (Tier 4)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0-\$12.65 (Tier 4)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0-\$12.65 (Tier 5)	QL; 1800 mL every 30 days
<i>linezolid oral tablet 600 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methenamine hippurate oral tablet 1 gm</i>	\$0-\$12.65 (Tier 3)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0-\$12.65 (Tier 3)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0-\$12.65 (Tier 5)	QL; 6 tabs every 30 days
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ohc covid-19 antigen self test in vitro kit</i>	\$0 (Tier 1)	DP
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	\$0 (Tier 1)	DP
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0-\$12.65 (Tier 4)	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 1)	DP
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 1)	DP
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	\$0-\$12.65 (Tier 4)	
<i>praziquantel oral tablet 600 mg</i>	\$0-\$12.65 (Tier 4)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
<i>qc urinary pain relief oral tablet 162-162.5 mg</i>	\$0 (Tier 1)	DP
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	\$0 (Tier 1)	DP
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 1)	DP
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	\$0 (Tier 1)	DP
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0-\$12.65 (Tier 5)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0-\$12.65 (Tier 5)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
TOBI PODHALER INHALATION CAPSULE 28 MG	\$0-\$12.65 (Tier 5)	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0-\$12.65 (Tier 5)	PA
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>	\$0-\$12.65 (Tier 3)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimethoprim oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	
URO-PAIN DUAL ACTION ORAL TABLET 162-162.5 MG	\$0 (Tier 1)	DP
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	\$0-\$12.65 (Tier 4)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0-\$12.65 (Tier 4)	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0-\$12.65 (Tier 4)	QL; 80 caps every 180 days
<i>vancomycin hcl oral capsule 250 mg</i>	\$0-\$12.65 (Tier 4)	QL; 160 caps every 180 days
Antimalarials		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0-\$12.65 (Tier 4)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
COARTEM ORAL TABLET 20-120 MG	\$0-\$12.65 (Tier 4)	
<i>mefloquine hcl oral tablet 250 mg</i>	\$0-\$12.65 (Tier 3)	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	\$0-\$12.65 (Tier 3)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0-\$12.65 (Tier 4)	PA
Antiretroviral Agents		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>abacavir sulfate oral tablet 300 mg</i>	\$0-\$12.65 (Tier 4)	
APTIVUS ORAL CAPSULE 250 MG	\$0-\$12.65 (Tier 5)	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>darunavir oral tablet 600 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>darunavir oral tablet 800 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
EDURANT ORAL TABLET 25 MG	\$0-\$12.65 (Tier 5)	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	\$0-\$12.65 (Tier 5)	
<i>efavirenz oral tablet 600 mg</i>	\$0-\$12.65 (Tier 4)	
<i>emtricitabine oral capsule 200 mg</i>	\$0-\$12.65 (Tier 4)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0-\$12.65 (Tier 4)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0-\$12.65 (Tier 5)	
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0-\$12.65 (Tier 5)	
INTELENCE ORAL TABLET 25 MG	\$0-\$12.65 (Tier 4)	
ISENTRESS HD ORAL TABLET 600 MG	\$0-\$12.65 (Tier 5)	
ISENTRESS ORAL PACKET 100 MG	\$0-\$12.65 (Tier 5)	
ISENTRESS ORAL TABLET 400 MG	\$0-\$12.65 (Tier 5)	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0-\$12.65 (Tier 5)	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0-\$12.65 (Tier 4)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0-\$12.65 (Tier 5)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0-\$12.65 (Tier 4)	
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 2)	
NORVIR ORAL PACKET 100 MG	\$0-\$12.65 (Tier 4)	
PIFELTRO ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0-\$12.65 (Tier 5)	QL; 400 mL every 30 days
PREZISTA ORAL TABLET 150 MG	\$0-\$12.65 (Tier 5)	QL; 240 tabs every 30 days
PREZISTA ORAL TABLET 75 MG	\$0-\$12.65 (Tier 4)	QL; 480 tabs every 30 days
REYATAZ ORAL PACKET 50 MG	\$0-\$12.65 (Tier 5)	
<i>ritonavir oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0-\$12.65 (Tier 5)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0-\$12.65 (Tier 5)	
SUNLENCA ORAL TABLET 300 MG	\$0-\$12.65 (Tier 5)	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0-\$12.65 (Tier 5)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0-\$12.65 (Tier 4)	
TIVICAY ORAL TABLET 50 MG	\$0-\$12.65 (Tier 5)	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0-\$12.65 (Tier 5)	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0-\$12.65 (Tier 5)	
TYBOST ORAL TABLET 150 MG	\$0-\$12.65 (Tier 3)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0-\$12.65 (Tier 5)	
VIREAD ORAL POWDER 40 MG/GM	\$0-\$12.65 (Tier 5)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0-\$12.65 (Tier 5)	
<i>zidovudine oral capsule 100 mg</i>	\$0-\$12.65 (Tier 4)	
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>zidovudine oral tablet 300 mg</i>	\$0-\$12.65 (Tier 3)	
Antiretroviral Combination Agents		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0-\$12.65 (Tier 4)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0-\$12.65 (Tier 5)	
CIMDUO ORAL TABLET 300-300 MG	\$0-\$12.65 (Tier 5)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0-\$12.65 (Tier 5)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0-\$12.65 (Tier 5)	
DOVATO ORAL TABLET 50-300 MG	\$0-\$12.65 (Tier 5)	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0-\$12.65 (Tier 5)	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	\$0-\$12.65 (Tier 5)	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	\$0-\$12.65 (Tier 5)	
EVOTAZ ORAL TABLET 300-150 MG	\$0-\$12.65 (Tier 5)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0-\$12.65 (Tier 5)	
JULUCA ORAL TABLET 50-25 MG	\$0-\$12.65 (Tier 5)	
KALETRA ORAL SOLUTION 400-100 MG/5ML	\$0-\$12.65 (Tier 4)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0-\$12.65 (Tier 4)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0-\$12.65 (Tier 5)	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	\$0-\$12.65 (Tier 5)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0-\$12.65 (Tier 5)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0-\$12.65 (Tier 5)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0-\$12.65 (Tier 5)	
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	\$0-\$12.65 (Tier 4)	
Antitubercular Agents		
<i>cycloserine oral capsule 250 mg</i>	\$0-\$12.65 (Tier 5)	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0-\$12.65 (Tier 3)	
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0-\$12.65 (Tier 4)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>rifabutin oral capsule 150 mg</i>	\$0-\$12.65 (Tier 4)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0-\$12.65 (Tier 4)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0-\$12.65 (Tier 5)	PA
Antivirals		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 2)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 2)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0-\$12.65 (Tier 4)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0-\$12.65 (Tier 5)	ST
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0-\$12.65 (Tier 4)	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	\$0-\$12.65 (Tier 5)	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0-\$12.65 (Tier 5)	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>lamivudine oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	
LIVTENCITY ORAL TABLET 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 336 tabs every 28 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAVYRET ORAL PACKET 50-20 MG	\$0-\$12.65 (Tier 5)	PA
MAVYRET ORAL TABLET 100-40 MG	\$0-\$12.65 (Tier 5)	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0-\$12.65 (Tier 3)	QL; 168 caps every year
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	QL; 84 caps every year
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0-\$12.65 (Tier 3)	QL; 1080 mL every year
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	\$0 (Tier 2)	QL; 40 tabs every 90 days
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	\$0 (Tier 2)	QL; 22 tabs every 90 days
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	\$0 (Tier 2)	QL; 60 tabs every 90 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0-\$12.65 (Tier 5)	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0-\$12.65 (Tier 5)	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 tabs every 28 days
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0-\$12.65 (Tier 3)	QL; 6 inhalers every year
<i>ribavirin oral capsule 200 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ribavirin oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	
<i>rimantadine hcl oral tablet 100 mg</i>	\$0-\$12.65 (Tier 4)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0-\$12.65 (Tier 5)	
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0-\$12.65 (Tier 3)	
VOSEVI ORAL TABLET 400-100-100 MG	\$0-\$12.65 (Tier 5)	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	\$0-\$12.65 (Tier 4)	QL; 1 tab every 180 days
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$0-\$12.65 (Tier 4)	QL; 1 tab every 180 days
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 2)	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0-\$12.65 (Tier 3)	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	\$0-\$12.65 (Tier 4)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 2)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefixime oral capsule 400 mg</i>	\$0-\$12.65 (Tier 4)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0-\$12.65 (Tier 3)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	\$0-\$12.65 (Tier 5)	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0-\$12.65 (Tier 4)	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0-\$12.65 (Tier 3)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	\$0-\$12.65 (Tier 4)	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	\$0-\$12.65 (Tier 4)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0-\$12.65 (Tier 5)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Erythromycins/Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 4)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0-\$12.65 (Tier 5)	
E.E.S. 400 ORAL TABLET 400 MG	\$0-\$12.65 (Tier 4)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0-\$12.65 (Tier 4)	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0-\$12.65 (Tier 4)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0-\$12.65 (Tier 4)	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>fidaxomicin oral tablet 200 mg</i>	\$0-\$12.65 (Tier 5)	
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-\$12.65 (Tier 3)	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0-\$12.65 (Tier 3)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0-\$12.65 (Tier 3)	
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 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	\$0-\$12.65 (Tier 3)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	\$0 (Tier 2)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 2)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0-\$12.65 (Tier 4)	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0-\$12.65 (Tier 4)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION REFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0-\$12.65 (Tier 4)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>nafticillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>nafticillin sodium intravenous solution reconstituted 10 gm</i>	\$0-\$12.65 (Tier 5)	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	\$0-\$12.65 (Tier 4)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0-\$12.65 (Tier 4)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0-\$12.65 (Tier 4)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 2)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0-\$12.65 (Tier 4)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0-\$12.65 (Tier 4)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0-\$12.65 (Tier 3)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0-\$12.65 (Tier 5)	
NUZYRA ORAL TABLET 150 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 14 days
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0-\$12.65 (Tier 4)	
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	\$0-\$12.65 (Tier 5)	B/D
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0-\$12.65 (Tier 5)	B/D
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 500 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>cyclophosphamide injection solution reconstituted 2 gm</i>	\$0-\$12.65 (Tier 5)	B/D
<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-\$12.65 (Tier 5)	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	B/D
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	\$0-\$12.65 (Tier 5)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0-\$12.65 (Tier 4)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	
LEUKERAN ORAL TABLET 2 MG	\$0-\$12.65 (Tier 5)	PA
<i>lomustine oral capsule 10 mg, 40 mg</i>	\$0-\$12.65 (Tier 4)	
<i>lomustine oral capsule 100 mg</i>	\$0-\$12.65 (Tier 5)	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	\$0-\$12.65 (Tier 5)	B/D
<i>vivimusta intravenous solution 100 mg/4ml</i>	\$0-\$12.65 (Tier 5)	B/D
Antimetabolites		
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0-\$12.65 (Tier 5)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cytarabine injection solution 20 mg/ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0-\$12.65 (Tier 4)	B/D
INQOVI ORAL TABLET 35-100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 5 tabs every 28 days
LONSURF ORAL TABLET 15-6.14 MG	\$0-\$12.65 (Tier 5)	PA; QL; 100 tabs every 28 days
LONSURF ORAL TABLET 20-8.19 MG	\$0-\$12.65 (Tier 5)	PA; QL; 80 tabs every 28 days
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	\$0-\$12.65 (Tier 5)	
<i>mercaptopurine oral tablet 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 2)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 14 tabs every 28 days
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	\$0-\$12.65 (Tier 5)	B/D
TABLOID ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA
Hormonal Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
<i>abiraterone acetate oral tablet 500 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
ABIRTEGA ORAL TABLET 250 MG	\$0-\$12.65 (Tier 4)	PA; QL; 120 tabs every 30 days
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 2)	
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 2)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0-\$12.65 (Tier 4)	PA
ERLEADA ORAL TABLET 240 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
ERLEADA ORAL TABLET 60 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
EULEXIN ORAL CAPSULE 125 MG	\$0-\$12.65 (Tier 5)	
<i>exemestane oral tablet 25 mg</i>	\$0-\$12.65 (Tier 4)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	\$0-\$12.65 (Tier 5)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0-\$12.65 (Tier 4)	PA
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0-\$12.65 (Tier 5)	B/D
INLURIYO ORAL TABLET 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0-\$12.65 (Tier 4)	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0-\$12.65 (Tier 5)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0-\$12.65 (Tier 5)	PA
LYSODREN ORAL TABLET 500 MG	\$0-\$12.65 (Tier 5)	
<i>megestrol acetate tablet 20 mg oral</i>	\$0-\$12.65 (Tier 3)	
<i>megestrol acetate tablet 40 mg oral</i>	\$0-\$12.65 (Tier 3)	
<i>nilutamide oral tablet 150 mg</i>	\$0-\$12.65 (Tier 5)	
NUBEQA ORAL TABLET 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
ORGOVYX ORAL TABLET 120 MG	\$0-\$12.65 (Tier 5)	PA
ORSERDU ORAL TABLET 345 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
ORSERDU ORAL TABLET 86 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0-\$12.65 (Tier 5)	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 2)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0-\$12.65 (Tier 4)	PA
XTANDI ORAL CAPSULE 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
XTANDI ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
XTANDI ORAL TABLET 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
YONSA ORAL TABLET 125 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
Immunomodulators		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 28 caps every 28 days
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 21 caps every 28 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 caps every 28 days
THALOMID ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 caps every 28 days
THALOMID ORAL CAPSULE 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 caps every 28 days
Miscellaneous		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 syringes every 28 days
<i>bexarotene oral capsule 75 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 300 caps every 30 days
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	\$0-\$12.65 (Tier 5)	B/D
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 2)	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0-\$12.65 (Tier 4)	B/D
IWILFIN ORAL TABLET 192 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MATULANE ORAL CAPSULE 50 MG	\$0-\$12.65 (Tier 5)	
<i>mesna oral tablet 400 mg</i>	\$0-\$12.65 (Tier 5)	
MODEYSO ORAL CAPSULE 125 MG	\$0-\$12.65 (Tier 5)	PA; QL; 20 caps every 28 days
<i>tretinoin oral capsule 10 mg</i>	\$0-\$12.65 (Tier 5)	
WELIREG ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
Mitotic Inhibitors		
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0-\$12.65 (Tier 5)	B/D
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0-\$12.65 (Tier 5)	B/D
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	\$0-\$12.65 (Tier 5)	B/D
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	\$0-\$12.65 (Tier 5)	B/D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0 (Tier 2)	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0-\$12.65 (Tier 4)	B/D
Molecular Target Agents		
ALECENSA ORAL CAPSULE 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 caps every 30 days
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
ALUNBRIG ORAL TABLET 30 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
AUGTYRO ORAL CAPSULE 160 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
AUGTYRO ORAL CAPSULE 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 caps every 30 days
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 1 pack every 28 days
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
BALVERSA ORAL TABLET 3 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
BALVERSA ORAL TABLET 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
BALVERSA ORAL TABLET 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 tabs every 28 days
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0-\$12.65 (Tier 5)	PA
BOSULIF ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 300 caps every 30 days
BOSULIF ORAL CAPSULE 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
BOSULIF ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
BRAFTOVI ORAL CAPSULE 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
BRUKINSA ORAL CAPSULE 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
BRUKINSA ORAL TABLET 160 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
CALQUENCE ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
CAPRELSA ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
CAPRELSA ORAL TABLET 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 caps every 28 days
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 caps every 28 days
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 caps every 28 days
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 caps every 28 days
COTELLIC ORAL TABLET 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 63 tabs every 28 days
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 tabs every 28 days
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>dasatinib oral tablet 20 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
DAURISMO ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
DAURISMO ORAL TABLET 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
ENSACOVE ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
ENSACOVE ORAL CAPSULE 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 270 caps every 30 days
ERIVEDGE ORAL CAPSULE 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>erlotinib hcl oral tablet 25 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>everolimus oral tablet soluble 3 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 caps every 28 days
FRUZAQLA ORAL CAPSULE 1 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 caps every 28 days
FRUZAQLA ORAL CAPSULE 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 caps every 28 days
GAVRETO ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
<i>gefitinib oral tablet 250 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
GOMEKLI ORAL CAPSULE 1 MG	\$0-\$12.65 (Tier 5)	PA; QL; 168 caps every 28 days
GOMEKLI ORAL CAPSULE 2 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 caps every 28 days
GOMEKLI ORAL TABLET SOLUBLE 1 MG	\$0-\$12.65 (Tier 5)	PA; QL; 168 tabs every 28 days
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0-\$12.65 (Tier 5)	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0-\$12.65 (Tier 5)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
HERNEXEOS ORAL TABLET 60 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
HYRNUO ORAL TABLET 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 caps every 28 days
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 tabs every 28 days
IBTROZI ORAL CAPSULE 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>imatinib mesylate oral tablet 100 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 90 tabs every 30 days
<i>imatinib mesylate oral tablet 400 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
IMBRUVICA ORAL CAPSULE 140 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
IMBRUVICA ORAL CAPSULE 70 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 216 mL every 27 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>imkeldi oral solution 80 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 280 mL every 28 days
INLYTA ORAL TABLET 1 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
INLYTA ORAL TABLET 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
INREBIC ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
ITOVEBI ORAL TABLET 3 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
ITOVEBI ORAL TABLET 9 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 tabs every 28 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
JAYPIRCA ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
JAYPIRCA ORAL TABLET 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0-\$12.65 (Tier 5)	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0-\$12.65 (Tier 5)	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 21 days
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 790-9600 MG -UNT/4.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 42 days
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 21 tabs every 28 days
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 42 tabs every 28 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 63 tabs every 28 days
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 70 tabs every 28 days
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 91 tabs every 28 days
KOMZIFTI ORAL CAPSULE 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
KOSELUGO ORAL CAPSULE 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 caps every 30 days
KOSELUGO ORAL CAPSULE 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 600 caps every 30 days
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 360 caps every 30 days
KRAZATI ORAL TABLET 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
LAZCLUZE ORAL TABLET 240 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
LAZCLUZE ORAL TABLET 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
LORBRENA ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
LORBRENA ORAL TABLET 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
LUMAKRAS ORAL TABLET 120 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
LUMAKRAS ORAL TABLET 240 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
LUMAKRAS ORAL TABLET 320 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 tabs every 28 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 140 tabs every 28 days
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1260 mL every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST ORAL TABLET 0.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
MEKINIST ORAL TABLET 2 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
MEKTOVI ORAL TABLET 15 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0-\$12.65 (Tier 5)	PA
NERLYNX ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 112 caps every 28 days
<i>nilotinib hcl oral capsule 50 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0-\$12.65 (Tier 5)	PA; QL; 3 caps every 28 days
ODOMZO ORAL CAPSULE 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 96 mL every 28 days
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	\$0-\$12.65 (Tier 5)	PA; QL; 24 tabs every 28 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
<i>pazopanib hcl oral tablet 200 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
<i>pazopanib hcl oral tablet 400 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 tabs every 28 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0-\$12.65 (Tier 5)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 tabs every 28 days
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
QINLOCK ORAL TABLET 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
RETEVMO ORAL TABLET 120 MG, 160 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
RETEVMO ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
RETEVMO ORAL TABLET 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
REVUFORJ ORAL TABLET 110 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
REVUFORJ ORAL TABLET 160 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
REVUFORJ ORAL TABLET 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
REZLIDHIA ORAL CAPSULE 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0-\$12.65 (Tier 5)	PA; QL; 8 caps every 28 days
ROZLYTREK ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
ROZLYTREK ORAL CAPSULE 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
ROZLYTREK ORAL PACKET 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 336 packets every 28 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
RYDAPT ORAL CAPSULE 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 224 caps every 28 days
SCEMBLIX ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
SCEMBLIX ORAL TABLET 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
SCEMBLIX ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 300 tabs every 30 days
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
STIVARGA ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 tabs every 28 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 840 tabs every 28 days
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
TALZENNA ORAL CAPSULE 0.25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 caps every 30 days
TAZVERIK ORAL TABLET 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 21 days
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0-\$12.65 (Tier 5)	PA
TEPMETKO ORAL TABLET 225 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
TIBSOVO ORAL TABLET 250 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0-\$12.65 (Tier 5)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 64 tabs every 28 days
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 4 packs every 28 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0-\$12.65 (Tier 5)	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
TURALIO ORAL CAPSULE 125 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
VENCLEXTA ORAL TABLET 10 MG	\$0-\$12.65 (Tier 3)	PA; QL; 112 tabs every 28 days
VENCLEXTA ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
VENCLEXTA ORAL TABLET 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 tabs every 28 days
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 42 tabs every 28 days
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
VITRAKVI ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITRAKVI ORAL CAPSULE 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 300 mL every 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
VONJO ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
VORANIGO ORAL TABLET 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
VORANIGO ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
XALKORI ORAL CAPSULE SPRINKLE 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
XOSPATA ORAL TABLET 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 8 tabs every 28 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 16 tabs every 28 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 4 tabs every 28 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 8 tabs every 28 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0-\$12.65 (Tier 5)	PA; QL; 4 tabs every 28 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 24 tabs every 28 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0-\$12.65 (Tier 5)	PA; QL; 8 tabs every 28 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 4 tabs every 28 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 32 tabs every 28 days
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
ZELBORAF ORAL TABLET 240 MG	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0-\$12.65 (Tier 5)	PA
ZOLINZA ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
ZYKADIA ORAL TABLET 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
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 caps every 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)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-\$12.65 (Tier 3)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 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 2)	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<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 tabs every 30 days
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	\$0-\$12.65 (Tier 3)	QL; 240 caps every 30 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 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 tabs every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 tabs every 30 days
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 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 tabs every 30 days
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 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 tabs every 30 days
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 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 tabs every 30 days
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	\$0-\$12.65 (Tier 4)	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	\$0-\$12.65 (Tier 4)	
<i>amiodarone hcl oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0-\$12.65 (Tier 4)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0-\$12.65 (Tier 4)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
MULTAQ ORAL TABLET 400 MG	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
PACERONE ORAL TABLET 100 MG, 400 MG	\$0-\$12.65 (Tier 4)	
PACERONE ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0-\$12.65 (Tier 4)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0-\$12.65 (Tier 3)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 2)	
Antilipemics, Fibrates		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0-\$12.65 (Tier 3)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 2)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antilipemics, Hmg-CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
Antilipemics, Miscellaneous		
<i>cholestyramine light oral packet 4 gm</i>	\$0-\$12.65 (Tier 3)	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0-\$12.65 (Tier 3)	
<i>cholestyramine oral packet 4 gm</i>	\$0-\$12.65 (Tier 3)	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0-\$12.65 (Tier 3)	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0-\$12.65 (Tier 4)	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0-\$12.65 (Tier 4)	
<i>colestipol hcl oral granules 5 gm</i>	\$0-\$12.65 (Tier 4)	
<i>colestipol hcl oral packet 5 gm</i>	\$0-\$12.65 (Tier 4)	
<i>colestipol hcl oral tablet 1 gm</i>	\$0-\$12.65 (Tier 3)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
NEXLETOL ORAL TABLET 180 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
NEXLIZET ORAL TABLET 180-10 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0-\$12.65 (Tier 3)	PA
PREVALITE ORAL PACKET 4 GM	\$0-\$12.65 (Tier 3)	
PREVALITE ORAL POWDER 4 GM/DOSE	\$0-\$12.65 (Tier 3)	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 6 syringes every 28 days
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 6 autoinjectors every 28 days
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0-\$12.65 (Tier 3)	
Beta-Blocker/Diuretic Combinations		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 2)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 2)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0-\$12.65 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Beta-Blockers		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	
<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 2)	
<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-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 3)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>nebivolol hcl oral tablet 20 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0-\$12.65 (Tier 3)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 2)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
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 2)	
<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 2)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	\$0-\$12.65 (Tier 4)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0-\$12.65 (Tier 4)	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	\$0-\$12.65 (Tier 3)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 2)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 2)	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0-\$12.65 (Tier 4)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0-\$12.65 (Tier 3)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0-\$12.65 (Tier 3)	
<i>nimodipine oral capsule 30 mg</i>	\$0-\$12.65 (Tier 4)	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 2)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	\$0-\$12.65 (Tier 4)	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0-\$12.65 (Tier 3)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 2)	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 3)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0-\$12.65 (Tier 3)	
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 2)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 2)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0-\$12.65 (Tier 3)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>furosemide injection solution 10 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 2)	
<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)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (Tier 2)	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 2)	
<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)	QL; 30 tabs every 30 days
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0-\$12.65 (Tier 3)	
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0-\$12.65 (Tier 4)	QL; 450 mL every 30 days
<i>digoxin injection solution 0.25 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>digoxin oral solution 0.05 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>droxidopa oral capsule 100 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 90 caps every 30 days
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
<i>epinephrine injection solution 1 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>metyrosine oral capsule 250 mg</i>	\$0-\$12.65 (Tier 5)	PA
<i>midodrine hcl oral tablet 10 mg</i>	\$0-\$12.65 (Tier 4)	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 2)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0-\$12.65 (Tier 4)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 2)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0-\$12.65 (Tier 3)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0-\$12.65 (Tier 4)	
Pulmonary Arterial Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
ALYQ ORAL TABLET 20 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>bosentan oral tablet soluble 32 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
OPSUMIT ORAL TABLET 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 360 tabs every 30 days
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0-\$12.65 (Tier 5)	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
UPTRAVI ORAL TABLET 200 MCG	\$0-\$12.65 (Tier 5)	PA; QL; 140 tabs every 28 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	\$0-\$12.65 (Tier 5)	PA; QL; 1 pack every 28 days
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	\$0-\$12.65 (Tier 5)	PA; QL; 2 vials every 21 days
YUTREPIA INHALATION CAPSULE 106 MCG	\$0-\$12.65 (Tier 5)	PA; QL; 224 caps every 28 days
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG, 79.5 MCG	\$0-\$12.65 (Tier 5)	PA; QL; 140 caps every 28 days
CENTRAL NERVOUS SYSTEM		
Antianxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	QL; 150 tabs every 30 days
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1)	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 2)	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	\$0-\$12.65 (Tier 3)	QL; 150 mL every 30 days
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0-\$12.65 (Tier 3)	QL; 150 mL every 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	QL; 150 tabs every 30 days
Antidementia		
<i>donepezil hcl oral tablet 10 mg</i>	\$0 (Tier 2)	
<i>donepezil hcl oral tablet 5 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0 (Tier 2)	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0-\$12.65 (Tier 4)	QL; 200 mL every 30 days
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>memantine hcl oral solution 2 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	\$0-\$12.65 (Tier 4)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

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-\$12.65 (Tier 3)	QL; 60 caps every 30 days
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0-\$12.65 (Tier 4)	QL; 30 patches every 30 days
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	PA
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 2)	QL; 60 tabs every 30 days
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	\$0 (Tier 2)	QL; 60 tabs every 30 days
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 2)	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 4)	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0-\$12.65 (Tier 3)	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0-\$12.65 (Tier 4)	PA; QL; 60 caps every 30 days
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 caps every 30 days
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0-\$12.65 (Tier 5)	PA; QL; 30 patches every 30 days
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	\$0-\$12.65 (Tier 5)	PA; QL; 2 packs every year
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0-\$12.65 (Tier 4)	PA; QL; 30 caps every 30 days
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0-\$12.65 (Tier 4)	PA; QL; 60 caps every 30 days
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0-\$12.65 (Tier 4)	PA; QL; 2 packs every year

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-\$12.65 (Tier 3)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	PA
MARPLAN ORAL TABLET 10 MG	\$0-\$12.65 (Tier 4)	QL; 180 tabs every 30 days
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 2)	
<i>mirtazapine oral tablet 7.5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0-\$12.65 (Tier 3)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 900 mL every 30 days
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)	PA
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0-\$12.65 (Tier 3)	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
RALDESY ORAL SOLUTION 10 MG/ML	\$0-\$12.65 (Tier 4)	PA; QL; 1800 mL every 30 days
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0-\$12.65 (Tier 4)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 caps every 30 days
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	QL; 120 caps every 30 days
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 2)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0-\$12.65 (Tier 5)	PA; QL; 28 caps every 14 days
ZURZUVAE ORAL CAPSULE 30 MG	\$0-\$12.65 (Tier 5)	PA; QL; 14 caps every 14 days
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 caps every 30 days
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0-\$12.65 (Tier 4)	
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0-\$12.65 (Tier 4)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0-\$12.65 (Tier 3)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 2)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 4)	
<i>entacapone oral tablet 200 mg</i>	\$0-\$12.65 (Tier 4)	
INBRIJA INHALATION CAPSULE 42 MG	\$0-\$12.65 (Tier 5)	PA; QL; 300 caps every 30 days
<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 2)	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 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 2)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2)	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 56 days
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 28 days
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0-\$12.65 (Tier 5)	QL; 1 injection every 28 days
<i>aripiprazole oral solution 1 mg/ml</i>	\$0-\$12.65 (Tier 4)	QL; 900 mL every 30 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 60 tabs every 30 days
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0-\$12.65 (Tier 5)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 56 days
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 28 days
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0-\$12.65 (Tier 5)	QL; 30 caps every 30 days
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0-\$12.65 (Tier 4)	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	QL; 270 tabs every 30 days
<i>clozapine oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 270 tabs every 30 days
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>clozapine oral tablet dispersible 150 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 180 tabs every 30 days
<i>clozapine oral tablet dispersible 200 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 120 tabs every 30 days
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0-\$12.65 (Tier 5)	QL; 60 caps every 30 days
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	\$0-\$12.65 (Tier 5)	QL; 2 packs every year
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 28 days
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	\$0-\$12.65 (Tier 5)	QL; 2 syringes every year
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0-\$12.65 (Tier 4)	QL; 1 syringe every 28 days
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	\$0-\$12.65 (Tier 4)	PA; QL; 2 packs every year
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	\$0-\$12.65 (Tier 4)	PA; QL; 2 packs every year
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	\$0-\$12.65 (Tier 4)	PA; QL; 2 packs every year
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0-\$12.65 (Tier 3)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	\$0-\$12.65 (Tier 5)	QL; 1 injection every 180 days
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 28 days

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0-\$12.65 (Tier 4)	QL; 1 syringe every 28 days
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	\$0-\$12.65 (Tier 5)	QL; 1 syringe every 90 days
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>lurasidone hcl oral tablet 80 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 30 days
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
NUPLAZID ORAL CAPSULE 34 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
NUPLAZID ORAL TABLET 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0-\$12.65 (Tier 4)	QL; 3 vials every 1 day
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	QL; 60 tabs every 30 days
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 60 tabs every 30 days
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 30 tabs every 30 days
OPIPZA ORAL FILM 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 films every 30 days
OPIPZA ORAL FILM 2 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 films every 30 days
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0-\$12.65 (Tier 3)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0-\$12.65 (Tier 4)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 2)	QL; 90 tabs every 30 days
<i>quetiapine fumarate oral tablet 25 mg</i>	\$0 (Tier 2)	QL; 180 tabs every 30 days
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	\$0 (Tier 2)	QL; 60 tabs every 30 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0-\$12.65 (Tier 5)	QL; 60 tabs every 30 days
REXULTI ORAL TABLET 3 MG, 4 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 30 days
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	\$0-\$12.65 (Tier 4)	QL; 2 injections every 28 days
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	\$0-\$12.65 (Tier 5)	QL; 2 injections every 28 days
<i>risperidone oral solution 1 mg/ml</i>	\$0-\$12.65 (Tier 3)	QL; 240 mL every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 2)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 90 tabs every 30 days
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 60 tabs every 30 days
<i>risperidone oral tablet dispersible 4 mg</i>	\$0-\$12.65 (Tier 4)	ST; QL; 120 tabs every 30 days
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0-\$12.65 (Tier 5)	QL; 30 patches every 30 days
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 600 mL every 30 days
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 3 MG, 4.5 MG, 6 MG	\$0-\$12.65 (Tier 5)	QL; 30 caps every 30 days
VRAYLAR ORAL CAPSULE 1.5 MG	\$0-\$12.65 (Tier 5)	QL; 60 caps every 30 days
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 caps every 30 days
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0-\$12.65 (Tier 4)	QL; 6 injections every 3 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0-\$12.65 (Tier 4)	PA; QL; 2 vials every 28 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0-\$12.65 (Tier 5)	PA; QL; 2 vials every 28 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 28 days
Antiseizure Agents		
APTOM ORAL TABLET 200 MG, 400 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 30 days
APTOM ORAL TABLET 600 MG, 800 MG	\$0-\$12.65 (Tier 5)	QL; 60 tabs every 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 600 mL every 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0-\$12.65 (Tier 4)	
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>carbamazepine oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0-\$12.65 (Tier 3)	
<i>carbamazepine oral tablet chewable 200 mg</i>	\$0-\$12.65 (Tier 4)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 480 mL every 30 days
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 2)	QL; 90 tabs every 30 days
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 2)	QL; 300 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0-\$12.65 (Tier 3)	QL; 90 tabs every 30 days
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0-\$12.65 (Tier 3)	QL; 300 tabs every 30 days
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 180 tabs every 30 days
DIACOMIT ORAL CAPSULE 250 MG	\$0-\$12.65 (Tier 5)	PA; QL; 360 caps every 30 days
DIACOMIT ORAL CAPSULE 500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
DIACOMIT ORAL PACKET 250 MG	\$0-\$12.65 (Tier 5)	PA; QL; 360 packets every 30 days
DIACOMIT ORAL PACKET 500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 packets every 30 days
<i>diazepam injection solution 5 mg/ml</i>	\$0-\$12.65 (Tier 4)	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 240 mL every 30 days
<i>diazepam oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	PA; QL; 1200 mL every 30 days
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL; 120 tabs every 30 days
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0-\$12.65 (Tier 4)	
DILANTIN ORAL CAPSULE 30 MG	\$0-\$12.65 (Tier 4)	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0-\$12.65 (Tier 4)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 600 mL every 30 days
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>ethosuximide oral capsule 250 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>felbamate oral suspension 600 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0-\$12.65 (Tier 4)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 360 mL every 30 days
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 680 mL every 28 days
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
FYCOMPA ORAL TABLET 2 MG	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>gabapentin oral capsule 100 mg, 300 mg</i>	\$0 (Tier 2)	QL; 360 caps every 30 days
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 2)	QL; 270 caps every 30 days
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0-\$12.65 (Tier 3)	QL; 2160 mL every 30 days
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 2)	QL; 180 tabs every 30 days
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 2)	QL; 120 tabs every 30 days
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0-\$12.65 (Tier 4)	
<i>lacosamide oral solution 10 mg/ml</i>	\$0-\$12.65 (Tier 4)	QL; 1200 mL every 30 days
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lacosamide oral tablet 50 mg</i>	\$0-\$12.65 (Tier 4)	QL; 120 tabs every 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-\$12.65 (Tier 4)	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-\$12.65 (Tier 3)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0-\$12.65 (Tier 3)	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0-\$12.65 (Tier 4)	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 2)	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	\$0-\$12.65 (Tier 4)	QL; 360 tabs every 30 days
<i>levetiracetam oral tablet disintegrating soluble 500 mg</i>	\$0-\$12.65 (Tier 4)	QL; 180 tabs every 30 days
<i>methsuximide oral capsule 300 mg</i>	\$0-\$12.65 (Tier 4)	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0-\$12.65 (Tier 4)	QL; 10 nasal units every 30 days
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0-\$12.65 (Tier 4)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0-\$12.65 (Tier 3)	
<i>perampanel oral suspension 0.5 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 680 mL every 28 days
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
<i>perampanel oral tablet 2 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 1500 mL every 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-\$12.65 (Tier 3)	PA; QL; 120 tabs every 30 days
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0-\$12.65 (Tier 3)	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>phenytoin oral tablet chewable 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	
<i>phenytoin sodium injection solution 50 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 120 caps every 30 days
<i>pregabalin oral capsule 200 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 90 caps every 30 days
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 60 caps every 30 days
<i>pregabalin oral solution 20 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 900 mL every 30 days
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	\$0 (Tier 2)	
ROWEEPRA ORAL TABLET 500 MG	\$0 (Tier 2)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 2400 mL every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rufinamide oral tablet 200 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 480 tabs every 30 days
<i>rufinamide oral tablet 400 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 240 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0-\$12.65 (Tier 4)	QL; 90 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0-\$12.65 (Tier 4)	QL; 360 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0-\$12.65 (Tier 4)	QL; 180 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0-\$12.65 (Tier 4)	QL; 120 tabs every 30 days
SUBVENITE ORAL SUSPENSION 10 MG/ML	\$0-\$12.65 (Tier 5)	ST
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 films every 30 days
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0-\$12.65 (Tier 4)	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0-\$12.65 (Tier 3)	
<i>topiramate oral capsule sprinkle 50 mg</i>	\$0-\$12.65 (Tier 4)	
<i>topiramate oral solution 25 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 480 mL every 30 days
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 2)	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0-\$12.65 (Tier 4)	QL; 10 blister packs every 30 days
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	\$0-\$12.65 (Tier 4)	QL; 10 blister packs every 30 days
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	\$0-\$12.65 (Tier 4)	QL; 10 blister packs every 30 days
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0-\$12.65 (Tier 4)	QL; 10 blister packs every 30 days
<i>vigabatrin oral packet 500 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 180 packets every 30 days
<i>vigabatrin oral tablet 500 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
VIGADRONE ORAL PACKET 500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 packets every 30 days
VIGADRONE ORAL TABLET 500 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 tabs every 30 days
VIGAFYDE ORAL SOLUTION 100 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 900 mL every 30 days
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0-\$12.65 (Tier 5)	QL; 56 tabs every 28 days
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0-\$12.65 (Tier 5)	QL; 56 tabs every 28 days
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 30 days
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0-\$12.65 (Tier 5)	QL; 60 tabs every 30 days
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0-\$12.65 (Tier 4)	QL; 28 tabs every 28 days
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0-\$12.65 (Tier 5)	QL; 28 tabs every 28 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0-\$12.65 (Tier 5)	PA; QL; 900 mL every 30 days
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (Tier 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1100 mL every 30 days
Attention Deficit Hyperactivity Disorder		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	\$0-\$12.65 (Tier 4)	PA; QL; 30 caps every 30 days
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0-\$12.65 (Tier 3)	PA; QL; 60 tabs every 30 days
amphetamine-dextroamphetamine oral tablet 20 mg	\$0-\$12.65 (Tier 3)	PA; QL; 90 tabs every 30 days
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	\$0-\$12.65 (Tier 4)	QL; 120 caps every 30 days
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	\$0-\$12.65 (Tier 4)	QL; 30 caps every 30 days
atomoxetine hcl oral capsule 40 mg	\$0-\$12.65 (Tier 4)	QL; 60 caps every 30 days
dexmethylphenidate hcl oral tablet 10 mg	\$0-\$12.65 (Tier 3)	PA; QL; 60 tabs every 30 days
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	\$0-\$12.65 (Tier 3)	PA; QL; 120 tabs every 30 days
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
guanfacine hcl er oral tablet extended release 24 hour 3 mg	\$0-\$12.65 (Tier 3)	PA; QL; 60 tabs every 30 days
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	\$0-\$12.65 (Tier 4)	PA; QL; 90 tabs every 30 days
methylphenidate hcl oral solution 10 mg/5ml	\$0-\$12.65 (Tier 4)	PA; QL; 900 mL every 30 days
methylphenidate hcl oral solution 5 mg/5ml	\$0-\$12.65 (Tier 4)	PA; QL; 1800 mL every 30 days
methylphenidate hcl oral tablet 10 mg, 5 mg	\$0-\$12.65 (Tier 3)	PA; QL; 180 tabs every 30 days
methylphenidate hcl oral tablet 20 mg	\$0-\$12.65 (Tier 3)	PA; QL; 90 tabs every 30 days
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	\$0-\$12.65 (Tier 4)	PA; QL; 180 tabs every 30 days
Hypnotics		
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
doxepin hcl oral tablet 3 mg, 6 mg	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
ramelteon oral tablet 8 mg	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
tasimelteon oral capsule 20 mg	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
temazepam oral capsule 15 mg	\$0-\$12.65 (Tier 4)	PA; QL; 60 caps every 30 days
temazepam oral capsule 30 mg, 7.5 mg	\$0-\$12.65 (Tier 4)	PA; QL; 30 caps every 30 days
zaleplon oral capsule 10 mg	\$0-\$12.65 (Tier 3)	PA; QL; 60 caps every 30 days
zaleplon oral capsule 5 mg	\$0-\$12.65 (Tier 3)	PA; QL; 30 caps every 30 days
zolpidem tartrate oral tablet 10 mg, 5 mg	\$0 (Tier 2)	PA; QL; 30 tabs every 30 days
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 pen every 30 days
dihydroergotamine mesylate nasal solution 4 mg/ml	\$0-\$12.65 (Tier 5)	PA; QL; 8 mL every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 3 syringes every 30 days
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 2 pens every 30 days
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0-\$12.65 (Tier 3)	PA; QL; 2 syringes every 30 days
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 40 tabs every 28 days
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 12 tabs every 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0-\$12.65 (Tier 3)	PA; QL; 16 tabs every 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 18 tabs every 30 days
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 18 tabs every 30 days
<i>sumatriptan nasal solution 20 mg/act</i>	\$0-\$12.65 (Tier 4)	QL; 12 units every 30 days
<i>sumatriptan nasal solution 5 mg/act</i>	\$0-\$12.65 (Tier 4)	QL; 24 units every 30 days
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	QL; 12 tabs every 30 days
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0-\$12.65 (Tier 4)	QL; 12 injections every 30 days
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0-\$12.65 (Tier 4)	QL; 12 injections every 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0-\$12.65 (Tier 3)	PA; QL; 16 tabs every 30 days
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
AUSTEDO ORAL TABLET 6 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	\$0-\$12.65 (Tier 5)	PA; QL; 2 packs every year
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 2)	
<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-\$12.65 (Tier 4)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0-\$12.65 (Tier 3)	
<i>riluzole oral tablet 50 mg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 90 tabs every 30 days
<i>tetrabenazine oral tablet 25 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 120 tabs every 30 days
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	\$0-\$12.65 (Tier 5)	PA; QL; 120 caps every 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0-\$12.65 (Tier 5)	PA; QL; 14 kits every 28 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 30 syringes every 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 12 syringes every 28 days
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 60 tabs every 30 days
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 syringes every 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 12 syringes every 28 days
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 30 syringes every 30 days
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 12 syringes every 28 days
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	\$0-\$12.65 (Tier 5)	PA; QL; 16 pens every 365 days
Musculoskeletal Therapy Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 2)	
<i>baclofen oral tablet 5 mg</i>	\$0 (Tier 2)	QL; 90 tabs every 30 days
<i>carisoprodol oral tablet 350 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 120 tabs every 30 days
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 90 tabs every 30 days
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	
<i>methocarbamol oral tablet 500 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 360 tabs every 30 days
<i>methocarbamol oral tablet 750 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 240 tabs every 30 days
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier 2)	
Narcolepsy/Cataplexy		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 30 tabs every 30 days
<i>armodafinil oral tablet 50 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>modafinil oral tablet 100 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
<i>modafinil oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 60 tabs every 30 days
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 540 mL every 30 days
Psychotherapeutic-Misc		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0-\$12.65 (Tier 4)	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0-\$12.65 (Tier 3)	QL; 180 tabs every 30 days
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	\$0-\$12.65 (Tier 4)	QL; 90 films every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0-\$12.65 (Tier 4)	QL; 180 films every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	\$0-\$12.65 (Tier 4)	QL; 120 films every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$0 (Tier 2)	QL; 180 tabs every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$0 (Tier 2)	QL; 120 tabs every 30 days
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (Tier 2)	QL; 60 tabs every 30 days
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	\$0 (Tier 1)	DP
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	\$0 (Tier 1)	DP
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0 (Tier 1)	DP
<i>folding paddle walker</i>	\$0 (Tier 1)	DP
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>gnp pain relief nighttime oral tablet 250-250-38 mg</i>	\$0 (Tier 1)	DP
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	\$0 (Tier 1)	DP
KLOXXADO NASAL LIQUID 8 MG/0.1ML	\$0-\$12.65 (Tier 3)	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	\$0 (Tier 1)	DP
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	\$0 (Tier 1)	DP
KLS QUIT4 MOUTH/THROAT GUM 4 MG	\$0 (Tier 1)	DP
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	\$0 (Tier 1)	DP
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (Tier 2)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (Tier 2)	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	\$0 (Tier 2)	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	\$0-\$12.65 (Tier 3)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0-\$12.65 (Tier 3)	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	\$0 (Tier 1)	DP
NICORELIEF MOUTH/THROAT GUM 2 MG	\$0 (Tier 1)	DP
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0 (Tier 1)	DP
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 1)	DP
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0 (Tier 1)	DP
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 1)	DP
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0 (Tier 1)	DP
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0 (Tier 1)	DP
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0 (Tier 1)	DP
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	\$0 (Tier 1)	DP
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 1)	DP
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0-\$12.65 (Tier 4)	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0 (Tier 1)	DP
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0 (Tier 1)	DP
<i>sm nicotine mouth/throat gum 4 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm nicotine mouth/throat lozenge 2 mg</i>	\$0 (Tier 1)	DP
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	\$0 (Tier 1)	DP
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	\$0 (Tier 1)	DP
THRIVE MOUTH/THROAT GUM 2 MG	\$0 (Tier 1)	DP
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0-\$12.65 (Tier 4)	QL; 2 packs every year
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0-\$12.65 (Tier 4)	QL; 56 tabs every 28 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0-\$12.65 (Tier 5)	
ENDOCRINE AND METABOLIC		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	\$0-\$12.65 (Tier 3)	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0-\$12.65 (Tier 3)	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0-\$12.65 (Tier 3)	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0-\$12.65 (Tier 4)	PA; QL; 300 gm every 30 days
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	\$0-\$12.65 (Tier 4)	PA; QL; 150 gm every 30 days
Antidiabetics, Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	\$0-\$12.65 (Tier 3)	B/D
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	\$0-\$12.65 (Tier 3)	PA
CEQUR SIMPLICITY 2U DEVICE	\$0-\$12.65 (Tier 4)	PA; QL; 10 patches every 30 days
CEQUR SIMPLICITY 2U DEVICE	\$0-\$12.65 (Tier 4)	PA; QL; 8 patches every 24 days
CEQUR SIMPLICITY INSERTER	\$0-\$12.65 (Tier 4)	PA; QL; 2 inserters every year
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	\$0-\$12.65 (Tier 3)	PA
<i>cvs gauze sterile pad 2"x2"</i>	\$0-\$12.65 (Tier 3)	PA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	\$0-\$12.65 (Tier 3)	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0-\$12.65 (Tier 3)	B/D
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0-\$12.65 (Tier 3)	B/D
<i>global alcohol prep ease pad 70 %</i>	\$0-\$12.65 (Tier 3)	PA
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	DP
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0-\$12.65 (Tier 5)	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0-\$12.65 (Tier 5)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 1)	DP
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	\$0 (Tier 1)	DP
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	\$0-\$12.65 (Tier 3)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	DP
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	\$0 (Tier 1)	DP
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	\$0-\$12.65 (Tier 3)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	DP
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	\$0 (Tier 1)	DP
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	\$0-\$12.65 (Tier 3)	B/D
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0-\$12.65 (Tier 3)	B/D
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0-\$12.65 (Tier 3)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	\$0-\$12.65 (Tier 3)	B/D
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	\$0-\$12.65 (Tier 4)	PA; QL; 1 kit every year
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0-\$12.65 (Tier 4)	PA; QL; 15 pods every 30 days
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	\$0-\$12.65 (Tier 4)	PA; QL; 1 kit every year

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0-\$12.65 (Tier 4)	PA; QL; 15 pods every 30 days
OMNIPOD DASH INTRO (GEN 4) KIT	\$0-\$12.65 (Tier 4)	PA; QL; 1 kit every year
OMNIPOD DASH PODS (GEN 4)	\$0-\$12.65 (Tier 4)	PA; QL; 15 pods every 30 days
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0-\$12.65 (Tier 3)	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	\$0-\$12.65 (Tier 3)	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0-\$12.65 (Tier 3)	QL; 5 pens every 25 days
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0-\$12.65 (Tier 3)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0-\$12.65 (Tier 3)	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0-\$12.65 (Tier 3)	QL; 5 pens every 30 days
Antidiabetics		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL; 90 tabs every 30 days
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL; 90 tabs every 30 days
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL; 120 tabs every 30 days
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL; 240 tabs every 30 days
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL; 240 tabs every 30 days
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL; 120 tabs every 30 days
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	QL; 120 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1)	QL; 75 tabs every 30 days
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1)	QL; 150 tabs every 30 days
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1)	QL; 90 tabs every 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-\$12.65 (Tier 3)	PA; QL; 4 pens every 28 days
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL; 90 tabs every 30 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 pen every 28 days
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 pen every 28 days
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 pen every 28 days
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL; 90 tabs every 30 days
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL; 120 tabs every 30 days
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL; 240 tabs every 30 days
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
TRADJENTA ORAL TABLET 5 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 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-\$12.65 (Tier 3)	PA; QL; 4 pens every 28 days
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
Antiobesity Agents		
ADIPEX-P ORAL TABLET 37.5 MG	\$0 (Tier 1)	DP
ALLI ORAL CAPSULE 60 MG	\$0 (Tier 1)	DP
<i>benzphetamine hcl oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	\$0 (Tier 1)	DP
<i>diethylpropion hcl oral tablet 25 mg</i>	\$0 (Tier 1)	DP
LOMAIRA ORAL TABLET 8 MG	\$0 (Tier 1)	DP
<i>orlistat oral capsule 120 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phendimetrazine tartrate oral tablet 35 mg</i>	\$0 (Tier 1)	DP
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	\$0 (Tier 1)	DP
<i>phentermine hcl oral tablet 37.5 mg</i>	\$0 (Tier 1)	DP
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	\$0 (Tier 1)	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 1)	DP
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	\$0 (Tier 1)	PA; QL; 4 pens every 28 days; DP; Nonformulary for Part D; PA required for Medicaid coverage (weight loss)
XENICAL ORAL CAPSULE 120 MG	\$0 (Tier 1)	DP
ZEPBOUND 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 1)	PA; QL; 4 pens every 28 days; DP; Nonformulary for Part D; PA required for Medicaid coverage (weight loss)
Calcium Regulators		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0-\$12.65 (Tier 4)	ST
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (Tier 1)	
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0-\$12.65 (Tier 4)	QL; 1 syringe every 180 days
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0-\$12.65 (Tier 3)	B/D
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 2)	B/D
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0-\$12.65 (Tier 4)	QL; 1 syringe every 180 days
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	\$0-\$12.65 (Tier 3)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0-\$12.65 (Tier 4)	QL; 1 syringe every 180 days
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0-\$12.65 (Tier 4)	ST
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0-\$12.65 (Tier 5)	PA
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0-\$12.65 (Tier 4)	PA
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	\$0-\$12.65 (Tier 4)	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	\$0-\$12.65 (Tier 5)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>deferasirox oral tablet 90 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>deferasirox oral tablet soluble 125 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 5)	PA
KIONEX COMBINATION SUSPENSION 15 GM/60ML	\$0-\$12.65 (Tier 4)	
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0-\$12.65 (Tier 3)	
<i>penicillamine oral tablet 250 mg</i>	\$0-\$12.65 (Tier 5)	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	\$0-\$12.65 (Tier 4)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0-\$12.65 (Tier 3)	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	\$0-\$12.65 (Tier 4)	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	\$0-\$12.65 (Tier 4)	
<i>trientine hcl oral capsule 250 mg</i>	\$0-\$12.65 (Tier 5)	PA
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
<i>aimsco lubricated</i>	\$0 (Tier 1)	DP
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 2)	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 2)	
AMETHYST ORAL TABLET 90-20 MCG	\$0 (Tier 2)	
APRI ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 2)	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 2)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 2)	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 2)	
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (Tier 2)	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
<i>condoms</i>	\$0 (Tier 1)	DP
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 2)	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 2)	
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0-\$12.65 (Tier 3)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 2)	
DOLISHALE ORAL TABLET 90-20 MCG	\$0 (Tier 2)	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0 (Tier 2)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 2)	
DUREX EXTRA SENSITIVE THIN	\$0 (Tier 1)	DP
DUREX EXTRA SENSITIVE THIN DEVICE	\$0 (Tier 1)	DP
DUREX REALFEEL DEVICE	\$0 (Tier 1)	DP
DUREX TROPICAL	\$0 (Tier 1)	DP
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0-\$12.65 (Tier 3)	
EMZAHH ORAL TABLET 0.35 MG	\$0 (Tier 2)	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	\$0-\$12.65 (Tier 3)	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 2)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	\$0 (Tier 2)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0-\$12.65 (Tier 3)	
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
FANTASY LUBRICATED	\$0 (Tier 1)	DP
FANTASY LUBRICATED/SPERMICIDE	\$0 (Tier 1)	DP
FC2 FEMALE CONDOM	\$0 (Tier 1)	DP
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0 (Tier 2)	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
HEATHER ORAL TABLET 0.35 MG	\$0 (Tier 2)	
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
JAIMESS ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 2)	
JASMIEL ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
JENCYCLA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0 (Tier 2)	
KAMELEON LUBRICATED	\$0 (Tier 1)	DP
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 2)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
<i>kimono</i>	\$0 (Tier 1)	DP
KIMONO COLORS DEVICE	\$0 (Tier 1)	DP
KIMONO MAXX-LARGE FLARE	\$0 (Tier 1)	DP
<i>kimono micro thin</i>	\$0 (Tier 1)	DP
<i>kimono micro thin plus</i>	\$0 (Tier 1)	DP
<i>kimono plus</i>	\$0 (Tier 1)	DP
<i>kimono ps</i>	\$0 (Tier 1)	DP
<i>kimono ps plus</i>	\$0 (Tier 1)	DP
<i>kimono sensation</i>	\$0 (Tier 1)	DP
<i>kimono sensation plus</i>	\$0 (Tier 1)	DP
KIMONO SPECIAL DEVICE	\$0 (Tier 1)	DP
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0 (Tier 2)	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	\$0 (Tier 2)	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	\$0 (Tier 2)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	\$0 (Tier 2)	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 2)	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0-\$12.65 (Tier 3)	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (Tier 2)	
LORYNA ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
LYLEQ ORAL TABLET 0.35 MG	\$0 (Tier 2)	
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 2)	
<i>maxx</i>	\$0 (Tier 1)	DP
<i>maxx plus</i>	\$0 (Tier 1)	DP
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0-\$12.65 (Tier 3)	
MELEYA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0 (Tier 2)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 2)	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0-\$12.65 (Tier 3)	
NIKKI ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 2)	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0-\$12.65 (Tier 3)	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	\$0 (Tier 2)	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (Tier 2)	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 2)	
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (Tier 2)	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 2)	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 2)	
<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 2)	
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 2)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 2)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 2)	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 2)	
ORQUIDEA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 2)	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
REALITY LATEX CONDOMS	\$0 (Tier 1)	DP
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0 (Tier 1)	DP
REALITY LATEX/ULTRA THIN DEVICE	\$0 (Tier 1)	DP
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0 (Tier 2)	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	\$0 (Tier 2)	
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 2)	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 2)	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
SYEDA ORAL TABLET 3-0.03 MG	\$0 (Tier 2)	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 2)	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 2)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 2)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 2)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 2)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 2)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 2)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 2)	
TROJAN ENZ	\$0 (Tier 1)	DP
TROJAN MAGNUM	\$0 (Tier 1)	DP
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0 (Tier 1)	DP
TROJAN ULTRA THIN	\$0 (Tier 1)	DP
TROJAN ULTRA THIN/SPERMICIDAL	\$0 (Tier 1)	DP
TROJAN-ENZ LUBRICATED	\$0 (Tier 1)	DP
TROJAN-ENZ/SPERMICIDAL	\$0 (Tier 1)	DP
<i>true cover device</i>	\$0 (Tier 1)	DP
TRUSTEX COLOR CONDOMS + LUBE	\$0 (Tier 1)	DP
TRUSTEX LUB/RIBBED/STUDDERED	\$0 (Tier 1)	DP
TRUSTEX LUB/SPERMICIDE EX ST	\$0 (Tier 1)	DP
TRUSTEX LUB/SPERMICIDE XL	\$0 (Tier 1)	DP
TRUSTEX LUBRICATED	\$0 (Tier 1)	DP
TRUSTEX LUBRICATED EX LARGE	\$0 (Tier 1)	DP
TRUSTEX LUBRICATED EXTRA ST	\$0 (Tier 1)	DP
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUSTEX NATURAL CONDOMS + LUBE	\$0 (Tier 1)	DP
TRUSTEX NON-LUBRICATED	\$0 (Tier 1)	DP
TRUSTEX RIA LUB/SPERMICIDE	\$0 (Tier 1)	DP
TRUSTEX RIA LUBRICATED	\$0 (Tier 1)	DP
TRUSTEX RIA NON-LUBRICATED	\$0 (Tier 1)	DP
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0 (Tier 1)	DP
TURQOZ ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0 (Tier 2)	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	\$0 (Tier 2)	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0 (Tier 2)	
VESTURA ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 2)	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 2)	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0 (Tier 2)	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 2)	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0 (Tier 2)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0-\$12.65 (Tier 3)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0-\$12.65 (Tier 3)	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0 (Tier 2)	
Estrogens		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	\$0-\$12.65 (Tier 3)	
ABIGALE ORAL TABLET 1-0.5 MG	\$0-\$12.65 (Tier 3)	
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-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
<i>estradiol vaginal cream 0.01 %</i>	\$0-\$12.65 (Tier 3)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0-\$12.65 (Tier 4)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0-\$12.65 (Tier 3)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0-\$12.65 (Tier 3)	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0-\$12.65 (Tier 3)	
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-\$12.65 (Tier 3)	
MIMVEY ORAL TABLET 1-0.5 MG	\$0-\$12.65 (Tier 3)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0-\$12.65 (Tier 3)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0-\$12.65 (Tier 4)	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0-\$12.65 (Tier 4)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (Tier 2)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	\$0-\$12.65 (Tier 4)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0-\$12.65 (Tier 3)	B/D
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (Tier 2)	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	B/D
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (Tier 2)	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	\$0 (Tier 2)	B/D
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0-\$12.65 (Tier 4)	B/D
<i>prednisone oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	B/D
<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 2)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	\$0-\$12.65 (Tier 4)	
Glucose Elevating Agents		
<i>diazoxide oral suspension 50 mg/ml</i>	\$0-\$12.65 (Tier 5)	
GLUCO TO GO 15 ORAL GEL 40 %	\$0 (Tier 1)	DP
<i>glucose oral gel 40 %</i>	\$0 (Tier 1)	DP
GLUTOSE 5 ORAL GEL 40 %	\$0 (Tier 1)	DP
RELION GLUCOSE ORAL GEL 15 GM/38GM	\$0 (Tier 1)	DP
SWEET CHEEKS ORAL GEL 40 %	\$0 (Tier 1)	DP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	\$0-\$12.65 (Tier 3)	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	\$0-\$12.65 (Tier 3)	
Miscellaneous		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0-\$12.65 (Tier 5)	PA
<i>betaine oral powder</i>	\$0-\$12.65 (Tier 5)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0-\$12.65 (Tier 5)	PA
CERDELGA ORAL CAPSULE 84 MG	\$0-\$12.65 (Tier 5)	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0-\$12.65 (Tier 5)	PA
<i>charcoal activated powder</i>	\$0 (Tier 1)	DP
CHEMSTRIP K IN VITRO STRIP	\$0 (Tier 1)	DP
CHEMSTRIP UGK IN VITRO STRIP	\$0 (Tier 1)	DP
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	\$0-\$12.65 (Tier 4)	B/D; QL; 60 tabs every 30 days
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0-\$12.65 (Tier 4)	B/D; QL; 120 tabs every 30 days
CVS KETONE CARE IN VITRO STRIP	\$0 (Tier 1)	DP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0-\$12.65 (Tier 4)	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0-\$12.65 (Tier 4)	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0-\$12.65 (Tier 5)	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0-\$12.65 (Tier 3)	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0-\$12.65 (Tier 5)	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0-\$12.65 (Tier 4)	
DIASCREEN 10	\$0 (Tier 1)	DP
DIASCREEN 1B	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIASCREEN 1G STRIP	\$0 (Tier 1)	DP
DIASCREEN 1K	\$0 (Tier 1)	DP
DIASCREEN 1K STRIP	\$0 (Tier 1)	DP
DIASCREEN 2GK STRIP	\$0 (Tier 1)	DP
DIASCREEN 2GP	\$0 (Tier 1)	DP
DIASCREEN 3	\$0 (Tier 1)	DP
DIASCREEN 4NL	\$0 (Tier 1)	DP
DIASCREEN 4OBL	\$0 (Tier 1)	DP
DIASCREEN 4PH	\$0 (Tier 1)	DP
DIASCREEN 5	\$0 (Tier 1)	DP
DIASCREEN 6	\$0 (Tier 1)	DP
DIASCREEN 7	\$0 (Tier 1)	DP
DIASCREEN 8	\$0 (Tier 1)	DP
DIASCREEN 9	\$0 (Tier 1)	DP
<i>diascreen liquid urine control</i>	\$0 (Tier 1)	DP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA
GENOTROPIN MINISQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	\$0 (Tier 1)	DP
GENOTROPIN MINISQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	\$0-\$12.65 (Tier 3)	PA
GENOTROPIN MINISQUICK 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-\$12.65 (Tier 5)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0-\$12.65 (Tier 5)	PA
JAVYGTOR ORAL PACKET 100 MG, 500 MG	\$0-\$12.65 (Tier 5)	PA
JAVYGTOR ORAL TABLET 100 MG	\$0-\$12.65 (Tier 5)	PA
KETO-DIASTIX IN VITRO STRIP	\$0 (Tier 1)	DP
<i>ketone test in vitro strip</i>	\$0 (Tier 1)	DP
KETOSTIX IN VITRO STRIP	\$0 (Tier 1)	DP
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	\$0-\$12.65 (Tier 5)	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0-\$12.65 (Tier 4)	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0-\$12.65 (Tier 5)	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0-\$12.65 (Tier 5)	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	\$0-\$12.65 (Tier 5)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0-\$12.65 (Tier 5)	PA
<i>mifepristone oral tablet 300 mg</i>	\$0-\$12.65 (Tier 5)	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0-\$12.65 (Tier 5)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0-\$12.65 (Tier 5)	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0-\$12.65 (Tier 4)	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0-\$12.65 (Tier 5)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0-\$12.65 (Tier 4)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0-\$12.65 (Tier 5)	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	\$0 (Tier 1)	DP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	\$0 (Tier 1)	DP
<i>raloxifene hcl oral tablet 60 mg</i>	\$0-\$12.65 (Tier 3)	
RELION KETONE TEST IN VITRO STRIP	\$0 (Tier 1)	DP
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	\$0-\$12.65 (Tier 5)	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0-\$12.65 (Tier 5)	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0-\$12.65 (Tier 5)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0-\$12.65 (Tier 5)	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0-\$12.65 (Tier 5)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0-\$12.65 (Tier 5)	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0-\$12.65 (Tier 5)	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0-\$12.65 (Tier 5)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	\$0-\$12.65 (Tier 5)	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0-\$12.65 (Tier 5)	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	\$0-\$12.65 (Tier 5)	PA
ZELVYSIA ORAL PACKET 100 MG, 500 MG	\$0-\$12.65 (Tier 5)	PA
Progestins		
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0 (Tier 1)	DP
GALLIFREY ORAL TABLET 5 MG	\$0-\$12.65 (Tier 3)	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>	\$0 (Tier 1)	DP
<i>megestrol acetate suspension 40 mg/ml oral</i>	\$0-\$12.65 (Tier 3)	
<i>megestrol acetate suspension 40 mg/ml oral</i>	\$0 (Tier 1)	DP
<i>megestrol acetate suspension 625 mg/5ml oral</i>	\$0 (Tier 1)	DP
<i>megestrol acetate suspension 625 mg/5ml oral</i>	\$0-\$12.65 (Tier 4)	PA
<i>megestrol acetate tablet 20 mg oral</i>	\$0 (Tier 1)	DP
<i>megestrol acetate tablet 40 mg oral</i>	\$0 (Tier 1)	DP
<i>norethindrone acetate oral tablet 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	\$0-\$12.65 (Tier 3)	
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)	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	\$0-\$12.65 (Tier 3)	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0-\$12.65 (Tier 3)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0-\$12.65 (Tier 3)	
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-\$12.65 (Tier 4)	
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 2)	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0-\$12.65 (Tier 4)	B/D
GASTROINTESTINAL		
Antacids		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 1)	DP
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml</i>	\$0 (Tier 1)	DP
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	\$0 (Tier 1)	DP
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid & anti-gas max str oral suspension 800-800-80 mg/10ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>antacid & antigas oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i>	\$0 (Tier 1)	DP
<i>antacid advanced oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid calcium oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>antacid calcium rich oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid fast relief oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid liquid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid m oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	\$0 (Tier 1)	DP
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	\$0 (Tier 1)	DP
<i>antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	\$0 (Tier 1)	DP
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>calcium antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	\$0 (Tier 1)	DP
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 1)	DP
<i>comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>comfort gel oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	\$0 (Tier 1)	DP
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>eqi antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG	\$0 (Tier 1)	DP
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-lanta oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-mox maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp magnesium oxide oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	\$0 (Tier 1)	DP
<i>goodsense antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 1)	DP
HYVEE ADVANCED ANTACID ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 1)	DP
<i>long lasting antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 1)	DP
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 1)	DP
<i>mag-al oral liquid 200-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>magnesium oxide (antacid) oral capsule 500 mg</i>	\$0 (Tier 1)	DP
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	\$0 (Tier 1)	DP
<i>magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
MAOX ORAL TABLET 420 MG	\$0 (Tier 1)	DP
<i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	\$0 (Tier 1)	DP
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	\$0 (Tier 1)	DP
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 1)	DP
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc magnesium oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>ra antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb antacid oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>sodium bicarbonate oral powder</i>	\$0 (Tier 1)	DP
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 1)	DP
TUMS ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 1)	DP
Anti-Diarrheal		
<i>anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>cvs anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>cvs anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i>	\$0 (Tier 1)	DP
<i>cvs stomach relief oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>cvs stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>diamode oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>diarrhea oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>eq anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>eq loperamide hcl oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>eq stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eq stomach relief oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>eq stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>eq anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>eq stomach relief max st oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eq stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eq stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>ft anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>ft anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>ft stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 1)	DP
<i>ft stomach relief oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>ft stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>gnp anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>gnp anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>gnp pink bismuth oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 1)	DP
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i>	\$0 (Tier 1)	DP
<i>goodsense stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
IMODIUM A-D ORAL CAPSULE 2 MG	\$0 (Tier 1)	DP
IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML	\$0 (Tier 1)	DP
IMODIUM A-D ORAL TABLET 2 MG	\$0 (Tier 1)	DP
KAOPLECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	\$0 (Tier 1)	DP
KAOPLECTATE ORAL SUSPENSION 262 MG/15ML	\$0 (Tier 1)	DP
KAOPLECTATE ORAL TABLET 262 MG	\$0 (Tier 1)	DP
<i>loperamide hcl capsule 2 mg oral</i>	\$0 (Tier 1)	DP
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	\$0 (Tier 1)	DP
<i>loperamide hcl oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>medi-bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>meijer anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML	\$0 (Tier 1)	DP
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML, 524 MG/30ML	\$0 (Tier 1)	DP
PEPTO-BISMOL ORAL TABLET 262 MG	\$0 (Tier 1)	DP
PEPTO-BISMOL ORAL TABLET CHEWABLE 262 MG	\$0 (Tier 1)	DP
PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE 262 MG	\$0 (Tier 1)	DP
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>pink bismuth oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>qc anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 1)	DP
<i>qc anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>qc pink bismuth oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>qc stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 1)	DP
<i>qc stomach relief oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>qc stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>ra anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>ra stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
RESTORA RX ORAL CAPSULE 60-1.25 MG	\$0 (Tier 1)	DP
<i>sb anti-diarrhea oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>sb bismuth oral tablet 262 mg</i>	\$0 (Tier 1)	DP
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	\$0 (Tier 1)	DP
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML	\$0 (Tier 1)	DP
SOOTHE ORAL TABLET CHEWABLE 262 MG	\$0 (Tier 1)	DP
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	\$0 (Tier 1)	DP
<i>stomach relief oral tablet 262 mg</i>	\$0 (Tier 1)	DP
<i>stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 1)	DP
<i>stomach relief plus oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0-\$12.65 (Tier 4)	B/D

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMPRO RECTAL SUPPOSITORY 25 MG	\$0-\$12.65 (Tier 4)	
dronabinol capsule 10 mg oral	\$0 (Tier 1)	DP
dronabinol capsule 10 mg oral	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
dronabinol capsule 2.5 mg oral	\$0 (Tier 1)	DP
dronabinol capsule 2.5 mg oral	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
dronabinol capsule 5 mg oral	\$0 (Tier 1)	DP
dronabinol capsule 5 mg oral	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	\$0-\$12.65 (Tier 4)	
granisetron hcl oral tablet 1 mg	\$0-\$12.65 (Tier 4)	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	\$0 (Tier 2)	PA
metoclopramide hcl injection solution 5 mg/ml	\$0-\$12.65 (Tier 3)	
metoclopramide hcl oral solution 5 mg/5ml	\$0-\$12.65 (Tier 3)	
metoclopramide hcl oral tablet 10 mg, 5 mg	\$0 (Tier 1)	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	\$0-\$12.65 (Tier 3)	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	\$0-\$12.65 (Tier 3)	
ondansetron hcl oral solution 4 mg/5ml	\$0-\$12.65 (Tier 4)	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	\$0-\$12.65 (Tier 3)	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	\$0-\$12.65 (Tier 3)	B/D
prochlorperazine edisylate injection solution 10 mg/2ml	\$0-\$12.65 (Tier 4)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (Tier 2)	
prochlorperazine rectal suppository 25 mg	\$0-\$12.65 (Tier 4)	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	\$0-\$12.65 (Tier 3)	PA
promethazine hcl oral solution 6.25 mg/5ml	\$0-\$12.65 (Tier 3)	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	\$0-\$12.65 (Tier 3)	PA
scopolamine transdermal patch 72 hour 1 mg/3days	\$0-\$12.65 (Tier 4)	QL; 10 patches every 30 days
SYNDROS ORAL SOLUTION 5 MG/ML	\$0 (Tier 1)	DP
Antispasmodics		
dicyclomine hcl oral capsule 10 mg	\$0-\$12.65 (Tier 3)	PA
dicyclomine hcl oral solution 10 mg/5ml	\$0-\$12.65 (Tier 4)	PA
dicyclomine hcl oral tablet 20 mg	\$0-\$12.65 (Tier 3)	PA
glycopyrrolate oral tablet 1 mg	\$0-\$12.65 (Tier 3)	QL; 90 tabs every 30 days
glycopyrrolate oral tablet 2 mg	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days
H2-Receptor Antagonists		
famotidine (pf) intravenous solution 20 mg/2ml	\$0-\$12.65 (Tier 3)	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	\$0-\$12.65 (Tier 3)	
famotidine oral suspension reconstituted 40 mg/5ml	\$0-\$12.65 (Tier 4)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0-\$12.65 (Tier 3)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0-\$12.65 (Tier 4)	
Inflammatory Bowel Disease		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0-\$12.65 (Tier 3)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0-\$12.65 (Tier 4)	QL; 90 caps every 30 days
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0-\$12.65 (Tier 4)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0-\$12.65 (Tier 4)	QL; 120 caps every 30 days
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0-\$12.65 (Tier 4)	QL; 180 caps every 30 days
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0-\$12.65 (Tier 4)	QL; 120 tabs every 30 days
<i>mesalamine rectal enema 4 gm</i>	\$0-\$12.65 (Tier 4)	QL; 1680 mL every 28 days
<i>mesalamine rectal suppository 1000 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 suppositories every 30 days
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0-\$12.65 (Tier 4)	QL; 28 bottles every 28 days
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0-\$12.65 (Tier 3)	
Laxatives		
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM	\$0 (Tier 1)	DP
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>bisacodyl laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>bisacodyl rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
BLACK-DRAUGHT LAX-SENNA ORAL TABLET 8.6 MG	\$0 (Tier 1)	DP
CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	\$0 (Tier 1)	DP
COLACE CLEAR ORAL CAPSULE 50 MG	\$0 (Tier 1)	DP
COLACE ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 2)	
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>cvs daily fiber oral capsule 0.52 gm</i>	\$0 (Tier 1)	DP
<i>cvs daily fiber oral powder 51.7 %</i>	\$0 (Tier 1)	DP
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>cvs enema ready-to-use rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>cvs epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>cvs fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>cvs fiber oral capsule 0.52 gm</i>	\$0 (Tier 1)	DP
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>cvs gentle laxative womens oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>cvs glycerin adult rectal suppository 2 gm</i>	\$0 (Tier 1)	DP
<i>cvs glycerin child rectal suppository 1 gm</i>	\$0 (Tier 1)	DP
<i>cvs laxative pills max st oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>cvs mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>cvs mini enema kids rectal enema 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs mini enema rectal enema 20-283 mg</i>	\$0 (Tier 1)	DP
<i>cvs natural daily fiber oral powder 43 %, 51.7 %, 58.6 %</i>	\$0 (Tier 1)	DP
<i>cvs natural fiber supplement oral powder 100 %</i>	\$0 (Tier 1)	DP
CVS PURELAX ORAL PACKET 17 GM	\$0 (Tier 1)	DP
CVS PURELAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>cvs senna oral capsule 8.6 mg</i>	\$0 (Tier 1)	DP
<i>cvs senna oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>cvs senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>cvs senna-extra oral tablet 17.2 mg</i>	\$0 (Tier 1)	DP
<i>cvs stool softener oral capsule 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>daily fiber oral capsule 400 mg</i>	\$0 (Tier 1)	DP
<i>daily fiber oral powder 43 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>docqlace oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>docusate calcium oral capsule 240 mg</i>	\$0 (Tier 1)	DP
<i>docusate mini rectal enema 283 mg/5ml</i>	\$0 (Tier 1)	DP
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	\$0 (Tier 1)	DP
DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML	\$0 (Tier 1)	DP
DOK ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP
DQZATE ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP
<i>dss oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	\$0 (Tier 1)	DP
DULCOLAX ORAL SUSPENSION 1200 MG/15ML	\$0 (Tier 1)	DP
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG	\$0 (Tier 1)	DP
DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	\$0 (Tier 1)	DP
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DULCOLAX RECTAL SUPPOSITORY 10 MG	\$0 (Tier 1)	DP
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP
<i>easy-lax oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>easy-lax plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>enema disposable rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>enema ready-to-use rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
ENEMEEZ KIDS RECTAL ENEMA 100 MG/5ML	\$0 (Tier 1)	DP
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	\$0 (Tier 1)	DP
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	\$0 (Tier 1)	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 2)	
<i>epsom salt oral granules</i>	\$0 (Tier 1)	DP
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>eq daily fiber oral capsule 400 mg</i>	\$0 (Tier 1)	DP
<i>eq daily fiber oral powder 25 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>eq enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>eq fiber therapy oral capsule 0.52 gm</i>	\$0 (Tier 1)	DP
<i>eq fiber therapy oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>eq laxative oral packet 17 gm</i>	\$0 (Tier 1)	DP
<i>eq mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>eq natural vegetable laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>eq senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>eq stool softener extra str oral capsule 250 mg</i>	\$0 (Tier 1)	DP
<i>eq stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>eq stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>eq vegetable laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>eq fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>eq fiber therapy oral powder 28.3 %, 43 %</i>	\$0 (Tier 1)	DP
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>eq laxative maximum strength oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>eq laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>eq natural fiber oral powder 28.3 %</i>	\$0 (Tier 1)	DP
<i>eq ready-to-use enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>eq senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>eq senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>eq smooth texture fiber oral powder 51.7 %</i>	\$0 (Tier 1)	DP
<i>eq stool softener oral capsule 100 mg</i>	\$0 (Tier 1)	DP
EVAC ORAL POWDER	\$0 (Tier 1)	DP
EVAC-U-GEN ORAL TABLET 8.6 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	\$0 (Tier 1)	DP
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	\$0 (Tier 1)	DP
<i>fiber laxative + calcium oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>fiber oral powder 25 %, 28.3 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>fiber oral tablet 625 mg</i>	\$0 (Tier 1)	DP
FIBERCON ORAL TABLET 625 MG	\$0 (Tier 1)	DP
<i>fiber-lax oral tablet 625 mg</i>	\$0 (Tier 1)	DP
FLEET ENEMA RECTAL ENEMA 19-7 GM/197ML, 7-19 GM/118ML	\$0 (Tier 1)	DP
FLEET LAXATIVE MINERAL OIL ORAL OIL	\$0 (Tier 1)	DP
FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG	\$0 (Tier 1)	DP
FLEET STOOL SOFTENER ORAL CAPSULE 100 MG	\$0 (Tier 1)	DP
<i>ft clearlax oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>ft enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>ft epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>ft fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>ft fiber oral powder 25 %, 27 %, 43 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>ft fiber supplement oral capsule 400 mg</i>	\$0 (Tier 1)	DP
<i>ft gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>ft laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>ft mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>ft senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>ft senna laxatives oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>ft senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>ft stool softener oral tablet 50-8.6 mg</i>	\$0 (Tier 1)	DP
<i>gavilax oral packet 17 gm, 8.5 gm</i>	\$0 (Tier 1)	DP
<i>gavilax oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0 (Tier 2)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (Tier 2)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 2)	
<i>gentle laxative oral suspension 1200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>geri-kot oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>geri-mucil oral powder 25 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	\$0 (Tier 1)	DP
<i>glycerin (child) rectal suppository 1.2 gm</i>	\$0 (Tier 1)	DP
<i>glycerin (infants & children) rectal suppository 1 gm, 1.2 gm</i>	\$0 (Tier 1)	DP
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	\$0 (Tier 1)	DP
<i>glycerin adult rectal suppository 2 gm</i>	\$0 (Tier 1)	DP
<i>glycerin childrens rectal suppository 1 gm, 1.2 gm</i>	\$0 (Tier 1)	DP
GLYCOLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
GNP CLEARLAX ORAL PACKET 17 GM	\$0 (Tier 1)	DP
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>gnp epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>gnp fiber oral powder 43 %</i>	\$0 (Tier 1)	DP
<i>gnp fiber-caps oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>gnp gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	\$0 (Tier 1)	DP
<i>gnp glycerin child rectal suppository 1.2 gm</i>	\$0 (Tier 1)	DP
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>gnp mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>gnp natural fiber oral powder 28.3 %</i>	\$0 (Tier 1)	DP
<i>gnp senna lax oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>gnp senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>goodsense enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>goodsense epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>goodsense fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>goodsense laxative pills oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>goodsense mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>goodsense psyllium fiber oral powder 51.7 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>goodsense stimulant lax plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>goodsense stool softener oral capsule 100 mg</i>	\$0 (Tier 1)	DP
HEALTHYLAX ORAL PACKET 17 GM	\$0 (Tier 1)	DP
<i>hm enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
HYDROCIL ORAL POWDER 95 %	\$0 (Tier 1)	DP
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>kls stool softener oral capsule 100 mg</i>	\$0 (Tier 1)	DP
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 %	\$0 (Tier 1)	DP
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>kp senna oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 2)	
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (Tier 2)	
<i>laxative max str oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>laxative regular strength oral tablet 15 mg</i>	\$0 (Tier 1)	DP
MEDI-LAX ORAL TABLET 15 MG	\$0 (Tier 1)	DP
MEDI-MUCIL ORAL CAPSULE 0.52 GM	\$0 (Tier 1)	DP
<i>medi-natural oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>medi-natural plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
METAMUCIL 3 IN 1 DAILY FIBER ORAL CAPSULE 400 MG	\$0 (Tier 1)	DP
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %, 55.6 %	\$0 (Tier 1)	DP
METAMUCIL FREE & NATURAL ORAL POWDER 43 %	\$0 (Tier 1)	DP
METAMUCIL PREMIUM BLEND ORAL POWDER 52.63 %	\$0 (Tier 1)	DP
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	\$0 (Tier 1)	DP
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	\$0 (Tier 1)	DP
<i>mineral oil heavy oil</i>	\$0 (Tier 1)	DP
<i>mineral oil lubricant laxative oral oil</i>	\$0 (Tier 1)	DP
<i>mineral oil oral oil</i>	\$0 (Tier 1)	DP
MIRALAX MIX-IN PAX ORAL PACKET 17 GM	\$0 (Tier 1)	DP
MIRALAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
MM CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>mm stool softener laxative oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>mm stool softener oral capsule 100 mg</i>	\$0 (Tier 1)	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-\$12.65 (Tier 3)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>natural fiber laxative oral powder 28.3 %, 30.9 %, 58.6 %</i>	\$0 (Tier 1)	DP
<i>natural fiber oral powder 58.6 %</i>	\$0 (Tier 1)	DP
<i>natural psyllium seed oral powder 100 %</i>	\$0 (Tier 1)	DP
<i>natural senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
ONELAX DAILY FIBER ORAL POWDER 83 %	\$0 (Tier 1)	DP
ONELAX FIBER THERAPY ORAL POWDER 25 %	\$0 (Tier 1)	DP
ONELAX RECTAL SUPPOSITORY 10 MG	\$0 (Tier 1)	DP
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	\$0 (Tier 1)	DP
PEDIA-LAX ORAL LIQUID 50 MG/15ML	\$0 (Tier 1)	DP
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM	\$0 (Tier 1)	DP
<i>peg 3350 oral packet 17 gm</i>	\$0 (Tier 1)	DP
<i>peg 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 2)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 2)	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	\$0 (Tier 1)	DP
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	\$0 (Tier 1)	DP
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0-\$12.65 (Tier 4)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0 (Tier 1)	DP
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG	\$0 (Tier 1)	DP
PROLAXA ORAL CAPSULE 250 MG	\$0 (Tier 1)	DP
<i>psyl dex oral powder 30 %</i>	\$0 (Tier 1)	DP
<i>psyllium fiber oral capsule 0.52 gm</i>	\$0 (Tier 1)	DP
<i>qc docusate calcium oral capsule 240 mg</i>	\$0 (Tier 1)	DP
<i>qc enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>qc epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>qc fiber laxative oral capsule 0.52 gm</i>	\$0 (Tier 1)	DP
<i>qc fiber oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>qc fiber therapy oral powder 25 %, 51.7 %</i>	\$0 (Tier 1)	DP
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>qc gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>qc glycerin rectal suppository 2.1 gm</i>	\$0 (Tier 1)	DP
<i>qc laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc natural vegetable oral powder 95 %</i>	\$0 (Tier 1)	DP
<i>qc natura-lax oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>qc psyllium fiber oral powder 43 %</i>	\$0 (Tier 1)	DP
<i>qc senna oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>qc senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>qc stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>qc vegetable laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>ra enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>ra epsom salt oral granules</i>	\$0 (Tier 1)	DP
<i>ra fast relief laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>ra laxative oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>ra laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>ra milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra mineral oil oral oil</i>	\$0 (Tier 1)	DP
<i>ra multihealth fiber oral powder 43 %, 58.6 %</i>	\$0 (Tier 1)	DP
<i>ra p col-rite oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>ra stool softener oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>ra womens laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
REGULOID ORAL CAPSULE 400 MG	\$0 (Tier 1)	DP
REGULOID ORAL POWDER 28.3 %, 43 %, 51.7 %	\$0 (Tier 1)	DP
<i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>sb docusate sodium oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>sb docusate sodium/senna oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>sb fib lax orange oral powder 30 %, 33 %</i>	\$0 (Tier 1)	DP
<i>sb fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>sb gentle lax-women oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>sb glycerin adult rectal suppository 2.1 gm</i>	\$0 (Tier 1)	DP
<i>sb glycerin pediatric rectal suppository 1.2 gm</i>	\$0 (Tier 1)	DP
<i>sb laxative rectal suppository 10 mg</i>	\$0 (Tier 1)	DP
<i>sb milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb natural fiber laxative oral powder 49 %</i>	\$0 (Tier 1)	DP
<i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>sb senna-lax oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>sb stool softener oral capsule 240 mg</i>	\$0 (Tier 1)	DP
<i>senexon-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>senna oral capsule 8.6 mg</i>	\$0 (Tier 1)	DP
<i>senna oral liquid 8.8 mg/5ml</i>	\$0 (Tier 1)	DP
<i>senna oral syrup 8.8 mg/5ml</i>	\$0 (Tier 1)	DP
<i>senna oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>senna s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
SENNA SMOOTH ORAL TABLET 15 MG	\$0 (Tier 1)	DP
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>senna-lax oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>senna-plus oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>senna-tabs oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>senna-time oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>senna-time s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>sennazon oral syrup 8.8 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sennosides oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	\$0 (Tier 1)	DP
SENOKOT KIDS GUMMIES ORAL TABLET CHEWABLE 8.7 MG	\$0 (Tier 1)	DP
SENOKOT LAXATIVE GUMMIES ORAL TABLET CHEWABLE 8.7 MG	\$0 (Tier 1)	DP
SENOKOT ORAL TABLET 8.6 MG	\$0 (Tier 1)	DP
SENOKOT S ORAL TABLET 8.6-50 MG	\$0 (Tier 1)	DP
SMOOTH LAX ORAL PACKET 17 GM	\$0 (Tier 1)	DP
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 1)	DP
<i>sod phos mono-sod phos dibasic rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>stimulant laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>stool softener laxative oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>stool softener laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>stool softener oral liquid 50 mg/5ml</i>	\$0 (Tier 1)	DP
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	\$0 (Tier 1)	DP
SURFAK ORAL CAPSULE 240 MG	\$0 (Tier 1)	DP
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	\$0 (Tier 1)	DP
<i>true laxative oral powder 17 gm/scoop</i>	\$0 (Tier 1)	DP
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
WAL-MUCIL ORAL CAPSULE 0.52 GM	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 43 %, 51.7 %, 58.6 %	\$0 (Tier 1)	DP
WE CARE ENEMA RECTAL ENEMA 19-7 GM/118ML	\$0 (Tier 1)	DP
womans laxative oral tablet delayed release 5 mg	\$0 (Tier 1)	DP
womens laxative oral tablet delayed release 5 mg	\$0 (Tier 1)	DP
Miscellaneous		
alosetron hcl oral tablet 0.5 mg	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
alosetron hcl oral tablet 1 mg	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0-\$12.65 (Tier 3)	
cromolyn sodium oral concentrate 100 mg/5ml	\$0-\$12.65 (Tier 4)	
cvs gas relief extra strength oral tablet chewable 125 mg	\$0 (Tier 1)	DP
cvs gas relief infants oral suspension 20 mg/0.3ml	\$0 (Tier 1)	DP
cvs gas relief oral tablet chewable 80 mg	\$0 (Tier 1)	DP
cvs gas relief ultra strength oral capsule 180 mg	\$0 (Tier 1)	DP
cvs infants gas relief oral suspension 20 mg/0.3ml	\$0 (Tier 1)	DP
diphenoxylate-atropine oral tablet 2.5-0.025 mg	\$0-\$12.65 (Tier 4)	
drxchoice gas relief oral tablet chewable 80 mg	\$0 (Tier 1)	DP
eq gas relief extra strength oral capsule 125 mg	\$0 (Tier 1)	DP
eq gas relief extra strength oral tablet chewable 125 mg	\$0 (Tier 1)	DP
eq gas relief oral capsule 125 mg	\$0 (Tier 1)	DP
eq gas relief ultra strength oral capsule 180 mg	\$0 (Tier 1)	DP
eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	\$0 (Tier 1)	DP
eql gas gone oral tablet chewable 125 mg	\$0 (Tier 1)	DP
eql gas relief oral capsule 125 mg	\$0 (Tier 1)	DP
ft gas relief extra strength oral capsule 125 mg	\$0 (Tier 1)	DP
ft gas relief extra strength oral tablet chewable 125 mg	\$0 (Tier 1)	DP
ft gas relief infants oral suspension 20 mg/0.3ml	\$0 (Tier 1)	DP
ft gas relief oral tablet chewable 80 mg	\$0 (Tier 1)	DP
ft gas relief ultra strength oral capsule 180 mg	\$0 (Tier 1)	DP
gas relief extra strength oral capsule 125 mg	\$0 (Tier 1)	DP
gas relief extra strength oral tablet chewable 125 mg	\$0 (Tier 1)	DP
gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml, 80 mg/1.2ml	\$0 (Tier 1)	DP
gas relief oral liquid 40 mg/0.6ml	\$0 (Tier 1)	DP
gas relief oral tablet chewable 80 mg	\$0 (Tier 1)	DP
gas relief ultra strength oral capsule 180 mg	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	\$0 (Tier 1)	DP
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 1)	DP
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	\$0 (Tier 1)	DP
GAS-X MAXIMUM STRENGTH ORAL CAPSULE 250 MG	\$0 (Tier 1)	DP
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	\$0 (Tier 1)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	\$0-\$12.65 (Tier 5)	PA
<i>gnp anti-gas oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>gnp gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>goodsense gas relief extra st oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>goodsense gas relief oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>heartland gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 1)	DP
<i>loperamide hcl capsule 2 mg oral</i>	\$0 (Tier 2)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0-\$12.65 (Tier 3)	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 1)	DP
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 1)	DP
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 1)	DP
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	\$0 (Tier 1)	DP
PHAZYME ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 1)	DP
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG	\$0 (Tier 1)	DP
<i>qc anti-gas oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>qc gas relief oral capsule 250 mg</i>	\$0 (Tier 1)	DP
<i>qc gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>ra gas relief oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>ra gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>ra gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	\$0-\$12.65 (Tier 5)	PA; QL; 28 vials every 28 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	\$0-\$12.65 (Tier 5)	PA; QL; 28 syringes every 28 days
<i>sb anti-gas oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>sb gas relief oral suspension 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
<i>sb gas relief oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>simeped oral suspension 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>simethicone extra strength oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>simethicone oral capsule 125 mg, 180 mg</i>	\$0 (Tier 1)	DP
<i>simethicone oral suspension 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 1)	DP
<i>simethicone ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>sucrafate oral tablet 1 gm</i>	\$0-\$12.65 (Tier 3)	
<i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>ursodiol oral capsule 300 mg</i>	\$0-\$12.65 (Tier 4)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0-\$12.65 (Tier 3)	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	\$0-\$12.65 (Tier 3)	PA; QL; 2 kits every year
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	\$0-\$12.65 (Tier 3)	PA; QL; 2 kits every year
VOWST ORAL CAPSULE	\$0-\$12.65 (Tier 5)	PA; QL; 12 caps every 30 days
WAL-FEX ALLERGY TABLET 180 MG ORAL	\$0 (Tier 1)	DP
XERMELO ORAL TABLET 250 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
XIFAXAN ORAL TABLET 550 MG	\$0-\$12.65 (Tier 5)	PA
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-\$12.65 (Tier 4)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0-\$12.65 (Tier 3)	ST; QL; 30 caps every 30 days
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 caps every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	\$0 (Tier 1)	
pantoprazole sodium intravenous solution reconstituted 40 mg	\$0-\$12.65 (Tier 4)	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	\$0 (Tier 1)	
rabeprazole sodium oral tablet delayed release 20 mg	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
GENITOURINARY		
Benign Prostatic Hyperplasia		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	\$0 (Tier 2)	QL; 30 tabs every 30 days
dutasteride oral capsule 0.5 mg	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
finasteride oral tablet 5 mg	\$0 (Tier 1)	QL; 30 tabs every 30 days
tadalafil oral tablet 5 mg	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
tamsulosin hcl oral capsule 0.4 mg	\$0 (Tier 1)	QL; 60 caps every 30 days
Miscellaneous		
acetic acid irrigation solution 0.25 %	\$0 (Tier 2)	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	\$0-\$12.65 (Tier 3)	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	\$0-\$12.65 (Tier 3)	
Urinary Antispasmodics		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
GEMTESA ORAL TABLET 75 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0-\$12.65 (Tier 3)	QL; 300 mL every 28 days
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
oxybutynin chloride oral solution 5 mg/5ml	\$0-\$12.65 (Tier 3)	QL; 600 mL every 30 days
oxybutynin chloride oral tablet 5 mg	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days
solifenacin succinate oral tablet 10 mg, 5 mg	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	\$0-\$12.65 (Tier 4)	QL; 30 caps every 30 days
tolterodine tartrate oral tablet 1 mg, 2 mg	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
tropium chloride oral tablet 20 mg	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
Vaginal Anti-Infectives		
3 day vaginal vaginal cream 2 %	\$0 (Tier 1)	DP
7 day vaginal vaginal cream 2 %	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0-\$12.65 (Tier 3)	
<i>clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>clotrimazole vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>clotrimazole-7 vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 1)	DP
<i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>cvs miconazole 3 combo-suppl vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>cvs miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0 (Tier 1)	DP
<i>eq miconazole 1 vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 1)	DP
<i>eq miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>eq miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>eq miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>eq miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>ft 7 day vaginal vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>ft clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>ft clotrimazole vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>ft miconazole 3 comb pack-suppl vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>ft miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 1)	DP
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>gnp miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
GYNAZOLE-1 VAGINAL CREAM 2 %	\$0 (Tier 1)	DP
<i>metronidazole vaginal gel 0.75 %</i>	\$0-\$12.65 (Tier 3)	
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	\$0 (Tier 1)	DP
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>miconazole 3 combo-suppl vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>miconazole 7 vaginal suppository 100 mg</i>	\$0 (Tier 1)	DP
<i>miconazole nitrate combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>miconazole nitrate vaginal cream 2 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & %	\$0 (Tier 1)	DP
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & %	\$0 (Tier 1)	DP
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 1)	DP
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 1)	DP
MONISTAT 3 VAGINAL CREAM 4 %	\$0 (Tier 1)	DP
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM)	\$0 (Tier 1)	DP
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	\$0 (Tier 1)	DP
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0 (Tier 1)	DP
<i>qc clotrimazole vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>qc miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>ra clotrimazole 7 vaginal cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>ra miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0-\$12.65 (Tier 3)	
<i>terconazole vaginal suppository 80 mg</i>	\$0-\$12.65 (Tier 3)	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 1)	DP
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	\$0 (Tier 1)	DP
HEMATOLOGIC		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 caps every 30 days
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 caps every 30 days
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	\$0-\$12.65 (Tier 3)	QL; 591 tabs every 29 days
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	\$0-\$12.65 (Tier 3)	QL; 592 tabs every 30 days
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0-\$12.65 (Tier 3)	QL; 74 tabs every 30 days
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	\$0-\$12.65 (Tier 3)	QL; 56 caps every 21 days
ELIQUIS ORAL TABLET 2.5 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
ELIQUIS ORAL TABLET 5 MG	\$0-\$12.65 (Tier 3)	QL; 74 tabs every 30 days
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	\$0-\$12.65 (Tier 3)	QL; 588 tabs every 29 days
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0-\$12.65 (Tier 4)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-\$12.65 (Tier 4)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0-\$12.65 (Tier 5)	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0-\$12.65 (Tier 4)	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 utl/500ml-%</i>	\$0-\$12.65 (Tier 3)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	\$0-\$12.65 (Tier 3)	B/D
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-\$12.65 (Tier 3)	QL; 620 mL every 30 days
<i>rivaroxaban oral tablet 2.5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 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 TABLET 10 MG, 15 MG, 20 MG	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
XARELTO ORAL TABLET 2.5 MG	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0-\$12.65 (Tier 3)	QL; 51 tabs every 30 days
Hematopoietic Growth Factors		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 syringes every 28 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0-\$12.65 (Tier 3)	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0-\$12.65 (Tier 5)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0-\$12.65 (Tier 5)	PA
Iron		
<i>active fe oral tablet 75-1.25 mg</i>	\$0 (Tier 1)	DP
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	\$0 (Tier 1)	DP
CENTRATX ORAL CAPSULE 106-1 MG	\$0 (Tier 1)	DP
CHROMAGEN ORAL CAPSULE	\$0 (Tier 1)	DP
CORVITA 150 ORAL TABLET 150-1.25 MG	\$0 (Tier 1)	DP
CORVITE 150 ORAL TABLET , 150-1.25 MG	\$0 (Tier 1)	DP
<i>corvite fe oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs slow release iron oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
<i>eq slow-release iron oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
<i>eqi iron supplement therapy oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eqi slow release iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 1)	DP
FEOSOL ORAL TABLET 200 (65 FE) MG	\$0 (Tier 1)	DP
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	\$0 (Tier 1)	DP
FERATE ORAL TABLET 240 (27 FE) MG	\$0 (Tier 1)	DP
FERGON ORAL TABLET 240 (27 FE) MG	\$0 (Tier 1)	DP
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	\$0 (Tier 1)	DP
FEROSUL ORAL TABLET 325 (65 FE) MG	\$0 (Tier 1)	DP
<i>ferottrinsic oral capsule</i>	\$0 (Tier 1)	DP
FERRALET 90 ORAL TABLET 90-1 MG	\$0 (Tier 1)	DP
<i>ferretts oral tablet 325 (106 fe) mg</i>	\$0 (Tier 1)	DP
FERREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 1)	DP
<i>ferric x-150 oral capsule 150 mg</i>	\$0 (Tier 1)	DP
FERRIMIN 150 ORAL TABLET 150 MG	\$0 (Tier 1)	DP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	\$0 (Tier 1)	DP
<i>ferrotabs oral tablet 240 mg</i>	\$0 (Tier 1)	DP
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i>	\$0 (Tier 1)	DP
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	\$0 (Tier 1)	DP
<i>ferrous sulfate er oral tablet extended release 45 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
<i>ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	\$0 (Tier 1)	DP
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG	\$0 (Tier 1)	DP
FOLIVANE-F ORAL CAPSULE 125-1 MG	\$0 (Tier 1)	DP
FOLIVANE-PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
<i>foltrin oral capsule</i>	\$0 (Tier 1)	DP
<i>ft iron oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>ft iron slow release oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FUSION ORAL CAPSULE 65-65-25-30 MG	\$0 (Tier 1)	DP
FUSION PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
<i>gnp iron oral tablet 200 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>gnp iron oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
GOODSENSE IRON ORAL TABLET 325 MG	\$0 (Tier 1)	DP
HEMATEX ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
<i>hematinic/folic acid oral tablet 324-1 mg</i>	\$0 (Tier 1)	DP
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	\$0 (Tier 1)	DP
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	\$0 (Tier 1)	DP
HEMATOGEN ORAL CAPSULE	\$0 (Tier 1)	DP
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	\$0 (Tier 1)	DP
<i>high potency iron oral tablet 65 mg</i>	\$0 (Tier 1)	DP
ICAR ORAL SUSPENSION 15 MG/1.25ML	\$0 (Tier 1)	DP
IFEREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 1)	DP
INFED INJECTION SOLUTION 50 MG/ML	\$0 (Tier 1)	DP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	\$0 (Tier 1)	DP
INTEGRA F ORAL CAPSULE 125-1 MG	\$0 (Tier 1)	DP
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG	\$0 (Tier 1)	DP
INTEGRA PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
IROFOL ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>iron 27 oral tablet 240 (27 fe) mg</i>	\$0 (Tier 1)	DP
<i>iron chews pediatric oral tablet chewable 15 mg</i>	\$0 (Tier 1)	DP
<i>iron complex oral capsule</i>	\$0 (Tier 1)	DP
<i>iron folate plus oral capsule</i>	\$0 (Tier 1)	DP
<i>iron high-potency oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>iron high-potency oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
<i>iron oral tablet 240 (27 fe) mg, 28 mg, 325 (65 fe) mg, 325 mg</i>	\$0 (Tier 1)	DP
<i>iron slow release oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
<i>iron sucrose intravenous solution 20 mg/ml</i>	\$0 (Tier 1)	DP
<i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i>	\$0 (Tier 1)	DP
IRON UP ORAL LIQUID 15 MG/0.5ML	\$0 (Tier 1)	DP
<i>iron-vitamin c oral tablet 65-125 mg</i>	\$0 (Tier 1)	DP
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	\$0 (Tier 1)	DP
<i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	\$0 (Tier 1)	DP
MULTIGEN ORAL TABLET 70 MG	\$0 (Tier 1)	DP
MULTIGEN PLUS ORAL TABLET	\$0 (Tier 1)	DP
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	\$0 (Tier 1)	DP
<i>nat-rul iron oral tablet 325 mg</i>	\$0 (Tier 1)	DP
NEPHRON FA ORAL TABLET	\$0 (Tier 1)	DP
NIFEREX ORAL TABLET	\$0 (Tier 1)	DP
NOVAFERRUM 50 ORAL CAPSULE 50 MG	\$0 (Tier 1)	DP
NOVAFERRUM ORAL LIQUID 125 MG/5ML	\$0 (Tier 1)	DP
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML	\$0 (Tier 1)	DP
NU-IRON ORAL CAPSULE 150 MG	\$0 (Tier 1)	DP
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML	\$0 (Tier 1)	DP
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	\$0 (Tier 1)	DP
POLY-IRON 150 ORAL CAPSULE 150 MG	\$0 (Tier 1)	DP
<i>polysaccharide iron complex oral capsule 150 mg</i>	\$0 (Tier 1)	DP
<i>polysaccharide-iron complex oral capsule 150 mg</i>	\$0 (Tier 1)	DP
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 1)	DP
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>ra high potency iron oral tablet 27 mg</i>	\$0 (Tier 1)	DP
<i>ra iron oral tablet 27 mg, 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
<i>ra slow release iron oral tablet extended release 45 mg</i>	\$0 (Tier 1)	DP
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 1)	DP
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG	\$0 (Tier 1)	DP
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 1)	DP
<i>slow release iron oral tablet extended release 45 mg, 47.5 mg, 50 mg</i>	\$0 (Tier 1)	DP
SPATONE PUR-ABSORB IRON ORAL SOLUTION 5 MG/20ML	\$0 (Tier 1)	DP
<i>sv iron oral tablet 325 (65 fe) mg</i>	\$0 (Tier 1)	DP
TANDEM ORAL CAPSULE 53-53 MG	\$0 (Tier 1)	DP
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	\$0 (Tier 1)	DP
TRICON ORAL CAPSULE	\$0 (Tier 1)	DP
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	\$0 (Tier 1)	DP
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 1)	DP
VITRON-C ORAL TABLET 65-125 MG	\$0 (Tier 1)	DP
<i>wee care oral suspension 15 mg/1.25ml</i>	\$0 (Tier 1)	DP
Miscellaneous		
ALVAIZ ORAL TABLET 18 MG, 36 MG	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
ALVAIZ ORAL TABLET 54 MG, 9 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0-\$12.65 (Tier 4)	
BERINERT INTRAVENOUS KIT 500 UNIT	\$0-\$12.65 (Tier 5)	PA; QL; 24 boxes every 30 days
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 2)	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0-\$12.65 (Tier 5)	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	\$0-\$12.65 (Tier 5)	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0-\$12.65 (Tier 4)	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0-\$12.65 (Tier 5)	PA; QL; 30 vials every 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0-\$12.65 (Tier 5)	PA; QL; 20 vials every 30 days
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 9 syringes every 30 days
<i>l-glutamine oral packet 5 gm</i>	\$0-\$12.65 (Tier 5)	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 2)	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	\$0-\$12.65 (Tier 5)	PA; QL; 9 syringes every 30 days
SIKLOS ORAL TABLET 100 MG	\$0-\$12.65 (Tier 4)	
SIKLOS ORAL TABLET 1000 MG	\$0-\$12.65 (Tier 5)	
TAVNEOS ORAL CAPSULE 10 MG	\$0-\$12.65 (Tier 5)	PA; QL; 180 caps every 30 days
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0-\$12.65 (Tier 4)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0-\$12.65 (Tier 3)	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0-\$12.65 (Tier 4)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 3)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	\$0-\$12.65 (Tier 3)	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
<i>adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 6 autoinjectors every 28 days
<i>adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 6 syringes every 28 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 pens every 28 days
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 syringes every 28 days
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 pens every 28 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 syringes every 28 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 cartridges every 28 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0-\$12.65 (Tier 5)	PA; QL; 16 vials every 28 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0-\$12.65 (Tier 5)	PA; QL; 16 syringes every 28 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 syringes every 28 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 pens every 28 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 autoinjectors every 28 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 syringes every 28 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 pens every 28 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 pens every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 syringes every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 syringes every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 syringes every 28 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0-\$12.65 (Tier 5)	PA; QL; 3 pens every 28 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0-\$12.65 (Tier 5)	PA; QL; 3 pens every 28 days
<i>infliximab intravenous solution reconstituted 100 mg</i>	\$0-\$12.65 (Tier 5)	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0-\$12.65 (Tier 5)	PA; QL; 28 syringes every 28 days
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	\$0-\$12.65 (Tier 5)	PA
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 vial every 28 days

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 pen every 28 days
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 90 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 syringe every 28 days
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0-\$12.65 (Tier 5)	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0-\$12.65 (Tier 5)	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 360 mL every 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0-\$12.65 (Tier 5)	PA; QL; 168 tabs every year
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0-\$12.65 (Tier 5)	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 pens every 365 days
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 cartridge every 56 days
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 6 syringes every 365 days
SOTYKTU ORAL TABLET 6 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0-\$12.65 (Tier 5)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 28 days
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	\$0-\$12.65 (Tier 5)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 pens every 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 syringes every 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	\$0-\$12.65 (Tier 5)	PA; QL; 2 pens every 28 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	\$0-\$12.65 (Tier 5)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 pens every 28 days
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 syringes every 28 days
<i>ustekinumab intravenous solution 130 mg/26ml</i>	\$0-\$12.65 (Tier 5)	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 1 vial every 28 days
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
VELSIPITY ORAL TABLET 2 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
XELJANZ ORAL SOLUTION 1 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 480 mL every 24 days
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	\$0-\$12.65 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 vial every 28 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0-\$12.65 (Tier 3)	PA; QL; 1 syringe every 28 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0-\$12.65 (Tier 3)	
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0-\$12.65 (Tier 4)	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0-\$12.65 (Tier 3)	
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0-\$12.65 (Tier 4)	B/D
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	\$0-\$12.65 (Tier 5)	PA
GAMASTAN INTRAMUSCULAR SOLUTION	\$0-\$12.65 (Tier 4)	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-\$12.65 (Tier 5)	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0-\$12.65 (Tier 5)	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
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-\$12.65 (Tier 5)	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	\$0-\$12.65 (Tier 5)	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0-\$12.65 (Tier 5)	PA
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	\$0-\$12.65 (Tier 4)	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	\$0-\$12.65 (Tier 5)	B/D
<i>azathioprine oral tablet 50 mg</i>	\$0-\$12.65 (Tier 3)	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0-\$12.65 (Tier 5)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 pens every 28 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 syringes every 28 days
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>everolimus oral tablet 0.25 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0-\$12.65 (Tier 5)	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0-\$12.65 (Tier 4)	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0-\$12.65 (Tier 3)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0-\$12.65 (Tier 5)	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0-\$12.65 (Tier 3)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0-\$12.65 (Tier 4)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0-\$12.65 (Tier 5)	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0-\$12.65 (Tier 4)	B/D
REZUROCK ORAL TABLET 200 MG	\$0-\$12.65 (Tier 5)	PA; QL; 30 tabs every 30 days
<i>sirolimus oral solution 1 mg/ml</i>	\$0-\$12.65 (Tier 4)	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	B/D
Vaccines		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 1)	PA
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 1)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0 (Tier 1)	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	\$0 (Tier 1)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 1)	PA
<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)	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 1)	B/D
ENGRIX-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 PREFILLED SYRINGE 1440 EL U/ML, 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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 1)	
IPOL INJECTION SUSPENSION	\$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)	
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)	PA
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)	
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 PREFILLED SYRINGE 50 MCG/0.5ML	\$0 (Tier 1)	QL; 2 syringes per lifetime
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 1)	QL; 2 vials per lifetime
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 1)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 50 UNIT/ML	\$0 (Tier 1)	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/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		
<i>1st base external cream</i>	\$0 (Tier 1)	DP
<i>acetic acid solution 5 %</i>	\$0 (Tier 1)	DP
<i>alcoholado eucaliptino solution 70 %</i>	\$0 (Tier 1)	DP
ALTADERM EXTERNAL CREAM	\$0 (Tier 1)	DP
ARBEM H-COSMETIC EXTERNAL CREAM	\$0 (Tier 1)	DP
ARBEM LIOPEN EXTERNAL CREAM	\$0 (Tier 1)	DP
ATREVIS HYDROGEL EXTERNAL CREAM	\$0 (Tier 1)	DP
AUXIPRO VANISHING EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>az cream external cream</i>	\$0 (Tier 1)	DP
BASE PCCA CLARIFYING EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>base w301 external cream</i>	\$0 (Tier 1)	DP
CHRYSADERM DAY EXTERNAL CREAM	\$0 (Tier 1)	DP
CHRYSADERM NIGHT EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>citrus bioflavonoids powder 13 %</i>	\$0 (Tier 1)	DP
CLEODERM EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>cream base external cream</i>	\$0 (Tier 1)	DP
<i>cream concentrate external cream</i>	\$0 (Tier 1)	DP
<i>cutis plus external cream</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs ethyl alcohol solution 70 %</i>	\$0 (Tier 1)	DP
<i>cvs petroleum jelly external gel</i>	\$0 (Tier 1)	DP
DHEA 50 ORAL CAPSULE 50 MG	\$0 (Tier 1)	DP
<i>dhea oral capsule 50 mg</i>	\$0 (Tier 1)	DP
DURABASE ADVANCED EXTERNAL CREAM	\$0 (Tier 1)	DP
DURABASE EXTERNAL CREAM	\$0 (Tier 1)	DP
EMOLIVAN EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>emollient base external cream</i>	\$0 (Tier 1)	DP
<i>eql ethyl alcohol (rubbing) solution 70 %</i>	\$0 (Tier 1)	DP
<i>ethyl alcohol (rubbing) solution 70 %</i>	\$0 (Tier 1)	DP
<i>fagron ls plus external cream</i>	\$0 (Tier 1)	DP
<i>fagron natural external cream</i>	\$0 (Tier 1)	DP
<i>fagron supreme external cream</i>	\$0 (Tier 1)	DP
FITALITE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>flavor plus oral liquid</i>	\$0 (Tier 1)	DP
<i>flex base external cream</i>	\$0 (Tier 1)	DP
<i>freedom adaptaderm external cream</i>	\$0 (Tier 1)	DP
<i>freedom derma serum external cream</i>	\$0 (Tier 1)	DP
FREEDOM DERMA-D EXTERNAL CREAM	\$0 (Tier 1)	DP
FREEDOM DERMA-N EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>ft ethyl rubbing alcohol solution 70 %</i>	\$0 (Tier 1)	DP
<i>gnp alcohol denatured solution</i>	\$0 (Tier 1)	DP
<i>gnp ethyl rubbing alcohol solution 70 %</i>	\$0 (Tier 1)	DP
<i>gnp petroleum jelly external gel</i>	\$0 (Tier 1)	DP
<i>gnp rubbing alcohol solution 70 %</i>	\$0 (Tier 1)	DP
<i>goodsense petroleum jelly external gel</i>	\$0 (Tier 1)	DP
<i>hm petroleum jelly external gel</i>	\$0 (Tier 1)	DP
<i>hydrochloric acid liquid , 10 %</i>	\$0 (Tier 1)	DP
<i>hydrous emulsified base external cream</i>	\$0 (Tier 1)	DP
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>lipo cream base external cream</i>	\$0 (Tier 1)	DP
LIPOCREAM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>lipopen ultra base external cream</i>	\$0 (Tier 1)	DP
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	\$0 (Tier 1)	DP
MEDIDERM EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>melatonin oral liquid 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>microderm base external cream</i>	\$0 (Tier 1)	DP
MICROSOME BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>multi-phasic penetrating cmpd external cream</i>	\$0 (Tier 1)	DP
NOURILITE EXTERNAL CREAM	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOURIVAN ANTIOX BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
OMNIBASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>oral suspend oral liquid</i>	\$0 (Tier 1)	DP
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	\$0 (Tier 1)	DP
ORAPENN SD ANHYD UNSWEETEN ORAL LIQUID	\$0 (Tier 1)	DP
ORA-PLUS ORAL LIQUID	\$0 (Tier 1)	DP
PCCA ALADERM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA BASE 7542 EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA CANNIDEX 2.0 CUSTOM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA COSMETIC HRT BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA LIPODERM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA MVC BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA NATACREAM EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA VANISHING CREAM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA VANPEN BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
PCCA WAV CUSTOM BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>penderm external cream</i>	\$0 (Tier 1)	DP
<i>pensomal external cream</i>	\$0 (Tier 1)	DP
<i>petrolatum external gel</i>	\$0 (Tier 1)	DP
<i>petrolatum white external gel</i>	\$0 (Tier 1)	DP
<i>petroleum jelly external gel , 100 %</i>	\$0 (Tier 1)	DP
PFCB EXTERNAL CREAM	\$0 (Tier 1)	DP
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	\$0 (Tier 1)	DP
PHARMABASE COSMETIC EXTERNAL CREAM	\$0 (Tier 1)	DP
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	\$0 (Tier 1)	DP
PHARMABASE HEAVY EXTERNAL CREAM	\$0 (Tier 1)	DP
PHARMABASE LIGHT EXTERNAL CREAM	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PHARMABASE VAGINAL EXTERNAL CREAM	\$0 (Tier 1)	DP
PHYTOBASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>polyethylene glycol 3350 powder</i>	\$0 (Tier 1)	DP
<i>potassium hydroxide solution 45 %</i>	\$0 (Tier 1)	DP
<i>p-siloxan ds external cream</i>	\$0 (Tier 1)	DP
<i>qc petroleum jelly external gel 100 %, 99.89 %</i>	\$0 (Tier 1)	DP
<i>ra ethyl rubbing alcohol solution 70 %</i>	\$0 (Tier 1)	DP
<i>sa3 derm external cream</i>	\$0 (Tier 1)	DP
<i>salt durable cream external cream</i>	\$0 (Tier 1)	DP
SALT STABLE LS ADVANCED EXTERNAL CREAM	\$0 (Tier 1)	DP
SALTSTABLE LO EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>scar care external cream</i>	\$0 (Tier 1)	DP
<i>silprotex plus external cream</i>	\$0 (Tier 1)	DP
<i>skyy derm external cream</i>	\$0 (Tier 1)	DP
<i>sm petroleum jelly external gel</i>	\$0 (Tier 1)	DP
<i>stevia extract powder</i>	\$0 (Tier 1)	DP
SYRSPEND SF ORAL LIQUID	\$0 (Tier 1)	DP
<i>teroderm external cream</i>	\$0 (Tier 1)	DP
<i>teroderm-plus external cream</i>	\$0 (Tier 1)	DP
TRUCLEAR STEVIA PLUS POWDER	\$0 (Tier 1)	DP
U-BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
VANIBASE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>vanishing cream botanical base external cream</i>	\$0 (Tier 1)	DP
<i>vanishing external cream</i>	\$0 (Tier 1)	DP
<i>vanish-pen external cream</i>	\$0 (Tier 1)	DP
VASELINE EXTERNAL GEL	\$0 (Tier 1)	DP
VASELINE PURE ULTRA WHITE EXTERNAL GEL	\$0 (Tier 1)	DP
VERSAPRO EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>versatile cream base external cream</i>	\$0 (Tier 1)	DP
VERSATILE RICH BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
VERSIGEL EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>vp dermabase external cream</i>	\$0 (Tier 1)	DP
<i>white petrolatum external gel</i>	\$0 (Tier 1)	DP
<i>white petroleum jelly external gel</i>	\$0 (Tier 1)	DP
<i>wound care external cream</i>	\$0 (Tier 1)	DP
XCEL 100 EXTERNAL CREAM	\$0 (Tier 1)	DP
XEMATOP BASE EXTERNAL CREAM	\$0 (Tier 1)	DP
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML	\$0 (Tier 1)	DP

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-\$12.65 (Tier 3)	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	\$0-\$12.65 (Tier 3)	
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	\$0-\$12.65 (Tier 4)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0-\$12.65 (Tier 4)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0-\$12.65 (Tier 4)	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	\$0-\$12.65 (Tier 3)	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	\$0-\$12.65 (Tier 3)	
<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-\$12.65 (Tier 3)	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	\$0-\$12.65 (Tier 4)	
<i>lactated ringers solution intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>lactated ringers solution intravenous</i>	\$0-\$12.65 (Tier 4)	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0-\$12.65 (Tier 3)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0-\$12.65 (Tier 3)	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0-\$12.65 (Tier 3)	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	\$0-\$12.65 (Tier 4)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 4)	
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 4)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 3)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0-\$12.65 (Tier 4)	

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-\$12.65 (Tier 3)	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	\$0-\$12.65 (Tier 3)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0-\$12.65 (Tier 3)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0-\$12.65 (Tier 3)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0-\$12.65 (Tier 4)	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	\$0 (Tier 2)	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	\$0 (Tier 2)	
KLOR-CON ORAL PACKET 20 MEQ	\$0-\$12.65 (Tier 4)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 2)	
<i>m-natal plus tablet 27-1 mg oral</i>	\$0-\$12.65 (Tier 3)	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 2)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 2)	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 2)	
<i>potassium chloride oral packet 20 meq</i>	\$0-\$12.65 (Tier 4)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0-\$12.65 (Tier 4)	
<i>prenatal tablet 27-1 mg oral</i>	\$0-\$12.65 (Tier 3)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 2)	
<i>westab plus tablet 27-1 mg oral</i>	\$0-\$12.65 (Tier 3)	
Electrolytes		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	\$0 (Tier 1)	DP
BIOLYTE ORAL SOLUTION	\$0 (Tier 1)	DP
CERALYTE 70 ORAL SOLUTION	\$0 (Tier 1)	DP
CERASPORT EX1 ORAL SOLUTION	\$0 (Tier 1)	DP
CERASPORT ORAL SOLUTION	\$0 (Tier 1)	DP
<i>cvs electrolyte solution oral solution</i>	\$0 (Tier 1)	DP
<i>cvs ped electrolyte freeze pop oral solution</i>	\$0 (Tier 1)	DP
<i>cvs pediatric electrolyte oral solution</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENFAMIL ENFALYTE ORAL SOLUTION	\$0 (Tier 1)	DP
EQUALYTE ORAL SOLUTION	\$0 (Tier 1)	DP
<i>ft electrolyte oral solution</i>	\$0 (Tier 1)	DP
<i>gnp electrolyte solution oral solution</i>	\$0 (Tier 1)	DP
<i>goodsense electrolyte adv care oral solution</i>	\$0 (Tier 1)	DP
<i>goodsense electrolyte oral solution</i>	\$0 (Tier 1)	DP
<i>h-e-b oral electrolyte oral solution</i>	\$0 (Tier 1)	DP
HYDRALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 1)	DP
HYDRALYTE ORAL SOLUTION	\$0 (Tier 1)	DP
KINDERLYTE ORAL SOLUTION	\$0 (Tier 1)	DP
KINDERLYTE PREMAX ORAL SOLUTION	\$0 (Tier 1)	DP
<i>oral electrolyte freezer pops oral solution</i>	\$0 (Tier 1)	DP
<i>oral electrolytes oral solution</i>	\$0 (Tier 1)	DP
<i>oralyte oral solution</i>	\$0 (Tier 1)	DP
<i>ped electrolyte freeze pops oral solution</i>	\$0 (Tier 1)	DP
<i>ped electrolyte freezer pops oral solution</i>	\$0 (Tier 1)	DP
PEDIA VANCE ORAL SOLUTION	\$0 (Tier 1)	DP
PEDIALYTE ADVANCED CARE ORAL SOLUTION	\$0 (Tier 1)	DP
PEDIALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 1)	DP
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION	\$0 (Tier 1)	DP
PEDIALYTE ORAL SOLUTION	\$0 (Tier 1)	DP
PEDIALYTE SINGLES ORAL SOLUTION	\$0 (Tier 1)	DP
<i>pediatric electrolyte oral solution</i>	\$0 (Tier 1)	DP
<i>ra pediatric electrolyte oral solution</i>	\$0 (Tier 1)	DP
REHYDRALYTE ORAL SOLUTION	\$0 (Tier 1)	DP
<i>sb pediatric electrolyte oral solution</i>	\$0 (Tier 1)	DP
<i>sm pediatric electrolyte oral solution</i>	\$0 (Tier 1)	DP
<i>truelyte oral solution</i>	\$0 (Tier 1)	DP
Iv Nutrition		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	\$0-\$12.65 (Tier 4)	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	\$0-\$12.65 (Tier 4)	B/D
<i>chromic chloride intravenous solution 40 mcg/10ml</i>	\$0 (Tier 1)	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0-\$12.65 (Tier 4)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0-\$12.65 (Tier 4)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0-\$12.65 (Tier 4)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0-\$12.65 (Tier 4)	B/D
<i>clinimix/dextrose (6/5) intravenous solution 6 %</i>	\$0-\$12.65 (Tier 4)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clinimix/dextrose (8/10) intravenous solution 8 %</i>	\$0-\$12.65 (Tier 4)	B/D
<i>clinimix/dextrose (8/14) intravenous solution 8 %</i>	\$0-\$12.65 (Tier 4)	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	\$0-\$12.65 (Tier 4)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0-\$12.65 (Tier 4)	B/D
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	\$0 (Tier 1)	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0-\$12.65 (Tier 3)	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0-\$12.65 (Tier 3)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0-\$12.65 (Tier 4)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0-\$12.65 (Tier 4)	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	\$0-\$12.65 (Tier 4)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0-\$12.65 (Tier 5)	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	\$0-\$12.65 (Tier 4)	B/D
<i>selenious acid intravenous solution 60 mcg/ml</i>	\$0 (Tier 1)	DP
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	\$0 (Tier 1)	DP
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0-\$12.65 (Tier 4)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0-\$12.65 (Tier 4)	B/D
<i>zinc chloride intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	DP
Minerals		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET	\$0 (Tier 1)	DP
<i>bone density builder oral tablet</i>	\$0 (Tier 1)	DP
<i>calcitrate plus d oral tablet 315-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium + d oral tablet chewable 500-1000-40 mg-unt-mcg</i>	\$0 (Tier 1)	DP
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 1000 + d oral tablet 1000-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 1200 oral tablet chewable 1200-1000 mg-unit</i>	\$0 (Tier 1)	DP
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600 +d high potency oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium 600+d3 plus minerals oral tablet , 600-800 mg-unit</i>	\$0 (Tier 1)	DP
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-3.125 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium carbonate extra light powder</i>	\$0 (Tier 1)	DP
<i>calcium carbonate light powder</i>	\$0 (Tier 1)	DP
<i>calcium carbonate oral powder 800 mg/2gm</i>	\$0 (Tier 1)	DP
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg</i>	\$0 (Tier 1)	DP
<i>calcium carbonate powder</i>	\$0 (Tier 1)	DP
<i>calcium carbonate-vitamin d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-5 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate + oral tablet , 315-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate chewy bite oral tablet chewable 500-12.5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate oral tablet 250 mg, 333 mg, 950 (200 ca) mg</i>	\$0 (Tier 1)	DP
<i>calcium citrate plus oral tablet</i>	\$0 (Tier 1)	DP
<i>calcium citrate plus/magnesium oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate-mag-minerals oral tablet</i>	\$0 (Tier 1)	DP
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 250-1.25 mg-mcg, 315-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium creamies oral tablet chewable 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium gluconate oral capsule 50 mg</i>	\$0 (Tier 1)	DP
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium lactate oral tablet 100 mg, 750 mg</i>	\$0 (Tier 1)	DP
<i>calcium magnesium zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 1)	DP
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg, 500-500-40 mg-unt-mcg</i>	\$0 (Tier 1)	DP
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg, 333.33-133.33-5 mg</i>	\$0 (Tier 1)	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 1)	DP
<i>calcium-magnesium-zinc-vit d3 oral tablet 333 mg-133 mg-5 mg-1.7 mcg</i>	\$0 (Tier 1)	DP
<i>calcium-vitamin d oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>calcium-vitamin d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cal-mint oral tablet chewable 260 mg</i>	\$0 (Tier 1)	DP
CALTRATE 600+D PLUS MINERALS ORAL TABLET 600-800 MG-UNIT	\$0 (Tier 1)	DP
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	\$0 (Tier 1)	DP
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG	\$0 (Tier 1)	DP
CALTRATE BONE HEALTH ADVANCED ORAL TABLET 300-800 MG-UNIT, 600-800 MG-UNIT	\$0 (Tier 1)	DP
CALTRATE BONE HEALTH ORAL TABLET 600-20 MG-MCG	\$0 (Tier 1)	DP
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG	\$0 (Tier 1)	DP
CALTRATE MINIS PLUS MINERALS ORAL TABLET 300-800 MG-UNIT	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CELEBRATE CALCIUM CITRATE ORAL TABLET CHEWABLE 500-12.5 MG-MCG	\$0 (Tier 1)	DP
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-8.325 MG-MCG	\$0 (Tier 1)	DP
<i>chelated magnesium oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>chelated zinc oral tablet 50 mg</i>	\$0 (Tier 1)	DP
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	\$0 (Tier 1)	DP
CITRACAL MAXIMUM PLUS ORAL TABLET	\$0 (Tier 1)	DP
CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG	\$0 (Tier 1)	DP
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 1)	DP
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 1)	DP
<i>cvs calcium citrate+d3 oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium citrate+d3 w/magne oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg</i>	\$0 (Tier 1)	DP
<i>cvs calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 1)	DP
<i>cvs magnesium oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>cvs magnesium oxide oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 1)	DP
<i>cvs zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 1)	DP
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eq calcium/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eqi calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eqi natural zinc oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>fem-cal citrate oral tablet</i>	\$0 (Tier 1)	DP
<i>ft calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ft calcium 600+vit d3/minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 1)	DP
<i>ft calcium citrate +vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
FT CALCIUM CITRATE/VIT D3 ORAL TABLET 315-6.25 MG-MCG	\$0 (Tier 1)	DP
<i>ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ft calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
FT CALCIUM/VITAMIN D3 ORAL TABLET 1000-20 MG-MCG	\$0 (Tier 1)	DP
FT CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	\$0 (Tier 1)	DP
<i>ft calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ft magnesium oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>ft magnesium oxide oral tablet 400 (240 mg) mg</i>	\$0 (Tier 1)	DP
<i>ft zinc chelated oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>gnp cal mag zinc +d3 oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 1)	DP
<i>gnp calcium 600 +d oral tablet 600-400 mg-unit</i>	\$0 (Tier 1)	DP
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	\$0 (Tier 1)	DP
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>gnp calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>gnp magnesium oxide oral tablet 400 mg</i>	\$0 (Tier 1)	DP
<i>gnp zinc chelated oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>high absorption magnesium oral tablet 100 mg</i>	\$0 (Tier 1)	DP
IS-ZC 50 ORAL TABLET 50 MG	\$0 (Tier 1)	DP
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 1)	DP
<i>kp mag-oxide magnesium oral tablet 200 mg</i>	\$0 (Tier 1)	DP
MAG-200 ORAL TABLET 200 MG	\$0 (Tier 1)	DP
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 1)	DP
<i>mag-g oral tablet 500 (27 mg) mg</i>	\$0 (Tier 1)	DP
MAGNEBIND 300 ORAL TABLET 250-300 MG	\$0 (Tier 1)	DP
MAGNEBIND 400 ORAL TABLET 80-115 MG	\$0 (Tier 1)	DP
<i>magnesium carbonate oral powder 250 mg/gm</i>	\$0 (Tier 1)	DP
<i>magnesium gluconate oral tablet 250 mg, 27.5 mg, 550 mg</i>	\$0 (Tier 1)	DP
<i>magnesium lactate oral tablet extended release 84 mg (7meq)</i>	\$0 (Tier 1)	DP
<i>magnesium oral tablet 200 mg, 250 mg, 30 mg, 400 mg</i>	\$0 (Tier 1)	DP
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 400 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>magnesium oxide -mg supplement oral tablet chewable 200 mg</i>	\$0 (Tier 1)	DP
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	\$0 (Tier 1)	DP
MAGOX 400 ORAL TABLET 400 (240 MG) MG	\$0 (Tier 1)	DP
MAG-OXIDE ORAL TABLET 200 MG	\$0 (Tier 1)	DP
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	\$0 (Tier 1)	DP
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	\$0 (Tier 1)	DP
<i>mg aspartate oral tablet 65 mg</i>	\$0 (Tier 1)	DP
<i>mgo oral tablet 400 (240 mg) mg</i>	\$0 (Tier 1)	DP
MULTI MEGA MINERALS ORAL TABLET	\$0 (Tier 1)	DP
<i>natrul magnesium oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 1)	DP
NEOFLEX CALCIUM + VITAMIN D ORAL TABLET 600-12.5 MG-MCG	\$0 (Tier 1)	DP
ONE VITE CALCIUM + D3 ORAL TABLET 600-10 MG-MCG	\$0 (Tier 1)	DP
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	\$0 (Tier 1)	DP
ORAZINC ORAL TABLET 110 (25 ZN) MG	\$0 (Tier 1)	DP
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	\$0 (Tier 1)	DP
<i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg, 500-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
PROSTEON ORAL TABLET	\$0 (Tier 1)	DP
<i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>qc calcium 500mg-d3 oral tablet 500-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>qc zinc oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>ra calcium 600 oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
RA HI CAL ORAL TABLET 500-5 MG-MCG	\$0 (Tier 1)	DP
<i>ra natural magnesium oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>ra zinc oral tablet 50 mg</i>	\$0 (Tier 1)	DP
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 1)	DP
<i>sb oyster shell calcium oral tablet 500 mg</i>	\$0 (Tier 1)	DP
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG	\$0 (Tier 1)	DP
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	\$0 (Tier 1)	DP
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	\$0 (Tier 1)	DP
<i>sodium phosphates intravenous solution 45 mmole/15ml</i>	\$0 (Tier 1)	DP
<i>super calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 1)	DP
<i>sv magnesium oral tablet 250 mg</i>	\$0 (Tier 1)	DP
THERACAL D2000 ORAL TABLET	\$0 (Tier 1)	DP
THERACAL D4000 ORAL TABLET	\$0 (Tier 1)	DP
THERACAL RAPID REPLETION ORAL TABLET	\$0 (Tier 1)	DP
<i>true magnesium oxide oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>true oyster shell calcium oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 1)	DP
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>well magnesium oxide oral tablet 400 (240 mg) mg</i>	\$0 (Tier 1)	DP
ZINC 15 ORAL TABLET 66 (15 ZN) MG	\$0 (Tier 1)	DP
<i>zinc chelated oral tablet 22.5 mg</i>	\$0 (Tier 1)	DP
<i>zinc gluconate oral tablet 100 mg, 15 mg, 30 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>zinc oral capsule 220 (50 zn) mg</i>	\$0 (Tier 1)	DP
<i>zinc oral tablet 100 mg, 30 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	\$0 (Tier 1)	DP
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	\$0 (Tier 1)	DP
Miscellaneous		
<i>3232a infant formula oral powder</i>	\$0 (Tier 1)	DP
ACERFLEX ORAL POWDER	\$0 (Tier 1)	DP
ADVERA ORAL LIQUID	\$0 (Tier 1)	DP
ALFAMINO JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
ARGINOID EXTRA ORAL LIQUID	\$0 (Tier 1)	DP
BABY'S BIG SUPPORT ORAL POWDER	\$0 (Tier 1)	DP
<i>balanced nutritional drink oral liquid</i>	\$0 (Tier 1)	DP
<i>balanced nutritional drink pls oral liquid</i>	\$0 (Tier 1)	DP
<i>balanced nutritional shake pls oral liquid</i>	\$0 (Tier 1)	DP
BCAD 1 ORAL POWDER	\$0 (Tier 1)	DP
BCAD 2 ORAL POWDER	\$0 (Tier 1)	DP
BENECALORIE ORAL LIQUID	\$0 (Tier 1)	DP
BOOST BREEZE 2-FLAVOR PACK ORAL LIQUID	\$0 (Tier 1)	DP
BOOST BREEZE ORAL LIQUID	\$0 (Tier 1)	DP
BOOST GLUCOSE CONTROL ORAL LIQUID	\$0 (Tier 1)	DP
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
BOOST HIGH PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
BOOST ORAL LIQUID	\$0 (Tier 1)	DP
BOOST ORIGINAL ORAL LIQUID	\$0 (Tier 1)	DP
BOOST PLUS ORAL LIQUID	\$0 (Tier 1)	DP
BOOST VERY HIGH CALORIE ORAL LIQUID	\$0 (Tier 1)	DP
BOOST VHC ORAL LIQUID	\$0 (Tier 1)	DP
BOOST WOMEN ORAL LIQUID	\$0 (Tier 1)	DP
BRAINSUSTAIN FOR KIDS ORAL POWDER	\$0 (Tier 1)	DP
BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARNATION BREAKFAST ESSENTIALS ORAL LIQUID	\$0 (Tier 1)	DP
CFPREOP ORAL LIQUID	\$0 (Tier 1)	DP
<i>chicken/peas/carrots oral powder</i>	\$0 (Tier 1)	DP
<i>chicken/peas/carrots plus oral powder</i>	\$0 (Tier 1)	DP
<i>chicken/peas/carrots plus pedi oral powder</i>	\$0 (Tier 1)	DP
CHOLEXTRA ORAL POWDER	\$0 (Tier 1)	DP
<i>click espresso protein drink oral powder</i>	\$0 (Tier 1)	DP
<i>co q 10 oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>co q-10 oral capsule 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	DP
<i>co q10 oral capsule 30 mg</i>	\$0 (Tier 1)	DP
<i>co q-10 oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>co-enzyme q10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	DP
<i>coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg</i>	\$0 (Tier 1)	DP
<i>co-enzyme q-10 oral capsule 30 mg</i>	\$0 (Tier 1)	DP
<i>coenzyme q10 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	DP
COMPLEAT ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT ORGANIC BLENDS ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI PEPTIDE 1.5 ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI STANDARD 1.0 ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI STANDARD 1.4 ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDIATRIC ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEPTIDE 1.5 ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT PEPTIDE 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT STANDARD 1.4 ENTERAL LIQUID	\$0 (Tier 1)	DP
COMPLEAT STANDARD 1.4 ORAL LIQUID	\$0 (Tier 1)	DP
COMPLEX ESSENTIAL MSD ORAL POWDER	\$0 (Tier 1)	DP
<i>coq10 gummies adult oral tablet chewable 50 mg</i>	\$0 (Tier 1)	DP
<i>coq10 maximum strength oral capsule 400 mg</i>	\$0 (Tier 1)	DP
<i>coq10 oral capsule 100 mg, 200 mg, 30 mg</i>	\$0 (Tier 1)	DP
<i>coq-10 oral capsule 100 mg, 200 mg, 30 mg, 400 mg</i>	\$0 (Tier 1)	DP
<i>cvs coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>cvs coq-10 oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	DP
<i>cvs coq-10 ultra oral capsule 100 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs melatonin oral tablet 10 mg, 3 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>cvs nutrition liquid oral liquid</i>	\$0 (Tier 1)	DP
<i>cvs nutrition plus chocolate oral liquid</i>	\$0 (Tier 1)	DP
<i>cvs nutrition plus oral liquid</i>	\$0 (Tier 1)	DP
<i>cvs nutrition plus vanilla oral liquid</i>	\$0 (Tier 1)	DP
<i>cvs nutritional shake oral liquid</i>	\$0 (Tier 1)	DP
CYCLINEX-1 ORAL POWDER	\$0 (Tier 1)	DP
CYCLINEX-2 ORAL POWDER	\$0 (Tier 1)	DP
DIABETISOURCE AC ENTERAL LIQUID	\$0 (Tier 1)	DP
DIABETISOURCE AC ORAL LIQUID	\$0 (Tier 1)	DP
DPP DIPEPTIDE POWER ORAL LIQUID	\$0 (Tier 1)	DP
DUOCAL ORAL POWDER	\$0 (Tier 1)	DP
EGG/PRO ORAL POWDER	\$0 (Tier 1)	DP
ELECARE DHA/ARA INFANT ORAL POWDER	\$0 (Tier 1)	DP
ELECARE DHA/ARA ORAL POWDER	\$0 (Tier 1)	DP
ELECARE JR ORAL POWDER	\$0 (Tier 1)	DP
ELECARE ORAL POWDER	\$0 (Tier 1)	DP
ENCALA ORAL POWDER	\$0 (Tier 1)	DP
ENLIVE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ACTIVE HEART HEALTH ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ACTIVE LIGHT ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ACTIVE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE BONE HEALTH REVIGOR ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE CLEAR ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE CLINICAL ST REVIGOR ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE COMPACT ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE COMPLETE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE COMPLETE SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ENLIVE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE HEALTHY MOM ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE HIGH CALCIUM ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE HIGH PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE HIGH PROTEIN ORAL POWDER	\$0 (Tier 1)	DP
ENSURE IMMUNE HEALTH ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE MAX PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE NUTRITION SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENSURE ORAL POWDER	\$0 (Tier 1)	DP
ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ORIGINAL ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE ORIGINAL ORAL POWDER	\$0 (Tier 1)	DP
ENSURE ORIGINAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PLANT-BASED PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PLUS HIGH PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PLUS HN ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PLUS ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PLUS WITH FIBER ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE PRE-SURGERY ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE SURGERY ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE SURGICAL NUTRITION ORAL LIQUID	\$0 (Tier 1)	DP
ENSURE/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
ENTERADE IBS-D ORAL LIQUID	\$0 (Tier 1)	DP
ENTERADE ORAL LIQUID	\$0 (Tier 1)	DP
ENU COMPLETE NUTRITION SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
ENU NUTRITIONAL SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
ENU PRO3 PLUS ORAL POWDER	\$0 (Tier 1)	DP
EO28 SPLASH ORAL LIQUID	\$0 (Tier 1)	DP
<i>eq nutritional shake oral liquid</i>	\$0 (Tier 1)	DP
<i>eq nutritional shake plus oral liquid</i>	\$0 (Tier 1)	DP
<i>eq weight loss shake oral liquid</i>	\$0 (Tier 1)	DP
<i>eql coq10 oral capsule 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	DP
<i>equacare jr oral powder</i>	\$0 (Tier 1)	DP
EQUATE ORAL LIQUID	\$0 (Tier 1)	DP
EQUATE PLUS ORAL LIQUID	\$0 (Tier 1)	DP
ESSENTIAL CARE JR ORAL POWDER	\$0 (Tier 1)	DP
EXPEDITE ORAL LIQUID	\$0 (Tier 1)	DP
FIBER FLOW ORAL LIQUID	\$0 (Tier 1)	DP
FIBERSOURCE HN ENTERAL LIQUID	\$0 (Tier 1)	DP
FIBERSOURCE HN ORAL LIQUID	\$0 (Tier 1)	DP
FORTA DRINK ORAL POWDER	\$0 (Tier 1)	DP
FORTA SHAKE ORAL POWDER	\$0 (Tier 1)	DP
<i>ft co q-10 oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>ft co q-10 rapid release oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	DP
<i>ft melatonin oral tablet 3 mg, 5 mg</i>	\$0 (Tier 1)	DP
GA ORAL POWDER	\$0 (Tier 1)	DP
GA-1 ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
GELATEIN MCT ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCERNA 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.2 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.2 CAL ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA ADVANCE SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA ENTERAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA HUNGER SMART SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA OS ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA SELECT ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA SNACK SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
<i>glutamine oral powder</i>	\$0 (Tier 1)	DP
GLUTAREX-1 ORAL POWDER	\$0 (Tier 1)	DP
GLUTAREX-2 ORAL POWDER	\$0 (Tier 1)	DP
GLYTACTIN BETTERMILK ORAL POWDER	\$0 (Tier 1)	DP
GLYTACTIN RESTORE 10 ORAL LIQUID	\$0 (Tier 1)	DP
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	\$0 (Tier 1)	DP
GLYTACTIN RTD 10 ORAL LIQUID	\$0 (Tier 1)	DP
GLYTACTIN RTD 15 ORAL LIQUID	\$0 (Tier 1)	DP
GLYTACTIN RTD LITE 15 ORAL LIQUID	\$0 (Tier 1)	DP
GLYTROL PREBIO1 ENTERAL LIQUID	\$0 (Tier 1)	DP
GLYTROL PREBIO1 ORAL LIQUID	\$0 (Tier 1)	DP
<i>gnp co q-10 oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>gnp co q10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	DP
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	\$0 (Tier 1)	DP
<i>gnp melatonin oral tablet 3 mg</i>	\$0 (Tier 1)	DP
<i>goodsense nutrisure original oral liquid</i>	\$0 (Tier 1)	DP
<i>goodsense nutrisure plus oral liquid</i>	\$0 (Tier 1)	DP
<i>haelan 951 fermented soy oral liquid</i>	\$0 (Tier 1)	DP
<i>haelan htpi fermented soy oral liquid</i>	\$0 (Tier 1)	DP
HCU ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
HCU ANAMIX NEXT ORAL POWDER	\$0 (Tier 1)	DP
HCU COOLER ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HCU COOLER15 ORAL LIQUID	\$0 (Tier 1)	DP
HCU LOPHLEX LQ ORAL LIQUID	\$0 (Tier 1)	DP
HCU MAXAMUM ORAL POWDER	\$0 (Tier 1)	DP
HCY 1 ORAL POWDER	\$0 (Tier 1)	DP
HCY 2 ORAL POWDER	\$0 (Tier 1)	DP
HEALTH SOURCE ORAL POWDER	\$0 (Tier 1)	DP
HEALTHY ACCENTS NUTRA FIT ORAL LIQUID	\$0 (Tier 1)	DP
HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID	\$0 (Tier 1)	DP
HI-CAL ORAL LIQUID	\$0 (Tier 1)	DP
<i>high-protein nutritional shake oral liquid</i>	\$0 (Tier 1)	DP
HOM 2 ORAL POWDER	\$0 (Tier 1)	DP
HOMACTIN AA PLUS ORAL LIQUID	\$0 (Tier 1)	DP
HOMINEX-1 ORAL POWDER	\$0 (Tier 1)	DP
HOMINEX-2 ORAL POWDER	\$0 (Tier 1)	DP
IMMULIFE ORAL POWDER	\$0 (Tier 1)	DP
IMPACT ADVANCED RECOVERY ORAL LIQUID	\$0 (Tier 1)	DP
IMPACT ENTERAL LIQUID	\$0 (Tier 1)	DP
IMPACT ORAL LIQUID	\$0 (Tier 1)	DP
INNOVACIN ORAL LIQUID	\$0 (Tier 1)	DP
INTROLITE ENTERAL LIQUID	\$0 (Tier 1)	DP
ISOSOURCE 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
ISOSOURCE 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
ISOSOURCE HN ENTERAL LIQUID	\$0 (Tier 1)	DP
ISOSOURCE HN ORAL LIQUID	\$0 (Tier 1)	DP
IVA ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
IVA ANAMIX NEXT ORAL POWDER	\$0 (Tier 1)	DP
IVA MAXAMUM ORAL POWDER	\$0 (Tier 1)	DP
I-VALEX-1 ORAL POWDER	\$0 (Tier 1)	DP
I-VALEX-2 ORAL POWDER	\$0 (Tier 1)	DP
JEVITY 1 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1 CAL ORAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1 CAL/FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1 CAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1.2 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1.2 CAL ORAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1.2 CAL/FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1.5 CAL/FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
JEVITY 1.5 CAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
JUICE PLUS FIBRE ORAL LIQUID	\$0 (Tier 1)	DP
JUVEN ORAL POWDER	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kale/quinoa/berries oral powder</i>	\$0 (Tier 1)	DP
<i>kale/quinoa/berries plus oral powder</i>	\$0 (Tier 1)	DP
<i>kale/quinoa/berries plus pedia oral powder</i>	\$0 (Tier 1)	DP
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS KIDS NUTRITION ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS PED STANDARD 1.2 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS PEPTIDE 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS PEPTIDE 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS STANDARD 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
KATE FARMS STANDARD 1.4 ORAL LIQUID	\$0 (Tier 1)	DP
<i>keto oral liquid</i>	\$0 (Tier 1)	DP
KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID	\$0 (Tier 1)	DP
KETOCAL 3:1 ORAL POWDER	\$0 (Tier 1)	DP
KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID	\$0 (Tier 1)	DP
KETOCAL 4:1 LQ MULTI-FIBER ORAL LIQUID	\$0 (Tier 1)	DP
KETOCAL 4:1 ORAL LIQUID	\$0 (Tier 1)	DP
KETOCAL 4:1 ORAL POWDER	\$0 (Tier 1)	DP
<i>ketogen oral powder</i>	\$0 (Tier 1)	DP
KETONEX-1 ORAL POWDER	\$0 (Tier 1)	DP
KETONEX-2 ORAL POWDER	\$0 (Tier 1)	DP
KETOVIE 3:1 ORAL LIQUID	\$0 (Tier 1)	DP
KETOVIE 4:1 ORAL LIQUID	\$0 (Tier 1)	DP
KETOVIE ORAL LIQUID	\$0 (Tier 1)	DP
KETOVIE PEPTIDE ORAL LIQUID	\$0 (Tier 1)	DP
KFLO ORAL LIQUID	\$0 (Tier 1)	DP
KIDS PLANT PROTEIN SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
KINDERSPROUT PLANT PROTEIN ORAL LIQUID	\$0 (Tier 1)	DP
<i>kp melatonin oral tablet 3 mg</i>	\$0 (Tier 1)	DP
K-PAX PROTEIN BLEND IMMUNE ORAL POWDER	\$0 (Tier 1)	DP
<i>lecithin oral granules</i>	\$0 (Tier 1)	DP
<i>l-glutamine oral powder</i>	\$0 (Tier 1)	DP
LIL MIXINS-EGG ORAL POWDER 5 GM/5GM	\$0 (Tier 1)	DP
LIL MIXINS-PEANUT ORAL POWDER 5 GM/5GM	\$0 (Tier 1)	DP
LIPISTART ORAL POWDER	\$0 (Tier 1)	DP
LIQUID HOPE ORAL LIQUID	\$0 (Tier 1)	DP
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIQUID HOPE PEPTIDE ORAL LIQUID	\$0 (Tier 1)	DP
LMD ORAL POWDER	\$0 (Tier 1)	DP
LOPHLEX LQ 20 ORAL LIQUID	\$0 (Tier 1)	DP
LPS CRITICAL CARE SUGAR FREE ORAL LIQUID	\$0 (Tier 1)	DP
LPS SUGAR FREE ORAL LIQUID	\$0 (Tier 1)	DP
MALTOCARB ORAL POWDER	\$0 (Tier 1)	DP
<i>mega coq10 oral capsule 400 mg</i>	\$0 (Tier 1)	DP
<i>melatonin extra strength oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>melatonin maximum strength oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml</i>	\$0 (Tier 1)	DP
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 3-10 mg, 300 mcg, 5 mg</i>	\$0 (Tier 1)	DP
METHIONAID ORAL POWDER	\$0 (Tier 1)	DP
MMA/PA ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
MMA/PA ANAMIX NEXT ORAL POWDER	\$0 (Tier 1)	DP
MMA/PA COOLER15 ORAL LIQUID	\$0 (Tier 1)	DP
MMA/PA MAXAMUM ORAL POWDER	\$0 (Tier 1)	DP
MODULEN ORAL POWDER	\$0 (Tier 1)	DP
MONOGEN ORAL POWDER	\$0 (Tier 1)	DP
MSUD 2 ORAL POWDER	\$0 (Tier 1)	DP
MSUD AID ORAL POWDER	\$0 (Tier 1)	DP
MSUD ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
MSUD COOLER ORAL LIQUID	\$0 (Tier 1)	DP
MSUD LOPHLEX LQ ORAL LIQUID	\$0 (Tier 1)	DP
MSUD MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
MSUD MAXAMUM ORAL POWDER	\$0 (Tier 1)	DP
<i>nac 600 oral capsule 600 mg</i>	\$0 (Tier 1)	DP
<i>nac oral capsule 500 mg, 600 mg</i>	\$0 (Tier 1)	DP
<i>n-acetyl cysteine oral capsule 600 mg</i>	\$0 (Tier 1)	DP
NEOCATE INFANT DHA/ARA ORAL POWDER	\$0 (Tier 1)	DP
NEOCATE JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
NEOCATE JUNIOR PREBIOTICS ORAL POWDER	\$0 (Tier 1)	DP
NEOCATE SPLASH JUNIOR ORAL LIQUID	\$0 (Tier 1)	DP
NEOCATE SPOON ORAL POWDER	\$0 (Tier 1)	DP
NEOCATE SYNEO JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
NEOQ10 ORAL CAPSULE 125 MG	\$0 (Tier 1)	DP
NEPRO ENTERAL LIQUID	\$0 (Tier 1)	DP
NEPRO ORAL LIQUID	\$0 (Tier 1)	DP
NEPRO/CARBSTEADY ENTERAL LIQUID	\$0 (Tier 1)	DP
NEPRO/CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
NF FORMULAS NAC ORAL CAPSULE 600 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOURISH ORAL LIQUID	\$0 (Tier 1)	DP
NOURISH PEPTIDE FORMULA ORAL LIQUID	\$0 (Tier 1)	DP
NOVASOURCE RENAL ENTERAL LIQUID	\$0 (Tier 1)	DP
NOVASOURCE RENAL ORAL LIQUID	\$0 (Tier 1)	DP
NUTRA/SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
NUTREN 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
NUTREN 1.0/FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN 1.5 ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN 2.0 ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN 2.0 ORAL LIQUID	\$0 (Tier 1)	DP
NUTREN JR ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN JR FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN JUNIOR 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
NUTREN JUNIOR/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
NUTREN PULMONARY ENTERAL LIQUID	\$0 (Tier 1)	DP
NUTREN PULMONARY ORAL LIQUID	\$0 (Tier 1)	DP
<i>nutrifocus oral liquid</i>	\$0 (Tier 1)	DP
NUTRIHEP 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
<i>nutritional drink mix oral powder</i>	\$0 (Tier 1)	DP
<i>nutritional drink oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional drink plus oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional drink shake mix oral powder</i>	\$0 (Tier 1)	DP
<i>nutritional shake complete oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional shake high protein oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional shake oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional shake plus oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional shake plus protein oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional supplement oral liquid</i>	\$0 (Tier 1)	DP
<i>nutritional supplement plus oral liquid</i>	\$0 (Tier 1)	DP
OA 1 ORAL POWDER	\$0 (Tier 1)	DP
OA 2 ORAL POWDER	\$0 (Tier 1)	DP
OPTICLEANSE GHI ORAL POWDER	\$0 (Tier 1)	DP
OPTIMENTAL ENTERAL LIQUID	\$0 (Tier 1)	DP
OPTIMENTAL ORAL LIQUID	\$0 (Tier 1)	DP
ORGANIC NUTRITION SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
ORGANIC PEDIA SMART ORAL POWDER	\$0 (Tier 1)	DP
OS 2 ORAL POWDER	\$0 (Tier 1)	DP
OSMOLITE 1 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE 1 CAL ORAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE 1.2 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OSMOLITE 1.2 CAL ORAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE HN ORAL LIQUID	\$0 (Tier 1)	DP
OSMOLITE ORAL LIQUID	\$0 (Tier 1)	DP
OXEPA 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
OXEPA ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASART PEA PROTEIN ORAL POWDER	\$0 (Tier 1)	DP
PEDIASURE 1.0 CAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE 1.5 CAL/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE GROW & GAIN ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE GROW & GAIN ORAL POWDER	\$0 (Tier 1)	DP
PEDIASURE GROW & GAIN ORGANIC ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE HARVEST 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE NUTRIPALS ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE PEDIATRIC ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE REDUCED CALORIE ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE SHAKE MIX ORAL POWDER	\$0 (Tier 1)	DP
PEDIASURE SHAKE/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE SIDEKICKS ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE SIDEKICKS ORAL POWDER	\$0 (Tier 1)	DP
PEDIASURE SIDEKICKS SHAKE ORAL LIQUID	\$0 (Tier 1)	DP
PEDIASURE/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
<i>pediatric drink oral liquid</i>	\$0 (Tier 1)	DP
PEPTAMEN 1 CAL/PREBIO1 ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN 1.5 CAL/PREBIO1 ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN AF ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN AF ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN INTENSE VHP ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN INTENSE VHP ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR 1 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEPTAMEN JUNIOR 1 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR HP ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN ORAL LIQUID	\$0 (Tier 1)	DP
PEPTAMEN/PREBIO1 ORAL LIQUID	\$0 (Tier 1)	DP
PERATIVE 1.3 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PERATIVE ORAL LIQUID	\$0 (Tier 1)	DP
PERIFLEX ADVANCE ORAL POWDER	\$0 (Tier 1)	DP
PERIFLEX JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
PFD 2 ORAL POWDER	\$0 (Tier 1)	DP
PFD TODDLER ORAL POWDER	\$0 (Tier 1)	DP
PHENEX-1 ORAL POWDER	\$0 (Tier 1)	DP
PHENEX-2 ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE DRINK MIX ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE ESSENTIAL MIX/FIBER ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE GMP MIX-IN ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE GMP ORAL POWDER	\$0 (Tier 1)	DP
PHENYLADE GMP READY ORAL LIQUID	\$0 (Tier 1)	DP
PHENYLADE RTD PKU 10 ORAL LIQUID	\$0 (Tier 1)	DP
PHENYLADE60 DRINK MIX ORAL POWDER	\$0 (Tier 1)	DP
PHENYL-FREE 2 ORAL POWDER	\$0 (Tier 1)	DP
PHENYL-FREE 2HP ORAL POWDER	\$0 (Tier 1)	DP
PIVOT 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
PIVOT 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
PKU 2 ORAL POWDER	\$0 (Tier 1)	DP
PKU 3 ORAL POWDER	\$0 (Tier 1)	DP
PKU AIR20 GOLD ORAL LIQUID	\$0 (Tier 1)	DP
PKU AIR20 GREEN ORAL LIQUID	\$0 (Tier 1)	DP
PKU AIR20 YELLOW ORAL LIQUID	\$0 (Tier 1)	DP
PKU COOLER 10 ORAL LIQUID	\$0 (Tier 1)	DP
PKU COOLER 15 ORAL LIQUID	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PKU COOLER 20 ORAL LIQUID	\$0 (Tier 1)	DP
PKU EASY SHAKE & GO ORAL POWDER	\$0 (Tier 1)	DP
PKU LOPHLEX LQ 20 ORAL LIQUID	\$0 (Tier 1)	DP
PKU PERIFLEX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
PKU PERIFLEX JUNIOR PLUS ORAL POWDER	\$0 (Tier 1)	DP
PKU SPHERE 20 ORAL LIQUID	\$0 (Tier 1)	DP
PKU SPHERE NEXT 15 ORAL LIQUID	\$0 (Tier 1)	DP
PKU START ORAL POWDER	\$0 (Tier 1)	DP
<i>pku trio oral powder</i>	\$0 (Tier 1)	DP
POLYCAL ORAL POWDER	\$0 (Tier 1)	DP
PORTAGEN ORAL POWDER	\$0 (Tier 1)	DP
PROMOD ORAL LIQUID	\$0 (Tier 1)	DP
PROMOD ORAL POWDER	\$0 (Tier 1)	DP
PROMOTE 1.0 ORAL LIQUID	\$0 (Tier 1)	DP
PROMOTE 1.0 WITH FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PROMOTE ENTERAL LIQUID	\$0 (Tier 1)	DP
PROMOTE ORAL LIQUID	\$0 (Tier 1)	DP
PROMOTE/FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
PROMOTE/FIBER ORAL LIQUID	\$0 (Tier 1)	DP
PRO-PHREE ORAL POWDER	\$0 (Tier 1)	DP
PROPIMEX-1 ORAL POWDER	\$0 (Tier 1)	DP
PROPIMEX-2 ORAL POWDER	\$0 (Tier 1)	DP
PROSOURCE ORAL LIQUID	\$0 (Tier 1)	DP
PROSOURCE ORAL POWDER	\$0 (Tier 1)	DP
PROSOURCE PLUS ORAL LIQUID	\$0 (Tier 1)	DP
PROSOURCE TF ORAL LIQUID	\$0 (Tier 1)	DP
PROSOURCE XTRACAL ORAL LIQUID	\$0 (Tier 1)	DP
PROSOURCE ZAC ORAL LIQUID	\$0 (Tier 1)	DP
PROSURE ORAL LIQUID	\$0 (Tier 1)	DP
PROTALITY ORAL LIQUID	\$0 (Tier 1)	DP
PROVIMIN ORAL POWDER	\$0 (Tier 1)	DP
PULMOCARE 1.5 ORAL LIQUID	\$0 (Tier 1)	DP
PULMOCARE ENTERAL LIQUID	\$0 (Tier 1)	DP
PULMOCARE ORAL LIQUID	\$0 (Tier 1)	DP
PURECARB ORAL POWDER	\$0 (Tier 1)	DP
<i>push 20+ advanced oral liquid</i>	\$0 (Tier 1)	DP
<i>qc co q-10 oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>qc melatonin max st oral tablet 5 mg</i>	\$0 (Tier 1)	DP
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 1)	DP
<i>ra coenzyme q-10 oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra melatonin oral tablet 10 mg, 3 mg, 5 mg</i>	\$0 (Tier 1)	DP
RE/NEPH LP/HC ORAL LIQUID	\$0 (Tier 1)	DP
RE/NEPH ORAL LIQUID	\$0 (Tier 1)	DP
RE/NEPH REDUCED SUGAR ORAL LIQUID	\$0 (Tier 1)	DP
REASON ORAL LIQUID	\$0 (Tier 1)	DP
<i>regular nutritional shake oral liquid</i>	\$0 (Tier 1)	DP
RENALCAL ORAL LIQUID	\$0 (Tier 1)	DP
RENASTART ORAL POWDER	\$0 (Tier 1)	DP
RENASTEP ORAL LIQUID	\$0 (Tier 1)	DP
REPLETE ENTERAL LIQUID	\$0 (Tier 1)	DP
REPLETE FIBER 1 CAL ORAL LIQUID	\$0 (Tier 1)	DP
REPLETE FIBER ENTERAL LIQUID	\$0 (Tier 1)	DP
REPLETE ORAL LIQUID	\$0 (Tier 1)	DP
RESOURCE 2.0 ORAL LIQUID	\$0 (Tier 1)	DP
<i>restore fusion renal support oral powder</i>	\$0 (Tier 1)	DP
<i>restore renal support oral powder</i>	\$0 (Tier 1)	DP
<i>sb complete nutrition oral liquid</i>	\$0 (Tier 1)	DP
<i>sb complete nutrition plus oral liquid</i>	\$0 (Tier 1)	DP
SCANDICAL ORAL POWDER	\$0 (Tier 1)	DP
SCANDISHAKE ORAL POWDER	\$0 (Tier 1)	DP
SERACAL ORAL POWDER	\$0 (Tier 1)	DP
<i>sol carb oral powder</i>	\$0 (Tier 1)	DP
SUPLINA 1.8/CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
SUPLINA ORAL LIQUID	\$0 (Tier 1)	DP
SUPLINA/CARB STEADY ORAL LIQUID	\$0 (Tier 1)	DP
<i>sv melatonin oral tablet 5 mg</i>	\$0 (Tier 1)	DP
THICK-IT THICKENED CRANBERRY ORAL LIQUID	\$0 (Tier 1)	DP
<i>thrivacin 30 oral liquid</i>	\$0 (Tier 1)	DP
<i>thrivacin detox oral liquid</i>	\$0 (Tier 1)	DP
TWOCAL HN 2.0 ORAL LIQUID	\$0 (Tier 1)	DP
TWOCAL HN ENTERAL LIQUID	\$0 (Tier 1)	DP
TWOCAL HN ORAL LIQUID	\$0 (Tier 1)	DP
TYLACTIN RESTORE 10 ORAL LIQUID	\$0 (Tier 1)	DP
TYLACTIN RTD 15 ORAL LIQUID	\$0 (Tier 1)	DP
TYR ANAMIX EARLY YEARS ORAL POWDER	\$0 (Tier 1)	DP
TYR ANAMIX NEXT ORAL POWDER	\$0 (Tier 1)	DP
TYR COOLER ORAL LIQUID	\$0 (Tier 1)	DP
TYR LOPHLEX LQ ORAL LIQUID	\$0 (Tier 1)	DP
TYREX-1 ORAL POWDER	\$0 (Tier 1)	DP
TYREX-2 ORAL POWDER	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYROS 1 ORAL POWDER	\$0 (Tier 1)	DP
TYROS 2 ORAL POWDER	\$0 (Tier 1)	DP
UCD 2 ORAL POWDER	\$0 (Tier 1)	DP
UCD ANAMIX JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
<i>ucd trio oral powder</i>	\$0 (Tier 1)	DP
<i>ultramino soy protein oral powder</i>	\$0 (Tier 1)	DP
ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID	\$0 (Tier 1)	DP
VILACTIN AA PLUS ORAL LIQUID	\$0 (Tier 1)	DP
VITAL 1.0 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
VITAL 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
VITAL 1.5 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
VITAL 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID	\$0 (Tier 1)	DP
VITAL AF 1.2 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
VITAL AF 1.2 CAL ORAL LIQUID	\$0 (Tier 1)	DP
VITAL HP 1.0 CAL ENTERAL LIQUID	\$0 (Tier 1)	DP
VITAL HP 1.0 CAL ORAL LIQUID	\$0 (Tier 1)	DP
VITAL JR ORAL LIQUID	\$0 (Tier 1)	DP
VITAL PEPTIDE 1.5 CAL ORAL LIQUID	\$0 (Tier 1)	DP
VIVONEX PEDIATRIC ORAL POWDER	\$0 (Tier 1)	DP
VIVONEX RTF ENTERAL LIQUID	\$0 (Tier 1)	DP
VIVONEX RTF ORAL LIQUID	\$0 (Tier 1)	DP
WND 1 ORAL POWDER	\$0 (Tier 1)	DP
WND 2 ORAL POWDER	\$0 (Tier 1)	DP
XLEU MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XLYS-XTRP MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XLYS-XTRP MAXAMUM ORAL POWDER	\$0 (Tier 1)	DP
XMET MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XMET XCYS MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XMTVI MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XPHE MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XPHE-XTYR MAXAMAID ORAL POWDER	\$0 (Tier 1)	DP
XTRACAL PLUS ORAL LIQUID	\$0 (Tier 1)	DP
<i>yl coenzyme q10 oral capsule 30 mg</i>	\$0 (Tier 1)	DP
Vitamins		
<i>50+ adult eye health oral capsule</i>	\$0 (Tier 1)	DP
<i>a thru z advanced adult oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z advanced oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z high potency oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z select 50+ advanced oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>a thru z select 50+ mens oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z select advanced oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z select oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z select oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>a thru z select ultimate women oral tablet</i>	\$0 (Tier 1)	DP
<i>a thru z ultimate mens oral tablet</i>	\$0 (Tier 1)	DP
<i>a-10000 oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>a-25 oral capsule 7.5 mg (25000 ut)</i>	\$0 (Tier 1)	DP
<i>abc complete adult oral tablet</i>	\$0 (Tier 1)	DP
<i>abc complete mens oral tablet</i>	\$0 (Tier 1)	DP
<i>abc complete senior 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>abc complete senior mens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>abc complete senior womens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>abc complete womens oral tablet</i>	\$0 (Tier 1)	DP
<i>acerola c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>actical oral capsule</i>	\$0 (Tier 1)	DP
ACTIVNUTRIENTS ORAL CAPSULE	\$0 (Tier 1)	DP
ACTIVNUTRIENTS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE	\$0 (Tier 1)	DP
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE	\$0 (Tier 1)	DP
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ADRENAL MANAGER ORAL CAPSULE	\$0 (Tier 1)	DP
ADRENALIV ORAL CAPSULE	\$0 (Tier 1)	DP
<i>adrenoid oral capsule</i>	\$0 (Tier 1)	DP
<i>adult one daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
ADVANCED C PLUS ORAL TABLET	\$0 (Tier 1)	DP
<i>advanced eye health oral capsule</i>	\$0 (Tier 1)	DP
ADVANCED MULTI EA ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
AFLORA ORAL TABLET	\$0 (Tier 1)	DP
AIRAVITE ORAL TABLET 2.5-25-1 MG	\$0 (Tier 1)	DP
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
AIRBORNE GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
AIRBORNE KIDS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
AIRBORNE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE CALCIUM BONE SUPPORT ORAL TABLET	\$0 (Tier 1)	DP
<i>alive daily energy oral tablet</i>	\$0 (Tier 1)	DP
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALIVE ENERGY 50+ ORAL TABLET	\$0 (Tier 1)	DP
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE	\$0 (Tier 1)	DP
ALIVE GARDEN GOODNESS ORAL TABLET	\$0 (Tier 1)	DP
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE	\$0 (Tier 1)	DP
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE MAX 6 POTENCY ORAL CAPSULE	\$0 (Tier 1)	DP
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE MENS 50+ ORAL TABLET	\$0 (Tier 1)	DP
ALIVE MENS 50+ ULTRA ORAL TABLET	\$0 (Tier 1)	DP
ALIVE MENS COMPLETE MULTI ORAL TABLET	\$0 (Tier 1)	DP
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE MENS ULTRA ORAL TABLET	\$0 (Tier 1)	DP
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE MULTI-VITAMIN ORAL LIQUID	\$0 (Tier 1)	DP
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE ONCE DAILY WOMENS ORAL TABLET	\$0 (Tier 1)	DP
ALIVE ULTRA POTENCY ADULT ORAL TABLET	\$0 (Tier 1)	DP
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	\$0 (Tier 1)	DP
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	\$0 (Tier 1)	DP
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALIVE WOMENS ENERGY ORAL TABLET	\$0 (Tier 1)	DP
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ALLBEE/C ORAL TABLET	\$0 (Tier 1)	DP
ALPHA BETIC ORAL TABLET	\$0 (Tier 1)	DP
<i>altrixa ob oral tablet 15-0.4-0.6 mg</i>	\$0 (Tier 1)	DP
<i>altrixa oral tablet</i>	\$0 (Tier 1)	DP
AMORYN MOOD BOOSTER ORAL CAPSULE	\$0 (Tier 1)	DP
<i>anti-allergy oral tablet 100-100-50 mg</i>	\$0 (Tier 1)	DP
<i>antioxidant a/c/e/selenium oral tablet</i>	\$0 (Tier 1)	DP
<i>antioxidant formula oral tablet</i>	\$0 (Tier 1)	DP
<i>antioxidant formula/minerals oral capsule</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>antioxidant oral capsule</i>	\$0 (Tier 1)	DP
<i>anti-oxidant oral tablet</i>	\$0 (Tier 1)	DP
<i>antioxidant vitamins oral tablet</i>	\$0 (Tier 1)	DP
APETIBEX ORAL CAPSULE	\$0 (Tier 1)	DP
APPE-CURB ORAL CAPSULE	\$0 (Tier 1)	DP
AQUA-E ORAL LIQUID 50.25 MG/ML (75 UT/ML)	\$0 (Tier 1)	DP
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	\$0 (Tier 1)	DP
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 1)	DP
<i>ascorbic acid injection solution 500 mg/ml</i>	\$0 (Tier 1)	DP
<i>ascorbic acid oral liquid 500 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ascorbic acid oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0 (Tier 1)	DP
ATABEX OB ORAL TABLET 29-1 MG	\$0 (Tier 1)	DP
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	\$0 (Tier 1)	DP
<i>azesco oral tablet 13-1 mg</i>	\$0 (Tier 1)	DP
<i>b complex formula 1 (w/ fa) oral tablet</i>	\$0 (Tier 1)	DP
<i>b complex oral capsule</i>	\$0 (Tier 1)	DP
<i>b complex vitamins oral capsule</i>	\$0 (Tier 1)	DP
<i>b complex-b12 oral tablet</i>	\$0 (Tier 1)	DP
<i>b complex-c oral tablet</i>	\$0 (Tier 1)	DP
<i>b complex-c-folic acid oral tablet</i>	\$0 (Tier 1)	DP
<i>b1 natural oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>b1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>b-1 oral tablet 100 mg, 250 mg</i>	\$0 (Tier 1)	DP
<i>b-100 b-complex oral tablet</i>	\$0 (Tier 1)	DP
<i>b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg, 500 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 oral tablet chewable 1000 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 oral tablet dispersible 2500 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 quick dissolve sublingual tablet sublingual 1000 mcg, 3000 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 slow release oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 sublingual tablet sublingual 2500 mcg, 500 mcg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>b-12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 1)	DP
<i>b-50 complex oral tablet</i>	\$0 (Tier 1)	DP
<i>b6 natural oral tablet 100 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	DP
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML	\$0 (Tier 1)	DP
<i>baby super daily d3 oral liquid 10 mcg /0.028ml</i>	\$0 (Tier 1)	DP
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>	\$0 (Tier 1)	DP
BACMIN ORAL TABLET	\$0 (Tier 1)	DP
<i>balance b-50 oral tablet</i>	\$0 (Tier 1)	DP
<i>balanced b complex oral tablet</i>	\$0 (Tier 1)	DP
<i>balanced b-100 oral tablet</i>	\$0 (Tier 1)	DP
<i>balanced b-50/fa oral tablet</i>	\$0 (Tier 1)	DP
BARIATRIC FUSION ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>bariatric multivitamin/iron oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>bariatric multivitamins oral capsule</i>	\$0 (Tier 1)	DP
<i>bariatric multivitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>bariatric multivitamins oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>bariatric multivitamins/iron oral capsule</i>	\$0 (Tier 1)	DP
<i>bariatric multivitamins/iron oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>basic am oral tablet</i>	\$0 (Tier 1)	DP
<i>basic pm oral tablet</i>	\$0 (Tier 1)	DP
<i>b-compleet-100 oral tablet</i>	\$0 (Tier 1)	DP
<i>b-compleet-50 oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex (folic acid) oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex balanced oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex plus b-12 oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex/b-12 oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex/electrolytes oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex/vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex-c (w/folic acid) oral tablet</i>	\$0 (Tier 1)	DP
<i>b-complex-c oral tablet</i>	\$0 (Tier 1)	DP
<i>better b complex oral tablet</i>	\$0 (Tier 1)	DP
BIG 100 (BIOTIN) ORAL TABLET	\$0 (Tier 1)	DP
BIG 100 ORAL TABLET	\$0 (Tier 1)	DP
<i>bilberry plus oral capsule</i>	\$0 (Tier 1)	DP
BIO-35 GLUTEN-FREE ORAL CAPSULE	\$0 (Tier 1)	DP
BIO-35 IRON FREE ORAL CAPSULE	\$0 (Tier 1)	DP
<i>biocal oral capsule</i>	\$0 (Tier 1)	DP
<i>biocel oral tablet</i>	\$0 (Tier 1)	DP
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	\$0 (Tier 1)	DP
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bioflex oral tablet</i>	\$0 (Tier 1)	DP
BIOTECT PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
<i>biotin forte oral tablet 3 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>biotin maximum strength oral capsule 5000 mcg</i>	\$0 (Tier 1)	DP
<i>biotin maximum strength oral tablet 10000 mcg</i>	\$0 (Tier 1)	DP
<i>biotin oral capsule 1 mg, 10 mg, 5 mg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>biotin oral tablet 10 mg, 1000 mcg, 10000 mcg, 5 mg, 5000 mcg, 800 mcg</i>	\$0 (Tier 1)	DP
<i>biotin super potency oral capsule 5000 mcg</i>	\$0 (Tier 1)	DP
<i>bladder 2.2 oral tablet</i>	\$0 (Tier 1)	DP
<i>blood sugar manager oral tablet</i>	\$0 (Tier 1)	DP
<i>body/hair/skin/nails oral capsule</i>	\$0 (Tier 1)	DP
BONEUP 3 PER DAY ORAL CAPSULE	\$0 (Tier 1)	DP
BONEUP ORAL CAPSULE	\$0 (Tier 1)	DP
BONEUP VEGETARIAN ORAL TABLET	\$0 (Tier 1)	DP
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE	\$0 (Tier 1)	DP
<i>bp vit 3 oral capsule 1 mg</i>	\$0 (Tier 1)	DP
<i>b-plex oral tablet</i>	\$0 (Tier 1)	DP
<i>b-plex plus oral tablet</i>	\$0 (Tier 1)	DP
BPROTECTED MULTI-VITE ORAL LIQUID	\$0 (Tier 1)	DP
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	\$0 (Tier 1)	DP
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	\$0 (Tier 1)	DP
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML, 11 MG/ML, 5.5 MG/0.5ML	\$0 (Tier 1)	DP
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10	\$0 (Tier 1)	DP
BPROTECTED VITAMIN C ORAL LIQUID 500 MG/5ML	\$0 (Tier 1)	DP
<i>brain builder kids oral tablet chewable</i>	\$0 (Tier 1)	DP
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID	\$0 (Tier 1)	DP
<i>c 1000 oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>c 500 oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>c 500/rose hips oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>c extra strength oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>c-1000 oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>c-1000 oral tablet extended release 1000 mg</i>	\$0 (Tier 1)	DP
<i>c-1000/rose hips oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>c-250 oral tablet 250 mg</i>	\$0 (Tier 1)	DP
<i>c-250 oral tablet chewable 250 mg</i>	\$0 (Tier 1)	DP
<i>c-500 oral tablet 500 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>c-500 oral tablet extended release 500 mg</i>	\$0 (Tier 1)	DP
<i>c-500/rose hips oral tablet 500 mg</i>	\$0 (Tier 1)	DP
CALCIDOL ORAL SOLUTION 200 MCG/ML	\$0 (Tier 1)	DP
<i>cardiopress oral capsule</i>	\$0 (Tier 1)	DP
<i>c-chewable oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE	\$0 (Tier 1)	DP
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>centavite a-z complete-mineral oral tablet</i>	\$0 (Tier 1)	DP
<i>centravites 50 plus oral tablet</i>	\$0 (Tier 1)	DP
<i>centravites adults oral tablet</i>	\$0 (Tier 1)	DP
<i>centravites oral tablet</i>	\$0 (Tier 1)	DP
CENTRUM ADULT 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM ADULT ORAL LIQUID	\$0 (Tier 1)	DP
CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM ADULTS ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM CARDIO ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM DUAL ACT MULTI+ BEAUTY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM DUAL ACT MULTI+OMEGA-3 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM KIDS MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM KIDS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM MEN 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM MEN MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM MEN ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MENOPAUSE HOT FLASH ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MENOPAUSE MIND/MOOD ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MINIS ADULTS 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MINIS MEN 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MINIS WOMEN 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM MULTI+ MENTAL FOCUS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM ORAL LIQUID	\$0 (Tier 1)	DP
CENTRUM POSTNATAL GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM SILVER 50+MEN ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER 50+WOMEN ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER ADULT 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER MEN 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SILVER WOMEN 50+ ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SPECIALIST HEART ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SPECIALIST IMMUNE ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM SPECIALIST VISION ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM ULTRA WOMENS ORAL TABLET	\$0 (Tier 1)	DP
CENTRUM VITAMINTS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM WOMEN 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CENTRUM WOMEN MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRUM WOMEN ORAL TABLET	\$0 (Tier 1)	DP
<i>century mature oral tablet</i>	\$0 (Tier 1)	DP
<i>century oral tablet</i>	\$0 (Tier 1)	DP
CENVITE ORAL LIQUID	\$0 (Tier 1)	DP
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	\$0 (Tier 1)	DP
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 1)	DP
CEROVITE SENIOR ORAL TABLET	\$0 (Tier 1)	DP
CERTAVITE SENIOR ORAL TABLET	\$0 (Tier 1)	DP
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	\$0 (Tier 1)	DP
CERTAVITE/ANTIOXIDANTS ORAL TABLET	\$0 (Tier 1)	DP
<i>childrens animal shapes oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>childrens chew multivitamin oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>childrens chewable vitamins oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>childrens gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
CHOICEFUL MULTIVITAMIN ORAL CAPSULE	\$0 (Tier 1)	DP
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>cholase control oral capsule</i>	\$0 (Tier 1)	DP
<i>cholecalciferol oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
CITRACAL +D3 ORAL TABLET	\$0 (Tier 1)	DP
<i>classic prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit</i>	\$0 (Tier 1)	DP
<i>cod liver oil w/vit a & d oral capsule</i>	\$0 (Tier 1)	DP
<i>cod liver oil/low vitamin a oral capsule</i>	\$0 (Tier 1)	DP
<i>cod liver oil/vitamins a & d oral capsule</i>	\$0 (Tier 1)	DP
<i>collagen ultra oral capsule</i>	\$0 (Tier 1)	DP
<i>companion oral tablet</i>	\$0 (Tier 1)	DP
COMPETE ORAL TABLET	\$0 (Tier 1)	DP
<i>complete multivitamin/mineral oral liquid</i>	\$0 (Tier 1)	DP
CO-NATAL FA ORAL TABLET	\$0 (Tier 1)	DP
<i>coral calcium plus oral capsule</i>	\$0 (Tier 1)	DP
CORTICARE B ORAL CAPSULE	\$0 (Tier 1)	DP
CORVITA ORAL TABLET	\$0 (Tier 1)	DP
CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE 60 MG	\$0 (Tier 1)	DP
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CULTURELLE PROBIOTIC MEN DAILY ORAL CAPSULE	\$0 (Tier 1)	DP
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>cvs adult 50+ eye health oral capsule</i>	\$0 (Tier 1)	DP
<i>cvs adult multivitamin oral tablet chewable</i>	\$0 (Tier 1)	DP
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
CVS AIRSHIELD ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>cvs b complex plus c oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs b-1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>cvs b12 gummies oral tablet chewable 500 mcg</i>	\$0 (Tier 1)	DP
<i>cvs b-12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>cvs b12 oral tablet chewable 2500 mcg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cvs b6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>cvs biotin high potency oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cvs biotin oral capsule 10 mg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cvs biotin oral tablet 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>cvs childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>cvs daily gummies adult oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvs daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvs daily multiple for men oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs daily multiple women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs daily multiv/mineral mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs daily multivitamin mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs daily multivitamin womens oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs e oral capsule 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>cvs eye health & lutein oral tablet</i>	\$0 (Tier 1)	DP
<i>cvs eye health adult 50+ oral capsule</i>	\$0 (Tier 1)	DP
<i>cvs folic acid oral tablet 800 mcg</i>	\$0 (Tier 1)	DP
<i>cvs gummy dinos oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvs gummy multivitamin kids oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvs immune support oral capsule</i>	\$0 (Tier 1)	DP
<i>cvs mens daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvs one daily essential oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cv's one daily mens 50+ adv oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's one daily mens formula oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's one daily womens 50+ adv oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's one daily womens formula oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	\$0 (Tier 1)	DP
<i>cv's prenatal multi+dha oral capsule 27-0.8-250 mg</i>	\$0 (Tier 1)	DP
<i>cv's prenatal multivitamin oral capsule 27-0.8-250 mg</i>	\$0 (Tier 1)	DP
<i>cv's prenatal oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>cv's spectravite adult 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite adult 50+ oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's spectravite adults oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite advanced oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite men oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite senior oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite ultra men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite ultra mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite ultra women oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite women oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's spectravite women oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's spectravite womens senior oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's super b complex/c oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's vision health oral capsule</i>	\$0 (Tier 1)	DP
<i>cv's vitamin a oral capsule 2400 mcg (8000 ut)</i>	\$0 (Tier 1)	DP
<i>cv's vitamin b12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin b-12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin c-rose hips oral tablet 1000 mg, 500-10 mg</i>	\$0 (Tier 1)	DP
<i>cv's vitamin d3 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>cv's vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>cv's womens active daily oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's womens daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's womens prenatal+dha oral 28-0.975 & 200 mg</i>	\$0 (Tier 1)	DP
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	\$0 (Tier 1)	DP
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 baby drops oral liquid 10 mcg /0.025ml</i>	\$0 (Tier 1)	DP
<i>d3 extra strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 1)	DP
<i>d3 max st oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 1)	DP
<i>d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 1)	DP
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>daily betic oral tablet</i>	\$0 (Tier 1)	DP
<i>daily combo multi vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>daily multiple vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>daily multiple vitamins/min oral tablet</i>	\$0 (Tier 1)	DP
<i>daily multivitamin oral capsule</i>	\$0 (Tier 1)	DP
<i>daily value multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vitamin/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vite multivitamin/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vite oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vites oral tablet</i>	\$0 (Tier 1)	DP
<i>daily vites/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>daily-vite multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>daily-vite oral tablet</i>	\$0 (Tier 1)	DP
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	\$0 (Tier 1)	DP
DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML	\$0 (Tier 1)	DP
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DECUBI-VITE ORAL CAPSULE	\$0 (Tier 1)	DP
<i>dekas bariatric oral tablet chewable</i>	\$0 (Tier 1)	DP
DEKAS PLUS OCEAN ORAL CAPSULE	\$0 (Tier 1)	DP
DEKAS PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
DEKAS PLUS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 1)	DP
DEPLIN MA ORAL CAPSULE	\$0 (Tier 1)	DP
DERMAVITE ORAL TABLET	\$0 (Tier 1)	DP
<i>destress-iron oral tablet</i>	\$0 (Tier 1)	DP
<i>diabetes health formula oral tablet</i>	\$0 (Tier 1)	DP
DIALYVITE 3000 ORAL TABLET 3 MG	\$0 (Tier 1)	DP
DIALYVITE 5000 ORAL TABLET 5 MG	\$0 (Tier 1)	DP
DIALYVITE 800 ORAL TABLET 0.8 MG	\$0 (Tier 1)	DP
<i>dialyvite 800/ultra d oral tablet</i>	\$0 (Tier 1)	DP
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	\$0 (Tier 1)	DP
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	\$0 (Tier 1)	DP
DIALYVITE ORAL TABLET	\$0 (Tier 1)	DP
DIALYVITE SUPREME D ORAL TABLET	\$0 (Tier 1)	DP
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	\$0 (Tier 1)	DP
DIALYVITE/ZINC ORAL TABLET	\$0 (Tier 1)	DP
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 1)	DP
DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
D-VI-SOL ORAL LIQUID 10 MCG/ML	\$0 (Tier 1)	DP
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	\$0 (Tier 1)	DP
<i>e 1000 oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>e200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>e-200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>e400 oral capsule 180 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>e-400 oral capsule 180 mg (400 unit), 268 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>e-400-clear oral capsule 268 mg (400 unit)</i>	\$0 (Tier 1)	DP
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG	\$0 (Tier 1)	DP
EASY-C ORAL TABLET 500 MG	\$0 (Tier 1)	DP
ELDERTONIC ORAL LIQUID	\$0 (Tier 1)	DP
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	\$0 (Tier 1)	DP
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	\$0 (Tier 1)	DP
ELITE-OB ORAL TABLET 50-1.25 MG	\$0 (Tier 1)	DP
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMERGEN-C ELDERBERRY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
EMERGEN-C IMMUNE+ ELDERBERRY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>emergen-c immune+ oral tablet chewable</i>	\$0 (Tier 1)	DP
EMERGEN-C KIDZ DAILY IMMUNE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>emergen-c kidz immune+ oral tablet chewable</i>	\$0 (Tier 1)	DP
EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	\$0 (Tier 1)	DP
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	\$0 (Tier 1)	DP
<i>energy b12 oral tablet chewable 500 mcg</i>	\$0 (Tier 1)	DP
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	\$0 (Tier 1)	DP
ENFAMIL POLY-VI-SOL-IRON ORAL SOLUTION 11 MG/ML	\$0 (Tier 1)	DP
<i>eq complete multivit adult 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>eq complete multivitamin-adult oral tablet</i>	\$0 (Tier 1)	DP
<i>eq d3 drops infants/childrens oral liquid 10 mcg /0.025ml</i>	\$0 (Tier 1)	DP
<i>eq multivitamin gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>eq multivitamins adult gummy oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>eq multivitamins gummy child oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>eq one daily mens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>eq one daily mens health oral tablet</i>	\$0 (Tier 1)	DP
EQ ONE DAILY WOMENS 50+ ORAL TABLET	\$0 (Tier 1)	DP
<i>eq one daily womens health oral tablet</i>	\$0 (Tier 1)	DP
<i>eq vision formula 50+ oral capsule</i>	\$0 (Tier 1)	DP
<i>eq1 b complex 50 oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 b-12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>eq1 b-6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>eq1 biotin oral capsule 5000 mcg</i>	\$0 (Tier 1)	DP
<i>eq1 century mature adults 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 century mature men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 century mature oral tablet</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq1 century mature women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 century mens oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 century oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 century womens oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 child multivit/minerals oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>eq1 gummies childrens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>eq1 one daily adult gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>eq1 one daily mens 50+ advance oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 one daily mens health oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 one daily mens oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 one daily womens 50+ adv oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 prenatal formula oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>eq1 super b complex/vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 vision formula oral tablet</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin c drops mouth/throat lozenge 53 mg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin c gummies oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>eq1 vitamin e oral capsule 400 unit</i>	\$0 (Tier 1)	DP
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	\$0 (Tier 1)	DP
<i>ergocalciferol oral solution 10 mcg/0.05ml, 200 mcg/ml</i>	\$0 (Tier 1)	DP
ESSENTIA ORAL TABLET	\$0 (Tier 1)	DP
<i>essential balance oral tablet</i>	\$0 (Tier 1)	DP
ESTER-C ORAL TABLET	\$0 (Tier 1)	DP
ESTROFACTORS ORAL TABLET	\$0 (Tier 1)	DP
<i>eye health + lutein oral tablet</i>	\$0 (Tier 1)	DP
<i>eye health areds 2 oral capsule</i>	\$0 (Tier 1)	DP
<i>eye health oral capsule</i>	\$0 (Tier 1)	DP
<i>eye multivitamin/sodium oral tablet</i>	\$0 (Tier 1)	DP
EYE VITAMINS ORAL CAPSULE	\$0 (Tier 1)	DP
EYE-VITES ORAL TABLET	\$0 (Tier 1)	DP
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	\$0 (Tier 1)	DP
FEMQUIL ORAL CAPSULE	\$0 (Tier 1)	DP
FINAZOL ORAL TABLET	\$0 (Tier 1)	DP
FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
FITNESS TABS FOR MEN AM/PM ORAL TABLET	\$0 (Tier 1)	DP
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	\$0 (Tier 1)	DP
FLEXGEN ORAL TABLET	\$0 (Tier 1)	DP
FLINTSTONES + EXTRA IRON ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 1)	DP
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	\$0 (Tier 1)	DP
FLORRAXYL ORAL TABLET	\$0 (Tier 1)	DP
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 1)	DP
<i>folate oral tablet 400 mcg</i>	\$0 (Tier 1)	DP
<i>folatexcel oral tablet 20-1 mg</i>	\$0 (Tier 1)	DP
<i>folawise oral tablet</i>	\$0 (Tier 1)	DP
<i>folbee oral tablet 2.5-25-1 mg</i>	\$0 (Tier 1)	DP
<i>folbee plus oral tablet</i>	\$0 (Tier 1)	DP
FOLBIC ORAL TABLET 2.5-25-2 MG	\$0 (Tier 1)	DP
<i>folic acid injection solution 5 mg/ml</i>	\$0 (Tier 1)	DP
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	\$0 (Tier 1)	DP
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	\$0 (Tier 1)	DP
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	\$0 (Tier 1)	DP
FOLTANX ORAL TABLET 3-35-2 MG	\$0 (Tier 1)	DP
<i>freedavite oral tablet</i>	\$0 (Tier 1)	DP
<i>fruit c 500 oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>fruit c oral tablet chewable 100 mg</i>	\$0 (Tier 1)	DP
<i>fruity c oral tablet chewable 250 mg</i>	\$0 (Tier 1)	DP
<i>fruity chews oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>fruity chews/iron oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>ft adult multi gummies oral tablet chewable</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft b-complex plus vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>ft biotin oral capsule 5 mg</i>	\$0 (Tier 1)	DP
<i>ft biotin oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft century 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>ft century adults oral tablet</i>	\$0 (Tier 1)	DP
<i>ft century men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>ft century men oral tablet</i>	\$0 (Tier 1)	DP
<i>ft century women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>ft century women oral tablet</i>	\$0 (Tier 1)	DP
<i>ft childrens multi oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>ft childrens multi plus immune oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>ft eye health oral capsule</i>	\$0 (Tier 1)	DP
<i>ft eye health oral tablet</i>	\$0 (Tier 1)	DP
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 (Tier 1)	DP
<i>ft hair skin & nails extra str oral tablet</i>	\$0 (Tier 1)	DP
<i>ft immune support oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>ft one daily mens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>ft one daily mens oral tablet</i>	\$0 (Tier 1)	DP
<i>ft one daily womens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>ft one daily womens oral tablet</i>	\$0 (Tier 1)	DP
<i>ft prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin a oral capsule 3000 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-12 extra strength oral tablet chewable 1500 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-12 pr oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-12 sublingual tablet sublingual 2500 mcg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin c oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ft vitamin d3 oral capsule 25 mcg, 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>ft vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg</i>	\$0 (Tier 1)	DP
<i>ft vitamin d3 rapid release oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>ft vitamin e oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	\$0 (Tier 1)	DP
<i>genadek step 1 oral capsule</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>genadek step 2 oral capsule</i>	\$0 (Tier 1)	DP
<i>geri-freeda senior formula oral tablet</i>	\$0 (Tier 1)	DP
GERITOL COMPLETE ORAL TABLET	\$0 (Tier 1)	DP
<i>gerivite complete oral tablet</i>	\$0 (Tier 1)	DP
GLYCOTROL COMPLETE ORAL CAPSULE	\$0 (Tier 1)	DP
GLYCOTROL ORAL CAPSULE	\$0 (Tier 1)	DP
<i>gnp adult mini oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp b-12 oral tablet dispersible 2500 mcg</i>	\$0 (Tier 1)	DP
<i>gnp biotin oral capsule 5000 mcg</i>	\$0 (Tier 1)	DP
<i>gnp biotin oral tablet 10000 mcg</i>	\$0 (Tier 1)	DP
<i>gnp century adult formula oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century adult oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century adults men oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century adults women oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century mature adults 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century mature men's 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp century mature women's 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp childrens chewables/ex c oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	\$0 (Tier 1)	DP
<i>gnp childrens/extra c oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp d3 oral tablet 250 mcg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp essential one daily oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp folic acid oral tablet 400 mcg</i>	\$0 (Tier 1)	DP
<i>gnp hair/skin/nails oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp healthy eyes oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp healthy eyes supervision 2 oral capsule</i>	\$0 (Tier 1)	DP
<i>gnp immune support oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp little ones childrens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp mega multi for men oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp mega multi for women oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp multi childrens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>gnp one daily maximum oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp one daily mens health 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp one daily mens/llycopene oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp one daily womens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp one daily womens oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp prenatal/folic acid oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>gnp therapeutic-m oral tablet</i>	\$0 (Tier 1)	DP
<i>gnp vitamin a oral capsule 3000 mcg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c oral tablet chewable 125 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c oral tablet extended release 500 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>gnp vitamin health b12 oral tablet chewable 1500 mcg</i>	\$0 (Tier 1)	DP
<i>growing bones & muscles kids oral tablet chewable</i>	\$0 (Tier 1)	DP
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>hair skin & nails advanced oral tablet</i>	\$0 (Tier 1)	DP
<i>hair skin & nails oral tablet</i>	\$0 (Tier 1)	DP
<i>hair skin and nails formula oral tablet</i>	\$0 (Tier 1)	DP
<i>hair skin nails oral capsule</i>	\$0 (Tier 1)	DP
<i>hair/skin/nails oral capsule</i>	\$0 (Tier 1)	DP
<i>hair/skin/nails oral tablet</i>	\$0 (Tier 1)	DP
HARD NAILS ORAL CAPSULE 2.5 MG	\$0 (Tier 1)	DP
<i>head care proactive health oral tablet</i>	\$0 (Tier 1)	DP
<i>healthy eyes oral tablet</i>	\$0 (Tier 1)	DP
<i>healthy eyes supervision 2 oral capsule</i>	\$0 (Tier 1)	DP
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	\$0 (Tier 1)	DP
<i>healthy hair/skin/nails oral tablet</i>	\$0 (Tier 1)	DP
<i>heart savior oral capsule</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hi c-500 oral tablet 500-100-50 mg</i>	\$0 (Tier 1)	DP
<i>high potency e oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>high potency multivit/ifa oral tablet</i>	\$0 (Tier 1)	DP
<i>hi-kovite 2-part formula oral tablet</i>	\$0 (Tier 1)	DP
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3	\$0 (Tier 1)	DP
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	\$0 (Tier 1)	DP
ICAPS AREDS FORMULA ORAL TABLET	\$0 (Tier 1)	DP
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	\$0 (Tier 1)	DP
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE	\$0 (Tier 1)	DP
ICAPS MV ORAL TABLET	\$0 (Tier 1)	DP
ICAPS ORAL CAPSULE	\$0 (Tier 1)	DP
IMMUNE ESSENTIALS DAILY ORAL CAPSULE	\$0 (Tier 1)	DP
<i>immune support oral tablet chewable</i>	\$0 (Tier 1)	DP
IMMUNERX ORAL CAPSULE	\$0 (Tier 1)	DP
<i>immunicare oral capsule</i>	\$0 (Tier 1)	DP
INATAL GT ORAL TABLET	\$0 (Tier 1)	DP
INFLAMEX ORAL CAPSULE	\$0 (Tier 1)	DP
INFUVITE ADULT INTRAVENOUS SOLUTION	\$0 (Tier 1)	DP
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	\$0 (Tier 1)	DP
<i>inulose blood sugar support oral capsule</i>	\$0 (Tier 1)	DP
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	\$0 (Tier 1)	DP
<i>i-vite oral tablet</i>	\$0 (Tier 1)	DP
<i>joint health & bone strength oral tablet</i>	\$0 (Tier 1)	DP
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>k 100 oral tablet 100 mcg</i>	\$0 (Tier 1)	DP
<i>kls d3 oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>kobee oral tablet</i>	\$0 (Tier 1)	DP
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	\$0 (Tier 1)	DP
<i>kp adults 50+ daily formula oral tablet</i>	\$0 (Tier 1)	DP
<i>kp adults daily formula oral tablet</i>	\$0 (Tier 1)	DP
<i>kp b complex-c oral tablet</i>	\$0 (Tier 1)	DP
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	\$0 (Tier 1)	DP
<i>kp mens 50+ daily formula oral tablet</i>	\$0 (Tier 1)	DP
<i>kp mens daily formula oral tablet</i>	\$0 (Tier 1)	DP
<i>kp niacin oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
KP VISION FORMULA ORAL TABLET	\$0 (Tier 1)	DP
KP VISION FORMULA/LUTEIN ORAL TABLET	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>kp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>kp vitamin e oral capsule 45 mg (100 unit)</i>	\$0 (Tier 1)	DP
<i>kp womens 50+ daily formula oral tablet</i>	\$0 (Tier 1)	DP
<i>kp womens daily formula oral tablet</i>	\$0 (Tier 1)	DP
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	\$0 (Tier 1)	DP
<i>kpn prenatal oral tablet 0.1 mg</i>	\$0 (Tier 1)	DP
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE , 15 MG	\$0 (Tier 1)	DP
LIPOTRIAD VISION SUPPORT ORAL CAPSULE	\$0 (Tier 1)	DP
<i>lipotriad vision support plus oral capsule</i>	\$0 (Tier 1)	DP
LIPOTRIAD VISIONARY ORAL CAPSULE	\$0 (Tier 1)	DP
<i>liquid c oral liquid 500 mg/5ml</i>	\$0 (Tier 1)	DP
<i>little animals oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>liver detox oral tablet</i>	\$0 (Tier 1)	DP
LIVITA ADULTS ORAL LIQUID	\$0 (Tier 1)	DP
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	DP
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	DP
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	\$0 (Tier 1)	DP
<i>lutein-zeaxanthin oral tablet</i>	\$0 (Tier 1)	DP
LYSIPLEX PLUS ORAL LIQUID	\$0 (Tier 1)	DP
LYSIPLEX PLUS ORAL TABLET	\$0 (Tier 1)	DP
MACULAR HEALTH FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
MACUVITE EYE CARE ORAL TABLET	\$0 (Tier 1)	DP
MACUVITE ORAL TABLET	\$0 (Tier 1)	DP
MACUVITE/LUTEIN ORAL TABLET	\$0 (Tier 1)	DP
<i>masonatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
MATERNACEL ORAL TABLET 20-1 MG	\$0 (Tier 1)	DP
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0 (Tier 1)	DP
<i>maximum daily green oral tablet</i>	\$0 (Tier 1)	DP
MEDCAPS DPO ORAL CAPSULE	\$0 (Tier 1)	DP
MEDCAPS GI ORAL CAPSULE	\$0 (Tier 1)	DP
MEDCAPS IS ORAL CAPSULE	\$0 (Tier 1)	DP
MEDCAPS T3 ORAL CAPSULE	\$0 (Tier 1)	DP
<i>medi tab oral tablet</i>	\$0 (Tier 1)	DP
<i>mega biotin oral capsule 10 mg</i>	\$0 (Tier 1)	DP
<i>mega multi for women oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEGA MULTI MEN ORAL TABLET	\$0 (Tier 1)	DP
<i>megavite fruits & veggies oral tablet</i>	\$0 (Tier 1)	DP
<i>meijer advanced formula oral tablet</i>	\$0 (Tier 1)	DP
<i>meijer c oral tablet 500 mg</i>	\$0 (Tier 1)	DP
MEMORALL ORAL CAPSULE	\$0 (Tier 1)	DP
<i>mens 50+ advanced oral capsule</i>	\$0 (Tier 1)	DP
<i>mens 50+ multivitamin oral tablet</i>	\$0 (Tier 1)	DP
MENS LIFE PACK ORAL TABLET	\$0 (Tier 1)	DP
<i>mens multi health formula oral tablet</i>	\$0 (Tier 1)	DP
<i>mens multivitamin gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>mens multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>mens multivitamin oral tablet chewable</i>	\$0 (Tier 1)	DP
MERIBIN ORAL CAPSULE 5 MG	\$0 (Tier 1)	DP
METAFOLBIC ORAL TABLET 6-1-50-5 MG	\$0 (Tier 1)	DP
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	\$0 (Tier 1)	DP
METHYL PROTECT ORAL CAPSULE	\$0 (Tier 1)	DP
METHYL-GUARD ORAL CAPSULE	\$0 (Tier 1)	DP
METHYL-GUARD PLUS ORAL CAPSULE	\$0 (Tier 1)	DP
<i>mincora oral tablet</i>	\$0 (Tier 1)	DP
<i>mi-vite rx oral tablet 1 mg</i>	\$0 (Tier 1)	DP
<i>mm biotin/keratin oral capsule</i>	\$0 (Tier 1)	DP
<i>m-natal plus tablet 27-1 mg oral</i>	\$0 (Tier 1)	DP
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	\$0 (Tier 1)	DP
MOOD FOOD ES ORAL CAPSULE	\$0 (Tier 1)	DP
MOOD FOOD ORAL CAPSULE	\$0 (Tier 1)	DP
MTX SUPPORT ORAL TABLET	\$0 (Tier 1)	DP
<i>multi + omega-3 adult gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multi + omega-3 gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multi adult gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
MULTI COMPLETE ORAL CAPSULE	\$0 (Tier 1)	DP
<i>multi completeliron oral tablet</i>	\$0 (Tier 1)	DP
<i>multi for her 50+ oral capsule</i>	\$0 (Tier 1)	DP
<i>multi for her 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>multi for her oral capsule</i>	\$0 (Tier 1)	DP
<i>multi for her oral tablet</i>	\$0 (Tier 1)	DP
<i>multi for him 50+ oral tablet</i>	\$0 (Tier 1)	DP
MULTI FOR HIM ORAL CAPSULE	\$0 (Tier 1)	DP
MULTI FOR HIM ORAL TABLET	\$0 (Tier 1)	DP
<i>multi prenatal oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>multi vitamin oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multi vitamin w/d-3 oral tablet</i>	\$0 (Tier 1)	DP
<i>multi vitamin/minerals oral tablet</i>	\$0 (Tier 1)	DP
MULTIA ORAL CAPSULE	\$0 (Tier 1)	DP
<i>multiple vit/minerals/no iron oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamin-folic acid oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins essential oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins/womens oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins-iron oral tablet</i>	\$0 (Tier 1)	DP
<i>multiple vitamins-iron oral tablet chewable 15 mg</i>	\$0 (Tier 1)	DP
<i>multiple vitamins-minerals oral liquid</i>	\$0 (Tier 1)	DP
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	\$0 (Tier 1)	DP
<i>multivit/multimineral adult oral liquid</i>	\$0 (Tier 1)	DP
<i>multivitamin adult (minerals) oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin adult oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin adults 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin adults oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin childrens gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin childrens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin drops/iron oral solution 11 mg/ml</i>	\$0 (Tier 1)	DP
<i>multivitamin gummies adult oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin gummies mens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multi-vitamin gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin gummies womens oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>multivitamin infant & toddler oral solution , 11 mg/ml</i>	\$0 (Tier 1)	DP
<i>multivitamin iron-free oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin men oral tablet</i>	\$0 (Tier 1)	DP
<i>multi-vitamin monocaps oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin oral liquid</i>	\$0 (Tier 1)	DP
<i>multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>multi-vitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin plus iron adult oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	DP
<i>multivitamin women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin women oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin womens 50+ adv oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multivitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 1)	DP
<i>multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 1)	DP
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	DP
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	\$0 (Tier 1)	DP
<i>multi-vitamin/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>multi-vitamin/minerals oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin/zinc stress oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamin-minerals oral tablet</i>	\$0 (Tier 1)	DP
<i>multi-vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>multi-vite oral liquid</i>	\$0 (Tier 1)	DP
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 1)	DP
<i>multivit-min gummies childrens oral tablet chewable</i>	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION ORAL CAPSULE	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION ORAL SOLUTION	\$0 (Tier 1)	DP
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>mvw hi-d adek gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
MVW MODULATOR FORMULATION MINI ORAL CAPSULE	\$0 (Tier 1)	DP
MVW MODULATOR FORMULATION ORAL CAPSULE	\$0 (Tier 1)	DP
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>myamulti oral tablet</i>	\$0 (Tier 1)	DP
MYNEPHRON ORAL CAPSULE 1 MG	\$0 (Tier 1)	DP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	\$0 (Tier 1)	DP
<i>natal pnv oral tablet 6-0.5 mg</i>	\$0 (Tier 1)	DP
<i>nat-rul daily-vite+iron oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nat-rul theravite-m oral tablet</i>	\$0 (Tier 1)	DP
<i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>natrul-vites oral tablet</i>	\$0 (Tier 1)	DP
<i>natural c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>natural vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>natural vitamin e oral capsule 670 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>neomaterna oral tablet 20-1 mg</i>	\$0 (Tier 1)	DP
NEOMULTIVITE ORAL TABLET	\$0 (Tier 1)	DP
<i>neonatal complete oral tablet 27-1 mg</i>	\$0 (Tier 1)	DP
NEONATAL PLUS ORAL TABLET 27-1 MG	\$0 (Tier 1)	DP
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	\$0 (Tier 1)	DP
<i>neo-vital rx oral tablet 1 mg</i>	\$0 (Tier 1)	DP
NEPHPLEX RX ORAL TABLET	\$0 (Tier 1)	DP
<i>nephro vitamins oral tablet 0.8 mg</i>	\$0 (Tier 1)	DP
NEPHRO-VITE ORAL TABLET 0.8 MG	\$0 (Tier 1)	DP
NESTABS DHA ORAL 32-1 MG	\$0 (Tier 1)	DP
NESTABS ONE ORAL CAPSULE 38-1-225 MG	\$0 (Tier 1)	DP
NESTABS ORAL TABLET 32-1 MG	\$0 (Tier 1)	DP
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	DP
<i>niacin flush free oral capsule 590 mg</i>	\$0 (Tier 1)	DP
<i>niacin oral capsule 100 mg</i>	\$0 (Tier 1)	DP
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>niacinamide oral tablet 100 mg, 500 mg</i>	\$0 (Tier 1)	DP
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG	\$0 (Tier 1)	DP
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG	\$0 (Tier 1)	DP
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	\$0 (Tier 1)	DP
NIVA-FOL ORAL TABLET 2.5-25-2 MG	\$0 (Tier 1)	DP
NIVA-PLUS ORAL TABLET 27-1 MG	\$0 (Tier 1)	DP
<i>no iron mult vitamin-minerals oral tablet</i>	\$0 (Tier 1)	DP
<i>norwegian cod liver oil oral capsule</i>	\$0 (Tier 1)	DP
NUFOL ORAL TABLET 2.5-25-1 MG	\$0 (Tier 1)	DP
NUTRALYN ORAL TABLET	\$0 (Tier 1)	DP
NUTRIFAC ZX ORAL TABLET	\$0 (Tier 1)	DP
OB COMPLETE ORAL TABLET 50-1.25 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	\$0 (Tier 1)	DP
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0 (Tier 1)	DP
OBTREX ORAL TABLET	\$0 (Tier 1)	DP
<i>ocular vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>ocutabs oral tablet</i>	\$0 (Tier 1)	DP
<i>ocutabs-lutein oral tablet</i>	\$0 (Tier 1)	DP
OCUVITE ADULT 50+ ORAL CAPSULE	\$0 (Tier 1)	DP
OCUVITE ADULT FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
OCUVITE EXTRA ORAL TABLET	\$0 (Tier 1)	DP
OCUVITE EYE + MULTI ORAL TABLET	\$0 (Tier 1)	DP
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
OCUVITE-LUTEIN ORAL CAPSULE	\$0 (Tier 1)	DP
OCUVITE-LUTEIN ORAL TABLET	\$0 (Tier 1)	DP
<i>omnicap oral tablet</i>	\$0 (Tier 1)	DP
<i>once daily oral tablet</i>	\$0 (Tier 1)	DP
ONCOVITE ORAL TABLET	\$0 (Tier 1)	DP
ONE A DAY MEN 50 PLUS ORAL TABLET	\$0 (Tier 1)	DP
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ONE A DAY PRENATAL ORAL CAPSULE 27-0.8-200 MG	\$0 (Tier 1)	DP
ONE A DAY WOMEN 50 PLUS ORAL TABLET	\$0 (Tier 1)	DP
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>one daily 50 plus oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily calcium/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily complete for men oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily complete oral tablet</i>	\$0 (Tier 1)	DP
ONE DAILY ESSENTIAL ORAL TABLET	\$0 (Tier 1)	DP
<i>one daily essentials oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily for men 50+ advanced oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily for men/lycopene oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily for women 50+ adv oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily for women oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily healthy weight adv oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily healthy weight oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily maximum oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily men formula w/o iron oral tablet</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>one daily mens 50+ multivit oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily mens 50+/lycopene oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily mens health oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily mens oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily multivit/iron-free oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily multivitamin adult oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily multivitamin men oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily multivitamin women oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily multivitamin/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily womens 50 plus oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily womens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily womens oral tablet</i>	\$0 (Tier 1)	DP
<i>one daily/minerals oral tablet</i>	\$0 (Tier 1)	DP
ONE VITE DAILY MULTIVITAMIN ORAL TABLET	\$0 (Tier 1)	DP
<i>one vite womens oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>one vite womens plus oral tablet 27-1 mg</i>	\$0 (Tier 1)	DP
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY MENS (MINERALS) ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY MENS 50+ ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY MENS PRO EDGE ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY WOMENS 50+ ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY WOMENS ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY WOMENS PETITES ORAL TABLET	\$0 (Tier 1)	DP
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>one-daily multi caps oral capsule</i>	\$0 (Tier 1)	DP
<i>one-daily multi vitamins oral tablet</i>	\$0 (Tier 1)	DP
<i>one-daily multi-vit/mineral oral tablet</i>	\$0 (Tier 1)	DP
<i>one-daily multi-vitamin oral tablet</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>one-daily multi-vitamin/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>one-daily/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>optic-vites oral tablet</i>	\$0 (Tier 1)	DP
<i>optic-vites with lutein oral tablet</i>	\$0 (Tier 1)	DP
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14000 UT)	\$0 (Tier 1)	DP
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 1)	DP
<i>optimum airvites oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>optimum pms oral tablet</i>	\$0 (Tier 1)	DP
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
OPTIVITE P.M.T. ORAL TABLET	\$0 (Tier 1)	DP
OPURITY B12/FOLIC ACID ORAL TABLET 1000-200 MCG	\$0 (Tier 1)	DP
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
OPURITY ORAL TABLET	\$0 (Tier 1)	DP
OSTEOPRIME PLUS ORAL TABLET	\$0 (Tier 1)	DP
OSTEOPRIME ULTRA ORAL TABLET	\$0 (Tier 1)	DP
<i>pan-c 500/bioflavonoids oral tablet</i>	\$0 (Tier 1)	DP
<i>parvlex oral tablet</i>	\$0 (Tier 1)	DP
<i>pc pediatric poly-vitalfe drop oral solution 10 mg/ml</i>	\$0 (Tier 1)	DP
<i>pc pediatric poly-vitamin drop oral solution</i>	\$0 (Tier 1)	DP
<i>pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml</i>	\$0 (Tier 1)	DP
PERIDIN-C ORAL TABLET 200-50-150 MG	\$0 (Tier 1)	DP
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	\$0 (Tier 1)	DP
PHYTOMULTI ORAL TABLET	\$0 (Tier 1)	DP
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 1)	DP
<i>phytonadione oral tablet 5 mg</i>	\$0 (Tier 1)	DP
<i>pnv 27-calf/efa oral tablet 60-1 mg</i>	\$0 (Tier 1)	DP
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	\$0 (Tier 1)	DP
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	\$0 (Tier 1)	DP
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	\$0 (Tier 1)	DP
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 1)	DP
POLY-VI-SOL ORAL SOLUTION	\$0 (Tier 1)	DP
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	\$0 (Tier 1)	DP
<i>poly-vita oral solution</i>	\$0 (Tier 1)	DP
<i>poly-vitaliron oral solution 10 mg/ml</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>poly-vite pediatric oral solution</i>	\$0 (Tier 1)	DP
<i>poly-viteliron oral solution 11 mg/ml</i>	\$0 (Tier 1)	DP
<i>pregenna oral tablet 20-1 mg</i>	\$0 (Tier 1)	DP
PREMESISRX ORAL TABLET 1 MG	\$0 (Tier 1)	DP
PRENATABS RX ORAL TABLET 29-1 MG	\$0 (Tier 1)	DP
<i>prenatal (wliron & fa) oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>prenatal 19 oral tablet , 29-1 mg</i>	\$0 (Tier 1)	DP
<i>prenatal complete oral tablet 14-0.4 mg</i>	\$0 (Tier 1)	DP
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	\$0 (Tier 1)	DP
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	\$0 (Tier 1)	DP
<i>prenatal forte oral tablet</i>	\$0 (Tier 1)	DP
<i>prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg</i>	\$0 (Tier 1)	DP
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	\$0 (Tier 1)	DP
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	\$0 (Tier 1)	DP
<i>prenatal one daily oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	\$0 (Tier 1)	DP
<i>prenatal plus oral tablet 27-1 mg</i>	\$0 (Tier 1)	DP
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	\$0 (Tier 1)	DP
<i>prenatal tablet 27-1 mg oral</i>	\$0 (Tier 1)	DP
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>prenatal vitamins oral tablet 27-0.8 mg, 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>prenatalliron oral tablet , 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	\$0 (Tier 1)	DP
PRENATE AM ORAL TABLET 1 MG	\$0 (Tier 1)	DP
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	\$0 (Tier 1)	DP
PRENATOL-M ORAL TABLET 27-1.2 MG	\$0 (Tier 1)	DP
<i>prescription support multivit oral capsule</i>	\$0 (Tier 1)	DP
PRESERVISION AREDS 2 ORAL CAPSULE	\$0 (Tier 1)	DP
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	\$0 (Tier 1)	DP
PRESERVISION AREDS ORAL CAPSULE	\$0 (Tier 1)	DP
PRESERVISION AREDS ORAL TABLET	\$0 (Tier 1)	DP
PRESERVISION/LUTEIN ORAL CAPSULE	\$0 (Tier 1)	DP
<i>prevent oral capsule</i>	\$0 (Tier 1)	DP
<i>prev-rx oral tablet</i>	\$0 (Tier 1)	DP
<i>pro hers rx oral capsule</i>	\$0 (Tier 1)	DP
<i>pro his rx oral capsule</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pro pcos rx oral capsule</i>	\$0 (Tier 1)	DP
<i>probiotics + bariatric multi oral capsule</i>	\$0 (Tier 1)	DP
PRO-CAL ORAL TABLET	\$0 (Tier 1)	DP
PROCERV HP ORAL TABLET	\$0 (Tier 1)	DP
PRORENAL + D ORAL TABLET	\$0 (Tier 1)	DP
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	\$0 (Tier 1)	DP
PROSIGHT ORAL TABLET	\$0 (Tier 1)	DP
PROTECT CARDIO AF ORAL CAPSULE	\$0 (Tier 1)	DP
PROTECT PLUS SO ORAL CAPSULE	\$0 (Tier 1)	DP
PROTEGRA ORAL CAPSULE	\$0 (Tier 1)	DP
PROVIT ORAL TABLET	\$0 (Tier 1)	DP
<i>pyridoxine hcl injection solution 100 mg/ml</i>	\$0 (Tier 1)	DP
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>qc b12 sublingual tablet sublingual 2500 mcg</i>	\$0 (Tier 1)	DP
<i>qc biotin oral tablet 800 mcg</i>	\$0 (Tier 1)	DP
<i>qc childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>qc childrens vitamins/extra c oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	\$0 (Tier 1)	DP
<i>qc cod liver oil oral capsule 1250-135 unit</i>	\$0 (Tier 1)	DP
<i>qc daily multivitamin/multimineral oral tablet</i>	\$0 (Tier 1)	DP
<i>qc daily multivitamins/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>qc essentials oral tablet</i>	\$0 (Tier 1)	DP
<i>qc folic acid oral tablet 800 mcg</i>	\$0 (Tier 1)	DP
<i>qc hair skin & nails oral tablet</i>	\$0 (Tier 1)	DP
<i>qc mens daily multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>qc multi-vite 50 & over oral tablet</i>	\$0 (Tier 1)	DP
<i>qc multi-vite oral tablet</i>	\$0 (Tier 1)	DP
<i>qc niacin oral tablet 100 mg</i>	\$0 (Tier 1)	DP
QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE	\$0 (Tier 1)	DP
<i>qc prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>qc therin-m oral tablet</i>	\$0 (Tier 1)	DP
<i>qc vitamin b1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>qc vitamin b12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>qc vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>qc vitamin b6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>qc vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>qc vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>qc vitamin c with rose hips oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>qc vitamin e oral capsule 180 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>qc womens daily multivitamin oral tablet</i>	\$0 (Tier 1)	DP
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	\$0 (Tier 1)	DP
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	\$0 (Tier 1)	DP
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	\$0 (Tier 1)	DP
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	\$0 (Tier 1)	DP
<i>quin b strong b-25 oral tablet</i>	\$0 (Tier 1)	DP
<i>quin b strong oral tablet</i>	\$0 (Tier 1)	DP
<i>quintabs oral tablet</i>	\$0 (Tier 1)	DP
<i>quintabs-m oral tablet</i>	\$0 (Tier 1)	DP
<i>ra balanced b-100 oral tablet</i>	\$0 (Tier 1)	DP
<i>ra balanced b-50 oral tablet</i>	\$0 (Tier 1)	DP
<i>ra b-complex oral tablet</i>	\$0 (Tier 1)	DP
<i>ra b-complex with b-12 oral tablet</i>	\$0 (Tier 1)	DP
<i>ra biotin oral capsule 2500 mcg</i>	\$0 (Tier 1)	DP
<i>ra biotin oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>ra central-vite mens mature oral tablet</i>	\$0 (Tier 1)	DP
RA CENTRAL-VITE ORAL TABLET	\$0 (Tier 1)	DP
<i>ra central-vite womens mature oral tablet</i>	\$0 (Tier 1)	DP
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 (Tier 1)	DP
<i>ra natural vitamin e oral capsule 268 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>ra niacin oral tablet 100 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ra no flush niacin oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>ra one daily maximum oral tablet</i>	\$0 (Tier 1)	DP
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	\$0 (Tier 1)	DP
<i>ra one daily mens multi oral tablet</i>	\$0 (Tier 1)	DP
<i>ra one daily mens/vit d-3 oral tablet</i>	\$0 (Tier 1)	DP
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>ra prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>ra vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin b-12 oral tablet 100 mcg</i>	\$0 (Tier 1)	DP
<i>ra vitamin b12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 1)	DP
<i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin c cr oral tablet extended release 500 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra vitamin c drops mouth/throat lozenge 53 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin c oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin c oral tablet chewable 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin c/acerola oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>ra vitamin e natural oral capsule 670 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>ra vitamins complete childrens oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	\$0 (Tier 1)	DP
<i>relcare oral tablet</i>	\$0 (Tier 1)	DP
RENAL ORAL CAPSULE 1 MG	\$0 (Tier 1)	DP
<i>renal vitamin oral tablet 0.8 mg</i>	\$0 (Tier 1)	DP
RENAPLEX ORAL TABLET	\$0 (Tier 1)	DP
RENAPLEX-D ORAL TABLET	\$0 (Tier 1)	DP
<i>rena-vite oral tablet</i>	\$0 (Tier 1)	DP
<i>rena-vite rx oral tablet 1 mg</i>	\$0 (Tier 1)	DP
<i>reno caps oral capsule 1 mg</i>	\$0 (Tier 1)	DP
RETAIN VISION ORAL CAPSULE	\$0 (Tier 1)	DP
<i>right step prenatal oral tablet 27-0.8 mg</i>	\$0 (Tier 1)	DP
<i>sb vitamin c oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>se-natal 19 oral tablet 29-1 mg</i>	\$0 (Tier 1)	DP
<i>senior tabs oral tablet</i>	\$0 (Tier 1)	DP
<i>sentry oral tablet</i>	\$0 (Tier 1)	DP
<i>sentry senior mens 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>sentry senior oral tablet</i>	\$0 (Tier 1)	DP
<i>sentry senior/lutein oral tablet</i>	\$0 (Tier 1)	DP
<i>skin hair & nails advanced oral capsule</i>	\$0 (Tier 1)	DP
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	\$0 (Tier 1)	DP
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>solo oral tablet</i>	\$0 (Tier 1)	DP
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	\$0 (Tier 1)	DP
SOLUVITA WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>span c oral tablet</i>	\$0 (Tier 1)	DP
SPECTRAVITE ORAL TABLET	\$0 (Tier 1)	DP
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>stress b complex/antioxid/zinc oral tablet</i>	\$0 (Tier 1)	DP
<i>stress b complex/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>stress formula (folic acid) oral tablet</i>	\$0 (Tier 1)	DP
<i>stress formula oral tablet</i>	\$0 (Tier 1)	DP
<i>stress formula/iron oral tablet</i>	\$0 (Tier 1)	DP
<i>stress formula/zinc/energy oral tablet</i>	\$0 (Tier 1)	DP
STRESSTABS ADVANCED ORAL TABLET	\$0 (Tier 1)	DP
STRESSTABS ENERGY ORAL TABLET	\$0 (Tier 1)	DP
STROVITE ONE ORAL TABLET	\$0 (Tier 1)	DP
STUART ONE ORAL CAPSULE 27-0.8-200 MG	\$0 (Tier 1)	DP
SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 1)	DP
<i>super antioxidant oral capsule</i>	\$0 (Tier 1)	DP
<i>super antioxidants protector oral capsule</i>	\$0 (Tier 1)	DP
<i>super aytinal 50 plus oral tablet</i>	\$0 (Tier 1)	DP
<i>super aytinal oral tablet</i>	\$0 (Tier 1)	DP
<i>super b complex/fal/vit c oral tablet</i>	\$0 (Tier 1)	DP
<i>super b complex/vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>super b-complex + vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>super b-complex oral tablet</i>	\$0 (Tier 1)	DP
<i>super b-complex/vit c/fa oral tablet</i>	\$0 (Tier 1)	DP
<i>super biotin oral capsule 5000 mcg</i>	\$0 (Tier 1)	DP
<i>super biotin oral tablet 5000 mcg</i>	\$0 (Tier 1)	DP
<i>super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml</i>	\$0 (Tier 1)	DP
SUPER DEC B-100 ORAL TABLET	\$0 (Tier 1)	DP
<i>super d-zinc-selenium-copper oral tablet</i>	\$0 (Tier 1)	DP
SUPER QUINTS B-50 ORAL TABLET	\$0 (Tier 1)	DP
<i>super thera vite m oral tablet</i>	\$0 (Tier 1)	DP
<i>super vita-mins oral tablet</i>	\$0 (Tier 1)	DP
<i>superior mens multi oral tablet</i>	\$0 (Tier 1)	DP
<i>superior womens multi oral tablet</i>	\$0 (Tier 1)	DP
<i>support oral liquid</i>	\$0 (Tier 1)	DP
SUPPORT-500 ORAL CAPSULE	\$0 (Tier 1)	DP
<i>sv b12 extra strength sublingual tablet sublingual 5000 mcg</i>	\$0 (Tier 1)	DP
<i>sv b12 oral tablet dispersible 5000 mcg</i>	\$0 (Tier 1)	DP
<i>sv b12 sublingual tablet sublingual 500 mcg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>sv vitamin d3 oral capsule 25 mcg, 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>synertropin oral capsule</i>	\$0 (Tier 1)	DP
SYSTANE ICAPS AREDS2 ORAL CAPSULE	\$0 (Tier 1)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET	\$0 (Tier 1)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
TAB-A-VITE ORAL TABLET	\$0 (Tier 1)	DP
TAB-A-VITE/BETA CAROTENE ORAL TABLET	\$0 (Tier 1)	DP
TAB-A-VITE/IRON ORAL TABLET	\$0 (Tier 1)	DP
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	\$0 (Tier 1)	DP
THERA ORAL TABLET	\$0 (Tier 1)	DP
<i>thera vital m oral tablet</i>	\$0 (Tier 1)	DP
<i>thera vital-m oral tablet</i>	\$0 (Tier 1)	DP
<i>therabasic-m oral tablet</i>	\$0 (Tier 1)	DP
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 1)	DP
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT)	\$0 (Tier 1)	DP
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 1)	DP
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	\$0 (Tier 1)	DP
THERAGRAN-M ADVANCED ORAL TABLET	\$0 (Tier 1)	DP
THERAGRAN-M ORAL TABLET	\$0 (Tier 1)	DP
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	\$0 (Tier 1)	DP
THERAGRAN-M PREMIER ORAL TABLET	\$0 (Tier 1)	DP
<i>thera-m plus mv w/beta-carot oral tablet</i>	\$0 (Tier 1)	DP
THERAMILL FORTE ORAL CAPSULE	\$0 (Tier 1)	DP
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	\$0 (Tier 1)	DP
THERANATAL LACTATION ONE ORAL CAPSULE	\$0 (Tier 1)	DP
<i>therapeutic formula/hematinics oral tablet</i>	\$0 (Tier 1)	DP
<i>therapeutic-m oral tablet</i>	\$0 (Tier 1)	DP
<i>thera-tabs m oral tablet</i>	\$0 (Tier 1)	DP
<i>thera-tabs oral tablet</i>	\$0 (Tier 1)	DP
THERATRUM COMPLETE 50 PLUS ORAL TABLET	\$0 (Tier 1)	DP
THERATRUM COMPLETE ORAL TABLET	\$0 (Tier 1)	DP
<i>thera-vite max-m oral tablet</i>	\$0 (Tier 1)	DP
THEREMS ORAL TABLET	\$0 (Tier 1)	DP
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	\$0 (Tier 1)	DP
<i>thiamine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>thiamine mononitrate oral tablet 100 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THRIVE FOR LIFE WOMENS ORAL TABLET	\$0 (Tier 1)	DP
<i>thrivite rx oral tablet 29-1 mg</i>	\$0 (Tier 1)	DP
<i>tm-daily vite oral tablet</i>	\$0 (Tier 1)	DP
<i>tm-vite rx oral tablet 1 mg</i>	\$0 (Tier 1)	DP
<i>toco-sorb oral capsule 13 mg (19 unit)</i>	\$0 (Tier 1)	DP
TRI SUPER FLAVONS ORAL TABLET	\$0 (Tier 1)	DP
<i>trinatal rx 1 oral tablet 60-1 mg</i>	\$0 (Tier 1)	DP
TRINATE ORAL TABLET	\$0 (Tier 1)	DP
<i>triphrocaps oral capsule 1 mg</i>	\$0 (Tier 1)	DP
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	\$0 (Tier 1)	DP
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	\$0 (Tier 1)	DP
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 1)	DP
<i>tropical liquid nutrition oral liquid</i>	\$0 (Tier 1)	DP
<i>true daily vite oral tablet</i>	\$0 (Tier 1)	DP
<i>true folic acid oral tablet 1 mg, 400 mcg</i>	\$0 (Tier 1)	DP
<i>true vitamin a oral capsule 10000 unit, 8000 unit</i>	\$0 (Tier 1)	DP
<i>true vitamin b1 oral tablet 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>true vitamin b12 oral tablet 1000 mcg, 500 mcg</i>	\$0 (Tier 1)	DP
<i>true vitamin b3 oral tablet 250 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>true vitamin b6 oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>true vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	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), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>true vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg</i>	\$0 (Tier 1)	DP
<i>true vitamin e oral capsule 180 mg, 450 mg, 90 mg</i>	\$0 (Tier 1)	DP
<i>t-vites oral tablet</i>	\$0 (Tier 1)	DP
UDAMIN SP ORAL TABLET	\$0 (Tier 1)	DP
ULTRA BONEUP ORAL TABLET	\$0 (Tier 1)	DP
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 1)	DP
<i>ultra freeda oral tablet</i>	\$0 (Tier 1)	DP
<i>ultra freedaliron oral tablet</i>	\$0 (Tier 1)	DP
<i>ultra multi formulaliron oral capsule</i>	\$0 (Tier 1)	DP
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	\$0 (Tier 1)	DP
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	\$0 (Tier 1)	DP
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vasoflex hd oral tablet</i>	\$0 (Tier 1)	DP
VASOFLEX ORAL TABLET	\$0 (Tier 1)	DP
<i>v-c forte oral capsule</i>	\$0 (Tier 1)	DP
VIC-FORTE ORAL CAPSULE	\$0 (Tier 1)	DP
<i>vision formula 2 oral capsule</i>	\$0 (Tier 1)	DP
<i>vision formula/lutein oral tablet</i>	\$0 (Tier 1)	DP
<i>vision health oral capsule</i>	\$0 (Tier 1)	DP
VISION OPTIMIZER ORAL CAPSULE	\$0 (Tier 1)	DP
<i>vision plus oral capsule</i>	\$0 (Tier 1)	DP
<i>vision vitamins oral tablet</i>	\$0 (Tier 1)	DP
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	\$0 (Tier 1)	DP
<i>vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg</i>	\$0 (Tier 1)	DP
<i>vita hair oral tablet</i>	\$0 (Tier 1)	DP
VITA S FORTE ORAL TABLET	\$0 (Tier 1)	DP
<i>vitabasic complete oral tablet</i>	\$0 (Tier 1)	DP
<i>vitabasic senior oral tablet</i>	\$0 (Tier 1)	DP
<i>vitabex oral capsule</i>	\$0 (Tier 1)	DP
<i>vitabex plus oral capsule</i>	\$0 (Tier 1)	DP
VITACEL ORAL TABLET	\$0 (Tier 1)	DP
<i>vitachew adult multi vitamin oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>vitachew multiple vitamin oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>vitachew vit c citrus burst oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
VITACORE ORAL TABLET	\$0 (Tier 1)	DP
VITAFOL-OB ORAL TABLET	\$0 (Tier 1)	DP
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
VITAJoy DAILY C GUMMIES ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 1)	DP
VITAJoy MULTI GUMMIES ADULT ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
<i>vitalara oral tablet 20-1 mg</i>	\$0 (Tier 1)	DP
VITAL-D RX ORAL TABLET 1 MG	\$0 (Tier 1)	DP
<i>vitalee oral tablet</i>	\$0 (Tier 1)	DP
VITALETS CHILDRENS ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
VITAMIN A FISH ORAL CAPSULE 2250 MCG (7500 UT)	\$0 (Tier 1)	DP
<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 7.5 mg (25000 ut)</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	\$0 (Tier 1)	DP
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	\$0 (Tier 1)	DP
<i>vitamin b 12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b complex oral capsule</i>	\$0 (Tier 1)	DP
<i>vitamin b complex oral tablet</i>	\$0 (Tier 1)	DP
<i>vitamin b complex w/b-12 oral tablet</i>	\$0 (Tier 1)	DP
<i>vitamin b1 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>vitamin b-12 er oral tablet extended release 1000 mcg, 1500 mcg, 2000 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b-12 oral tablet dispersible 5000 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 5000 mcg, 6000 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b12 tr oral tablet extended release 2000 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	\$0 (Tier 1)	DP
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c adult gummies oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c er oral capsule extended release 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c er oral tablet extended release 1500 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c gummie oral tablet chewable 120 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c gummies oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c immune health oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c oral liquid 500 mg/5ml</i>	\$0 (Tier 1)	DP
<i>vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c oral tablet chewable 100 mg, 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c/bioflavonoids/rosehp oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c/natural rose hips oral tablet 1000 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c/rose hips oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c/rose hips tr oral tablet extended release 1000 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin c-acerola oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c-rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin c-rose hips tr oral tablet extended release 500 mg</i>	\$0 (Tier 1)	DP
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut), 50000 unit</i>	\$0 (Tier 1)	DP
<i>vitamin d high potency oral capsule 1.25 mg (50000 ut), 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d infant oral liquid 10 mcg/ml</i>	\$0 (Tier 1)	DP
<i>vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 1)	DP
<i>vitamin d oral tablet 25 mcg (1000 ut), 400 unit, 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	\$0 (Tier 1)	DP
VITAMIN D3 IMMUNE HEALTH ORAL LIQUID 25 MCG/10ML	\$0 (Tier 1)	DP
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 62.5 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 30 mcg/15ml, 5000 unit/ml</i>	\$0 (Tier 1)	DP
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin e blend oral capsule 400 unit</i>	\$0 (Tier 1)	DP
<i>vitamin e high potency oral capsule 180 mg (400 unit), 90 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>vitamin e/d-alpha natural oral capsule 268 mg (400 unit)</i>	\$0 (Tier 1)	DP
<i>vitamin e/d-alpha oral capsule 134 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	\$0 (Tier 1)	DP
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 1)	DP
<i>vita-min oral capsule</i>	\$0 (Tier 1)	DP
<i>vitamin-b complex oral tablet</i>	\$0 (Tier 1)	DP
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 1)	DP
<i>vitamins a-d-e/selenium oral tablet</i>	\$0 (Tier 1)	DP
<i>vitamins for hair oral capsule</i>	\$0 (Tier 1)	DP
VITAROCA PLUS ORAL TABLET	\$0 (Tier 1)	DP
VITASANA ORAL TABLET	\$0 (Tier 1)	DP
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	\$0 (Tier 1)	DP
VITEYES AREDS 2 FORMULA +MULTI ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES AREDS 2 FORMULA ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES CLASSIC ADVANCED ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	\$0 (Tier 1)	DP
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES COMPLETE ORAL CAPSULE	\$0 (Tier 1)	DP
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	\$0 (Tier 1)	DP
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 1)	DP
<i>well vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>well vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 1)	DP
<i>wescaps oral capsule 1 mg</i>	\$0 (Tier 1)	DP
<i>westab max oral tablet 2.5-25-2 mg</i>	\$0 (Tier 1)	DP
<i>westab one oral tablet 2.5-25-1 mg</i>	\$0 (Tier 1)	DP
<i>womens 50+ advanced oral capsule</i>	\$0 (Tier 1)	DP
<i>womens 50+ multi vitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>womens daily formula oral tablet</i>	\$0 (Tier 1)	DP
WOMENS LIFE PACK ORAL TABLET	\$0 (Tier 1)	DP
<i>womens multi gummies oral tablet chewable</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
womens multi oral capsule	\$0 (Tier 1)	DP
womens multivitamin + collagen oral tablet chewable	\$0 (Tier 1)	DP
womens multivitamin gummies oral tablet chewable	\$0 (Tier 1)	DP
womens multivitamin oral tablet	\$0 (Tier 1)	DP
xcellent a 3000 oral capsule 3000 mcg	\$0 (Tier 1)	DP
xcellent a 7500 oral capsule 7.5 mg (25000 ut)	\$0 (Tier 1)	DP
XCELLENT E ORAL CAPSULE 33.5 MG (50 UNIT)	\$0 (Tier 1)	DP
YELETS TEENAGE FORMULA ORAL TABLET	\$0 (Tier 1)	DP
yl balanced b-100 oral tablet	\$0 (Tier 1)	DP
yl folic acid oral tablet 400 mcg	\$0 (Tier 1)	DP
yl vitamin b-6 oral tablet 100 mg	\$0 (Tier 1)	DP
yl vitamin c oral tablet 1000 mg, 500 mg	\$0 (Tier 1)	DP
yl vitamin c-rose hips oral tablet 1000 mg, 500 mg	\$0 (Tier 1)	DP
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
YUMVS MULTI ZERO ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
YUMVS VITAMIN C ZERO ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 1)	DP
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
zalvit oral tablet 13-1 mg	\$0 (Tier 1)	DP
ziphex oral tablet 13-1 mg	\$0 (Tier 1)	DP
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE	\$0 (Tier 1)	DP
OPHTHALMIC		
Antiallergics		
allergy eye ophthalmic solution 0.025-0.3 %	\$0 (Tier 1)	DP
azelastine hcl ophthalmic solution 0.05 %	\$0 (Tier 2)	
cromolyn sodium ophthalmic solution 4 %	\$0 (Tier 2)	
cvs eye allergy relief ophthalmic solution 0.027-0.315 %	\$0 (Tier 1)	DP
eq eye allergy relief ophthalmic solution 0.027-0.315 %	\$0 (Tier 1)	DP
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	\$0 (Tier 1)	DP
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	\$0 (Tier 1)	DP
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra eye allergy relief ophthalmic solution 0.027-0.315 %</i>	\$0 (Tier 1)	DP
VISINE OPHTHALMIC SOLUTION 0.025-0.3 %	\$0 (Tier 1)	DP
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0-\$12.65 (Tier 4)	
Antiglaucoma		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0-\$12.65 (Tier 3)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	\$0 (Tier 1)	
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0-\$12.65 (Tier 4)	ST
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 2)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0-\$12.65 (Tier 3)	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 2)	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	\$0 (Tier 2)	
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 2)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0-\$12.65 (Tier 3)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0-\$12.65 (Tier 3)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0-\$12.65 (Tier 4)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0-\$12.65 (Tier 4)	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0-\$12.65 (Tier 4)	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0-\$12.65 (Tier 3)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0-\$12.65 (Tier 4)	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0-\$12.65 (Tier 3)	
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	\$0-\$12.65 (Tier 3)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0-\$12.65 (Tier 4)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 2)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0-\$12.65 (Tier 3)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0-\$12.65 (Tier 3)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0-\$12.65 (Tier 3)	
Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0-\$12.65 (Tier 3)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 2)	
<i>besifloxacin hcl ophthalmic suspension 0.6 %</i>	\$0-\$12.65 (Tier 3)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0-\$12.65 (Tier 3)	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0-\$12.65 (Tier 3)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (Tier 2)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (Tier 2)	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0-\$12.65 (Tier 3)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (Tier 2)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0-\$12.65 (Tier 3)	QL; 12 mL every 30 days
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0-\$12.65 (Tier 4)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0-\$12.65 (Tier 3)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0-\$12.65 (Tier 3)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 2)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0-\$12.65 (Tier 3)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0-\$12.65 (Tier 4)	
XDEMVI OPHTHALMIC SOLUTION 0.25 %	\$0-\$12.65 (Tier 5)	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0-\$12.65 (Tier 4)	
Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (Tier 2)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0-\$12.65 (Tier 4)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0-\$12.65 (Tier 3)	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	\$0-\$12.65 (Tier 3)	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	\$0 (Tier 2)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0-\$12.65 (Tier 3)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0-\$12.65 (Tier 3)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0-\$12.65 (Tier 3)	
Miscellaneous		
ALCON TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
ALTACHLORE OPHTHALMIC OINTMENT 5 %	\$0 (Tier 1)	DP
ALTACHLORE OPHTHALMIC SOLUTION 5 %	\$0 (Tier 1)	DP
<i>artificial tears ophthalmic solution , 0.2-0.2-1 %, 0.5-0.6 %, 5-6 mg/ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	\$0 (Tier 1)	DP
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0-\$12.65 (Tier 3)	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	\$0 (Tier 1)	DP
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 1)	DP
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	\$0 (Tier 1)	DP
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	\$0 (Tier 1)	DP
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML	\$0 (Tier 1)	DP
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 1)	DP
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
<i>cvs lubricant drops ophthalmic gel 1 %</i>	\$0 (Tier 1)	DP
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	\$0 (Tier 1)	DP
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %, 0.5 %</i>	\$0 (Tier 1)	DP
<i>cvs lubricant eye drops ophthalmic solution 0.25 %, 0.4-0.3 %, 0.5 %, 0.6 %</i>	\$0 (Tier 1)	DP
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	\$0 (Tier 1)	DP
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	\$0 (Tier 1)	DP
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	\$0 (Tier 1)	DP
<i>cvs sodium chloride ophthalmic solution 5 %</i>	\$0 (Tier 1)	DP
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0-\$12.65 (Tier 5)	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0-\$12.65 (Tier 5)	PA
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 1)	DP
<i>eq artificial tears ophthalmic solution 0.5-0.6 %</i>	\$0 (Tier 1)	DP
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.6 %</i>	\$0 (Tier 1)	DP
<i>eq restore plus lubricant eye ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
<i>eq restore tears ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
EYES ALIVE OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	\$0-\$12.65 (Tier 4)	
<i>ft lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %</i>	\$0 (Tier 1)	DP
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	\$0 (Tier 1)	DP
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	\$0 (Tier 1)	DP
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 1)	DP
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 1)	DP
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 1)	DP
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 1)	DP
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	\$0 (Tier 1)	DP
<i>goodsense lubricating plus pf ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
<i>just tears eye drops ophthalmic solution</i>	\$0 (Tier 1)	DP
<i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i>	\$0 (Tier 1)	DP
<i>lubricant eye drop ophthalmic solution 0.6 %</i>	\$0 (Tier 1)	DP
<i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %, 0.4-0.3 %</i>	\$0 (Tier 1)	DP
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %</i>	\$0 (Tier 1)	DP
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
<i>lubricating tears eye drops ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	DP
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	\$0-\$12.65 (Tier 3)	
<i>moisturizing lubricant eye ophthalmic solution 0.25 %</i>	\$0 (Tier 1)	DP
MURO 128 OPHTHALMIC OINTMENT 5 %	\$0 (Tier 1)	DP
MURO 128 OPHTHALMIC SOLUTION 5 %	\$0 (Tier 1)	DP
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	\$0 (Tier 1)	DP
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0-\$12.65 (Tier 3)	
<i>qc artificial tears ophthalmic solution 0.5-0.6 %</i>	\$0 (Tier 1)	DP
<i>qc lubricant eye drops ophthalmic solution 0.6 %</i>	\$0 (Tier 1)	DP
<i>ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	\$0 (Tier 1)	DP
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	\$0 (Tier 1)	DP
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 1)	DP
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 1)	DP
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	\$0 (Tier 1)	DP
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 1)	DP
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 1)	DP
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 1)	DP
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %	\$0 (Tier 1)	DP
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
REFRESH RELIEVA PF XTRA OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 1)	DP
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0-\$12.65 (Tier 3)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0-\$12.65 (Tier 3)	
RETAINC CMC OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	\$0 (Tier 1)	DP
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	\$0 (Tier 1)	DP
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 %	\$0 (Tier 1)	DP
SOOTHE XP OPHTHALMIC SOLUTION	\$0 (Tier 1)	DP
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION	\$0 (Tier 1)	DP
STYE OPHTHALMIC SOLUTION 0.5-0.6 %	\$0 (Tier 1)	DP
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 1)	DP
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 1)	DP
SYSTANE CONTACTS OPHTHALMIC SOLUTION	\$0 (Tier 1)	DP
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 1)	DP
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 1)	DP
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 1)	DP
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 1)	DP
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 1)	DP
THERATEARS EXTRA OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 1)	DP
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 %	\$0 (Tier 1)	DP
THERATEARS OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 1)	DP
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 1)	DP
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 1)	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	\$0-\$12.65 (Tier 3)	
OTIC		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	\$0-\$12.65 (Tier 3)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	\$0-\$12.65 (Tier 4)	
FLAC OTIC OIL 0.01 %	\$0-\$12.65 (Tier 3)	
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0-\$12.65 (Tier 3)	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	\$0-\$12.65 (Tier 4)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0-\$12.65 (Tier 3)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0-\$12.65 (Tier 3)	
<i>ofloxacin otic solution 0.3 %</i>	\$0-\$12.65 (Tier 4)	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 60 blisters every 30 days
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 1 inhaler every 30 days
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0-\$12.65 (Tier 3)	QL; 1 inhaler every 30 days
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0-\$12.65 (Tier 3)	QL; 4 inhalers every 28 days
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 2 inhalers every 30 days
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0-\$12.65 (Tier 3)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 60 blisters every 30 days
Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 2 inhalers every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 30 blisters every 30 days
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 2)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0-\$12.65 (Tier 3)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 1 inhaler every 30 days
Antihistamines		
<i>12hr allergy relief oral tablet 60 mg</i>	\$0 (Tier 1)	DP
<i>24hr allergy relief oral tablet 180 mg</i>	\$0 (Tier 1)	DP
ALAVERT ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
<i>aler-cap oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>alertab oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>all-day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	\$0 (Tier 1)	DP
<i>aller-chlor oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>allergy (cetirizine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>allergy 24-hr oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>allergy oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>allergy oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief (loratadine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief 24-hr oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief childrens 24-hr oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief oral liquid 25 mg/10ml</i>	\$0 (Tier 1)	DP
<i>allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg, 60 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief indoor/outdoor oral tablet 10 mg, 180 mg</i>	\$0 (Tier 1)	DP
<i>anti-hist allergy oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>azelastine hcl nasal solution 0.1 %</i>	\$0 (Tier 2)	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 1)	DP
BANOPHEN ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BANOPHEN ORAL TABLET 25 MG	\$0 (Tier 1)	DP
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG	\$0 (Tier 1)	DP
BENADRYL ALLERGY ORAL CAPSULE 25 MG	\$0 (Tier 1)	DP
BENADRYL ALLERGY ORAL TABLET 25 MG	\$0 (Tier 1)	DP
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG	\$0 (Tier 1)	DP
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl solution 5 mg/5ml oral (otc)</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl solution 5 mg/5ml oral (rx)</i>	\$0 (Tier 1)	DP
<i>cetirizine hcl solution 5 mg/5ml oral (rx)</i>	\$0 (Tier 2)	QL; 300 mL every 30 days
<i>childrens 24 hour allergy oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>childrens loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>chlorhist oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>chlorphen oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	\$0 (Tier 1)	DP
<i>chlorpheniramine maleate oral tablet 4 mg</i>	\$0 (Tier 1)	DP
CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE 12 MG	\$0 (Tier 1)	DP
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG	\$0 (Tier 1)	DP
CLARITIN ORAL TABLET 10 MG	\$0 (Tier 1)	DP
CLARITIN ORAL TABLET CHEWABLE 5 MG	\$0 (Tier 1)	DP
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	\$0 (Tier 1)	DP
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$0 (Tier 1)	DP
<i>cold multi-symptom severe day oral tablet 5-10-200-325 mg</i>	\$0 (Tier 1)	DP
<i>complete allergy medicine oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>complete allergy medicine oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>complete allergy relief oral tablet 25 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>curelief oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy & hives relief oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief childrens oral tablet chewable 5 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief oral tablet 10 mg, 180 mg, 25 mg, 5 mg, 60 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief oral tablet extended release 12 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief(cetirizine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs indoor/outdoor allergy rlf oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0-\$12.65 (Tier 3)	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0-\$12.65 (Tier 3)	PA
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	\$0 (Tier 1)	DP
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	\$0 (Tier 1)	DP
<i>diphen oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>diphenhist oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	\$0 (Tier 1)	DP
<i>diphenhydramine hcl oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq all day allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eq allerg relief child (cetir) oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq allerg relief child (lorat) oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq allergy relief (cetirizine) oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>eq allergy relief (cetirizine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	DP
<i>eq cetirizine hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq cetirizine hcl oral tablet chewable 10 mg</i>	\$0 (Tier 1)	DP
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	\$0 (Tier 1)	DP
<i>eq loratadine childrens oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
<i>eq loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eqi all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eqi all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eqi allergy oral tablet 25 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>eqi allergy relief oral tablet 10 mg, 180 mg, 25 mg</i>	\$0 (Tier 1)	DP
<i>eqi childrens allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 1)	DP
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft all day allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-dryl oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp fexofenadine hcl oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>gnp loratadine oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>goodsense aller-ease oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>goodsense allergy relief oral tablet 10 mg, 25 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>goodsense loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0-\$12.65 (Tier 3)	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	PA
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
KLS ALLERCLEAR ORAL TABLET 10 MG	\$0 (Tier 1)	DP
KLS ALLER-FEX ORAL TABLET 180 MG	\$0 (Tier 1)	DP
<i>kls allergy medicine oral tablet 25 mg</i>	\$0 (Tier 1)	DP
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
KLS ALLER-TEC ORAL TABLET 10 MG	\$0 (Tier 1)	DP
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	\$0 (Tier 1)	DP
<i>kp fexofenadine hcl oral tablet 60 mg</i>	\$0 (Tier 1)	DP
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0-\$12.65 (Tier 4)	QL; 300 mL every 30 days
<i>levocetirizine dihydrochloride tablet 5 mg oral (otc)</i>	\$0 (Tier 1)	DP
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	\$0 (Tier 1)	DP
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>loradamed oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>loratadine childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>loratadine childrens oral tablet chewable 5 mg</i>	\$0 (Tier 1)	DP
<i>loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>loratadine oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
<i>m-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>meijer allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>meijer allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meijer antihistamine allergy oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>meijer loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
MM ALLER-BEN ORAL TABLET 25 MG	\$0 (Tier 1)	DP
<i>mm allergy relief 24 hour oral tablet 180 mg</i>	\$0 (Tier 1)	DP
<i>mm fexofenadine hcl oral tablet 180 mg</i>	\$0 (Tier 1)	DP
NARAMIN ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
<i>pharbechlor oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	DP
<i>qc all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>qc allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>qc allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 60 mg</i>	\$0 (Tier 1)	DP
<i>qc allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>qc chlor-pheniramine oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>qc complete allergy medicine oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>qc loratadine allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy medication oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy medication oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra allergy medication oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra allergy oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy relief (cetirizine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy relief (loratadine) oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra allergy relief childrens oral tablet chewable 5 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy relief oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy relief oral tablet 180 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>ra chlorpheniramine maleate oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>ra complete allergy oral tablet 25 mg</i>	\$0 (Tier 1)	DP
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
<i>ra loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sb allergy medicine oral liquid 12.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb allergy medicine oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>sb allergy oral capsule 25 mg</i>	\$0 (Tier 1)	DP
<i>sb allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>sb allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	\$0 (Tier 1)	DP
<i>sb chlorpheniramine oral tablet 4 mg</i>	\$0 (Tier 1)	DP
<i>sb loratadine allergy relief oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>sb loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>sm allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 1)	DP
<i>sm loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
<i>total allergy oral tablet 25 mg</i>	\$0 (Tier 1)	DP
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	\$0 (Tier 1)	DP
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 1)	DP
WAL-DRYL ALLERGY ORAL TABLET 25 MG	\$0 (Tier 1)	DP
WAL-FEX ALLERGY ORAL TABLET 60 MG	\$0 (Tier 1)	DP
WAL-FEX ALLERGY TABLET 180 MG ORAL	\$0 (Tier 1)	DP
WAL-FEX ORAL TABLET 180 MG	\$0 (Tier 1)	DP
WAL-FINATE ORAL TABLET 4 MG	\$0 (Tier 1)	DP
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE 5 MG	\$0 (Tier 1)	DP
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
WAL-ITIN ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
WAL-ITIN ORAL TABLET 10 MG	\$0 (Tier 1)	DP
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML	\$0 (Tier 1)	DP
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML	\$0 (Tier 1)	DP
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG, 5 MG	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WAL-ZYR ORAL SOLUTION 5 MG/5ML	\$0 (Tier 1)	DP
WAL-ZYR ORAL TABLET 10 MG	\$0 (Tier 1)	DP
XYZAL ALLERGY 24HR ORAL TABLET 5 MG	\$0 (Tier 1)	DP
ZYRTEC ALLERGY ORAL TABLET 10 MG	\$0 (Tier 1)	DP
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML	\$0 (Tier 1)	DP
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG	\$0 (Tier 1)	DP
ZYRTEC ORAL TABLET CHEWABLE 10 MG	\$0 (Tier 1)	DP
Beta Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	\$0-\$12.65 (Tier 3)	QL; 2 inhalers every 30 days
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	\$0 (Tier 2)	B/D
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0-\$12.65 (Tier 4)	
<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-\$12.65 (Tier 4)	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0-\$12.65 (Tier 3)	ST; QL; 2 inhalers every 30 days
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 60 inhalations every 30 days
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0-\$12.65 (Tier 3)	QL; 2 inhalers every 30 days
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0-\$12.65 (Tier 3)	QL; 6 inhalers every 30 days
Cough And Cold		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>12 hour decongestant nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>12 hour nasal relief spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>12 hour nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>12 hr mucus relief max oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
4-WAY FAST ACTING NASAL SOLUTION 1 %	\$0 (Tier 1)	DP
<i>actidom dmx oral liquid 10-30-200 mg/5ml</i>	\$0 (Tier 1)	DP
ACTINEL DM ORAL LIQUID 10-20-400 MG/5ML	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AFRIN 12 HOUR NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN ALLERGY SINUS NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP CHILDRENS NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP NIGHT NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP ORIGINAL NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN NODRIP SINUS NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN ORIGINAL NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
AFRIN SEVERE CONGESTION NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy d-12 oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief d12 oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>altarussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>altarussin oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>altipres oral liquid 5-10-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>altipres pediatric oral liquid 2.5-5-75 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>altituss oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>anefrin spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>aquanaz oral tablet 10-15-400 mg</i>	\$0 (Tier 1)	DP
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	DP
<i>biocof oral liquid 10-20-400 mg/5ml</i>	\$0 (Tier 1)	DP
<i>biocotron oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>biodesp dm oral syrup 5-15-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>bio-z-cough oral syrup 20-400 mg/5ml</i>	\$0 (Tier 1)	DP
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>chest congestion relief oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 1)	DP
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	\$0 (Tier 1)	DP
COMTrex DEEP CHEST COLD ORAL TABLET 325-200 MG	\$0 (Tier 1)	DP
<i>cough & chest congestion dm oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cough & congestion kids oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cough tab oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy nasal mist no drip nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>cvs cough & chest congestion oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 1)	DP
<i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs nasal decongestant inhalation inhaler 50 mg</i>	\$0 (Tier 1)	DP
<i>cvs nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>cvs nasal mist nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>cvs nasal spray nasal solution 0.05 %, 1 %</i>	\$0 (Tier 1)	DP
<i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs sinus nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs tussin cough oral capsule 15 mg</i>	\$0 (Tier 1)	DP
<i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 200-20 mg/10ml</i>	\$0 (Tier 1)	DP
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	\$0 (Tier 1)	DP
<i>cvs tussindm cough/chest adult oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
DECONEX IR ORAL TABLET 10-385 MG	\$0 (Tier 1)	DP
<i>decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>decongestant vapor inhalation inhaler</i>	\$0 (Tier 1)	DP
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 1)	DP
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
DELSYM ORAL LIQUID EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 1)	DP
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 1)	DP
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML	\$0 (Tier 1)	DP
DESGEN PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML	\$0 (Tier 1)	DP
<i>despec dm oral syrup 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>despec dm-g oral syrup 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>despec eda oral liquid 2.5-5-50 mg/ml</i>	\$0 (Tier 1)	DP
<i>dextromethorphan hbr oral capsule 15 mg</i>	\$0 (Tier 1)	DP
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 10-200 mg/10ml, 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>diabetic siltussin-dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML	\$0 (Tier 1)	DP
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	\$0 (Tier 1)	DP
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
<i>dometuss-dmx oral liquid 10-30-200 mg/5ml</i>	\$0 (Tier 1)	DP
DRISTAN NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 1)	DP
<i>eq allergy relief oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>eq cough & chest congestion dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eq cough childrens oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG	\$0 (Tier 1)	DP
<i>eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq mucus relief dm oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>eq mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq nasal spray fast acting nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>eq nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>eq sinus & congestion max str oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>eq sinus 12-hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>eq tussin dm max adult oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eq tussin dm max daytime oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eqi allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>eqi cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eqi mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>eqi nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>eqi nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eqi nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>eqi nasal spray fast acting nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>eqi nasal spray no drip nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>eqi tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eqi tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>eqi vapor nasal decongestant inhalation inhaler 50 mg</i>	\$0 (Tier 1)	DP
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>ft mucus relief 12hr max str oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>ft mucus relief 12hr oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>ft nasal decongestant max str oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>ft nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ft nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>ft tussin adult oral liquid 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft tussin dm adult oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>ft tussin dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>ft vapor inhaler inhalation inhaler</i>	\$0 (Tier 1)	DP
<i>g tussin ac oral solution 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gcon dmx oral tablet 10-17.5-385 mg</i>	\$0 (Tier 1)	DP
<i>gcon ir oral tablet 10-385 mg</i>	\$0 (Tier 1)	DP
<i>geri-tussin dm oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-tussin dm oral syrup 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-tussin oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>geri-tussin oral syrup 100 mg/5ml</i>	\$0 (Tier 1)	DP
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 1)	DP
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML	\$0 (Tier 1)	DP
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID 7.5-150-5 MG/2.5ML	\$0 (Tier 1)	DP
GILTUSS COUGH & COLD ORAL LIQUID 10-15-300 MG/5ML	\$0 (Tier 1)	DP
GILTUSS COUGH & COLD ORAL TABLET 10-28-388 MG	\$0 (Tier 1)	DP
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 1)	DP
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML	\$0 (Tier 1)	DP
GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID 400 MG/10ML	\$0 (Tier 1)	DP
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML	\$0 (Tier 1)	DP
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 1)	DP
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
GILTUSS SINUS & CONGESTION ORAL TABLET 10-388 MG	\$0 (Tier 1)	DP
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp cough relief childrens oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>gnp mucus dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 1)	DP
<i>gnp nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>gnp nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>gnp nasal four spray nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>gnp nasal spray fast acting nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>gnp nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>gnp tussin adult oral liquid 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>gnp tussin dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>goodsense tussin dm oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>goodsense vapor inhalation inhaler</i>	\$0 (Tier 1)	DP
<i>g-supress dx pediatric oral liquid 2.5-5-50 mg/ml</i>	\$0 (Tier 1)	DP
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML	\$0 (Tier 1)	DP
G-TRON PEDIATRIC DROPS ORAL LIQUID 2.5-5-100 MG/ML	\$0 (Tier 1)	DP
G-TUSICOF ORAL LIQUID 10-20-400 MG/5ML	\$0 (Tier 1)	DP
<i>guaiaisorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>guaiaitussin ac oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>guaifed oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>guaifed-dm oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>guaifenesin dm oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 1)	DP
<i>guaifenesin oral liquid 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	\$0 (Tier 1)	DP
<i>guaifenesin oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	\$0 (Tier 1)	DP
<i>guaifenesin-dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
G-ZYNCOF ORAL SYRUP 20-400 MG/5ML	\$0 (Tier 1)	DP
HERBAL EXPEC ORAL LIQUID 150 MG/15ML	\$0 (Tier 1)	DP
<i>hm mucus relief er max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	\$0 (Tier 1)	DP
HYCODAN ORAL TABLET 5-1.5 MG	\$0 (Tier 1)	DP
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	\$0 (Tier 1)	DP
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	\$0 (Tier 1)	DP
<i>hydromet oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 1)	DP
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	\$0 (Tier 1)	DP
<i>igualtuss oral liquid 10-28-388 mg/5ml</i>	\$0 (Tier 1)	DP
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	\$0 (Tier 1)	DP
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 1)	DP
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	DP
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>long acting nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>long lasting nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	\$0 (Tier 1)	DP
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 10-100 MG/5ML, 20-200 MG/10ML	\$0 (Tier 1)	DP
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML	\$0 (Tier 1)	DP
<i>maxifed oral tablet 60-360 mg</i>	\$0 (Tier 1)	DP
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>medi-tussin dm double strength oral liquid 30-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>medi-tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>meijer nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX COLD CHILDRENS ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX COUGH & CONGEST CHILD ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX COUGH FOR KIDS ORAL LIQUID† 5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG	\$0 (Tier 1)	DP
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	\$0 (Tier 1)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL LIQUID 2.5-5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG	\$0 (Tier 1)	DP
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	\$0 (Tier 1)	DP
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	\$0 (Tier 1)	DP
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 1)	DP
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
<i>mucus & chest congestion oral liquid 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>mucus congest & cough child oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>mucus relief chest congestion oral liquid 400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>mucus relief er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 1)	DP
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>mucus relief severe congest/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant d max str oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant d oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant pe max st oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>nasal decongestant spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nasal four nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nasal spray max strength nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nasal spray no drip nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neotuss oral liquid 30-200 mg/5ml</i>	\$0 (Tier 1)	DP
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	\$0 (Tier 1)	DP
NIVANEX DMX ORAL TABLET 10-15-380 MG	\$0 (Tier 1)	DP
<i>no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 1)	DP
<i>non-pseudo sinus decongestant oral tablet 10 mg</i>	\$0 (Tier 1)	DP
NOSTRILLA NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
NRS NASAL RELIEF NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
<i>oxymetazoline hcl nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
PECGEN DMX ORAL LIQUID 10-187 MG/5ML	\$0 (Tier 1)	DP
PECGEN PSE ORAL LIQUID 30-10-187 MG/5ML	\$0 (Tier 1)	DP
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
<i>phenylephrine hcl oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	\$0 (Tier 1)	DP
<i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 1)	DP
POLY-VENT IR ORAL TABLET 60-380 MG	\$0 (Tier 1)	DP
<i>pres gen oral liquid 5-10-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pres gen pediatric oral liquid 2.5-5-75 mg/5ml</i>	\$0 (Tier 1)	DP
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	DP
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	\$0 (Tier 1)	DP
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc mucus & cough relief child oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>qc nasal decongestant pe oral tablet 10 mg, 30 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc nasal mist no drip nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>qc nasal spray nasal solution 0.05 %, 1 %</i>	\$0 (Tier 1)	DP
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>qc no drip nasal relief nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>qc tussin cf adult oral liquid 10-20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>qc vapor inhaler inhalation inhaler 50 mg</i>	\$0 (Tier 1)	DP
QLEARQUIL NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>ra allergy relf & nasal decong oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy rff/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>ra cetiri-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 1)	DP
<i>ra cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra decongestant inhaler inhalation inhaler</i>	\$0 (Tier 1)	DP
<i>ra lorata-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP
<i>ra menthol nasal inhaler inhalation inhaler</i>	\$0 (Tier 1)	DP
<i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 1)	DP
<i>ra mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 1)	DP
<i>ra mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 1)	DP
<i>ra nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ra nose drops extra strength nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>ra sinus/congestion relief oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>ra sinus/congestion relief oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>ra sinus/congestion relief pe oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>ra suphedrine oral tablet 30 mg</i>	\$0 (Tier 1)	DP
<i>ra suphedrine oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra tussin cgh & cold mucus cf oral liquid 5-10-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin chest congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin cough oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>ra tussin oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 1)	DP
ROBAFEN DM COUGH ORAL LIQUID 20-200 MG/20ML	\$0 (Tier 1)	DP
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML	\$0 (Tier 1)	DP
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	\$0 (Tier 1)	DP
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 1)	DP
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 1)	DP
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML	\$0 (Tier 1)	DP
ROBITUSSIN COUGH & CHEST ADULT ORAL LIQUID 20-400 MG/20ML	\$0 (Tier 1)	DP
ROBITUSSIN COUGH & CHEST CHILD ORAL LIQUID 5-100 MG/5ML	\$0 (Tier 1)	DP
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-200 MG/20ML, 20-400 MG/20ML	\$0 (Tier 1)	DP
ROBITUSSIN HONEY CGH/CHEST DM ORAL LIQUID 20-200 MG/20ML	\$0 (Tier 1)	DP
ROBITUSSIN LONG-ACT COUGHGELS ORAL CAPSULE 15 MG	\$0 (Tier 1)	DP
ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML	\$0 (Tier 1)	DP
<i>rydex g oral tablet 38.5-398 mg</i>	\$0 (Tier 1)	DP
<i>rynex pse oral liquid 1-15 mg/5ml</i>	\$0 (Tier 1)	DP
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 1)	DP
<i>sb 12hr nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sb cough control cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb cough control oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sb coughtab oral tablet 200 mg</i>	\$0 (Tier 1)	DP
<i>sb nasal spray no-drip nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>sb sinus relief nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>scot-tussin expectorant oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML	\$0 (Tier 1)	DP
<i>siltussin sa oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>sinus nasal spray nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>sinus relief extra strength nasal solution 1 %</i>	\$0 (Tier 1)	DP
<i>sinus relief mist nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>sinus relief nasal solution 0.05 %</i>	\$0 (Tier 1)	DP
<i>sm tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>sodium chloride inhalation nebulization solution 7 %</i>	\$0 (Tier 1)	DP
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML	\$0 (Tier 1)	DP
<i>sorbutuss nr oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	\$0 (Tier 1)	DP
SUDAFED ORAL TABLET 30 MG	\$0 (Tier 1)	DP
SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG	\$0 (Tier 1)	DP
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	\$0 (Tier 1)	DP
SUDAFED SINUS CONGESTION 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	\$0 (Tier 1)	DP
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG	\$0 (Tier 1)	DP
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	\$0 (Tier 1)	DP
SUDOGEST ORAL TABLET 30 MG, 60 MG	\$0 (Tier 1)	DP
SUDOGEST PE ORAL TABLET 10 MG	\$0 (Tier 1)	DP
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 1)	DP
<i>supress dm pediatric oral liquid 5-50 mg/ml</i>	\$0 (Tier 1)	DP
<i>supress-dx pediatric oral liquid 2.5-5-50 mg/ml</i>	\$0 (Tier 1)	DP
<i>teo-tus oral liquid 5-10-200 mg/5ml</i>	\$0 (Tier 1)	DP
TRISPEC PSE ORAL LIQUID 30-10-187 MG/5ML	\$0 (Tier 1)	DP
TUSICOF ORAL LIQUID 10-20-400 MG/5ML	\$0 (Tier 1)	DP
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	\$0 (Tier 1)	DP
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	\$0 (Tier 1)	DP
TUSNEL ORAL LIQUID 30-15-200 MG/5ML	\$0 (Tier 1)	DP
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML	\$0 (Tier 1)	DP
TUSNEL-EX ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
<i>tussin cf cough & cold oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>tussin cough oral capsule 15 mg</i>	\$0 (Tier 1)	DP
<i>tussin dm cough & chest conges oral liquid 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>tussin dm cough & chest oral liquid 20-200 mg/20ml</i>	\$0 (Tier 1)	DP
<i>tussin dm cough + chest oral liquid 20-200 mg/20ml, 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	\$0 (Tier 1)	DP
<i>tussin dm oral liquid 10-100 mg/5ml, 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
<i>tussin mucus+chest congest sf oral liquid 200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 1)	DP
TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML	\$0 (Tier 1)	DP
TUSSI-PRES PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	\$0 (Tier 1)	DP
TUSSLIN ORAL LIQUID 10-28-388 MG/5ML	\$0 (Tier 1)	DP
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML	\$0 (Tier 1)	DP
VANACOF DM ORAL LIQUID 10-18-200 MG/15ML	\$0 (Tier 1)	DP
VANATAB DM ORAL TABLET 5-9-198 MG	\$0 (Tier 1)	DP
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML	\$0 (Tier 1)	DP
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
VICKS SINEX MOISTURIZING NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
VICKS SINEX SEVERE DECONGEST NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
VICKS SINEX SEVERE NASAL SOLUTION 0.05 %	\$0 (Tier 1)	DP
VICKS VAPOINHALER INHALATION INHALER	\$0 (Tier 1)	DP
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 1)	DP
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	\$0 (Tier 1)	DP
WAL-PHED PE ORAL TABLET 10 MG	\$0 (Tier 1)	DP
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	\$0 (Tier 1)	DP
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML	\$0 (Tier 1)	DP
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	\$0 (Tier 1)	DP
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML	\$0 (Tier 1)	DP
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG	\$0 (Tier 1)	DP
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML	\$0 (Tier 1)	DP
<i>wal-tussin oral syrup 100 mg/5ml</i>	\$0 (Tier 1)	DP
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
ZEPHREX-D ORAL TABLET ABUSE-DETERRENT 30 MG	\$0 (Tier 1)	DP
ZYNCOF ORAL SYRUP 20-400 MG/5ML	\$0 (Tier 1)	DP
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 1)	DP
Leukotriene Modulators		
<i>montelukast sodium oral packet 4 mg</i>	\$0-\$12.65 (Tier 4)	
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (Tier 2)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0-\$12.65 (Tier 3)	
Miscellaneous		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0-\$12.65 (Tier 4)	B/D
AEROCHAMBER HOLDING CHAMBER DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER MINI CHAMBER DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER MV	\$0 (Tier 1)	DP
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU LARGE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU SMALL	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	\$0 (Tier 1)	DP
AEROCHAMBER PLUS FLOW VU	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AEROCHAMBER Z-STAT PLUS	\$0 (Tier 1)	DP
AEROCHAMBER Z-STAT PLUS CHAMBR	\$0 (Tier 1)	DP
AEROCHAMBER Z-STAT PLUS/LARGE	\$0 (Tier 1)	DP
AEROCHAMBER Z-STAT PLUS/MEDIUM	\$0 (Tier 1)	DP
AEROCHAMBER Z-STAT PLUS/SMALL	\$0 (Tier 1)	DP
AEROCHAMBER2GO ANTI-STATIC DEVICE	\$0 (Tier 1)	DP
AEROVENT PLUS DEVICE	\$0 (Tier 1)	DP
ALYFTREK ORAL TABLET 10-50-125 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
ALYFTREK ORAL TABLET 4-20-50 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0-\$12.65 (Tier 5)	PA
<i>asthma relief oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>breathe comfort chamber/adult device</i>	\$0 (Tier 1)	DP
<i>breathe comfort chamber/child device</i>	\$0 (Tier 1)	DP
<i>breathe ease large device</i>	\$0 (Tier 1)	DP
<i>breathe ease medium device</i>	\$0 (Tier 1)	DP
<i>breathe ease small device</i>	\$0 (Tier 1)	DP
BREATHERITE VALVED MDI CHAMBER DEVICE	\$0 (Tier 1)	DP
BRONKAID MAX ORAL TABLET 25 MG	\$0 (Tier 1)	DP
<i>classic neti pot sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
CLEVER CHOICE HOLDING CHAMBER DEVICE	\$0 (Tier 1)	DP
COMPACT SPACE CHAMBER DEVICE	\$0 (Tier 1)	DP
COMPACT SPACE CHAMBER/LG MASK DEVICE	\$0 (Tier 1)	DP
COMPACT SPACE CHAMBER/MED MASK DEVICE	\$0 (Tier 1)	DP
COMPACT SPACE CHAMBER/SM MASK DEVICE	\$0 (Tier 1)	DP
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0-\$12.65 (Tier 3)	B/D
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	\$0 (Tier 1)	DP
<i>cvs allergy relief neti pot nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
<i>cvs asthma relief oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>cvs neti pot soft tip nasal kit 700-2300 mg</i>	\$0 (Tier 1)	DP
<i>cvs saline sinus wash refills nasal packet 700-2300 mg</i>	\$0 (Tier 1)	DP
<i>cvs sinus wash system nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
EASIVENT	\$0 (Tier 1)	DP
EASIVENT MASK LARGE	\$0 (Tier 1)	DP
EASIVENT MASK MEDIUM	\$0 (Tier 1)	DP
EASIVENT MASK SMALL	\$0 (Tier 1)	DP
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0-\$12.65 (Tier 3)	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0-\$12.65 (Tier 3)	
<i>eq space chamber anti-static device</i>	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq space chamber anti-static l device</i>	\$0 (Tier 1)	DP
<i>eq space chamber anti-static m device</i>	\$0 (Tier 1)	DP
<i>eq space chamber anti-static s device</i>	\$0 (Tier 1)	DP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 pen every 28 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 1 syringe every 28 days
FLEXICHAMBER DEVICE	\$0 (Tier 1)	DP
<i>gnp sinus wash neti pot nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
<i>gnp sinus wash refill nasal packet 2300-700 mg</i>	\$0 (Tier 1)	DP
<i>gnp squeeze bottle sinus relie nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
INSPIREASE	\$0 (Tier 1)	DP
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 packets every 28 days
KALYDECO ORAL TABLET 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 tabs every 30 days
<i>kettle neti pot sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
MICROCHAMBER	\$0 (Tier 1)	DP
MICROCHAMBER DEVICE	\$0 (Tier 1)	DP
MICROSPACER	\$0 (Tier 1)	DP
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT	\$0 (Tier 1)	DP
<i>neti pot sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
OPTICHAMBER DIAMOND	\$0 (Tier 1)	DP
OPTICHAMBER DIAMOND DEVICE	\$0 (Tier 1)	DP
OPTICHAMBER DIAMOND-LG MASK DEVICE	\$0 (Tier 1)	DP
OPTICHAMBER DIAMOND-MD MASK	\$0 (Tier 1)	DP
OPTICHAMBER DIAMOND-SM MASK	\$0 (Tier 1)	DP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 packets every 28 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0-\$12.65 (Tier 5)	PA; QL; 112 tabs every 28 days
<i>pirfenidone oral capsule 267 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 270 caps every 30 days
<i>pirfenidone oral tablet 267 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 270 tabs every 30 days
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 90 tabs every 30 days
POCKET CHAMBER DEVICE	\$0 (Tier 1)	DP
POCKET SPACER DEVICE	\$0 (Tier 1)	DP
<i>pro comfort spacer adult</i>	\$0 (Tier 1)	DP
<i>pro comfort spacer child</i>	\$0 (Tier 1)	DP
<i>pro comfort spacer infant device</i>	\$0 (Tier 1)	DP
<i>procare spacer/adult mask device</i>	\$0 (Tier 1)	DP
<i>procare spacer/child mask device</i>	\$0 (Tier 1)	DP
<i>prochamber vhc device</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0-\$12.65 (Tier 5)	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0-\$12.65 (Tier 5)	PA
<i>pure comfort spacer chamber device</i>	\$0 (Tier 1)	DP
<i>ra micro-filtered sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
<i>ra sinus wash nasal relief nasal packet 1685-515 mg</i>	\$0 (Tier 1)	DP
<i>ra sinus wash neti pot nasal packet 1685-515 mg</i>	\$0 (Tier 1)	DP
RITEFLO DEVICE	\$0 (Tier 1)	DP
<i>roflumilast oral tablet 250 mcg</i>	\$0-\$12.65 (Tier 4)	QL; 56 tabs every year
<i>roflumilast oral tablet 500 mcg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>saline nasal packet 2300-700 mg</i>	\$0 (Tier 1)	DP
SINUCLEANSE NETI POT NASAL KIT 2300-700 MG	\$0 (Tier 1)	DP
SINUCLEANSE REFILL NASAL PACKET 2300-700 MG	\$0 (Tier 1)	DP
SINUGATOR NASAL WASH NASAL PACKET	\$0 (Tier 1)	DP
<i>sinus wash squeeze bottle nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
<i>squeeze bottle sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 1)	DP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 tabs every 28 days
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0-\$12.65 (Tier 4)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0-\$12.65 (Tier 3)	
<i>theophylline oral elixir 80 mg/15ml</i>	\$0-\$12.65 (Tier 4)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0-\$12.65 (Tier 4)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0-\$12.65 (Tier 5)	PA; QL; 84 tabs every 28 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0-\$12.65 (Tier 5)	PA; QL; 56 packs every 28 days
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	\$0 (Tier 1)	DP
VORTEX VALVED HOLDING CHAMBER DEVICE	\$0 (Tier 1)	DP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 pens every 28 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 pens every 28 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0-\$12.65 (Tier 5)	PA; QL; 8 syringes every 28 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML	\$0-\$12.65 (Tier 5)	PA; QL; 4 syringes every 28 days
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0-\$12.65 (Tier 5)	PA; QL; 8 vials every 28 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	\$0-\$12.65 (Tier 5)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0-\$12.65 (Tier 3)	QL; 3 bottles every 30 days
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 2)	QL; 1 bottle every 30 days
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0-\$12.65 (Tier 4)	PA; QL; 32 mL every 30 days
Steroid Inhalants		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 2 inhalers every 30 days
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 3 inhalers every 30 days
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 30 inhalations every 30 days
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0-\$12.65 (Tier 4)	B/D
Steroid/Beta-Agonist Combinations		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 1 inhaler every 30 days
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 3 inhalers every 30 days
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0-\$12.65 (Tier 3)	QL; 60 blisters every 30 days
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 3 inhalers every 30 days
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	\$0-\$12.65 (Tier 3)	QL; 3 inhalers every 30 days
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	\$0-\$12.65 (Tier 4)	QL; 3 inhalers every 30 days
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	\$0-\$12.65 (Tier 3)	QL; 60 inhalations every 30 days
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0-\$12.65 (Tier 3)	QL; 60 inhalations every 30 days
TOPICAL		
Dermatology, Acne		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0-\$12.65 (Tier 4)	PA
<i>adapalene external gel 0.1 %</i>	\$0 (Tier 1)	DP
<i>adapalene treatment external gel 0.1 %</i>	\$0 (Tier 1)	DP
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0-\$12.65 (Tier 4)	PA
BENZEPRO EXTERNAL FOAM 5.3 %	\$0 (Tier 1)	DP
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0-\$12.65 (Tier 4)	QL; 46.6 gm every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0-\$12.65 (Tier 4)	PA
<i>clindamycin phos (once-daily) external gel 1 %</i>	\$0-\$12.65 (Tier 3)	PA; QL; 75 mL every 30 days
<i>clindamycin phos (twice-daily) external gel 1 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	\$0-\$12.65 (Tier 3)	QL; 45 gm every 30 days
<i>clindamycin phosphate external lotion 1 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
<i>clindamycin phosphate external solution 1 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
<i>cvs adapalene external gel 0.1 %</i>	\$0 (Tier 1)	DP
DIFFERIN EXTERNAL GEL 0.1 %	\$0 (Tier 1)	DP
<i>ery external pad 2 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 pledgets every 30 days
<i>erythromycin external gel 2 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>erythromycin external solution 2 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
<i>gnp adapalene external gel 0.1 %</i>	\$0 (Tier 1)	DP
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0-\$12.65 (Tier 4)	PA
NEUAC EXTERNAL GEL 1.2-5 %	\$0-\$12.65 (Tier 3)	QL; 45 gm every 30 days
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0-\$12.65 (Tier 4)	QL; 118 mL every 30 days
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 45 gm every 30 days
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 45 gm every 30 days
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0-\$12.65 (Tier 4)	PA
Dermatology, Antibiotics		
<i>antibiotic external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	\$0 (Tier 1)	DP
<i>cvs antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>cvs antibiotic pain/scar external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>cvs bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>double antibiotic external ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	DP
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>eq triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>eql bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>eql first aid antibiotic external ointment 1 %, 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>first aid antibiotic external ointment 3.5-500-10000</i>	\$0 (Tier 1)	DP
<i>ft antibiotic external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>ft double antibiotic external ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	DP
<i>ft triple antibiotic + pain external ointment 1 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>gentamicin sulfate external cream 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 30 gm every 30 days
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 30 gm every 30 days
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>gnp triple antibiotic external ointment</i>	\$0 (Tier 1)	DP
<i>gnp triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>goodsense first aid antibiotic external ointment</i>	\$0 (Tier 1)	DP
LANABIOTIC EXTERNAL OINTMENT 5-500-10000	\$0 (Tier 1)	DP
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	\$0 (Tier 1)	DP
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 2)	QL; 220 gm every 30 days
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 %	\$0 (Tier 1)	DP
NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT 1 %	\$0 (Tier 1)	DP
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	\$0 (Tier 1)	DP
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000	\$0 (Tier 1)	DP
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT 1 %	\$0 (Tier 1)	DP
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	DP
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	\$0 (Tier 1)	DP
<i>qc bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>qc bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>qc triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>qc triple antibiotic multi-act external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>qc triple antibiotic pain rlf external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>ra antibiotic + pain relief external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>ra antibiotic/pain relief external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>ra bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>ra double antibiotic external ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	DP
<i>ra triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>sb bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 1)	DP
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 1)	DP
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 2)	
SSD EXTERNAL CREAM 1 %	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SULFAMYLOXON EXTERNAL CREAM 85 MG/GM	\$0-\$12.65 (Tier 4)	QL; 453.6 gm every 30 days
triple antibiotic external ointment , 3.5-400-5000 , 3.5-400-5000 mg-unit, 5-400-5000 , 5-400-5000 mg-unit	\$0 (Tier 1)	DP
triple antibiotic pain relief external ointment 1 %	\$0 (Tier 1)	DP
triple antibiotic plus external ointment 1 %	\$0 (Tier 1)	DP
triple antibiotic plus max st external ointment 1 %	\$0 (Tier 1)	DP
wal-sporin external ointment 500-100000 unit/gm	\$0 (Tier 1)	DP
Dermatology, Antifungals		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 %	\$0 (Tier 1)	DP
antifungal (clotrimazole) external cream 1 %	\$0 (Tier 1)	DP
antifungal (tolnaftate) external cream 1 %	\$0 (Tier 1)	DP
antifungal external cream 2 %	\$0 (Tier 1)	DP
antifungal external powder 2 %	\$0 (Tier 1)	DP
athletes foot (clotrimazole) external cream 1 %	\$0 (Tier 1)	DP
athletes foot (terbinafine) external cream 1 %	\$0 (Tier 1)	DP
athletes foot external cream 1 %	\$0 (Tier 1)	DP
athletes foot external powder 2 %	\$0 (Tier 1)	DP
athletes foot external solution 1 %	\$0 (Tier 1)	DP
athletes foot powder spray external aerosol powder 1 %	\$0 (Tier 1)	DP
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 %	\$0 (Tier 1)	DP
AZOLEN TINCTURE EXTERNAL SOLUTION 2 %	\$0 (Tier 1)	DP
baza antifungal external cream 2 %	\$0 (Tier 1)	DP
butenafine hcl external cream 1 %	\$0 (Tier 1)	DP
castellani paint external liquid 1.5 %	\$0 (Tier 1)	DP
castellani paint modified external liquid 1.5 %	\$0 (Tier 1)	DP
ciclopirox external shampoo 1 %	\$0-\$12.65 (Tier 3)	QL; 120 mL every 30 days
ciclopirox olamine external cream 0.77 %	\$0-\$12.65 (Tier 3)	QL; 90 gm every 30 days
ciclopirox olamine external suspension 0.77 %	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
clotrimazole af external cream 1 %	\$0 (Tier 1)	DP
clotrimazole anti-fungal external cream 1 %	\$0 (Tier 1)	DP
clotrimazole athletes foot external cream 1 %	\$0 (Tier 1)	DP
clotrimazole cream 1 % external (otc)	\$0 (Tier 1)	DP
clotrimazole cream 1 % external (rx)	\$0 (Tier 1)	DP
clotrimazole cream 1 % external (rx)	\$0 (Tier 2)	QL; 45 gm every 30 days
clotrimazole solution 1 % external (otc)	\$0 (Tier 1)	DP
clotrimazole solution 1 % external (rx)	\$0 (Tier 1)	DP
clotrimazole solution 1 % external (rx)	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
clotrimazole-betamethasone external cream 1-0.05 %	\$0-\$12.65 (Tier 3)	QL; 45 gm every 30 days
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	\$0 (Tier 1)	DP
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs butenafine hcl external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs clotrimazole external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs clotrimazole external solution 1 %</i>	\$0 (Tier 1)	DP
<i>cvs foot & sneaker external aerosol powder 1 %</i>	\$0 (Tier 1)	DP
<i>cvs itch relief external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs jock itch external cream 1 %</i>	\$0 (Tier 1)	DP
<i>cvs ringworm external cream 1 %</i>	\$0 (Tier 1)	DP
DESENEX EXTERNAL CREAM 2 %	\$0 (Tier 1)	DP
DESENEX EXTERNAL POWDER 2 %	\$0 (Tier 1)	DP
<i>econazole nitrate external cream 1 %</i>	\$0-\$12.65 (Tier 3)	QL; 85 gm every 30 days
<i>eq antifungal external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eq athletes foot (terbinafine) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eq athletes foot (tolnaftate) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eq athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eq athletes foot ultra external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eq jock itch external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eql athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>eql athletes foot(terbinafine) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ft antifungal external cream 1 %, 2 %</i>	\$0 (Tier 1)	DP
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ft athletes foot (terbinafine) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>fungi-guard external cream 1 %</i>	\$0 (Tier 1)	DP
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	\$0 (Tier 1)	DP
<i>gnp athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>gnp miconazorb af external powder 2 %</i>	\$0 (Tier 1)	DP
<i>gnp terbinafine hydrochloride external cream 1 %</i>	\$0 (Tier 1)	DP
<i>gnp tolnaftate external cream 1 %</i>	\$0 (Tier 1)	DP
<i>goodsense athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>jock itch external cream 1 %</i>	\$0 (Tier 1)	DP
<i>jock itch relief external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ketoconazole cream 2 % external</i>	\$0 (Tier 1)	DP
<i>ketoconazole cream 2 % external</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>ketoconazole external shampoo 2 %</i>	\$0 (Tier 2)	QL; 120 mL every 30 days
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
LAMISIL AT ATHLETES FOOT EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
LAMISIL AT JOCK ITCH EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOTRIMIN AF EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
LOTRIMIN AF EXTERNAL POWDER 1 %	\$0 (Tier 1)	DP
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
LOTRIMIN ULTRA EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
MEDPURA ANTIFUNGAL EXTERNAL CREAM 2 %	\$0 (Tier 1)	DP
<i>micaderm external cream 2 %</i>	\$0 (Tier 1)	DP
<i>miconazole antifungal external cream 2 %</i>	\$0 (Tier 1)	DP
<i>miconazole external powder 2 %</i>	\$0 (Tier 1)	DP
<i>miconazole nitrate external cream 2 %</i>	\$0 (Tier 1)	DP
<i>miconazole nitrate external solution 2 %</i>	\$0 (Tier 1)	DP
<i>miconazorb af external powder 2 %</i>	\$0 (Tier 1)	DP
MICOTRIN AP EXTERNAL POWDER 2 %	\$0 (Tier 1)	DP
MYCOZYL AP EXTERNAL POWDER 2 %	\$0 (Tier 1)	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 2)	QL; 30 gm every 30 days
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 2)	QL; 30 gm every 30 days
<i>nystatin external powder 100000 unit/gm</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>odor control foot & sneaker external aerosol powder 1 %</i>	\$0 (Tier 1)	DP
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER 1 %	\$0 (Tier 1)	DP
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER 1 %	\$0 (Tier 1)	DP
<i>pro-ex antifungal external cream 1 %</i>	\$0 (Tier 1)	DP
<i>qc antifungal (tolnaftate) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>qc athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>qc clotrimazole external cream 1 %</i>	\$0 (Tier 1)	DP
<i>qc tolnaftate external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra antifungal foot care external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra athletes foot external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra clotrimazole external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra foot care (terbinafine) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra foot care (tolnaftate) external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra jock itch external cream 1 %</i>	\$0 (Tier 1)	DP
<i>ra jock itch max st external aerosol powder 1 %</i>	\$0 (Tier 1)	DP
<i>sb anti-fungal external cream 1 %</i>	\$0 (Tier 1)	DP
<i>sb clotrimazole foot external cream 1 %</i>	\$0 (Tier 1)	DP
SECURA ANTIFUNGAL EXTRA THICK EXTERNAL CREAM 2 %	\$0 (Tier 1)	DP
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (Tier 2)	
<i>terbinafine hcl external cream 1 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TINACTIN EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
TINEACIDE EXTERNAL CREAM 2 %	\$0 (Tier 1)	DP
<i>tolnaftate antifungal external cream 1 %</i>	\$0 (Tier 1)	DP
<i>tolnaftate antifungal external powder 1 %</i>	\$0 (Tier 1)	DP
<i>tolnaftate external aerosol powder 1 %</i>	\$0 (Tier 1)	DP
<i>tolnaftate external cream 1 %</i>	\$0 (Tier 1)	DP
<i>tolnaftate external powder 1 %</i>	\$0 (Tier 1)	DP
<i>tolnaftate powder</i>	\$0 (Tier 1)	DP
TRIMAZOLE EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
TRIPLE PASTE AF EXTERNAL OINTMENT 2 %	\$0 (Tier 1)	DP
TRITOLNACIDE C EXTERNAL CREAM 1 %	\$0 (Tier 1)	DP
ZEASORB-AF EXTERNAL POWDER 2 %	\$0 (Tier 1)	DP
Dermatology, Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0-\$12.65 (Tier 4)	PA
<i>calcipotriene external cream 0.005 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 120 gm every 30 days
<i>calcipotriene external ointment 0.005 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 120 gm every 30 days
<i>calcipotriene external solution 0.005 %</i>	\$0-\$12.65 (Tier 3)	PA; QL; 120 mL every 30 days
CALCITRENE EXTERNAL OINTMENT 0.005 %	\$0-\$12.65 (Tier 4)	PA; QL; 120 gm every 30 days
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0-\$12.65 (Tier 5)	PA; QL; 120 gm every 30 days
<i>tazarotene external cream 0.05 %, 0.1 %</i>	\$0-\$12.65 (Tier 3)	PA; QL; 60 gm every 30 days
Dermatology, Corticosteroids		
<i>ala-cort external cream 1 %</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 2)	QL; 120 gm every 30 days
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 mL every 30 days
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 gm every 30 days
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 mL every 30 days
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>betamethasone valerate external cream 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 gm every 30 days
<i>betamethasone valerate external lotion 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 mL every 30 days
<i>betamethasone valerate external ointment 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 gm every 30 days
<i>clobetasol propionate e external cream 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>clobetasol propionate external cream 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>clobetasol propionate external gel 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>clobetasol propionate external ointment 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate external shampoo 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 236 mL every 30 days
<i>clobetasol propionate external solution 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 100 mL every 30 days
CLODAN EXTERNAL SHAMPOO 0.05 %	\$0-\$12.65 (Tier 4)	QL; 236 mL every 30 days
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0-\$12.65 (Tier 3)	QL; 118.28 mL every 30 days
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0-\$12.65 (Tier 4)	QL; 60 gm every 30 days
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 gm every 30 days
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0-\$12.65 (Tier 4)	QL; 60 mL every 30 days
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0-\$12.65 (Tier 3)	QL; 118.28 mL every 30 days
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 120 gm every 30 days
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	\$0-\$12.65 (Tier 3)	QL; 120 gm every 30 days
<i>fluocinonide external gel 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 60 gm every 30 days
<i>fluocinonide external ointment 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 60 gm every 30 days
<i>fluocinonide external solution 0.05 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 mL every 30 days
<i>fluticasone propionate external cream 0.05 %</i>	\$0-\$12.65 (Tier 3)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0-\$12.65 (Tier 3)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 50 gm every 30 days
<i>halobetasol propionate external ointment 0.05 %</i>	\$0-\$12.65 (Tier 4)	QL; 50 gm every 30 days
<i>hydrocortisone external cream 1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external cream 2.5 %</i>	\$0 (Tier 2)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 2)	
<i>hydrocortisone external ointment 1 %</i>	\$0 (Tier 2)	QL; 30 gm every 30 days
<i>hydrocortisone external ointment 2.5 %</i>	\$0 (Tier 2)	
<i>hydrocortisone valerate external cream 0.2 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>mometasone furoate external cream 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>mometasone furoate external solution 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 2)	QL; 454 gm every 30 days
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0-\$12.65 (Tier 3)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 2)	
TRIDERM EXTERNAL CREAM 0.5 %	\$0 (Tier 2)	QL; 454 gm every 30 days
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	\$0-\$12.65 (Tier 3)	PA; QL; 60 mL every 30 days
<i>lidocaine external ointment 5 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 50 gm every 30 days
<i>lidocaine external patch 5 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 3 patches every 1 day
<i>lidocaine hcl external solution 4 %</i>	\$0-\$12.65 (Tier 3)	PA; QL; 50 mL every 30 days
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 2)	B/D; QL; 30 gm every 30 days
LIDOCAN EXTERNAL PATCH 5 %	\$0-\$12.65 (Tier 4)	PA; QL; 3 patches every 1 day
TRIDACAINE II EXTERNAL PATCH 5 %	\$0-\$12.65 (Tier 4)	PA; QL; 3 patches every 1 day

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dermatology, Miscellaneous Skin And Mucous Membrane		
AL12 EXTERNAL LOTION 12 %	\$0 (Tier 1)	DP
<i>aluminum acetate external solution</i>	\$0 (Tier 1)	DP
AMLACTIN DAILY EXTERNAL LOTION 12 %	\$0 (Tier 1)	DP
AMLACTIN DAILY NOURISH EXTERNAL LOTION 12 %	\$0 (Tier 1)	DP
AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 %	\$0 (Tier 1)	DP
<i>ammonium lactate cream 12 % external (otc)</i>	\$0 (Tier 1)	DP
<i>ammonium lactate cream 12 % external (rx)</i>	\$0 (Tier 1)	DP
<i>ammonium lactate cream 12 % external (rx)</i>	\$0 (Tier 2)	
<i>ammonium lactate lotion 12 % external (otc)</i>	\$0 (Tier 1)	DP
<i>ammonium lactate lotion 12 % external (rx)</i>	\$0 (Tier 1)	DP
<i>ammonium lactate lotion 12 % external (rx)</i>	\$0 (Tier 2)	
<i>anti-itch external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
AQUA GLYCOLIC FACE EXTERNAL CREAM	\$0 (Tier 1)	DP
AQUA-CERIN EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>arthritis pain relieving external cream 0.075 %</i>	\$0 (Tier 1)	DP
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>asperflex max st external patch 4 %</i>	\$0 (Tier 1)	DP
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>astringent external packet</i>	\$0 (Tier 1)	DP
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM	\$0 (Tier 1)	DP
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	\$0 (Tier 1)	DP
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	\$0 (Tier 1)	DP
AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM	\$0 (Tier 1)	DP
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	\$0 (Tier 1)	DP
BABY ANTI MONKEY BUTT EXTERNAL POWDER 8 %	\$0 (Tier 1)	DP
BALMBARR HAND & BODY EXTERNAL CREAM	\$0 (Tier 1)	DP
BALMBARR MOISTURIZING EXTERNAL CREAM	\$0 (Tier 1)	DP
BALMBARR STRETCH MARK EXTERNAL CREAM	\$0 (Tier 1)	DP
BANOPHEN EXTERNAL CREAM 2-0.1 %	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENADRYL EXTRA STRENGTH EXTERNAL CREAM 2-0.1 %	\$0 (Tier 1)	DP
<i>benzoin external tincture</i>	\$0 (Tier 1)	DP
<i>beta care external cream</i>	\$0 (Tier 1)	DP
BETA XMA EXTERNAL CREAM	\$0 (Tier 1)	DP
BETADINE EXTERNAL SOLUTION 10 %, 5 %	\$0 (Tier 1)	DP
BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 %	\$0 (Tier 1)	DP
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 %	\$0 (Tier 1)	DP
<i>bexarotene external gel 1 %</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 gm every 30 days
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>boro-packs external packet 49-51 %</i>	\$0 (Tier 1)	DP
<i>calamine external lotion 8-8 %</i>	\$0 (Tier 1)	DP
<i>calamine-zinc oxide external lotion , 8-8 %</i>	\$0 (Tier 1)	DP
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	\$0 (Tier 1)	DP
CALPROTECT EXTERNAL OINTMENT 0.44-20.6 %	\$0 (Tier 1)	DP
<i>capsaicin external cream 0.025 %, 0.035 %, 0.05 %, 0.075 %, 0.1 %</i>	\$0 (Tier 1)	DP
<i>capsaicin hp external cream 0.1 %</i>	\$0 (Tier 1)	DP
<i>capsaicin pain relief external cream 0.1 %</i>	\$0 (Tier 1)	DP
<i>capsaid es arthritis relief external cream 0.1 %</i>	\$0 (Tier 1)	DP
CAPZASIN-HP EXTERNAL CREAM 0.1 %	\$0 (Tier 1)	DP
CAPZASIN-P EXTERNAL CREAM 0.035 %	\$0 (Tier 1)	DP
<i>capzix external cream 0.1 %</i>	\$0 (Tier 1)	DP
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP
CERAVE MOISTURIZING EXTERNAL CREAM	\$0 (Tier 1)	DP
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP
CETAPHIL MOISTURIZING EXTERNAL CREAM	\$0 (Tier 1)	DP
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>chlorhexidine gluconate external solution 4 %</i>	\$0 (Tier 1)	DP
CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM	\$0 (Tier 1)	DP
CIRCATA EXTERNAL CREAM 0.05 %	\$0 (Tier 1)	DP
CLORPACTIN POWDER 2 GM	\$0 (Tier 1)	DP
<i>cocoa butter skin external cream</i>	\$0 (Tier 1)	DP
<i>coconut oil beauty external cream</i>	\$0 (Tier 1)	DP
<i>collagen external cream</i>	\$0 (Tier 1)	DP
<i>collagen premium skin external cream</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CUTEMOL EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>cvs antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
<i>cvs astringent solution external packet</i>	\$0 (Tier 1)	DP
<i>cvs capsaicin hp external cream 0.1 %</i>	\$0 (Tier 1)	DP
<i>cvs dry skin therapy external cream</i>	\$0 (Tier 1)	DP
<i>cvs hydrating skin treatment external lotion 12 %</i>	\$0 (Tier 1)	DP
<i>cvs itch relief extra strength external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>cvs lidocaine pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>cvs lidocaine pain-relieving external patch 4 %</i>	\$0 (Tier 1)	DP
<i>cvs moisturizing external cream</i>	\$0 (Tier 1)	DP
<i>cvs pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>cvs povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
<i>cvs skin treatment external lotion 12 %</i>	\$0 (Tier 1)	DP
<i>cvs zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
D-CERIN EXTERNAL CREAM 33 %	\$0 (Tier 1)	DP
DERMABASE EXTERNAL CREAM	\$0 (Tier 1)	DP
DERMACINRX CIRCATRIX EXTERNAL CREAM 0.05 %	\$0 (Tier 1)	DP
<i>dermaide aloe external cream 70 %</i>	\$0 (Tier 1)	DP
<i>derma-r external cream</i>	\$0 (Tier 1)	DP
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 %	\$0 (Tier 1)	DP
DERMEND BRUISE FORMULA EXTERNAL CREAM	\$0 (Tier 1)	DP
DERMEND FRAGILE SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP
DIABETIDERM EXTERNAL CREAM	\$0 (Tier 1)	DP
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>diclofenac sodium external solution 1.5 %</i>	\$0-\$12.65 (Tier 3)	QL; 300 mL every 28 days
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
DML FORTE EXTERNAL CREAM	\$0 (Tier 1)	DP
DOMEBORO EXTERNAL PACKET	\$0 (Tier 1)	DP
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	\$0 (Tier 1)	DP
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	\$0 (Tier 1)	DP
EMOLLIA-CREME EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>endit external ointment 20 %</i>	\$0 (Tier 1)	DP
<i>eq first aid antiseptic external solution 10 %</i>	\$0 (Tier 1)	DP
<i>eq lidocaine pain relieving external patch 4 %</i>	\$0 (Tier 1)	DP
<i>eq povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
<i>eq therapeutic dry skin external cream</i>	\$0 (Tier 1)	DP
<i>eq therapeutic moisturizing external cream</i>	\$0 (Tier 1)	DP
<i>eql moisturizing external cream</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eucerin advanced repair external cream</i>	\$0 (Tier 1)	DP
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCERIN DAILY HYDRATION EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	\$0 (Tier 1)	DP
EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCERIN SKIN CALMING EXTERNAL CREAM	\$0 (Tier 1)	DP
EUCRISA EXTERNAL OINTMENT 2 %	\$0-\$12.65 (Tier 4)	PA; QL; 120 gm every 30 days
<i>first aid antiseptic external ointment 10 %</i>	\$0 (Tier 1)	DP
<i>fluorouracil external cream 5 %</i>	\$0-\$12.65 (Tier 4)	QL; 40 gm every 30 days
<i>fluorouracil external solution 2 %, 5 %</i>	\$0-\$12.65 (Tier 3)	QL; 10 mL every 30 days
<i>formaldehyde external solution 10 %</i>	\$0 (Tier 1)	DP
<i>ft ammonium lactate external lotion 12 %</i>	\$0 (Tier 1)	DP
<i>ft anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>ft antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
<i>ft calamine external lotion 8-8 %</i>	\$0 (Tier 1)	DP
<i>ft pain relief max strength external patch 4 %</i>	\$0 (Tier 1)	DP
<i>ft phenolated calamine external lotion</i>	\$0 (Tier 1)	DP
<i>ft povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
<i>gnp anti-itch external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>gnp antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
<i>gnp calamine external lotion 8-8 %</i>	\$0 (Tier 1)	DP
<i>gnp calamine phenolated external lotion</i>	\$0 (Tier 1)	DP
<i>gnp lidocaine pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>gnp povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
<i>gnp zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
GOLD BOND CREPE CORRECTOR EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND ESSENTIALS MENS EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND HEALING HAND EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND RADIANCE RENEWAL EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	\$0 (Tier 1)	DP
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM	\$0 (Tier 1)	DP
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
HIBICLENS EXTERNAL SOLUTION 4 %	\$0 (Tier 1)	DP
HYDRASYN25 EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0-\$12.65 (Tier 3)	
<i>imiquimod external cream 5 %</i>	\$0-\$12.65 (Tier 3)	QL; 24 packets every 30 days
<i>itch relief extra strength external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
J & J BURN CREAM EXTERNAL CREAM	\$0 (Tier 1)	DP
KERADAN EXTERNAL CREAM	\$0 (Tier 1)	DP
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %	\$0 (Tier 1)	DP
LACTINOL HX EXTERNAL CREAM	\$0 (Tier 1)	DP
LIDO KING EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>lidocaine external patch 4 %</i>	\$0 (Tier 1)	DP
<i>lidocaine max st 24 hours external patch 4 %</i>	\$0 (Tier 1)	DP
<i>lidocaine pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>lidocaine pain relief max st external patch 4 %</i>	\$0 (Tier 1)	DP
<i>lidocaine pain relieving external patch 4 %</i>	\$0 (Tier 1)	DP
<i>lidocanna external patch 4 %</i>	\$0 (Tier 1)	DP
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>lidocore external patch 4 %</i>	\$0 (Tier 1)	DP
LIDOGUARD EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>lidotrode external patch 4 %</i>	\$0 (Tier 1)	DP
MEDERMA AG FACE EXTERNAL CREAM	\$0 (Tier 1)	DP
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	\$0 (Tier 1)	DP
MEDPURA HYDROSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	\$0 (Tier 1)	DP
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 %	\$0 (Tier 1)	DP
<i>meijer calamine external lotion</i>	\$0 (Tier 1)	DP
<i>meijer zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
<i>metronidazole external cream 0.75 %</i>	\$0-\$12.65 (Tier 3)	QL; 45 gm every 30 days
<i>metronidazole external gel 0.75 %</i>	\$0-\$12.65 (Tier 3)	QL; 45 gm every 30 days
<i>metronidazole external lotion 0.75 %</i>	\$0-\$12.65 (Tier 4)	QL; 59 mL every 30 days
<i>moisture barrier external ointment 0.44-20.6 %</i>	\$0 (Tier 1)	DP
<i>moisturizing cream external cream</i>	\$0 (Tier 1)	DP
NEUTROGENA HAND EXTERNAL CREAM	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NISEKO HYDRATING FACIAL EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>nitroglycerin rectal ointment 0.4 %</i>	\$0-\$12.65 (Tier 4)	QL; 30 gm every 30 days
NIVEA EXTERNAL CREAM	\$0 (Tier 1)	DP
NIVEA VISAGE EXTERNAL CREAM	\$0 (Tier 1)	DP
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	\$0 (Tier 1)	DP
NUTRADERM EXTERNAL CREAM	\$0 (Tier 1)	DP
OKEEFFES WORKING HANDS EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>pain relief max str external patch 4 %</i>	\$0 (Tier 1)	DP
<i>pain relief maximum strength external patch 4 %</i>	\$0 (Tier 1)	DP
<i>pain relieving lidocaine external patch 4 %</i>	\$0 (Tier 1)	DP
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	\$0 (Tier 1)	DP
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	\$0 (Tier 1)	DP
PALMERS NIGHT CREAM EXTERNAL CREAM	\$0 (Tier 1)	DP
PALMERS STRETCH MARKS EXTERNAL CREAM	\$0 (Tier 1)	DP
PANRETIN EXTERNAL GEL 0.1 %	\$0-\$12.65 (Tier 5)	PA; QL; 60 gm every 30 days
PEN-KERA EXTERNAL CREAM	\$0 (Tier 1)	DP
PENTRAVAN EXTERNAL CREAM	\$0 (Tier 1)	DP
PENTRAVAN PLUS EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>phenol liquid , 89 %</i>	\$0 (Tier 1)	DP
<i>pimecrolimus external cream 1 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 100 gm every 30 days
<i>podofilox external solution 0.5 %</i>	\$0-\$12.65 (Tier 3)	QL; 7 mL every 28 days
<i>povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
PRETTY FEET/HANDS EXTERNAL CREAM	\$0 (Tier 1)	DP
PROCTOCORT EXTERNAL CREAM 1 %	\$0-\$12.65 (Tier 3)	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	\$0-\$12.65 (Tier 3)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	\$0-\$12.65 (Tier 3)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	\$0-\$12.65 (Tier 3)	
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>qc antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
<i>qc calamine external lotion</i>	\$0 (Tier 1)	DP
<i>qc lidocaine pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>qc povidone iodine external solution 10 %</i>	\$0 (Tier 1)	DP
<i>qc zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
<i>ra allergy external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>ra anti-itch skin protectant external cream 2-0.1 %</i>	\$0 (Tier 1)	DP
<i>ra antiseptic external solution 10 %</i>	\$0 (Tier 1)	DP
<i>ra antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 1)	DP
<i>ra lidocaine pain relieving external patch 4 %</i>	\$0 (Tier 1)	DP
<i>ra pain relieving external patch 4 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
RESTA EXTERNAL CREAM	\$0 (Tier 1)	DP
RISABAL-PH EXTERNAL CREAM	\$0 (Tier 1)	DP
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
<i>sb povidone-iodine external solution 10 %</i>	\$0 (Tier 1)	DP
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 %	\$0 (Tier 1)	DP
<i>special care external cream</i>	\$0 (Tier 1)	DP
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0-\$12.65 (Tier 4)	PA; QL; 100 gm every 30 days
<i>theracare lidocaine max str external patch 4 %</i>	\$0 (Tier 1)	DP
<i>theracare pain relief external patch 4 %</i>	\$0 (Tier 1)	DP
<i>therapeutic moisturizing external cream</i>	\$0 (Tier 1)	DP
UDDERLY SMOOTH EXTERNAL CREAM	\$0 (Tier 1)	DP
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM	\$0 (Tier 1)	DP
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>ultra lido external patch 4 %</i>	\$0 (Tier 1)	DP
VALCHLOR EXTERNAL GEL 0.016 %	\$0-\$12.65 (Tier 5)	PA; QL; 60 gm every 30 days
VANICREAM EXTERNAL CREAM	\$0 (Tier 1)	DP
VELVACHOL EXTERNAL CREAM	\$0 (Tier 1)	DP
<i>vitamin e with panthenol external cream</i>	\$0 (Tier 1)	DP
WAL-DRYL EXTERNAL CREAM 2-0.1 %	\$0 (Tier 1)	DP
<i>we care zinc oxide external ointment 20 %</i>	\$0 (Tier 1)	DP
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 %	\$0 (Tier 1)	DP
XERAC AC EXTERNAL SOLUTION 6.25 %	\$0 (Tier 1)	DP
<i>zinc oxide external ointment 20 %, 25 %</i>	\$0 (Tier 1)	DP
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	\$0 (Tier 1)	DP
Dermatology, Scabicides And Pediculides		
<i>cvs lice killing external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
CVS LICE SOLUTION COMBINATION KIT	\$0 (Tier 1)	DP
<i>eql lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>ft lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>gnp lice killing external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>gnp lice treatment external liquid 1 %</i>	\$0 (Tier 1)	DP
<i>goodsense lice killing external liquid 1 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense lice killing max str external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>lice killing external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>lice treatment external liquid 1 %</i>	\$0 (Tier 1)	DP
<i>malathion external lotion 0.5 %</i>	\$0-\$12.65 (Tier 4)	QL; 59 mL every 30 days
NIX CREME RINSE EXTERNAL LIQUID 1 %	\$0 (Tier 1)	DP
<i>permethrin external cream 5 %</i>	\$0-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>ra lice maximum strength external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>ra lice solution combination kit 0.5-0.33-4 %</i>	\$0 (Tier 1)	DP
<i>ra lice treatment external liquid 1 %</i>	\$0 (Tier 1)	DP
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	\$0 (Tier 1)	DP
<i>sb lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 1)	DP
<i>sb lice treatment external liquid 1 %</i>	\$0 (Tier 1)	DP
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	\$0 (Tier 1)	DP
Dermatology, Wound Care Agents		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0-\$12.65 (Tier 4)	PA; QL; 180 gm every 30 days
<i>sodium chloride irrigation solution 0.9 %</i>	\$0-\$12.65 (Tier 3)	
<i>sterile water for irrigation irrigation solution</i>	\$0 (Tier 2)	
Mouth/Throat/Dental Agents		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL 20 %	\$0 (Tier 1)	DP
AQUORAL MOUTH/THROAT SOLUTION	\$0 (Tier 1)	DP
BIOTENE DRY MOUTH MOIST SPRAY MOUTH/THROAT SOLUTION	\$0 (Tier 1)	DP
<i>cevimeline hcl oral capsule 30 mg</i>	\$0-\$12.65 (Tier 4)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)	
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0-\$12.65 (Tier 3)	QL; 150 lozenges every 30 days
<i>cvs dry mouth mouth/throat solution</i>	\$0 (Tier 1)	DP
<i>cvs oral anesthetic max str mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP
DENTA 5000 PLUS DENTAL CREAM 1.1 %	\$0 (Tier 1)	DP
<i>dentagel dental gel 1.1 %</i>	\$0 (Tier 1)	DP
<i>eq1 dry mouth oral rinse mouth/throat solution</i>	\$0 (Tier 1)	DP
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	\$0 (Tier 1)	DP
<i>fraiche 5000 dental dental gel 1.1 %</i>	\$0 (Tier 1)	DP
<i>goodsense oral pain relief mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP
HURRICAIN MOUTH/THROAT GEL 20 %	\$0 (Tier 1)	DP
<i>instant oral pain relief max mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D DP - The drug is not a Part D drug Last Updated: 3/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>intense toothache pain relief mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP
KOURZEQ MOUTH/THROAT PASTE 0.1 %	\$0-\$12.65 (Tier 3)	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 2)	
LOLLICAINE MOUTH/THROAT GEL 20 %	\$0 (Tier 1)	DP
MOI-STIR MOUTH/THROAT SOLUTION	\$0 (Tier 1)	DP
MOUTH KOTE MOUTH/THROAT SOLUTION	\$0 (Tier 1)	DP
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION	\$0 (Tier 1)	DP
NUMOISYN MOUTH/THROAT LIQUID	\$0 (Tier 1)	DP
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 2)	
<i>oral analgesic max st mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP
<i>oral relief spray mouth/throat solution</i>	\$0 (Tier 1)	DP
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	\$0 (Tier 1)	DP
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	\$0 (Tier 1)	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	\$0 (Tier 1)	DP
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0-\$12.65 (Tier 3)	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	\$0 (Tier 1)	DP
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	\$0 (Tier 1)	DP
PREVIDENT DENTAL GEL 1.1 %	\$0 (Tier 1)	DP
<i>qc oral pain relieving mouth/throat gel 20 %</i>	\$0 (Tier 1)	DP
<i>ra dry mouth mouth/throat solution</i>	\$0 (Tier 1)	DP
<i>sf 5000 plus dental cream 1.1 %</i>	\$0 (Tier 1)	DP
<i>sf dental gel 1.1 %</i>	\$0 (Tier 1)	DP
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	\$0 (Tier 1)	DP
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	\$0 (Tier 1)	DP
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	\$0 (Tier 1)	DP
<i>sodium fluoride dental cream 1.1 %</i>	\$0 (Tier 1)	DP
<i>sodium fluoride dental gel 1.1 %</i>	\$0 (Tier 1)	DP
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0-\$12.65 (Tier 3)	
ZILACTIN BABY MOUTH/THROAT GEL 10 %	\$0 (Tier 1)	DP
Otic		
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 %	\$0 (Tier 1)	DP
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 %	\$0 (Tier 1)	DP
<i>cvs ear drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>cvs ear wax removal system otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>cvs earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
DEBROX OTIC SOLUTION 6.5 %	\$0 (Tier 1)	DP
<i>ear drops earwax aid otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ear drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **3/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ear wax removal drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ear wax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ear wax removal system otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>earwax removal otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>earwax treatment drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>eq ear wax removal aid otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>eq earwax removal aid otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ft earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ft earwax removal otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>gnp earwax removal drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>gnp earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>goodsense ear wax kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>goodsense ear wax removal otic solution 6.5 %</i>	\$0 (Tier 1)	DP
MURINE EAR OTIC SOLUTION 6.5 %	\$0 (Tier 1)	DP
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	\$0 (Tier 1)	DP
<i>qc ear wax removal otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>qc earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>qc earwax removal otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ra ear drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>ra earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 1)	DP
<i>sm ear drops otic solution 6.5 %</i>	\$0 (Tier 1)	DP

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

12 hour allergy-d.....	199	acetaminophen extra strength.....	16	AEROCHAMBER PLUS FLO-VU	
12 hour decongestant.....	199	acetaminophen infants.....	16	INTERM.....	215
12 hour nasal decongestant.....	199	acetaminophen-codeine.....	27	AEROCHAMBER PLUS FLO-VU	
12 hour nasal relief spray.....	199	acetazolamide.....	53	LARGE.....	215
12 hour nasal spray.....	199	acetazolamide er.....	53	AEROCHAMBER PLUS FLO-VU	
12 hr mucus relief max.....	199	acetic acid.....	105, 119, 191	MEDIUM.....	215
12hr allergy relief.....	192	acetylcysteine.....	215	AEROCHAMBER PLUS FLO-VU	
1st base.....	119	acitretin.....	225	SMALL.....	215
24hr allergy relief.....	192	ACTHIB.....	117	AEROCHAMBER PLUS FLOW VU	
3 day vaginal.....	105	actical.....	147	.....	215
3232a infant formula.....	133	actidom dmx.....	199	AEROCHAMBER Z-STAT PLUS...216	
4-WAY FAST ACTING.....	199	ACTIMMUNE.....	116	AEROCHAMBER Z-STAT PLUS	
50+ adult eye health.....	146	ACTINEL DM.....	199	CHAMBR.....	216
600+d3.....	126	active fe.....	108	AEROCHAMBER Z-STAT	
7 day vaginal.....	105	ACTIVNUTRIENTS.....	147	PLUS/LARGE.....	216
8 hour arthritis pain.....	16	ACTIVNUTRIENTS		AEROCHAMBER Z-STAT	
8 hour pain reliever.....	16	PERFORMANCE.....	147	PLUS/MEDIUM.....	216
8 hr arthritis pain relief.....	16	ACTIVNUTRIENTS W/O IRON.....	147	AEROCHAMBER Z-STAT	
8hr muscle aches & pain relief.....	16	acyclovir.....	34	PLUS/SMALL.....	216
a thru z advanced.....	146	acyclovir sodium.....	34	AEROCHAMBER2GO ANTI-	
a thru z advanced adult.....	146	ADACEL.....	117	STATIC.....	216
a thru z high potency.....	146	adalimumab-bwwd.....	112	AEROVENT PLUS.....	216
a thru z select.....	147	adapalene.....	219	AFIRMELLE.....	75
a thru z select 50+ advanced.....	146	adapalene treatment.....	219	AFLORA.....	147
a thru z select 50+ mens.....	147	ADDAPRIN.....	25	AFRIN 12 HOUR.....	200
a thru z select advanced.....	147	adefovir dipivoxil.....	34	AFRIN ALLERGY SINUS.....	200
a thru z select ultimate women.....	147	ADEK GUMMIES PLUS ZN.....	147	AFRIN NODRIP CHILDRENS.....	200
a thru z ultimate mens.....	147	ADEMPAS.....	54	AFRIN NODRIP EXTRA	
a-10000.....	147	ADIPEX-P.....	73	MOISTURE.....	200
a-25.....	147	ADMELOG.....	70	AFRIN NODRIP NIGHT.....	200
abacavir sulfate.....	32	ADMELOG SOLOSTAR.....	70	AFRIN NODRIP ORIGINAL.....	200
abacavir sulfate-lamivudine.....	33	ADRENAL MANAGER.....	147	AFRIN NODRIP SEVERE	
abc complete adult.....	147	ADRENALIV.....	147	CONGEST.....	200
abc complete mens.....	147	adrenoid.....	147	AFRIN NODRIP SINUS.....	200
abc complete senior 50+.....	147	adult one daily gummies.....	147	AFRIN ORIGINAL.....	200
abc complete senior mens 50+.....	147	ADVAIR HFA.....	219	AFRIN SEVERE CONGESTION...200	
abc complete senior womens 50+.....	147	ADVANCED C PLUS.....	147	AIMOVIG.....	65
abc complete womens.....	147	ADVANCED		aimsco lubricated.....	75
ABIGALE.....	81	CALCIUM/D/MAGNESIUM.....	126	AIRAVITE.....	147
ABIGALE LO.....	81	advanced eye health.....	147	AIRBORNE.....	147
ABILIFY ASIMTUFII.....	58	ADVANCED MULTI EA.....	147	AIRBORNE ELDERBERRY.....	147
ABILIFY MAINTENA.....	58	ADVANTAGE CARE		AIRBORNE GUMMIES.....	147
abiraterone acetate.....	40	ELECTROLYTE PED.....	124	AIRBORNE KIDS.....	147
ABIRTEGA.....	40	ADVERA.....	133	AIRSUPRA.....	219
ABRYSVO.....	117	ADVIL.....	25	AKEEGA.....	40
acamprosate calcium.....	67	ADVIL JUNIOR STRENGTH.....	16, 25	AL12.....	227
acarbose.....	72	advin covid-19 antigen test.....	29	ala-cort.....	225
ACCUTANE.....	219	AEROCHAMBER HOLDING		ALAVERT.....	192
acebutolol hcl.....	52	CHAMBER.....	215	ALAVERT D-12 HOUR	
ACERFLEX.....	133	AEROCHAMBER MINI CHAMBER.....	215	ALLERGY/CONG.....	200
acerola c-500.....	147	AEROCHAMBER MV.....	215	albendazole.....	29
acetaminophen.....	16	AEROCHAMBER PLS FLOVU		albuterol sulfate.....	199
acetaminophen 8 hour.....	16	MTHPIECE.....	215	albuterol sulfate hfa.....	199
acetaminophen childrens.....	16	AEROCHAMBER PLUS FLO-VU..	215	alclometasone dipropionate.....	225
acetaminophen er.....	16			alcoholado eucaliptino.....	119

Last Updated: 3/30/2026

ALCON TEARS.....	187	allergy relief (cetirizine).....	192	amlodipine besylate-valsartan.....	49
ALDURAZYME.....	83	allergy relief (loratadine).....	192	amlodipine-olmesartan.....	49
ALECENSA.....	42	allergy relief 24-hr.....	192	ammonium lactate.....	227
alendronate sodium.....	74	allergy relief cetirizine.....	192	AMNESTEEM.....	219
aler-cap.....	192	allergy relief childrens.....	192	AMORYN MOOD BOOSTER.....	148
alertab.....	192	allergy relief childrens 24-hr.....	192	amoxapine.....	56
ALFAMINO JUNIOR.....	133	allergy relief d.....	200	amoxicillin.....	37
alfuzosin hcl er.....	105	allergy relief d12.....	200	amoxicillin-pot clavulanate.....	38
aliskiren fumarate.....	53	allergy relief d-12.....	200	amphetamine-dextroamphet er.....	65
ALIVE ADULT PREMIUM.....	147	allergy relief d-24.....	200	amphetamine-dextroamphetamine..	65
ALIVE CALCIUM BONE		allergy relief indoor/outdoor.....	192	amphotericin b.....	28
SUPPORT.....	147	allergy relief nasal decongest.....	200	amphotericin b liposome.....	28
alive daily energy.....	147	allergy relief-d.....	200	ampicillin.....	38
ALIVE DIABETIC MULTIVITAMIN.....	147	allergy/congestion relief.....	200	ampicillin sodium.....	38
ALIVE ENERGY 50+.....	148	ALLI.....	73	ampicillin-sulbactam sodium.....	38
ALIVE EVERYDAY IMMUNE		allopurinol.....	16	anagrelide hcl.....	112
HEALTH.....	148	ALMACONE DOUBLE STRENGTH.....	86	anastrozole.....	40
ALIVE GARDEN GOODNESS.....	148	ALOE VESTA ANTIFUNGAL.....	222	ANBESOL MAXIMUM STRENGTH	
ALIVE GUMMIES FOR CHILDREN		alosetron hcl.....	102	.....	234
.....	148	ALPHA BETIC.....	148	anefrin spray.....	201
ALIVE HAIR, SKIN & NAILS.....	148	alprazolam.....	55	ANORO ELLIPTA.....	191
ALIVE MAX 6 POTENCY.....	148	ALTACHLORE.....	187	antacid.....	87
ALIVE MENS 50+.....	148	ALTADERM.....	119	antacid & antigas.....	87
ALIVE MENS 50+ MULTI GUMMY.....	148	altarussin.....	200	antacid & anti-gas max str.....	86
ALIVE MENS 50+ ULTRA.....	148	altarussin dm.....	200	antacid advanced.....	87
ALIVE MENS COMPLETE MULTI.....	148	ALTavera.....	75	antacid anti-gas.....	87
ALIVE MENS GUMMY		altipres.....	200	antacid anti-gas max strength.....	87
MULTIVITAMINS.....	148	altipres pediatric.....	200	antacid calcium.....	87
ALIVE MENS ULTRA.....	148	altituss.....	201	antacid calcium rich.....	87
ALIVE MULTI-VITAMIN.....	148	altrixa.....	148	antacid extra strength.....	87
ALIVE MULTI-VITAMIN		altrixa ob.....	148	antacid fast relief.....	87
CHILDRENS.....	148	alum & mag hydroxide-simeth.....	86	antacid i.....	87
ALIVE ONCE DAILY WOMENS....	148	aluminum acetate.....	227	antacid iii.....	87
ALIVE ULTRA POTENCY ADULT.....	148	aluminum hydroxide gel.....	86	antacid liquid.....	87
ALIVE ULTRA POTENCY		aluminum-magnesium-simethicone.....	86	antacid m.....	87
WOMENS 50+.....	148	ALUNBRIG.....	42	antacid maximum strength.....	87
ALIVE WOMENS 50+.....	148	ALVAIZ.....	112	antacid regular strength.....	87
ALIVE WOMENS 50+ COMPLETE		ALVESCO.....	219	antacid/antigas.....	87
MV.....	148	alyacen 1/35.....	75	antacid/simethicone ds.....	87
ALIVE WOMENS 50+ GUMMY.....	148	alyacen 7/7/7.....	75	anti-allergy.....	148
ALIVE WOMENS ENERGY.....	148	ALYFTREK.....	216	antibiotic.....	220
ALIVE WOMENS GUMMY.....	148	ALYGLO.....	115	anti-diarrheal.....	89
all day allergy.....	192	ALYQ.....	54	antifungal.....	222
all day allergy childrens.....	192	amantadine hcl.....	57	antifungal (clotrimazole).....	222
all day allergy d.....	200	ambrisentan.....	54	antifungal (tolnaftate).....	222
ALLBEE/C.....	148	AMETHYST.....	75	anti-hist allergy.....	192
all-day allergy childrens.....	192	amikacin sulfate.....	29	anti-itch.....	227
ALLEGRA ALLERGY.....	192	amiloride hcl.....	53	anti-itch extra strength.....	227
aller-chlor.....	192	amiloride-hydrochlorothiazide.....	53	antioxidant.....	149
allergy.....	192	aminofen.....	16	anti-oxidant.....	149
allergy (cetirizine).....	192	AMINOSYN II.....	125	antioxidant a/c/e/selenium.....	148
allergy 24hour indoor/outdoor.....	192	AMINOSYN-PF.....	125	antioxidant formula.....	148
allergy 24-hr.....	192	amiodarone hcl.....	50	antioxidant formula/minerals.....	148
allergy childrens.....	192	amitriptyline hcl.....	56	antioxidant vitamins.....	149
allergy d-12.....	200	AMLACTIN DAILY.....	227	antiseptic skin cleanser.....	227
allergy eye.....	185	AMLACTIN DAILY NOURISH.....	227	apap childrens.....	16
allergy rel child (loratadine).....	192	AMLACTIN ULTRA SMOOTHING.....	227	apap extra strength.....	16
allergy rel d12 (cetirizine).....	200	amlodipine besy-benazepril hcl.....	48	APETIBEX.....	149
allergy relief.....	192	amlodipine besylate.....	52	APHEN.....	17

APPE-CURB.....	149	ATABEX OB.....	149	b-1.....	149
<i>apra</i>	17	<i>atazanavir sulfate</i>	32	<i>b1 natural</i>	149
<i>aprepitant</i>	91	<i>atenolol</i>	52	<i>b-100 b-complex</i>	149
APRI.....	75	<i>atenolol-chlorthalidone</i>	51	<i>b-12</i>	149
APTIOM.....	61	<i>athletes foot</i>	222	<i>b-12 quick dissolve</i>	149
APTIVUS.....	32	<i>athletes foot (clotrimazole)</i>	222	<i>b-12 slow release</i>	149
AQUA GLYCOLIC FACE.....	227	<i>athletes foot (terbinafine)</i>	222	<i>b-12 tr</i>	149
AQUA-CERIN.....	227	<i>athletes foot powder spray</i>	222	<i>b-50 complex</i>	149
AQUA-E.....	149	<i>atomoxetine hcl</i>	65	<i>b-6</i>	150
<i>aquanaz</i>	201	<i>atorvastatin calcium</i>	51	<i>b6 natural</i>	149
AQUASOL A.....	149	<i>atovaquone</i>	29	BABY ANTI MONKEY BUTT.....	227
<i>aqueous vitamin d</i>	149	<i>atovaquone-proguanil hcl</i>	32	BABY DDROPS.....	150
AQUORAL.....	234	ATREVIS HYDROGEL.....	119	<i>baby super daily d3</i>	150
ARALAST NP.....	216	<i>atropine sulfate</i>	188	<i>baby vitamin d3</i>	150
ARANELLE.....	75	ATROVENT HFA.....	191	BABY'S BIG SUPPORT.....	133
ARBEM H-COSMETIC.....	119	AUBRA EQ.....	75	<i>bacitracin</i>	186, 220
ARBEM LIOPEN.....	119	AUGTYRO.....	42	<i>bacitracin zinc</i>	220
ARCALYST.....	116	AUROVELA 1/20.....	75	<i>bacitracin zinc-aloe</i>	220
AREXVY.....	117	AUROVELA 24 FE.....	75	<i>bacitracin-polymyxin b</i>	187
ARGINAID EXTRA.....	133	AUROVELA FE 1.5/30.....	75	<i>bacitra-neomycin-polymyxin-hc</i>	186
ARIKAYCE.....	29	AUROVELA FE 1/20.....	75	BACITRAYCIN PLUS.....	220
<i>aripiprazole</i>	58	AUSTEDO.....	66	<i>baclofen</i>	67
ARISTADA.....	58	AUSTEDO XR.....	66	BACMIN.....	150
ARISTADA INITIO.....	58	AUSTEDO XR PATIENT		BAFIERTAM.....	67
<i>armodafinil</i>	67	TITRATION.....	66	<i>balance b-50</i>	150
ARNUITY ELLIPTA.....	219	AUVELITY.....	56	<i>balanced b complex</i>	150
<i>arthritis pain relief</i>	17	AUXIPRO VANISHING.....	119	<i>balanced b-100</i>	150
<i>arthritis pain reliever</i>	17	AVEDANA GLYCERIN (ADULT).....	93	<i>balanced b-50/fa</i>	150
<i>arthritis pain relieving</i>	227	AVEENO DAILY MOISTURIZING		<i>balanced nutritional drink</i>	133
<i>artificial tears</i>	187	FACE.....	227	<i>balanced nutritional drink pls</i>	133
<i>artificial tears pf</i>	188	AVEENO INTENSE RELIEF HAND		<i>balanced nutritional shake pls</i>	133
<i>ascorbic acid</i>	149	.....	227	BALMBARR HAND & BODY.....	227
<i>asenapine maleate</i>	58	AVEENO POSITIVELY RADIANT.....	227	BALMBARR MOISTURIZING.....	227
ASHLYNA.....	75	AVEENO RESTORATIVE SKIN		BALMBARR STRETCH MARK.....	227
ASPERCREME LIDOCAINE.....	227	THERAP.....	227	<i>balsalazide disodium</i>	93
<i>asperflex max st</i>	227	AVEENO SKIN RELF MOIST		BALVERSA.....	42
ASPERFLEX PAIN RELIEVING.....	227	REPAIR.....	227	BALZIVA.....	75
<i>aspirin</i>	17	AVIANE.....	75	BANOPHEN.....	192, 193, 227
<i>aspirin 81</i>	17	AVMAPKI FAKZYNJA CO-PACK.....	42	BARACLUDE.....	34
<i>aspirin adult low dose</i>	17	AYUNA.....	75	BARIATRIC FUSION.....	150
<i>aspirin adult low strength</i>	17	AYVAKIT.....	42	<i>bariatric multivitaminliron</i>	150
<i>aspirin buf(cacarb-mgcarb-mgo)</i>	17	<i>az cream</i>	119	<i>bariatric multivitamins</i>	150
<i>aspirin childrens</i>	17	<i>azacitidine</i>	39	<i>bariatric multivitaminsliron</i>	150
<i>aspirin ec</i>	17	<i>azathioprine</i>	116	BASE PCCA CLARIFYING.....	119
<i>aspirin ec adult low dose</i>	17	<i>azelastine hcl</i>	185, 192	<i>base w301</i>	119
<i>aspirin ec adult low strength</i>	17	<i>azesco</i>	149	<i>basic am</i>	150
<i>aspirin ec low dose</i>	17	<i>azithromycin</i>	37	<i>basic pm</i>	150
<i>aspirin ec low strength</i>	17	AZO URINARY TRACT DEFENSE.....	29	BAYER ADVANCED ASPIRIN	
<i>aspirin low dose</i>	17	AZOLEN ANTI-FUNGAL WASH.....	222	REG ST.....	17
<i>aspirin low strength</i>	17	AZOLEN TINCTURE.....	222	BAYER ASPIRIN.....	17
<i>aspirin regimen</i>	17	<i>aztreonam</i>	29	BAYER ASPIRIN EC LOW DOSE.....	17
<i>aspirin-dipyridamole er</i>	112	AZURETTE.....	75	BAYER LOW DOSE.....	17
ASSURE ID INSULIN SAFETY		<i>b complex</i>	149	<i>baza antifungal</i>	222
SYR.....	70	<i>b complex formula 1 (w/ fa)</i>	149	BCAD 1.....	133
ASTAGRAF XL.....	116	<i>b complex vitamins</i>	149	BCAD 2.....	133
<i>asthma relief</i>	216	<i>b complex-b12</i>	149	<i>bcg vaccine</i>	117
<i>astringent</i>	227	<i>b complex-c</i>	149	<i>b-compleet-100</i>	150
ATABEX.....	149	<i>b complex-c-folic acid</i>	149	<i>b-compleet-50</i>	150
ATABEX EC.....	149	<i>b1</i>	149	<i>b-complex</i>	150

<i>b-complex (folic acid)</i>	150	BIO-35 GLUTEN-FREE.....	150	BOOST PLUS.....	133
<i>b-complex balanced</i>	150	BIO-35 IRON FREE.....	150	BOOST VERY HIGH CALORIE.....	133
<i>b-complex plus b-12</i>	150	<i>biocal</i>	150	BOOST VHC.....	133
<i>b-complex/b-12</i>	150	<i>biocel</i>	150	BOOST WOMEN.....	133
<i>b-complex/electrolytes</i>	150	<i>biocof</i>	201	BOOSTNOW IMMUNE SUPPORT.....	151
<i>b-complex/vitamin c</i>	150	<i>biocotron</i>	201	BOOSTRIX.....	117
<i>b-complex-c</i>	150	<i>biodesp dm</i>	201	<i>boro-packs</i>	228
<i>b-complex-c (w/folic acid)</i>	150	BIO-D-MULSION.....	150	<i>bortezomib</i>	42
BENADRYL ALLERGY.....	193	BIO-D-MULSION FORTE.....	150	<i>bosentan</i>	54
BENADRYL ALLERGY.....		<i>bioflex</i>	151	BOSULIF.....	42, 43
CHILDRENS.....	193	BIOLLE GEL TEARS.....	188	<i>bp vit 3</i>	151
BENADRYL ALLERGY EXTRA.....		BIOLLE TEARS.....	188	<i>b-plex</i>	151
STR.....	193	BIOLYTE.....	124	<i>b-plex plus</i>	151
BENADRYL ALLERGY.....		BION TEARS PF.....	188	BPROTECTED MULTI-VITE.....	151
ULTRATABS.....	193	BIOTECT PLUS.....	151	BPROTECTED PEDIA D-VITE.....	151
BENADRYL EXTRA STRENGTH.....	228	BIOTENE DRY MOUTH MOIST.....		BPROTECTED PEDIA IRON.....	108
<i>benazepril hcl</i>	49	SPRAY.....	234	BPROTECTED PEDIA POLY-VITE.....	151
<i>benazepril-hydrochlorothiazide</i>	48	<i>biotin</i>	151	BPROTECTED PEDIA POLY-VITE/FE.....	151
<i>bendamustine hcl</i>	39	<i>biotin forte</i>	151	BPROTECTED PEDIA TRI-VITE.....	151
BENDEKA.....	39	<i>biotin maximum strength</i>	151	BPROTECTED VITAMIN C.....	151
BENECALORIE.....	133	<i>biotin super potency</i>	151	BRAFTOVI.....	43
BENLYSTA.....	116	<i>bio-z-cough</i>	201	<i>brain builder kids</i>	151
BENZEPRO.....	219	<i>bisacodyl</i>	93	BRAINSUSTAIN FOR KIDS.....	133
<i>benzoin</i>	228	<i>bisacodyl ec</i>	93	<i>breathe comfort chamber/adult</i>	216
<i>benzonatate</i>	201	<i>bisacodyl laxative</i>	93	<i>breathe comfort chamber/child</i>	216
<i>benzoyl peroxide-erythromycin</i>	219	<i>bismuth</i>	89	<i>breathe ease large</i>	216
<i>benzphetamine hcl</i>	73	<i>bismuth subsalicylate</i>	89	<i>breathe ease medium</i>	216
<i>benztropine mesylate</i>	57	<i>bisoprolol fumarate</i>	52	<i>breathe ease small</i>	216
BERINERT.....	112	<i>bisoprolol-hydrochlorothiazide</i>	51	BREATHERITE VALVED MDI.....	
<i>besifloxacin hcl</i>	187	BIVIGAM.....	115	CHAMBER.....	216
BESIVANCE.....	187	BLACK-DRAUGHT LAX-SENN.....	93	BREO ELLIPTA.....	219
BESREMI.....	41	<i>bladder 2.2</i>	151	BREYNA.....	219
<i>beta care</i>	228	BLISOVI 24 FE.....	75	BREZTRI AEROSPHERE.....	191
BETA XMA.....	228	BLISOVI FE 1.5/30.....	75	<i>brillyn</i>	75
BETADINE.....	228	BLISOVI FE 1/20.....	75	BRIGHT BEGINNINGS.....	
BETADINE SURGICAL SCRUB.....	228	<i>blood sugar manager</i>	151	PEDIATRIC.....	133
<i>betaine</i>	83	BLUE-EMU PAIN RELIEF DRY.....	228	<i>brimonidine tartrate</i>	186
<i>betamethasone dipropionate</i>	225	BLUJEP.....	29	<i>brinzolamide</i>	186
<i>betamethasone dipropionate aug</i>	225	<i>body/hair/skin/nails</i>	151	BRIVIACT.....	61
<i>betamethasone valerate</i>	225	<i>bone density builder</i>	126	<i>bromocriptine mesylate</i>	57
BETASEPT SURGICAL SCRUB.....	228	BONEUP.....	151	BRONKAID MAX.....	216
BETASERON.....	67	BONEUP 3 PER DAY.....	151	BRUKINSA.....	43
<i>betatemp childrens</i>	17	BONEUP VEGETARIAN.....	151	BUCKLEYS CHEST.....	
<i>betaxolol hcl</i>	52, 186	BONSITY.....	74	CONGESTION.....	201
<i>bethanechol chloride</i>	105	BOOST.....	133	<i>budesonide</i>	93, 219
<i>better b complex</i>	150	BOOST BREEZE.....	133	<i>budesonide er</i>	93
BEVESPI AEROSPHERE.....	191	BOOST BREEZE 2-FLAVOR.....		<i>budesonide-formoterol fumarate</i>	219
<i>bexarotene</i>	41, 228	PACK.....	133	BUFFERIN.....	17
BEXSERO.....	117	BOOST GLUCOSE CONTROL.....	133	BUFFERIN EXTRA STRENGTH.....	17
<i>bicalutamide</i>	40	BOOST GLUCOSE CTRL MAX.....		<i>bumetanide</i>	53
BICILLIN L-A.....	38	PROTEIN.....	133	<i>buprenorphine</i>	27
BIG 100.....	150	BOOST HIGH PROTEIN.....	133	<i>buprenorphine hcl</i>	67
BIG 100 (BIOTIN).....	150	BOOST KID ESSENTIALS 1.0 CAL.....	133	<i>buprenorphine hcl-naloxone hcl</i>	68
BIKTARVY.....	33	BOOST KID ESSENTIALS 1.5 CAL.....	133	<i>bupropion hcl</i>	56
<i>bilberry plus</i>	150	BOOST KID ESSENTIALS.....		<i>bupropion hcl er (smoking det)</i>	68
BILDYOS.....	74	1.5/FIBER.....	133	<i>bupropion hcl er (sr)</i>	56
BIMZELX.....	113	BOOST ORIGINAL.....	133	<i>bupropion hcl er (xl)</i>	56
BINAXNOW COVID-19 AG HOME.....					
TEST.....	29				

BURIED TREASURE ACTIVE 55 PLUS	151	calcium citrate chewy bite	127	carboplatin	39
buspirone hcl	55	calcium citrate plus	127	carboxymethylcellulose sod pf	188
butenafine hcl	222	calcium citrate plus/magnesium	127	carboxymethylcellulose sodium	188
butorphanol tartrate	27	calcium citrate+d3	128	cardiopress	152
c 1000	151	calcium citrate+d3 petites	128	CARESTART COVID-19 HOME TEST	29
c 500	151	calcium citrate-mag-minerals	128	carglumic acid	83
c 500/rose hips	151	calcium citrate-vitamin d	128	carisoprodol	67
c extra strength	151	calcium citrate-vitamin d3	128	CARNATION BREAKFAST ESSENTIALS	134
c-1000	151	calcium creamies	128	carteolol hcl	186
c-1000/rose hips	151	calcium gluconate	128	CARTIA XT	52
c-250	151	calcium high potency	128	carvedilol	52
c-500	151, 152	calcium high potency/vitamin d	128	casprofungin acetate	28
c-500/rose hips	152	calcium lactate	128	castellani paint	222
cabergoline	83	calcium magnesium zinc	128	castellani paint modified	222
CABOMETYX	43	calcium oyster shell	128	CAYSTON	29
calamine	228	calcium plus vitamin d	128	c-chewable	152
calamine-zinc oxide	228	calcium plus vitamin d3	128	cefaclor	35
CALCIDOL	152	calcium soft chews	128	cefadroxil	35
calcipotriene	225	calcium+d3	128	cefazolin sodium	35
calcitonin (salmon)	74	calcium-magnesium-zinc	128	cefazolin sodium-dextrose	35, 36
calcitrate plus d	126	calcium-magnesium-zinc-d3	128	cefdinir	36
cal-citrate plus vitamin d	126	calcium-magnesium-zinc-vit d3	128	cefepime hcl	36
CALCITRENE	225	calcium-vitamin d	128	cefixime	36
calcitriol	86	calcium-vitamin d3	128	cefotetan disodium	36
calcium	128	CAL-GEST ANTACID	87	cefoxitin sodium	36
calcium + d	126	cal-mint	128	cefpodoxime proxetil	36
calcium + d3	126	CALMOSEPTINE	228	cefprozil	36
calcium + vitamin d3	126	CALPROTECT	228	ceftaroline fosamil	36
calcium 1000 + d	126	CALQUENCE	43	ceftazidime	36
calcium 1200	126	CALTRATE 600+D PLUS MINERALS	128	ceftriaxone sodium	36
calcium 500 + d	126	CALTRATE 600+D3	128	cefuroxime axetil	36
calcium 500 + d3	126	CALTRATE 600+D3 SOFT	128	cefuroxime sodium	36
calcium 500/d	126	CALTRATE BONE HEALTH	128	CELEBRATE CALCIUM CITRATE 129	
calcium 500/vitamin d	126	CALTRATE BONE HEALTH ADVANCED	128	CELEBRATE CALCIUM PLUS 500	129
calcium 500+d	126	CALTRATE MINIS PLUS MINERALS	128	CELEBRATE MULTI-COMPLETE 18	152
calcium 500+d high potency	126	CAMILA	75	CELEBRATE MULTI-COMPLETE 36	152
calcium 500+d3	127	CAMRESE	75	CELEBRATE MULTI-COMPLETE 45	152
calcium 600	127	CAMRESE LO	75	CELEBRATE MULTI-COMPLETE 60	152
calcium 600 + d	127	candesartan cilexetil	50	celecoxib	25
calcium 600 +d high potency	127	candesartan cilexetil-hctz	49	centavite a-z complete-mineral	152
calcium 600/vitamin d	127	CAPLYTA	58	CENTRATEx	108
calcium 600/vitamin d3	127	CAPRELSA	43	centravites	152
calcium 600+d	127	capsaicin	228	centravites 50 plus	152
calcium 600+d high potency	127	capsaicin hp	228	centravites adults	152
calcium 600+d3	127	capsaicin pain relief	228	CENTRUM	153
calcium 600+d3 plus minerals	127	capsaid es arthritis relief	228	CENTRUM ADULT	152
calcium antacid	87	captopril	49	CENTRUM ADULT 50+ MULTIGUMMIES	152
calcium carb-cholecalciferol	127	captopril-hydrochlorothiazide	48	CENTRUM ADULTS	152
calcium carbonate	127	CAPZASIN-HP	228	CENTRUM ADULTS MULTIGUMMIES	152
calcium carbonate antacid	87	CAPZASIN-P	228	CENTRUM CARDIO	152
calcium carbonate extra light	127	capzix	228		
calcium carbonate light	127	carbamazepine	61		
calcium carbonate-vitamin d	127	carbamazepine er	61		
calcium citrate	127	carbidopa-levodopa	58		
calcium citrate + ...	127	carbidopa-levodopa er	57		
calcium citrate + d	127	carbidopa-levodopa-entacapone	58		
calcium citrate + d3	127				
calcium citrate + d3 maximum	127				

CENTRUM DUAL ACT MULTI+ BEAUTY	152	CERASPORT	124	<i>chlorpheniramine maleate er</i>	193
CENTRUM DUAL ACT MULTI+OMEGA-3	152	CERASPORT EX1	124	<i>chlorpromazine hcl</i>	58
CENTRUM FLAVOR BURST	152	CERAVE DIABETICS DRY SKIN ..	228	<i>chlorthalidone</i>	53
CENTRUM FLAVOR BURST ADULT	152	CERAVE MOISTURIZING	228	CHLOR-TRIMETON ALLERGY	193
CENTRUM FLAVOR BURST KIDS	152	CERAVE SA ROUGH & BUMPY SKIN	228	CHOICEFUL MULTIVITAMIN	154
CENTRUM FRESH/FRUITY 50+ ..	152	CERDELGA	83	<i>cholase control</i>	154
CENTRUM FRESH/FRUITY ADULT	153	CEREFOLIN BRAIN WELLNESS ..	154	<i>cholecalciferol</i>	154
CENTRUM KIDS	153	CEREZYME	83	<i>cholestyramine</i>	51
CENTRUM KIDS MULTIGUMMIES	153	CEROVITE JR	154	<i>cholestyramine light</i>	51
CENTRUM MEN	153	CEROVITE SENIOR	154	CHOLEXTRA	134
CENTRUM MEN 50+ MULTIGUMMIES	153	CERTAVITE SENIOR	154	CHROMAGEN	108
CENTRUM MEN MULTIGUMMIES	153	CERTAVITE SENIOR/ANTIOXIDANT	154	<i>chromic chloride</i>	125
CENTRUM MENOPAUSE HOT FLASH	153	CERTAVITE/ANTIOXIDANTS	154	CHRSYADERM DAY	119
CENTRUM MENOPAUSE MIND/MOOD	153	CETAPHIL MOISTURIZING	228	CHRSYADERM NIGHT	119
CENTRUM MINIS ADULTS 50+ ..	153	CETAPHIL THERAPEUTIC HAND ..	228	CICAPLAST BAUME B5 SOOTH BALM	228
CENTRUM MINIS MEN 50+	153	<i>cetirizine hcl</i>	193	<i>ciclopirox</i>	222
CENTRUM MINIS WOMEN 50+ ..	153	<i>cetirizine hcl allergy child</i>	193	<i>ciclopirox olamine</i>	222
CENTRUM MINIS WOMEN IMMUNE SUP	153	<i>cetirizine hcl childrens</i>	193	<i>cilostazol</i>	112
CENTRUM MULTI + OMEGA 3	153	<i>cetirizine hcl childrens alrgy</i>	193	CILOXAN	187
CENTRUM MULTI+ MENTAL FOCUS	153	<i>cetirizine-pseudoephedrine er</i>	201	CIMDUO	33
CENTRUM POSTNATAL GUMMIES	153	<i>cevimeline hcl</i>	234	<i>cinacalcet hcl</i>	83
CENTRUM SILVER	153	CFPREOP	134	<i>ciprofloxacin hcl</i>	37, 187
CENTRUM SILVER 50+MEN	153	<i>charcoal activated</i>	83	<i>ciprofloxacin in d5w</i>	37
CENTRUM SILVER 50+WOMEN ..	153	CHATEAL EQ	76	<i>ciprofloxacin-dexamethasone</i>	191
CENTRUM SILVER ADULT 50+ ..	153	<i>chelated magnesium</i>	129	CIRCATA	228
CENTRUM SILVER MEN 50+	153	<i>chelated zinc</i>	129	<i>cisplatin</i>	39
CENTRUM SILVER ULTRA WOMENS	153	CHEMET	74	<i>citalopram hydrobromide</i>	56
CENTRUM SILVER WOMEN 50+ ..	153	CHEMSTRIP K	83	CITRACAL +D3	154
CENTRUM SPECIALIST HEART ..	153	CHEMSTRIP UGK	83	CITRACAL MAXIMUM	129
CENTRUM SPECIALIST IMMUNE ..	153	<i>chest congestion relief</i>	201	CITRACAL MAXIMUM PLUS	129
CENTRUM SPECIALIST VISION ..	153	<i>chest congestion relief child</i>	201	CITRACAL PETITES/VITAMIN D ..	129
CENTRUM ULTRA WOMENS	153	<i>chest congestion relief dm</i>	201	<i>citrus bioflavonoids</i>	119
CENTRUM VITAMINTS	153	<i>chicken/peas/carrots</i>	134	<i>citrus calcium/vitamin d</i>	129
CENTRUM WOMEN	154	<i>chicken/peas/carrots plus</i>	134	CLARAVIS	220
CENTRUM WOMEN 50+ MULTIGUMMIES	153	<i>chicken/peas/carrots plus pedi</i>	134	<i>clarithromycin</i>	37
CENTRUM WOMEN MULTIGUMMIES	153	<i>childrens 24 hour allergy</i>	193	<i>clarithromycin er</i>	37
<i>century</i>	154	CHILDRENS ADVIL	25	CLARITIN	193
<i>century mature</i>	154	<i>childrens animal shapes</i>	154	CLARITIN ALLERGY CHILDRENS ..	193
CENVITE	154	<i>childrens apap</i>	18	CLARITIN CHILDRENS	193
<i>cephalexin</i>	36	<i>childrens aspirin</i>	18	CLARITIN REDITABS	193
CEQUR SIMPLICITY 2U	70	<i>childrens aspirin free</i>	18	CLARITIN REDITABS JUNIORS ..	193
CEQUR SIMPLICITY INSERTER ..	70	<i>childrens chew multivitamin</i>	154	CLARITIN-D 12 HOUR	201
CERALYTE 70	124	<i>childrens chewable vitamins</i>	154	CLARITIN-D 24 HOUR	201
		<i>childrens gummies</i>	154	<i>classic neti pot sinus wash</i>	216
		<i>childrens ibuprofen</i>	25	<i>classic prenatal</i>	154
		<i>childrens ibuprofen 100</i>	25	CLEAR EYES NATURAL TEARS ..	188
		<i>childrens loratadine</i>	193	CLEARCANAL EARWAX SOFTENER	235
		CHILDRENS MEDI-PROFEN	25	CLEARDETECT COVID-19 AG HOME	29
		CHILDRENS MEDI-TABS	18	CLEARLAX	93
		CHILDRENS MOTRIN	25	<i>clemastine fumarate</i>	193
		<i>childrens non-aspirin</i>	18	CLEODERM	119
		<i>childrens pain reliever</i>	18	CLEVER CHOICE HOLDING CHAMBER	216
		<i>chlorhexidine gluconate</i>	228, 234	<i>click espresso protein drink</i>	134
		<i>chlorhist</i>	193	<i>clindamycin hcl</i>	29
		<i>chloroquine phosphate</i>	32	<i>clindamycin palmitate hcl</i>	29
		<i>chlorphen</i>	193		
		<i>chlorpheniramine maleate</i>	193		

<i>clindamycin phos (once-daily)</i>	220	<i>colchicine</i>	16	CORTICARE B.....	154
<i>clindamycin phos (twice-daily)</i>	220	<i>colchicine-probenecid</i>	16	CORVITA.....	154
<i>clindamycin phos-benzoyl perox</i>	220	<i>cold multi-symptom severe day</i>	193	CORVITA 150.....	108
<i>clindamycin phosphate</i>	29, 106, 220	<i>colesevelam hcl</i>	51	CORVITE 150.....	108
<i>clindamycin phosphate in d5w</i>	29	<i>colestipol hcl</i>	51	<i>corvite fe</i>	108
<i>clindamycin phosphate in nacl</i>	29	<i>colistimethate sodium (cba)</i>	29	COTELLIC.....	43
CLINERE EARWAX REMOVAL KIT.....	235	<i>collagen</i>	228	<i>cough & chest congestion dm</i>	201
CLINIMIX/DEXTROSE (4.25/10)...	125	<i>collagen premium skin</i>	228	<i>cough & congestion kids</i>	201
CLINIMIX/DEXTROSE (4.25/5).....	125	<i>collagen ultra</i>	154	<i>cough dm</i>	201
CLINIMIX/DEXTROSE (5/15).....	125	COMBIGAN.....	186	<i>cough dm childrens</i>	201
CLINIMIX/DEXTROSE (5/20).....	125	COMBIVENT RESPIMAT.....	191	<i>coughtab</i>	201
<i>clinimix/dextrose (6/5)</i>	125	COMETRIQ (100 MG DAILY DOSE).....	43	<i>covid-19 at home antigen test</i>	29
<i>clinimix/dextrose (8/10)</i>	126	COMETRIQ (140 MG DAILY DOSE).....	43	<i>covid-19 at-home test</i>	30
<i>clinimix/dextrose (8/14)</i>	126	COMETRIQ (60 MG DAILY DOSE).....	43	<i>covid-19 otc antigen 1-pack</i>	30
CLINISOL SF.....	126	COMFORT ASSIST INSULIN SYRINGE.....	70	<i>covid-19 otc antigen 2-pack</i>	30
CLINITEST RAPID COVID-19 TEST.....	29	<i>comfort gel</i>	87	<i>cream base</i>	119
CLINOLIPID.....	126	<i>comfort gel antacid & anti-gas</i>	87	<i>cream concentrate</i>	119
<i>clobazam</i>	61	<i>comfort gel antacid anti-gas</i>	87	CREON.....	102
<i>clobetasol propionate</i>	225, 226	COMPACT SPACE CHAMBER.....	216	CRESEMBA.....	28
<i>clobetasol propionate e</i>	225	COMPACT SPACE CHAMBER/LG MASK.....	216	CRITIC-AID CLEAR AF.....	222
CLODAN.....	226	COMPACT SPACE CHAMBER/MED MASK.....	216	<i>cromolyn sodium</i>	102, 185, 216
<i>clomipramine hcl</i>	56	COMPACT SPACE CHAMBER/SM MASK.....	216	CRUSH VITAMIN C DROPS.....	154
<i>clonazepam</i>	61, 62	<i>companion</i>	154	CRYSSELLE.....	76
<i>clonidine</i>	54	COMPETE.....	154	CULTURELLE KIDS COMPLETE.....	154
<i>clonidine hcl</i>	53	COMPLEAT.....	134	CULTURELLE KIDS PROBIOTIC- MV.....	154
<i>clopidogrel bisulfate</i>	112	COMPLEAT ORGANIC BLENDS.....	134	CULTURELLE PROBIOTIC MEN DAILY.....	155
<i>clorazepate dipotassium</i>	62	COMPLEAT PEDI PEPTIDE 1.5...	134	CULTURELLE PROBIOTICS + MULTIV.....	155
CLORPACTIN.....	228	COMPLEAT PEDI STANDARD 1.0	134	<i>cupric chloride</i>	126
<i>clotrimazole</i>	106, 222, 234	COMPLEAT PEDI STANDARD 1.4	134	<i>curanol</i>	18
<i>clotrimazole 3</i>	106	COMPLEAT PEDIATRIC.....	134	<i>curelief</i>	194
<i>clotrimazole af</i>	222	COMPLEAT PEDIATRIC ORG BLENDS.....	134	CUTEMOL.....	229
<i>clotrimazole anti-fungal</i>	222	COMPLEAT PEPTIDE 1.5.....	134	<i>cutis plus</i>	119
<i>clotrimazole athletes foot</i>	222	COMPLEAT STANDARD 1.4.....	134	<i>cvs 12 hour nasal decongestant</i>	201
<i>clotrimazole-7</i>	106	<i>complete allergy medicine</i>	193	<i>cvs 8hr arthritis pain relief</i>	18
<i>clotrimazole-betamethasone</i>	222	<i>complete allergy relief</i>	193	<i>cvs 8hr muscle aches & pain</i>	18
<i>clozapine</i>	59	<i>complete multivitamin/mineral</i>	154	<i>cvs acetaminophen</i>	18
<i>co q 10</i>	134	COMPLEX ESSENTIAL MSD.....	134	<i>cvs acetaminophen ex st</i>	18
<i>co q10</i>	134	COMPRO.....	92	<i>cvs adapalene</i>	220
<i>co q-10</i>	134	COMTREX DEEP CHEST COLD.....	201	<i>cvs adult 50+ eye health</i>	155
COARTEM.....	32	CO-NATAL FA.....	154	<i>cvs adult multivitamin</i>	155
COBENFY.....	59	<i>condoms</i>	76	CVS AIRSHIELD.....	155
COBENFY STARTER PACK.....	59	<i>constulose</i>	93	CVS AIRSHIELD IMMUNITY SUPPORT.....	155
<i>cocoa butter skin</i>	228	COPAXONE.....	67	<i>cvs allerg rel child (lorat)</i>	194
<i>coconut oil beauty</i>	228	COPIKTRA.....	43	<i>cvs allergy</i>	194
<i>cod liver oil</i>	154	<i>coq10</i>	134	<i>cvs allergy & hives relief</i>	194
<i>cod liver oil w/vit a & d</i>	154	<i>coq-10</i>	134	<i>cvs allergy childrens</i>	194
<i>cod liver oil/low vitamin a</i>	154	<i>coq10 gummies adult</i>	134	<i>cvs allergy nasal mist no drip</i>	201
<i>cod liver oil/vitamins a & d</i>	154	<i>coq10 maximum strength</i>	134	<i>cvs allergy relief</i>	194
<i>coditussin ac</i>	201	<i>coral calcium plus</i>	154	<i>cvs allergy relief adult</i>	194
<i>coditussin dac</i>	201	CORLANOR.....	54	<i>cvs allergy relief childrens</i>	194
<i>coenzyme q10</i>	134			<i>cvs allergy relief d</i>	201
<i>coenzyme q-10</i>	134			<i>cvs allergy relief neti pot</i>	216
<i>co-enzyme q10</i>	134			<i>cvs allergy relief(cetirizine)</i>	194
<i>co-enzyme q-10</i>	134			<i>cvs allergy relief-d</i>	201
COLACE.....	93			<i>cvs allergy relief-d12</i>	201
COLACE 2-IN-1.....	93				
COLACE CLEAR.....	93				

<i>cvs antacid maximum strength</i>	87	<i>cvs daily gummies adult</i>	155	<i>cvs lubricant eye drops</i>	188
<i>cvs antacid plus antigas</i>	87	<i>cvs daily multiple for men</i>	155	<i>cvs lubricant eye drops (pf)</i>	188
<i>cvs antacid/anti-gas</i>	87	<i>cvs daily multiple women 50+</i>	155	<i>cvs magnesium</i>	129
<i>cvs antibiotic</i>	220	<i>cvs daily multiv/mineral mens</i>	155	<i>cvs magnesium oxide</i>	129
<i>cvs antibiotic pain/scar</i>	220	<i>cvs daily multivitamin mens</i>	155	<i>cvs melatonin</i>	135
<i>cvs anti-diarrheal</i>	89	<i>cvs daily multivitamin womens</i>	155	<i>cvs mens daily gummies</i>	155
<i>cvs antiseptic skin cleanser</i>	229	<i>cvs dm maximum adult</i>	202	<i>cvs menstrual relief</i>	18
<i>cvs arthritis pain relief</i>	18	<i>cvs dry eye relief</i>	188	<i>cvs miconazole 1 combo pack</i>	106
<i>cvs aspirin</i>	18	<i>cvs dry mouth</i>	234	<i>cvs miconazole 3 combo pack</i>	106
<i>cvs aspirin adult low dose</i>	18	<i>cvs dry skin therapy</i>	229	<i>cvs miconazole 3 combo-supp</i>	106
<i>cvs aspirin adult low strength</i>	18	<i>cvs e</i>	155	<i>cvs miconazole 7</i>	106
<i>cvs aspirin ec</i>	18	<i>cvs ear drops</i>	235	<i>cvs milk of magnesia</i>	94
<i>cvs aspirin low dose</i>	18	<i>cvs ear wax removal system</i>	235	<i>cvs mineral oil</i>	94
<i>cvs aspirin low strength</i>	18	<i>cvs earwax removal kit</i>	235	<i>cvs mini enema</i>	94
<i>cvs asthma relief</i>	216	<i>cvs electrolyte solution</i>	124	<i>cvs mini enema kids</i>	94
<i>cvs astringent solution</i>	229	<i>cvs enema disposable</i>	93	<i>cvs moisturizing</i>	229
<i>cvs athletes foot</i>	223	<i>cvs enema ready-to-use</i>	93	<i>cvs mucus dm extended release</i> ...	202
<i>cvs athletes foot (tolnaftate)</i>	223	<i>cvs epsom salt</i>	93	<i>cvs mucus extended release</i>	202
<i>cvs b complex plus c</i>	155	<i>cvs ethyl alcohol</i>	120	<i>cvs multi-symptoms cold child</i>	202
<i>cvs b-1</i>	155	<i>cvs eye allergy relief</i>	185	<i>cvs nasal decongestant</i>	202
<i>cvs b12</i>	155	<i>cvs eye health & lutein</i>	155	<i>cvs nasal mist</i>	202
<i>cvs b-12</i>	155	<i>cvs eye health adult 50+</i>	155	<i>cvs nasal spray</i>	202
<i>cvs b12 gummies</i>	155	<i>cvs fever reducing childrens</i>	18	<i>cvs natural daily fiber</i>	94
<i>cvs b6</i>	155	<i>cvs fiber</i>	93	<i>cvs natural fiber supplement</i>	94
<i>cvs bacitracin</i>	220	<i>cvs fiber laxative</i>	93	<i>cvs natural tears pf</i>	188
<i>cvs bacitracin zinc</i>	220	<i>cvs folic acid</i>	155	<i>cvs neti pot soft tip</i>	216
<i>cvs biotin</i>	155	<i>cvs foot & sneaker</i>	223	<i>cvs nicotine</i>	68
<i>cvs biotin high potency</i>	155	<i>cvs gas relief</i>	102	<i>cvs nicotine polacrilex</i>	68
<i>cvs butenafine hcl</i>	223	<i>cvs gas relief extra strength</i>	102	<i>cvs non-aspirin childrens</i>	18
<i>cvs calcium + d3</i>	129	<i>cvs gas relief infants</i>	102	<i>cvs non-aspirin extra strength</i>	18
<i>cvs calcium 600 & vitamin d3</i>	129	<i>cvs gas relief ultra strength</i>	102	<i>cvs nutrition liquid</i>	135
<i>cvs calcium 600 + d/minerals</i>	129	<i>cvs gauze sterile</i>	70	<i>cvs nutrition plus</i>	135
<i>cvs calcium 600+d</i>	129	<i>cvs gentle laxative</i>	93, 94	<i>cvs nutrition plus chocolate</i>	135
<i>cvs calcium carbonate</i>	129	<i>cvs gentle laxative womens</i>	94	<i>cvs nutrition plus vanilla</i>	135
<i>cvs calcium citrate+d3</i>	129	<i>cvs genuine aspirin</i>	18	<i>cvs nutritional shake</i>	135
<i>cvs calcium citrate+d3 petites</i>	129	<i>cvs glycerin adult</i>	94	<i>cvs one daily essential</i>	155
<i>cvs calcium citrate+d3 w/magne</i>	129	<i>cvs glycerin child</i>	94	<i>cvs one daily mens 50+ adv</i>	156
<i>cvs calcium soft chews</i>	129	<i>cvs gummy dinos</i>	155	<i>cvs one daily mens formula</i>	156
<i>cvs calcium-magnesium-zinc</i>	129	<i>cvs gummy multivitamin kids</i>	155	<i>cvs one daily womens 50+ adv</i>	156
<i>cvs capsaicin hp</i>	229	<i>cvs hydrating skin treatment</i>	229	<i>cvs one daily womens formula</i>	156
<i>cvs chewable c with rose hips</i>	155	<i>cvs ibuprofen</i>	25	<i>cvs oral anesthetic max str</i>	234
<i>cvs chewable childrens vitamin</i>	155	<i>cvs ibuprofen childrens</i>	25	<i>cvs oyster shell calcium-vit d</i>	129
<i>cvs childrens allergy</i>	194	<i>cvs ibuprofen infants</i>	25	<i>cvs pain & fever childrens</i>	18
<i>cvs childrens complete</i>	155	<i>cvs immune support</i>	155	<i>cvs pain & fever infants</i>	18
<i>cvs childrens ibuprofen</i>	25	<i>cvs indoor/outdoor allergy rlf</i>	194	<i>cvs pain relief</i>	18, 229
<i>cvs childs non-aspirin</i>	18	<i>cvs infants gas relief</i>	102	<i>cvs pain relief childrens</i>	18
<i>cvs c-lax laxative</i>	93	<i>cvs infants pain relief drops</i>	18	<i>cvs pain relief extra strength</i>	18
<i>cvs clotrimazole</i>	223	<i>cvs iron</i>	108	<i>cvs ped electrolyte freeze pop</i>	124
<i>cvs clotrimazole 3</i>	106	<i>cvs itch relief</i>	223	<i>cvs pediatric electrolyte</i>	124
<i>cvs coenzyme q-10</i>	134	<i>cvs itch relief extra strength</i>	229	<i>cvs petroleum jelly</i>	120
<i>cvs coq-10</i>	134	<i>cvs jock itch</i>	223	<i>cvs pinworm treatment</i>	30
<i>cvs coq-10 ultra</i>	134	<i>CVS KETONE CARE</i>	83	<i>cvs povidone-iodine</i>	229
<i>cvs cough & chest congestion</i>	201	<i>cvs laxative pills max st</i>	94	<i>cvs prenatal</i>	156
<i>cvs cough dm</i>	202	<i>cvs lice killing</i>	233	<i>cvs prenatal gummy</i>	156
<i>cvs cough dm childrens</i>	202	<i>CVS LICE SOLUTION</i>	233	<i>cvs prenatal multi+dha</i>	156
<i>cvs covid-19 at home test kit</i>	30	<i>cvs lidocaine pain relief</i>	229	<i>cvs prenatal multivitamin</i>	156
<i>cvs d3</i>	155	<i>cvs lidocaine pain-relieving</i>	229	<i>CVS PURELAX</i>	94
<i>cvs daily fiber</i>	93	<i>cvs lubricant drops</i>	188	<i>cvs ringworm</i>	223
<i>cvs daily gummies</i>	155	<i>cvs lubricant drops fast act</i>	188	<i>cvs saline sinus wash refills</i>	216

<i>cvs senna</i>	94	CYSTAGON.....	83	DECONEX IR.....	202
<i>cvs senna plus</i>	94	CYSTARAN.....	188	<i>decongestant</i>	202
<i>cvs senna-extra</i>	94	CYSTEX URINARY PAIN RELIEF ..	30	<i>decongestant vapor</i>	202
<i>cvs severe cough/congest</i>	202	<i>cytarabine</i>	40	DECUBI-VITE.....	158
<i>cvs sinus nasal spray</i>	202	<i>d 1000</i>	157	<i>deferasirox</i>	75
<i>cvs sinus pe decongestant</i>	202	<i>d-1000 extra strength</i>	157	<i>dekas bariatric</i>	158
<i>cvs sinus wash system</i>	216	<i>d3</i>	157	DEKAS PLUS.....	158
<i>cvs skin treatment</i>	229	<i>d3 2000</i>	157	DEKAS PLUS OCEAN.....	158
<i>cvs slow release dried iron</i>	108	<i>d3 5000</i>	157	DELSTRIGO.....	33
<i>cvs slow release iron</i>	109	<i>d3 baby drops</i>	157	DELSYM.....	202
<i>cvs sod chloride hypertonicity</i>	188	<i>d3 extra strength</i>	157	DELSYM CGH/CHEST CONG DM	
<i>cvs sodium chloride</i>	188	<i>d3 high potency</i>	157	CHILD.....	202
<i>cvs spectravite adult 50+</i>	156	<i>d3 max st</i>	157	DELSYM COUGH CHILDRENS....	202
<i>cvs spectravite adults</i>	156	<i>d3 maximum strength</i>	157	DELSYM COUGH/CHEST	
<i>cvs spectravite advanced</i>	156	<i>d3 super strength</i>	157	CONGEST DM.....	202
<i>cvs spectravite men</i>	156	<i>d3-1000</i>	157	<i>delta d3</i>	158
<i>cvs spectravite men 50+</i>	156	<i>d-3-5</i>	157	DENGVAZIA.....	117
<i>cvs spectravite senior</i>	156	D3-50.....	157	DENTA 5000 PLUS.....	234
<i>cvs spectravite ultra men 50+</i>	156	<i>d-400</i>	157	<i>dentagel</i>	234
<i>cvs spectravite ultra mens</i>	156	<i>d-5000</i>	157	DEPLIN MA.....	158
<i>cvs spectravite ultra women</i>	156	<i>dabigatran etexilate mesylate</i>	107	DEPO-SUBQ PROVERA 104.....	76
<i>cvs spectravite women</i>	156	<i>daily betic</i>	157	DEPO-TESTOSTERONE.....	70
<i>cvs spectravite women 50+</i>	156	<i>daily combo multi vitamins</i>	157	DERMABASE.....	229
<i>cvs spectravite womens senior</i>	156	<i>daily fiber</i>	94	DERMACINRX CIRCATRIX.....	229
<i>cvs stomach relief</i>	89	<i>daily multiple vitamins</i>	157	<i>dermaide aloe</i>	229
<i>cvs stomach relief max st</i>	89	<i>daily multiple vitamins/min</i>	157	<i>derma-r</i>	229
<i>cvs stool softener</i>	94	<i>daily multivitamin</i>	157	DERMAVITE.....	158
<i>cvs stool softener/laxative</i>	94	<i>daily value multivitamin</i>	157	DERMELEVE ANTI-ITCH SCALP.....	229
<i>cvs super b complex/c</i>	156	<i>daily vitamin/iron</i>	157	DERMEND BRUISE FORMULA....	229
<i>cvs tussin adult chest congest</i>	202	<i>daily vitamins</i>	157	DERMEND FRAGILE SKIN.....	229
<i>cvs tussin cough</i>	202	<i>daily vite</i>	157	DESCOVY.....	33
<i>cvs tussin dm</i>	202	<i>daily vite multivitamin/iron</i>	157	DESENX.....	223
<i>cvs tussin dm max st</i>	202	<i>daily vites</i>	157	DESGEN DM.....	202
<i>cvs tussin maximum strength</i>	202	<i>daily vitesliron</i>	157	DESGEN PEDIATRIC.....	202
<i>cvs tussindm cough/chest adult</i>	202	<i>daily-vite</i>	157	<i>desipramine hcl</i>	56
<i>cvs vision health</i>	156	<i>daily-vite multivitamin</i>	157	<i>desmopressin ace spray refig</i>	83
<i>cvs vitamin a</i>	156	<i>dalfampridine er</i>	67	<i>desmopressin acetate</i>	83
<i>cvs vitamin b12</i>	156	<i>danazol</i>	70	<i>desmopressin acetate pf</i>	83
<i>cvs vitamin b-12</i>	156	<i>dantrolene sodium</i>	67	<i>desmopressin acetate spray</i>	83
<i>cvs vitamin c</i>	156	DANZITEN.....	43	<i>desogestrel-ethinyl estradiol</i>	76
<i>cvs vitamin c-rose hips</i>	156	<i>dapagliflozin propanediol</i>	72	<i>despec dm</i>	202
<i>cvs vitamin d3</i>	156	<i>dapsone</i>	30	<i>despec dm-g</i>	202
<i>cvs vitamin e</i>	156	DAPTACEL.....	117	<i>despec eda</i>	203
<i>cvs womens active daily</i>	156	<i>daptomycin</i>	30	<i>destress-iron</i>	158
<i>cvs womens daily gummies</i>	156	<i>darunavir</i>	32	<i>desvenlafaxine succinate er</i>	56
<i>cvs womens prenatal+dha</i>	156	<i>dasatinib</i>	43	<i>dexamethasone</i>	82
<i>cvs zinc gluconate</i>	129	DASETTA 1/35 (28).....	76	DEXAMETHASONE INTENSOL....	82
<i>cvs zinc oxide</i>	229	DASETTA 7/7/7.....	76	<i>dexamethasone sod phos (pf)</i>	82
<i>cyanocobalamin</i>	156	DAURISMO.....	43	<i>dexamethasone sod phosphate pf</i>	82
CYCLINEX-1.....	135	DAYHIST ALLERGY 12 HOUR		<i>dexamethasone sodium phosphate</i>	
CYCLINEX-2.....	135	RELIEF.....	194	.....	82, 187
<i>cyclobenzaprine hcl</i>	67	DAYSEE.....	76	<i>dexmethylphenidate hcl</i>	65
<i>cyclophosphamide</i>	39	DAYVIGO.....	65	<i>dextromethorphan hbr</i>	203
<i>cycloserine</i>	34	D-CERIN.....	229	<i>dextromethorphan polistirex er</i>	203
<i>cyclosporine</i>	116	DDROPS.....	157	<i>dextromethorphan-guaifenesin</i>	203
<i>cyclosporine modified</i>	116	DDROPS BOOSTER.....	157	<i>dextrose</i>	126
<i>cyproheptadine hcl</i>	194	DEBLITANE.....	76	<i>dextrose in lactated ringers</i>	123
CYRED EQ.....	76	DEBROX.....	235	<i>dextrose-sodium chloride</i>	123
CYSTADROPS.....	188	DECARA.....	157	<i>dhea</i>	120

DHEA 50.....	120	diltiazem hcl.....	52	DULCOLAX MILK OF MAGNESIA..	94
diabetes health formula.....	158	diltiazem hcl er.....	52	DULCOLAX PINK LAXATIVE.....	94
diabetic siltussin-dm.....	203	diltiazem hcl er beads.....	52	DULCOLAX PINK STOOL	
DIABETIC TUSSIN ALLERGY.....	194	diltiazem hcl er coated beads.....	52	SOFTENER.....	94
DIABETIC TUSSIN DM.....	203	dilt-xr.....	52	DULCOLAX STOOL SOFTENER....	95
DIABETIC TUSSIN DM MAX ST...	203	diphen.....	194	DULERA.....	219
DIABETIC TUSSIN EX.....	203	diphenhist.....	194	duloxetine hcl.....	56
DIABETIDERM.....	229	diphenhydramine hcl.....	194	DUOCAL.....	135
DIABETIDERM FOOT		diphenhydramine hcl childrens.....	194	DUPIXENT.....	113
REJUVENATING.....	229	diphenhydramine-zinc acetate.....	229	DURABASE.....	120
DIABETISOURCE AC.....	135	diphenoxylate-atropine.....	102	DURABASE ADVANCED.....	120
DIACOMIT.....	62	dipyridamole.....	112	DUREX EXTRA SENSITIVE THIN..	76
DIALYVITE.....	158	disopyramide phosphate.....	50	DUREX REALFEEL.....	76
DIALYVITE 3000.....	158	disulfiram.....	68	DUREX TROPICAL.....	76
DIALYVITE 5000.....	158	divalproex sodium.....	62	dutasteride.....	105
DIALYVITE 800.....	158	divalproex sodium er.....	62	dutasteride-tamsulosin hcl.....	105
dialyvite 800/ultra d.....	158	DML FORTE.....	229	D-VI-SOL.....	158
DIALYVITE 800/ZINC.....	158	docetaxel.....	42	d-vite pediatric.....	158
DIALYVITE 800-ZINC 15.....	158	DOCIVYX.....	42	DYNA-HEX 4.....	229
DIALYVITE SUPREME D.....	158	docqlace.....	94	e 1000.....	158
DIALYVITE VITAMIN D 5000.....	158	docusate calcium.....	94	E.E.S. 400.....	37
DIALYVITE/ZINC.....	158	docusate mini.....	94	e200.....	158
diamode.....	89	docusate sodium.....	94	e-200.....	158
diarrhea.....	89	DOCUSOL KIDS.....	94	e400.....	158
DIASCREEN 10.....	83	dofetilide.....	50	e-400.....	158
DIASCREEN 1B.....	83	DOK.....	94	e-400-clear.....	158
DIASCREEN 1G.....	84	DOLISHALE.....	76	ear drops.....	235
DIASCREEN 1K.....	84	DOMEBORO.....	229	ear drops earwax aid.....	235
DIASCREEN 2GK.....	84	dometuss-dmx.....	203	ear wax removal drops.....	236
DIASCREEN 2GP.....	84	donepezil hcl.....	55	ear wax removal kit.....	236
DIASCREEN 3.....	84	DOPTelet.....	112	ear wax removal system.....	236
DIASCREEN 4NL.....	84	DOPTelet SPRINKLE.....	112	earwax removal.....	236
DIASCREEN 4OBL.....	84	dorzolamide hcl.....	186	earwax removal kit.....	236
DIASCREEN 4PH.....	84	dorzolamide hcl-timolol mal.....	186	earwax treatment drops.....	236
DIASCREEN 5.....	84	DOTTI.....	81	EASIVENT.....	216
DIASCREEN 6.....	84	double antibiotic.....	220	EASIVENT MASK LARGE.....	216
DIASCREEN 7.....	84	DOVATO.....	33	EASIVENT MASK MEDIUM.....	216
DIASCREEN 8.....	84	doxazosin mesylate.....	49	EASIVENT MASK SMALL.....	216
DIASCREEN 9.....	84	doxepin hcl.....	56, 65	EASY-C.....	158
diascreen liquid urine control.....	84	doxorubicin hcl.....	41	EASY-C IMMUNE HEALTH.....	158
DIATRUST COVID-19 HOME		doxorubicin hcl liposomal.....	41	easy-lax.....	95
TEST.....	30	DOXY 100.....	38	easy-lax plus.....	95
diazepam.....	62	doxycycline hyclate.....	38, 39	econazole nitrate.....	223
DIAZEPAM INTENSOL.....	62	doxycycline monohydrate.....	39	ECONTRA ONE-STEP.....	85
diazoxide.....	83	DPP DIPEPTIDE POWER.....	135	ECOTRIN.....	19
diclofenac potassium.....	25	DQZATE.....	94	ECOTRIN ARTHRTIS PAIN.....	18
diclofenac sodium.....	25, 187, 229	DRISDOL.....	158	ECOTRIN LOW STRENGTH.....	19
diclofenac sodium er.....	25	DRISTAN.....	203	ed chlorped jr.....	194
dicloxacillin sodium.....	38	DRIZALMA SPRINKLE.....	56	ed-a-hist dm.....	203
dicyclomine hcl.....	92	dronabinol.....	92	ed-apap.....	19
diethylpropion hcl.....	73	drospiren-eth estrad-levomefol.....	76	EDURANT.....	32
diethylpropion hcl er.....	73	drospirenone-ethinyl estradiol.....	76	EDURANT PED.....	32
DIFFERIN.....	220	DROXIA.....	112	efavirenz.....	32
DIFICID.....	37	droxidopa.....	54	efavirenz-emtricitab-tenofo df.....	33
diflunisal.....	25	drxchoice gas relief.....	102	efavirenz-lamivudine-tenofovir.....	33
difluprednate.....	187	DRY EYE FORMULA.....	158	effervescent antacid/pain rel.....	19
digoxin.....	54	dry eye relief drops.....	188	EGG/PRO.....	135
dihydroergotamine mesylate.....	65	dss.....	94	ELDERTONIC.....	158
DILANTIN.....	62	DULCOLAX.....	94, 95	ELECARE.....	135

ELECARE DHA/ARA.....	135	<i>energy b12</i>	159	EO28 SPLASH.....	136
ELECARE DHA/ARA INFANT.....	135	ENFAMIL ENFALYTE.....	125	EPCLUSA.....	34
ELECARE JR.....	135	ENFAMIL EXPECTA.....	159	EPIDIOLEX.....	62
ELFOLATE.....	158	ENFAMIL POLY-VI-SOL-IRON.....	159	<i>epinephrine</i>	54, 216
ELFOLATE PLUS.....	158	ENERGIX-B.....	117	<i>eplerenone</i>	49
ELIGARD.....	40	ENILLORING.....	76	<i>epsom salt</i>	95
ELINEST.....	76	ENLIVE.....	135	<i>eq 12 hour mucus relief</i>	203
ELIQUIS.....	107	<i>enoxaparin sodium</i>	107, 108	<i>eq 8hr arthritis pain relief</i>	19
ELIQUIS (1.5 MG PACK).....	107	ENSACOVE.....	43	<i>eq acetaminophen</i>	19
ELIQUIS (2 MG PACK).....	107	ENSKYCE.....	76	<i>eq all day allergy relief</i>	194
ELIQUIS DVT/PE STARTER PACK		ENSTILAR.....	225	<i>eq allerg relief child (cetir)</i>	194
.....	107	ENSURE.....	135, 136	<i>eq allerg relief child (lorat)</i>	194
ELITE-OB.....	158	ENSURE ACTIVE.....	135	<i>eq allergy & congestion relief</i>	203
<i>ellume covid-19 home test</i>	30	ENSURE ACTIVE HEART		<i>eq allergy childrens</i>	194
ELON SKIN REPAIR SYSTEM.....	229	HEALTH.....	135	<i>eq allergy relief</i>	194, 195, 203
ELURYNG.....	76	ENSURE ACTIVE HIGH PROTEIN		<i>eq allergy relief (cetirizine)</i>	194
EMERGEN-C APPLE CIDER		.....	135	<i>eq allergy relief childrens</i>	194
VINEGAR.....	158	ENSURE ACTIVE LIGHT.....	135	EQ ALLERGY RELIEF NASAL	
EMERGEN-C ASHWAGANDHA...	158	ENSURE BONE HEALTH		DECONG.....	203
EMERGEN-C ELDERBERRY.....	159	REVIGOR.....	135	<i>eq antacid</i>	88
EMERGEN-C IMMUNE PLUS/VIT		ENSURE CLEAR.....	135	<i>eq antacid maximum strength</i>	87
D.....	159	ENSURE CLINICAL ST REVIGOR	135	<i>eq anti-diarrheal</i>	90
<i>emergen-c immune+</i>	159	ENSURE COMPACT.....	135	<i>eq antifungal</i>	223
EMERGEN-C IMMUNE+		ENSURE COMPLETE.....	135	<i>eq arthritis pain</i>	19
ELDERBERRY.....	159	ENSURE COMPLETE SHAKE.....	135	<i>eq artificial tears</i>	188
EMERGEN-C KIDZ DAILY		ENSURE ENLIVE.....	135	<i>eq aspirin</i>	19
IMMUNE.....	159	ENSURE HEALTHY MOM.....	135	<i>eq aspirin adult low dose</i>	19
<i>emergen-c kidz immune+</i>	159	ENSURE HIGH CALCIUM.....	135	<i>eq aspirin low dose</i>	19
EMERGEN-C TURMERIC &		ENSURE HIGH PROTEIN.....	135	<i>eq athletes foot</i>	223
GINGER.....	159	ENSURE IMMUNE HEALTH.....	135	<i>eq athletes foot (terbinafine)</i>	223
EMERGEN-C VITAMIN C.....	159	ENSURE MAX PROTEIN.....	135	<i>eq athletes foot (tolnaftate)</i>	223
EMGALITY.....	66	ENSURE MUSCLE HEALTH		<i>eq athletes foot ultra</i>	223
EMGALITY (300 MG DOSE).....	66	REVIGOR.....	135	<i>eq bacitracin zinc</i>	220
EMOLIVAN.....	120	ENSURE NUTRA SHAKE HI-CAL.....	135	<i>eq calcium 500+d</i>	129
EMOLLIA-CREME.....	229	ENSURE NUTRITION SHAKE.....	135	<i>eq calcium 600+d</i>	129
<i>emollient base</i>	120	ENSURE ORIG THERAPEUTIC		<i>eq calcium 600+d+minerals</i>	129
EMSAM.....	56	NUTRI.....	136	<i>eq calcium citrate+d</i>	129
<i>emtricitabine</i>	32	ENSURE ORIGINAL.....	136	<i>eq calcium citrate+d3</i>	129
<i>emtricitabine-tenofovir df</i>	33, 34	ENSURE ORIGINAL/FIBER.....	136	<i>eq calcium citrate+d3 petites</i>	129
<i>emtricitab-rilpivir-tenofov df</i>	34	ENSURE PLANT-BASED		<i>eq cetirizine hcl</i>	195
EMTRIVA.....	32	PROTEIN.....	136	EQ CLEARLAX.....	95
EMVERM.....	30	ENSURE PLUS.....	136	<i>eq complete multivit adult 50+</i>	159
EMZAHH.....	76	ENSURE PLUS HIGH PROTEIN...	136	<i>eq complete multivitamin child</i>	159
<i>enalapril maleate</i>	49	ENSURE PLUS HN.....	136	<i>eq complete multivitamin-adult</i>	159
<i>enalapril-hydrochlorothiazide</i>	49	ENSURE PLUS WITH FIBER.....	136	<i>eq cough & chest congestion dm</i> ...	203
ENBREL.....	113	ENSURE PRE-SURGERY.....	136	<i>eq cough childrens</i>	203
ENBREL MINI.....	113	ENSURE SURGERY.....	136	<i>eq cough dm</i>	203
ENBREL SURECLICK.....	113	ENSURE SURGICAL NUTRITION	136	<i>eq d3 drops infants/childrens</i>	159
ENCALA.....	135	ENSURE/FIBER.....	136	<i>eq daily fiber</i>	95
ENCARE.....	106	<i>entacapone</i>	58	<i>eq ear wax removal aid</i>	236
<i>endit</i>	229	<i>entecavir</i>	34	<i>eq earwax removal aid</i>	236
ENDOCET.....	27	ENTERADE.....	136	<i>eq enema</i>	95
ENDUR-ACIN.....	159	ENTERADE IBS-D.....	136	<i>eq eye allergy relief</i>	185
ENDUR-C.....	159	ENTRESTO.....	49	<i>eq fiber therapy</i>	95
<i>enema disposable</i>	95	ENU COMPLETE NUTRITION		<i>eq first aid antiseptic</i>	229
<i>enema ready-to-use</i>	95	SHAKE.....	136	<i>eq gas relief</i>	102
ENEMEEZ KIDS.....	95	ENU NUTRITIONAL SHAKE.....	136	<i>eq gas relief extra strength</i>	102
ENEMEEZ MINI.....	95	ENU PRO3 PLUS.....	136	<i>eq gas relief ultra strength</i>	102
ENEMEEZ PLUS.....	95	<i>enulose</i>	95	<i>eq gentle laxative</i>	95

eq ibuprofen.....	25	eq tussin dm max adult.....	204	eql moisturizing.....	229
eq ibuprofen childrens.....	25	eq tussin dm max daytime.....	204	eql mucus-dm.....	204
eq ibuprofen junior.....	25	eq vegetable laxative.....	95	eql nasal decongestant.....	204
eq infants gas relief.....	102	eq vision formula 50+.....	159	eql nasal decongestant pe.....	204
eq jock itch.....	223	eq weight loss shake.....	136	eql nasal spray 12 hour.....	204
eq laxative.....	95	eql acetaminophen.....	19	eql nasal spray fast acting.....	204
eq lidocaine pain relieving.....	229	eql acetaminophen childrens.....	19	eql nasal spray no drip.....	204
eq loperamide hcl.....	90	eql acetaminophen ex st.....	19	eql natural fiber.....	95
eq loratadine.....	195	eql all day allergy.....	195	eql natural zinc.....	130
eq loratadine childrens.....	195	eql all day allergy childrens.....	195	eql one daily adult gummies.....	160
eq lubricant eye drops.....	188	eql allergy.....	195	eql one daily mens.....	160
eq miconazole 1.....	106	eql allergy relief.....	195	eql one daily mens 50+ advance...	160
eq miconazole 3-day combo.....	106	eql allergy/congestion relief.....	204	eql one daily mens health.....	160
eq miconazole 7.....	106	eql antacid.....	88	eql one daily womens 50+ adv.....	160
eq mineral oil.....	95	eql anti-diarrheal.....	90	eql prenatal formula.....	160
EQ MUCUS ER.....	203	eql aspirin ec.....	19	eql ready-to-use enema.....	95
eq mucus relief.....	203	eql aspirin low dose.....	19	eql senna laxative.....	95
eq mucus relief 12 hour max st.....	203	eql athletes foot.....	223	eql senna-s.....	95
eq mucus relief congest/cough.....	203	eql athletes foot(terbinafine).....	223	eql slow release iron.....	109
eq mucus relief dm.....	203	eql b complex 50.....	159	eql smooth texture fiber.....	95
eq multi-symptom cold children.....	203	eql b-12.....	159	eql stomach relief.....	90
eq multivitamin gummies.....	159	eql b-6.....	159	eql stomach relief max st.....	90
eq multivitamins adult gummy.....	159	eql bacitracin zinc.....	220	eql stool softener.....	95
eq multivitamins gummy child.....	159	eql biotin.....	159	eql super b complex/vitamin c.....	160
eq nasal spray.....	204	eql calcium citrate/vitamin d.....	129	eql tussin cough/chest congest.....	204
eq nasal spray fast acting.....	204	eql calcium citrate/vitamin d3.....	129	eql tussin cough/chest dm max.....	204
eq natural vegetable laxative.....	95	eql calcium/vitamin d.....	129	eql vapor nasal decongestant.....	204
eq nicotine.....	68	eql calcium/vitamin d3.....	130	eql vision formula.....	160
eq nicotine polacrilex.....	68	eql century.....	160	eql vitamin b-12.....	160
eq nicotine step 3.....	68	eql century mature.....	159	eql vitamin b-12 tr.....	160
eq nutritional shake.....	136	eql century mature adults 50+.....	159	eql vitamin c.....	160
eq nutritional shake plus.....	136	eql century mature men 50+.....	159	eql vitamin c drops.....	160
eq one daily mens 50+.....	159	eql century mature women 50+.....	160	eql vitamin c gummies.....	160
eq one daily mens health.....	159	eql century mens.....	160	eql vitamin c/rose hips.....	160
EQ ONE DAILY WOMENS 50+.....	159	eql century womens.....	160	eql vitamin d3.....	160
eq one daily womens health.....	159	eql child multivit/minerals.....	160	eql vitamin e.....	160
eq pain & fever childrens.....	19	eql childrens allergy.....	195	equacare jr.....	136
eq pain & fever infants.....	19	eql childrens ibuprofen.....	25	EQUALYTE.....	125
eq pain relief/rapid burst.....	19	EQL CLEARLAX.....	95	EQUATE.....	136
eq pain reliever.....	19	eql coq10.....	136	EQUATE PLUS.....	136
eq pain reliever ex st.....	19	eql cough dm.....	204	ergocalciferol.....	160
eq povidone-iodine.....	229	eql dry mouth oral rinse.....	234	ergotamine-caffeine.....	66
eq restore plus lubricant eye.....	188	eql ethyl alcohol (rubbing).....	120	ERIVEDGE.....	43
eq restore tears.....	188	eql fiber laxative.....	95	ERLEADA.....	40
eq senna-s.....	95	eql fiber therapy.....	95	erlotinib hcl.....	43
eq sinus & congestion max str.....	204	eql first aid antibiotic.....	220	ERRIN.....	76
eq sinus 12-hour.....	204	eql gas gone.....	102	ertapenem sodium.....	30
eq slow-release iron.....	109	eql gas relief.....	102	ery.....	220
eq space chamber anti-static.....	216	eql gentle laxative.....	95	ERYTHROCIN LACTOBIONATE....	37
eq space chamber anti-static l.....	217	eql gummies childrens.....	160	erythromycin.....	37, 187, 220
eq space chamber anti-static m.....	217	eql ibuprofen.....	25	erythromycin base.....	37
eq space chamber anti-static s.....	217	eql ibuprofen infants.....	25	erythromycin ethylsuccinate.....	37
eq stomach relief.....	90	eql iron supplement therapy.....	109	erythromycin lactobionate.....	37
eq stool softener.....	95	eql laxative.....	95	ERZOFRI.....	59
eq stool softener extra str.....	95	eql laxative maximum strength.....	95	escitalopram oxalate.....	56
eq stool softener/laxative.....	95	eql lice killing max st.....	233	eslicarbazepine acetate.....	62
eq therapeutic dry skin.....	229	eql menstrual relief max st.....	19	esomeprazole magnesium.....	104
eq therapeutic moisturizing.....	229	eql miconazole 3.....	106	ESSENTIA.....	160
eq triple antibiotic.....	220	eql miconazole 7.....	106	essential balance.....	160

ESSENTIAL CARE JR.....	136	famotidine.....	92, 93	fiber laxative + calcium.....	96
ESTARYLLA.....	76	famotidine (pf).....	92	FIBERCON.....	96
ESTER-C.....	160	famotidine premixed.....	93	fiber-lax.....	96
estradiol.....	81	FANAPT.....	59	FIBERSOURCE HN.....	136
estradiol valerate.....	82	FANAPT TITRATION PACK A.....	59	fidaxomicin.....	37
estradiol-norethindrone acet.....	82	FANAPT TITRATION PACK B.....	59	finasteride.....	105
ESTROFACTORS.....	160	FANAPT TITRATION PACK C.....	59	FINAZOL.....	160
eszopiclone.....	65	FANTASY LUBRICATED.....	76	FINEST NUTRITION VITAMIN B-12.....	160
ethambutol hcl.....	34	FANTASY LUBRICATED/SPERMICIDE.....	76	finest nutrition vitamin d3.....	161
ethosuximide.....	62	FARXIGA.....	72	fingolimod hcl.....	67
ethyl alcohol (rubbing).....	120	FASENRA.....	217	FINTEPLA.....	62
ethynodiol diac-eth estradiol.....	76	FASENRA PEN.....	217	FINZALA.....	76
etodolac.....	25	fastep covid-19 antigen test.....	30	FIRMAGON.....	40
etodolac er.....	25	fa-vitamin b-6-vitamin b-12.....	160	FIRMAGON (240 MG DOSE).....	40
etonogestrel-ethinyl estradiol.....	76	FC2 FEMALE CONDOM.....	76	first aid antibiotic.....	220
etoposide.....	42	FEIRZA 1.5/30.....	76	first aid antiseptic.....	230
etravirine.....	32	FEIRZA 1/20.....	76	FITALITE.....	120
eucerin advanced repair.....	230	felbamate.....	62	FITNESS TABS FOR MEN AM/PM.....	161
EUCERIN ADVANCED REPAIR HAND.....	230	felodipine er.....	52	FITNESS TABS FOR WOMEN AM/PM.....	161
EUCERIN CALMING DAILY MOIST.....	230	fem-cal citrate.....	130	FLAC.....	191
EUCERIN DAILY HYDRATION.....	230	FEMQUIL.....	160	flavor plus.....	120
EUCERIN PLUS.....	230	fenofibrate.....	50	FLEBOGAMMA DIF.....	115
EUCERIN REDNESS RELIEF NIGHT.....	230	fenofibrate micronized.....	50	flecainide acetate.....	50
EUCERIN ROUGHNESS RELIEF.....	230	fentanyl.....	27	FLEET ENEMA.....	96
EUCERIN SKIN CALMING.....	230	FEOSOL.....	109	FLEET LAXATIVE MINERAL OIL.....	96
EUCRISA.....	230	FERAHEME.....	109	FLEET STIMULANT.....	96
EULEXIN.....	40	FERATE.....	109	FLEET STOOL SOFTENER.....	96
EVAC.....	95	FERGON.....	109	flex base.....	120
EVAC-U-GEN.....	95	FER-IN-SOL.....	109	FLEXGEN.....	161
everolimus.....	43, 116	FEROSUL.....	109	FLEXICHAMBER.....	217
EVOTAZ.....	34	ferotransic.....	109	FLINTSTONES + EXTRA IRON.....	161
EXEL COMFORT POINT PEN.....	70	FERRALET 90.....	109	FLINTSTONES COMPLETE.....	161
NEEDLE.....	70	ferrets.....	109	FLINTSTONES GUMMIES COMPLETE.....	161
exemestane.....	40	FERREX 150.....	109	FLINTSTONES GUMMIES-IMMUNITY.....	161
EX-LAX MAXIMUM STRENGTH.....	96	ferric x-150.....	109	FLINTSTONES PLUS EXTRA IRON.....	161
EX-LAX ULTRA.....	96	FERRIMIN 150.....	109	FLINTSTONES/MY FIRST.....	161
EXPEDITE.....	136	FERRLECIT.....	109	FLINTSTONES-IMMUNITY SUPPORT.....	161
EXXUA.....	56	ferrotabs.....	109	FLORIVA PLUS.....	161
EXXUA TITRATION PACK.....	56	ferrous fumarate.....	109	FLORRAXYL.....	161
eye allergy relief.....	185	ferrous gluconate.....	109	FLOTREX.....	161
eye health.....	160	ferrous sulfate.....	109	FLOWFLEX COVID-19 AG HOME TEST.....	30
eye health + lutein.....	160	ferrous sulfate er.....	109	fluconazole.....	28
eye health areds 2.....	160	ferumoxytol.....	109	fluconazole in sodium chloride.....	28
eye multivitamin/sodium.....	160	fesoterodine fumarate er.....	105	flucytosine.....	28
EYE VITAMINS.....	160	FETZIMA.....	56	fludrocortisone acetate.....	82
EYES ALIVE.....	188	FETZIMA TITRATION.....	56	flunisolide.....	219
EYE-VITES.....	160	FEVERALL CHILDRENS.....	19	fluocinolone acetonide.....	191, 226
EYSUVIS.....	188	FEVERALL INFANTS.....	19	fluocinolone acetonide body.....	226
ezetimibe.....	51	FEVERALL JUNIOR STRENGTH.....	19	fluocinolone acetonide scalp.....	226
ezetimibe-simvastatin.....	51	fe-vite iron.....	109	fluocinonide.....	226
FABRAZYME.....	84	fexofenadine hcl.....	195	fluocinonide emulsified base.....	226
fagron ls plus.....	120	FIASP.....	70		
fagron natural.....	120	FIASP FLEXTOUCH.....	70		
fagron supreme.....	120	FIASP PENFILL.....	70		
FALMINA.....	76	FIASP PUMPCART.....	70		
famciclovir.....	34	fiber.....	96		
		FIBER FLOW.....	136		
		fiber laxative.....	96		

FLUORIDEX DAILY RENEWAL....	234	ft allergy relief.....	195	ft gas relief.....	102
fluorometholone.....	187	ft allergy relief 12 hour.....	195	ft gas relief extra strength.....	102
fluorouracil.....	40, 230	ft allergy relief 24 hour.....	195	ft gas relief infants.....	102
fluoxetine hcl.....	57	ft allergy relief cetirizine.....	195	ft gas relief ultra strength.....	102
fluphenazine decanoate.....	59	ft allergy relief childrens.....	195	ft gentle laxative.....	96
fluphenazine hcl.....	59	ft allergy relief loratadine.....	195	ft hair skin & nails extra str.....	162
flurbiprofen.....	25	ft allergy relief-d.....	204	ft ibuprofen.....	25
flurbiprofen sodium.....	187	ft ammonium lactate.....	230	ft ibuprofen childrens.....	25
fluticasone propionate.....	219, 226	ft antacid & antigas.....	88	ft ibuprofen ib childrens.....	25
fluticasone-salmeterol.....	219	ft antacid regular strength.....	88	ft ibuprofen infants.....	25
fluvoxamine maleate.....	55	ft antibiotic.....	220	ft immune support.....	162
folate.....	161	ft anti-diarrheal.....	90	ft iron.....	109
folatexcel.....	161	ft antifungal.....	223	ft iron slow release.....	109
folawise.....	161	ft anti-itch extra strength.....	230	ft laxative.....	96
folbee.....	161	ft antiseptic skin cleanser.....	230	ft lice killing max st.....	233
folbee plus.....	161	ft arthritis pain reliever.....	19	ft lubricant eye drops.....	188
FOLBIC.....	161	ft aspirin.....	19, 20	ft magnesium.....	130
folding paddle walker.....	68	ft aspirin low dose.....	19	ft magnesium oxide.....	130
folic acid.....	161	ft athletes foot (clotrimaz).....	223	ft melatonin.....	136
FOLITAB 500.....	109	ft athletes foot (terbinafine).....	223	ft miconazole 3 comb pack-supp...	106
FOLIVANE-F.....	109	ft b-complex plus vitamin c.....	162	ft miconazole 3 combo pack.....	106
FOLIVANE-PLUS.....	109	ft biotin.....	162	ft miconazole 7.....	106
folplex 2.2.....	161	ft calamine.....	230	ft milk of magnesia.....	96
FOLTABS 800.....	161	ft calcium.....	130	ft mineral oil.....	96
FOLTANX.....	161	ft calcium + vitamin d3.....	130	ft mucus relief 12hr.....	204
foltrin.....	109	ft calcium 600+vit d3/minerals.....	130	ft mucus relief 12hr max str.....	204
fondaparinux sodium.....	108	ft calcium citrate +vitamin d3.....	130	ft mucus relief dm.....	204
formaldehyde.....	230	FT CALCIUM CITRATE/VIT D3.....	130	ft nasal decongestant max str.....	204
FORTA DRINK.....	136	ft calcium citrate+d3 petites.....	130	ft nasal decongestant pe.....	204
FORTA SHAKE.....	136	FT CALCIUM/VITAMIN D3.....	130	ft nasal spray.....	204
fosamprenavir calcium.....	32	FT CALCIUM+D3.....	130	ft nicotine.....	68
fosfomycin tromethamine.....	30	ft calcium-magnesium-zinc-d3.....	130	ft nicotine mini.....	68
fosinopril sodium.....	49	ft century 50+.....	162	ft one daily mens.....	162
fosinopril sodium-hctz.....	49	ft century adults.....	162	ft one daily mens 50+.....	162
FOTIVDA.....	43	ft century men.....	162	ft one daily womens.....	162
fraiche 5000 dental.....	234	ft century men 50+.....	162	ft one daily womens 50+.....	162
freedavite.....	161	ft century women.....	162	ft pain & fever childrens.....	20
freedom adaptaderm.....	120	ft century women 50+.....	162	ft pain & fever infants.....	20
freedom derma serum.....	120	ft childrens multi.....	162	ft pain relief.....	20, 25
FREEDOM DERMA-D.....	120	ft childrens multi plus immune.....	162	ft pain relief adult extra st.....	20
FREEDOM DERMA-N.....	120	ft children's pain/fever.....	20	ft pain relief extra strength.....	20
FRINDOVYX.....	39	ft clearlax.....	96	ft pain relief max strength.....	230
fruit c.....	161	ft clotrimazole.....	106	ft pain reliever adults.....	20
fruit c 500.....	161	ft clotrimazole 3.....	106	ft pain reliever children.....	20
fruity c.....	161	ft co q-10.....	136	ft pain reliever ex str adult.....	20
fruity chews.....	161	ft co q-10 rapid release.....	136	ft phenolated calamine.....	230
fruity chews/iron.....	161	ft double antibiotic.....	220	ft povidone-iodine.....	230
FRUZAQLA.....	43	ft earwax removal.....	236	ft prenatal.....	162
ft 12 hour cough relief.....	204	ft earwax removal kit.....	236	ft rapid release pain relief.....	20
ft 7 day vaginal.....	106	ft electrolyte.....	125	ft senna laxative.....	96
ft 8 hour pain relief.....	19	ft enema.....	96	ft senna laxatives.....	96
ft adult multi gummies.....	161	ft enteric coated aspirin.....	20	ft senna-s.....	96
ft all day allergy.....	195	ft epsom salt.....	96	ft stomach relief.....	90
ft all day allergy 24 hour.....	195	ft ethyl rubbing alcohol.....	120	ft stool softener.....	96
ft all day allergy childrens.....	195	ft eye health.....	162	ft triple antibiotic.....	221
ft all day allergy relief.....	195	ft fiber.....	96	ft triple antibiotic + pain.....	220
ft all day allergy-d.....	204	ft fiber laxative.....	96	ft tussin adult.....	204
ft allergy childrens.....	195	ft fiber supplement.....	96	ft tussin cf adult.....	204
ft allergy d-12 hour.....	204	ft folic acid.....	162	ft tussin dm.....	205

<i>ft tussin dm adult</i>	205	<i>gefitinib</i>	43	GLEOSTINE.....	39
<i>ft tussin dm max adult</i>	205	GELATEIN MCT.....	136	<i>glimepiride</i>	72
<i>ft vapor inhaler</i>	205	GELUSIL.....	88	<i>glipizide</i>	72
<i>ft vitamin a</i>	162	<i>gemcitabine hcl</i>	40	<i>glipizide er</i>	72
<i>ft vitamin b-1</i>	162	<i>gemfibrozil</i>	50	<i>glipizide-metformin hcl</i>	72
<i>ft vitamin b-12</i>	162	GEMTESA.....	105	<i>global alcohol prep ease</i>	70
<i>ft vitamin b-12 extra strength</i>	162	GENABIO COVID-19 RAPID TEST.....	30	GLUCERNA.....	137
<i>ft vitamin b-12 pr</i>	162	<i>genadek step 1</i>	162	GLUCERNA 1.0 CAL.....	137
<i>ft vitamin b-6</i>	162	<i>genadek step 2</i>	163	GLUCERNA 1.0	
<i>ft vitamin c</i>	162	<i>generlac</i>	96	CAL/CARBSTEADY.....	137
<i>ft vitamin c/rose hips</i>	162	GENGRAF.....	116	GLUCERNA 1.0 CAL/FIBER.....	137
<i>ft vitamin d3</i>	162	GENOTROPIN.....	84	GLUCERNA 1.2 CAL.....	137
<i>ft vitamin d3 rapid release</i>	162	GENOTROPIN MINIQUICK.....	84	GLUCERNA 1.5 CAL.....	137
<i>ft vitamin e</i>	162	<i>gentamicin in saline</i>	30	GLUCERNA 1.5	
<i>ft zinc chelated</i>	130	<i>gentamicin sulfate</i>	30, 187, 221	CAL/CARBSTEADY.....	137
<i>full spectrum b/vitamin c</i>	162	GENTEAL SEVERE.....	188	GLUCERNA ADVANCE SHAKE...	137
FULPHILA.....	108	GENTEAL TEARS.....	189	GLUCERNA CARBSTEADY.....	137
<i>fulvestrant</i>	40	GENTEAL TEARS MODERATE PF		GLUCERNA HUNGER SMART	
<i>fungi-guard</i>	223	.....	188	SHAKE.....	137
FUNGOID TINCTURE.....	223	GENTEAL TEARS PF.....	189	GLUCERNA OS.....	137
<i>furosemide</i>	53	GENTEAL TEARS SEVERE		GLUCERNA SELECT.....	137
FUSION.....	110	DAY/NIGHT.....	189	GLUCERNA SHAKE.....	137
FUSION PLUS.....	110	<i>gentle laxative</i>	96, 97	GLUCERNA SNACK SHAKE.....	137
FYAVOLV.....	82	<i>genuine aspirin</i>	20	GLUCERNA WEIGHT LOSS	
FYCOMPA.....	62	GENVOYA.....	34	SHAKE.....	137
<i>g tussin ac</i>	205	<i>geri-dryl</i>	195	GLUCO TO GO 15.....	83
GA.....	136	<i>geri-freeda senior formula</i>	163	<i>glucose</i>	83
GA-1 ANAMIX EARLY YEARS.....	136	<i>geri-kot</i>	97	<i>glutamine</i>	137
<i>gabapentin</i>	62	<i>geri-lanta</i>	88	GLUTAREX-1.....	137
<i>galantamine hydrobromide</i>	55	<i>geri-lanta maximum strength</i>	88	GLUTAREX-2.....	137
<i>galantamine hydrobromide er</i>	55	<i>geri-mox</i>	88	GLUTOSE 5.....	83
GALBRIELA.....	76	<i>geri-mox maximum strength</i>	88	<i>glycerin (adult)</i>	97
GALLIFREY.....	85	<i>geri-mucil</i>	97	<i>glycerin (child)</i>	97
GAMASTAN.....	115	GERITOL COMPLETE.....	163	<i>glycerin (infants & children)</i>	97
GAMMAGARD.....	115	<i>geri-tussin</i>	205	<i>glycerin (pediatric)</i>	97
GAMMAGARD S/D LESS IGA.....	115	<i>geri-tussin dm</i>	205	<i>glycerin adult</i>	97
GAMMAKED.....	115	<i>gerivite complete</i>	163	<i>glycerin childrens</i>	97
GAMMAPLEX.....	116	GILOTRIF.....	43	GLYCOLAX.....	97
GAMUNEX-C.....	116	GILTUSS COUGH & CHEST.....	205	<i>glycopyrrolate</i>	92
<i>ganciclovir sodium</i>	34	GILTUSS COUGH & CHEST		GLYCOTROL.....	163
GARDASIL 9.....	117	CHILDREN.....	205	GLYCOTROL COMPLETE.....	163
<i>gas relief</i>	102	GILTUSS COUGH & COLD.....	205	GLYDO.....	226
<i>gas relief extra strength</i>	102	GILTUSS COUGH & COLD		GLYTACTIN BETTERMILK.....	137
<i>gas relief infants</i>	102	CHILDRENS.....	205	GLYTACTIN RESTORE 10.....	137
<i>gas relief ultra strength</i>	102	GILTUSS DIABETIC COUGH &		GLYTACTIN RESTORE LITE 10...	137
GAS-X EXTRA STRENGTH.....	103	COLD.....	205	GLYTACTIN RTD 10.....	137
GAS-X INFANT DROPS.....	103	GILTUSS EX EXPECTORANT		GLYTACTIN RTD 15.....	137
GAS-X MAXIMUM STRENGTH.....	103	CHILD.....	205	GLYTACTIN RTD LITE 15.....	137
GAS-X ULTRA STRENGTH.....	103	GILTUSS EX MAXIMUM		GLYTROL PREBIO1.....	137
<i>gatifloxacin</i>	187	STRENGTH.....	205	GLYXAMBI.....	72
GATTEX.....	103	GILTUSS HONEY CGH/CHEST		<i>gnp 8 hour arthritis relief</i>	20
<i>gavilax</i>	96	CONGES.....	205	<i>gnp 8 hour pain relief</i>	20
GAVILYTE-C.....	96	GILTUSS HONEY CGH/CHST		<i>gnp 8 hour pain reliever</i>	20
GAVILYTE-G.....	96	CHILD.....	205	<i>gnp acetaminophen</i>	20
GAVILYTE-N WITH FLAVOR		GILTUSS SEVERE SINUS.....	205	<i>gnp adapalene</i>	220
PACK.....	96	GILTUSS SINUS & CONGESTION		<i>gnp adult aspirin low strength</i>	20
GAVRETO.....	43	.....	205	<i>gnp adult mini</i>	163
<i>gcon dmx</i>	205	<i>glatiramer acetate</i>	67	<i>gnp alcohol denatured</i>	120
<i>gcon ir</i>	205	GLATOPA.....	67	<i>gnp all day allergy</i>	195

gnp all day allergy childrens	195	gnp ethyl rubbing alcohol	120	gnp one daily womens 50+	163
gnp all day allergy-d	205	gnp eye drops	189	gnp pain & fever childrens	20
gnp allergy	195	gnp eye drops long lasting	189	gnp pain & fever infants	20
gnp allergy & congestion	205	gnp fexofenadine hcl	195	gnp pain relief	20
gnp allergy relief	195	gnp fiber	97	gnp pain relief extra strength	20
gnp allergy relief 24 hr	195	gnp fiber-caps	97	gnp pain relief nighttime	68
gnp allergy relief max st	195	gnp folic acid	163	gnp petroleum jelly	120
gnp allergy/congestion relief	205	gnp gas relief	103	gnp pink bismuth	90
gnp antacid	88	gnp gas relief extra strength	103	gnp pink bismuth ultra str	90
gnp antacid & anti-gas	88	gnp gentle laxative	97	gnp povidone-iodine	230
gnp antacid regular strength	88	gnp glycerin (adult)	97	gnp prenatal	163
gnp antibacterial urinary pain	30	gnp glycerin child	97	gnp prenatal/folic acid	164
gnp anti-diarrheal	90	gnp hair/skin/nails	163	gnp rubbing alcohol	120
gnp anti-gas	103	gnp healthy eyes	163	gnp senna lax	97
gnp anti-itch	230	gnp healthy eyes supervision 2	163	gnp senna plus	97
gnp antiseptic skin cleanser	230	gnp ibuprofen	26	gnp sinus wash neti pot	217
gnp artificial tears	189	gnp ibuprofen childrens	26	gnp sinus wash refill	217
gnp aspirin	20	gnp ibuprofen infants	26	gnp squeeze bottle sinus relie	217
gnp aspirin low dose	20	gnp immune support	163	gnp stomach relief	90
gnp athletes foot	223	gnp infant gas relief	103	gnp stool softener	97
gnp b-12	163	gnp infants pain/fever	20	gnp stool softener/laxative	97
gnp bacitracin zinc	221	gnp iron	110	gnp terbinafine hydrochloride	223
gnp biotin	163	gnp lice killing	233	gnp therapeutic-m	164
gnp cal mag zinc +d3	130	gnp lice treatment	233	gnp tolnaftate	223
gnp calamine	230	gnp lidocaine pain relief	230	gnp triple antibiotic	221
gnp calamine phenolated	230	gnp little ones childrens	163	gnp triple antibiotic plus	221
gnp calcium	130	gnp loperamide hcl	90	gnp tussin adult	206
gnp calcium 500 +d3	130	gnp loratadine	196	gnp tussin cf cough & cold	206
gnp calcium 600 +d	130	gnp loratadine childrens	195	gnp tussin dm	206
gnp calcium 600 +d/minerals	130	gnp loratadine-d 12hr	206	gnp tussin dm max	206
gnp calcium 600 +d3	130	gnp lubricant eye drops (pf)	189	gnp vitamin a	164
gnp calcium citrate +d3	130	gnp magnesium oxide	88, 130	gnp vitamin b-1	164
gnp calcium citrate+d3 petites	130	gnp mega multi for men	163	gnp vitamin b-12	164
gnp century adult	163	gnp mega multi for women	163	gnp vitamin b-6	164
gnp century adult formula	163	gnp melatonin	137	gnp vitamin c	164
gnp century adults men	163	gnp melatonin maximum strength	137	gnp vitamin c drops	164
gnp century adults women	163	gnp miconazole 1	106	gnp vitamin c w/rose hips	164
gnp century mature adults 50+	163	gnp miconazole 3	106	gnp vitamin c/rose hips	164
gnp century mature men's 50+	163	gnp miconazole 7	106	gnp vitamin d	164
gnp century mature women's 50+	163	gnp miconazorb af	223	gnp vitamin d maximum strength	164
gnp childrens allergy	195	gnp milk of magnesia	97	gnp vitamin d super strength	164
gnp childrens chewables/ex c	163	gnp mineral oil	97	gnp vitamin d3	164
gnp childrens chewables/iron	163	gnp mucus dm	206	gnp vitamin d3 extra strength	164
gnp childrens ibuprofen	26	gnp mucus er	206	gnp vitamin d-400	164
gnp children's pain & fever	20	gnp multi childrens	163	gnp vitamin e	164
gnp childrens/extra c	163	gnp nasal decongestant	206	gnp vitamin health b12	164
GNP CLEARLAX	97	gnp nasal decongestant pe	206	gnp womens gentle laxative	97
gnp clotrimazole 3	106	gnp nasal four spray	206	gnp zinc chelated	130
gnp co q10	137	gnp nasal spray	206	gnp zinc oxide	230
gnp co q-10	137	gnp nasal spray fast acting	206	GOLD BOND CREPE	
gnp cough dm er	205	gnp natural fiber	97	CORRECTOR	230
gnp cough relief childrens	205	gnp nicotine	68	GOLD BOND DIABETICS DRY	
gnp d 1000	163	gnp nicotine mini	68	SKIN	230
gnp d3	163	gnp nicotine polacrilex	68	GOLD BOND ESSENTIALS MENS	
gnp earwax removal drops	236	gnp no drip nasal spray	206	.....	230
gnp earwax removal kit	236	gnp one daily maximum	163	GOLD BOND HEALING HAND	230
gnp electrolyte solution	125	gnp one daily mens health 50+	163	GOLD BOND RADIANCE	
gnp epsom salt	97	gnp one daily mens/lycopene	163	RENEWAL	230
gnp essential one daily	163	gnp one daily womens	163		

GOLD BOND ULT		<i>goodsense petroleum jelly</i>	120	HCU COOLER15.....	138
ROUGH/BUMPY SKIN.....	230	<i>goodsense psyllium fiber</i>	97	HCU LOPHLEX LQ.....	138
GOLD BOND ULTIMATE		<i>goodsense senna laxative</i>	98	HCU MAXAMUM.....	138
HEALING.....	231	<i>goodsense stimulant lax plus</i>	98	HCY 1.....	138
GOLD BOND ULTIMATE		<i>goodsense stomach relief</i>	90	HCY 2.....	138
SOOTHING.....	231	<i>goodsense stool softener</i>	98	<i>head care proactive health</i>	164
GOMEKLI.....	43	<i>goodsense tussin cf</i>	206	HEALTH SOURCE.....	138
<i>goodsense advanced antacid</i>	88	<i>goodsense tussin dm</i>	206	HEALTHWISE PAIN RELIEF.....	231
<i>goodsense all day allergy</i>	196	<i>goodsense tussin dm max</i>	206	HEALTHY ACCENTS NUTRA FIT	138
<i>goodsense all day allergy-d</i>	206	<i>goodsense ultra lubricant drop</i>	189	HEALTHY ACCENTS NUTRA FIT	
<i>goodsense aller-ease</i>	196	<i>goodsense vapor</i>	206	PLUS.....	138
<i>goodsense allergy relief</i>	196	GOTOKNOW COVID-19 ANTIGEN		<i>healthy eyes</i>	164
<i>goodsense allergy relief child</i>	196	RAPI.....	30	<i>healthy eyes supervision 2</i>	164
<i>goodsense antacid</i>	88	<i>granisetron hcl</i>	92	<i>healthy eyes/lutein-zeaxanthin</i>	164
<i>goodsense antacid & gas relief</i>	88	<i>griseofulvin microsize</i>	28	<i>healthy hair/skin/nails</i>	164
<i>goodsense anti-diarrheal</i>	90	<i>griseofulvin ultramicrosize</i>	28	HEALTHY MAMA SHAKE THAT	
<i>goodsense arthritis pain</i>	20	<i>growing bones & muscles kids</i>	164	ACHE.....	21
<i>goodsense artificial tears</i>	189	<i>g-supress dx pediatric</i>	206	HEALTHY MAMA TAME THE	
<i>goodsense aspirin</i>	20	G-TRON PED.....	206	FLAME.....	88
<i>goodsense aspirin low dose</i>	20	G-TRON PEDIATRIC DROPS.....	206	HEALTHYLAX.....	98
<i>goodsense athletes foot</i>	223	G-TUSICOF.....	206	<i>heart savior</i>	164
<i>goodsense bisacodyl laxative</i>	97	<i>guaiasorb dm</i>	206	<i>heartland gas relief</i>	103
GOODSENSE CLEARLAX.....	97	<i>guaiaitussin ac</i>	206	HEATHER.....	77
<i>goodsense cough dm</i>	206	<i>guaifed</i>	207	<i>h-e-b aspirin</i>	21
<i>goodsense cough dm childrens</i>	206	<i>guaifed-dm</i>	207	<i>h-e-b childrens allergy</i>	196
<i>goodsense ear wax kit</i>	236	<i>guaifenesin</i>	207	<i>h-e-b oral electrolyte</i>	125
<i>goodsense ear wax removal</i>	236	<i>guaifenesin dm</i>	207	HEMATEX.....	110
<i>goodsense electrolyte</i>	125	<i>guaifenesin er</i>	207	<i>hematinic/folic acid</i>	110
<i>goodsense electrolyte adv care</i>	125	<i>guaifenesin-codeine</i>	207	HEMATOGEN.....	110
<i>goodsense enema</i>	97	<i>guaifenesin-dm</i>	207	HEMATOGEN FA.....	110
<i>goodsense epsom salt</i>	97	<i>guanfacine hcl</i>	54	HEMATOGEN FORTE.....	110
<i>goodsense fiber laxative</i>	97	<i>guanfacine hcl er</i>	65	HEMOCYTE PLUS.....	110
<i>goodsense first aid antibiotic</i>	221	GUMMI BEAR		<i>heparin (porcine) in nacl</i>	108
<i>goodsense gas relief</i>	103	MULTIVITAMIN/MIN.....	164	<i>heparin sodium (porcine)</i>	108
<i>goodsense gas relief extra st</i>	103	GYNAZOLE-1.....	106	<i>heparin sodium (porcine) pf</i>	108
<i>goodsense ibuprofen</i>	26	G-ZYNCOF.....	207	HEPLISAV-B.....	117
<i>goodsense ibuprofen childrens</i>	26	HABITROL.....	69	HERBAL EXPEC.....	207
<i>goodsense ibuprofen infants</i>	26	HADLIMA.....	113	HERCEPTIN.....	43
GOODSENSE IRON.....	110	HADLIMA PUSHTOUCH.....	113	HERCEPTIN HYLECTA.....	43
<i>goodsense laxative pills</i>	97	HAEGARDA.....	112	HERCESSI.....	44
<i>goodsense lice killing</i>	233	<i>haelan 951 fermented soy</i>	137	HERNEXEOS.....	44
<i>goodsense lice killing max str</i>	234	<i>haelan htpi fermented soy</i>	137	HERZUMA.....	44
<i>goodsense loratadine</i>	196	HAILEY 1.5/30.....	77	<i>hi c-500</i>	165
<i>goodsense lubricating plus pf</i>	189	HAILEY 24 FE.....	77	HIBERIX.....	117
<i>goodsense menstrual relief</i>	20	HAILEY FE 1/20.....	77	HIBICLENS.....	231
<i>goodsense milk of magnesia</i>	97	<i>hair skin & nails</i>	164	HI-CAL.....	138
<i>goodsense mineral oil</i>	97	<i>hair skin & nails advanced</i>	164	<i>high absorption magnesium</i>	130
<i>goodsense mucus er</i>	206	<i>hair skin and nails formula</i>	164	<i>high potency e</i>	165
<i>goodsense mucus er maximum str</i>	206	<i>hair skin nails</i>	164	<i>high potency iron</i>	110
<i>goodsense mucus relief child</i>	206	<i>hair/skin/nails</i>	164	<i>high potency multivit/fa</i>	165
<i>goodsense mucus/congest/cough</i>	206	<i>halobetasol propionate</i>	226	<i>high-protein nutritional shake</i>	138
<i>goodsense nicotine</i>	68	<i>haloperidol</i>	59	<i>hi-kovite 2-part formula</i>	165
<i>goodsense nutrisure original</i>	137	<i>haloperidol decanoate</i>	59	<i>hm enema</i>	98
<i>goodsense nutrisure plus</i>	137	<i>haloperidol lactate</i>	59	<i>hm mucus relief er max st</i>	207
<i>goodsense oral pain relief</i>	234	HARD NAILS.....	164	<i>hm petroleum jelly</i>	120
<i>goodsense pain & fever child</i>	21	HAVRIX.....	117	HOM 2.....	138
<i>goodsense pain & fever infants</i>	21	HCU ANAMIX EARLY YEARS.....	137	HOMACTIN AA PLUS.....	138
<i>goodsense pain relief</i>	21	HCU ANAMIX NEXT.....	137	HOMINEX-1.....	138
<i>goodsense pain relief extra st</i>	21	HCU COOLER.....	137	HOMINEX-2.....	138

HONEY BEARS W/IRON-ZINC.....	165	ICLUSIG.....	44	INVEGA SUSTENNA.....	59, 60
HUMIRA (2 PEN).....	113	IDHIFA.....	44	INVEGA TRINZA.....	60
HUMIRA (2 SYRINGE).....	113	IFEREX 150.....	110	IPOL.....	118
HUMIRA-CD/UC/HS STARTER....	113	<i>igualtuss</i>	207	<i>ipratropium bromide</i>	192
HUMIRA-PSORIASIS/UVEIT		IHEALTH COVID-19 RAPID TEST..	30	<i>ipratropium-albuterol</i>	191
STARTER.....	113	<i>imatinib mesylate</i>	44	<i>irbesartan</i>	50
HUMULIN N.....	70	IMBRUVICA.....	44	<i>irbesartan-hydrochlorothiazide</i>	49
HUMULIN R.....	71	<i>imipenem-cilastatin</i>	30	<i>irinotecan hcl</i>	41
HUMULIN R U-500		<i>imipramine hcl</i>	57	IROFOL.....	110
(CONCENTRATED).....	71	<i>imiquimod</i>	231	<i>iron</i>	110
HUMULIN R U-500 KWIKPEN.....	71	<i>imkeldi</i>	44	<i>iron (ferrous sulfate)</i>	110
HURRICAIN.....	234	IMMULIFE.....	138	<i>iron 27</i>	110
HYCODAN.....	207	IMMUNE ESSENTIALS DAILY.....	165	<i>iron chews pediatric</i>	110
<i>hydralazine hcl</i>	54	<i>immune support</i>	165	<i>iron complex</i>	110
HYDRALYTE.....	125	IMMUNERX.....	165	<i>iron folate plus</i>	110
HYDRALYTE FREEZER POPS.....	125	<i>immunicare</i>	165	<i>iron high-potency</i>	110
HYDRASYN25.....	231	IMODIUM A-D.....	90	<i>iron infant & toddler</i>	110
<i>hydrochloric acid</i>	120	IMOVAX RABIES.....	117	<i>iron infant/toddler</i>	110
<i>hydrochlorothiazide</i>	53	IMPACT.....	138	<i>iron slow release</i>	110
HYDROCIL.....	98	IMPACT ADVANCED RECOVERY.....	138	<i>iron sucrose</i>	110
<i>hydrocod poli-chlorphe poli er</i>	207	IMPAVIDO.....	30	<i>iron supplement</i>	110
<i>hydrocodone bitartrate er</i>	27	INATAL GT.....	165	IRON UP.....	110
<i>hydrocodone bit-homatrop mbr</i>	207	INBRIJA.....	58	<i>iron-vitamin c</i>	110
<i>hydrocodone-acetaminophen</i>	28	INCASSIA.....	77	IS-D 10,000.....	165
<i>hydrocodone-ibuprofen</i>	28	INCRELEX.....	84	ISENTRESS.....	32
<i>hydrocortisone</i>	82, 93, 226	INCRUSE ELLIPTA.....	192	ISENTRESS HD.....	32
<i>hydrocortisone (perianal)</i>	231	<i>indapamide</i>	53	ISIBLOOM.....	77
<i>hydrocortisone sod suc (pf)</i>	82	INDICAID COVID-19 RAPID TEST..	30	ISOLYTE-P IN D5W.....	123
<i>hydrocortisone valerate</i>	226	INFANRIX.....	118	ISOLYTE-S PH 7.4.....	123
<i>hydrocortisone-acetic acid</i>	191	INFANTS ADVIL.....	26	<i>isoniazid</i>	34
<i>hydromet</i>	207	<i>infants gas relief</i>	103	<i>isosorbide dinitrate</i>	54
<i>hydromorphone hcl</i>	28	<i>infants ibuprofen</i>	26	<i>isosorbide mononitrate er</i>	54
<i>hydrous emulsified base</i>	120	<i>infants pain & fever</i>	21	ISOSOURCE 1.5 CAL.....	138
<i>hydroxocobalamin acetate</i>	165	INFED.....	110	ISOSOURCE HN.....	138
<i>hydroxychloroquine sulfate</i>	115	INFLAMEX.....	165	<i>isotretinoin</i>	220
<i>hydroxyurea</i>	41	<i>infliximab</i>	113	<i>isradipine</i>	53
<i>hydroxyzine hcl</i>	196	INFUVITE ADULT.....	165	IS-ZC 50.....	130
<i>hydroxyzine pamoate</i>	196	INFUVITE PEDIATRIC.....	165	<i>itch relief extra strength</i>	231
HYPERSAL.....	207	INJECTAFER.....	110	ITOVEBI.....	44
HYRNUO.....	44	INLURIYO.....	40	<i>itraconazole</i>	29
HYVEE ADVANCED ANTACID.....	88	INLYTA.....	44	IVA ANAMIX EARLY YEARS.....	138
HYVEE IBUPROFEN CHILDRENS.....	26	INNOVACIN.....	138	IVA ANAMIX NEXT.....	138
<i>ibandronate sodium</i>	74	INQOVI.....	40	IVA MAXAMUM.....	138
IBRANCE.....	44	INREBIC.....	44	<i>ivabradine hcl</i>	54
IBTROZI.....	44	INSPIREASE.....	217	I-VALEX-1.....	138
IBU.....	26	<i>instant oral pain relief max</i>	234	I-VALEX-2.....	138
<i>ibuprofen</i>	26	INTEGRA.....	110	<i>ivermectin</i>	30
<i>ibuprofen 100 junior strength</i>	26	INTEGRA F.....	110	<i>i-vite</i>	165
<i>ibuprofen childrens</i>	26	INTEGRA PLUS.....	110	IWILFIN.....	41
<i>ibuprofen infants</i>	26	INTELENCE.....	32	IXIARO.....	118
<i>ibuprofen junior strength</i>	26	INTELISWAB COVID-19 RAPID		J & J BURN CREAM.....	231
ICAPS.....	165	TEST.....	30	JAIMIESS.....	77
ICAPS AREDS FORMULA.....	165	<i>intense cough reliever</i>	207	JAKAFI.....	44
ICAPS LUTEIN & OMEGA-3.....	165	<i>intense toothache pain relief</i>	235	JANTOVEN.....	108
ICAPS LUTEIN & ZEAXANTHIN...	165	INTRALIPID.....	126	JANUMET.....	72
ICAPS MV.....	165	INTROLITE.....	138	JANUMET XR.....	72
ICAR.....	110	INTROVALE.....	77	JANUVIA.....	72
<i>icatibant acetate</i>	112	<i>inulose blood sugar support</i>	165	JARDIANCE.....	72
ICLEVIA.....	77	INVEGA HAFYERA.....	59	JASMIEL.....	77

JAVYGTOR.....	84	KERADAN.....	231	KLOR-CON M20.....	124
JAYPIRCA.....	44	KERENDIA.....	49	KLOXXADO.....	69
JENCYCLA.....	77	KESIMPTA.....	67	<i>kls acetaminophen ex st.....</i>	21
JENTADUETO.....	72	<i>keto.....</i>	139	KLS ALLERCLEAR.....	196
JENTADUETO XR.....	72	KETOCAL 2.5/1 LQ MULTI FIBER.....	139	KLS ALLERCLEAR D-12HR.....	207
JEVITY 1 CAL.....	138	KETOCAL 3/1.....	139	KLS ALLERCLEAR D-24HR.....	207
JEVITY 1 CAL/FIBER.....	138	KETOCAL 4/1.....	139	KLS ALLER-FEX.....	196
JEVITY 1.2 CAL.....	138	KETOCAL 4/1 LQ MULTI FIBER... ..	139	<i>kls allergy medicine.....</i>	196
JEVITY 1.2 CAL/FIBER.....	138	KETOCAL 4/1 LQ MULTI-FIBER... ..	139	KLS ALLER-TEC.....	196
JEVITY 1.5 CAL/FIBER.....	138	<i>ketoconazole.....</i>	29, 223	KLS ALLER-TEC CHILDRENS.....	196
JINTELI.....	82	KETO-DIASTIX.....	84	KLS ALLER-TEC D.....	207
<i>jock itch.....</i>	223	<i>ketogen.....</i>	139	<i>kls aspirin low dose.....</i>	21
<i>jock itch relief.....</i>	223	<i>ketone test.....</i>	84	<i>kls d3.....</i>	165
<i>joint health & bone strength.....</i>	165	KETONEX-1.....	139	<i>kls ibuprofen.....</i>	26
JOLESSA.....	77	KETONEX-2.....	139	<i>kls ibuprofen ib.....</i>	26
JUICE PLUS FIBRE.....	138	<i>ketorolac tromethamine.....</i>	187	KLS LAXACLEAR.....	98
JULEBER.....	77	KETOSTIX.....	84	KLS QUIT2.....	69
JULUCA.....	34	KETOVIE.....	139	KLS QUIT4.....	69
JUNEL 1.5/30.....	77	KETOVIE 3/1.....	139	<i>kls stool softener.....</i>	98
JUNEL 1/20.....	77	KETOVIE 4/1.....	139	<i>kobee.....</i>	165
JUNEL FE 1.5/30.....	77	KETOVIE PEPTIDE.....	139	KOMZIFTI.....	45
JUNEL FE 1/20.....	77	<i>kettle neti pot sinus wash.....</i>	217	KONSYL DAILY PSYLLIUM FIBER.....	98
JUNEL FE 24.....	77	KEYTRUDA.....	44	KOSELUGO.....	45
<i>just 4 kidz multivit/probiotic.....</i>	165	KEYTRUDA QLEX.....	44	<i>kosher prenatal plus iron.....</i>	165
<i>just tears eye drops.....</i>	189	KFLO.....	139	KOURZEQ.....	235
JUVEN.....	138	KIDS PLANT PROTEIN SHAKE.....	139	<i>kp adults 50+ daily formula.....</i>	165
JYLAMVO.....	115	KIDS PROTEIN ORGANIC SHAKE.....	139	<i>kp adults daily formula.....</i>	165
JYNNEOS.....	118	<i>kimono.....</i>	77	<i>kp aspirin.....</i>	21
<i>k 100.....</i>	165	KIMONO COLORS.....	77	<i>kp b complex-c.....</i>	165
KADCYLA.....	44	KIMONO MAXX-LARGE FLARE.....	77	<i>kp bisacodyl.....</i>	98
KAITLIB FE.....	77	<i>kimono micro thin.....</i>	77	<i>kp calcium 600+d.....</i>	130
<i>kale/quinoa/berries.....</i>	139	<i>kimono micro thin plus.....</i>	77	<i>kp calcium citrate+d.....</i>	130
<i>kale/quinoa/berries plus.....</i>	139	<i>kimono plus.....</i>	77	<i>kp calcium-magnesium-zinc.....</i>	130
<i>kale/quinoa/berries plus pedia.....</i>	139	<i>kimono ps.....</i>	77	<i>kp diphenhydramine hcl.....</i>	196
KALETRA.....	34	<i>kimono ps plus.....</i>	77	<i>kp ferrous gluconate.....</i>	110
KALYDECO.....	217	<i>kimono sensation.....</i>	77	<i>kp ferrous sulfate.....</i>	111
KAMELEON LUBRICATED.....	77	<i>kimono sensation plus.....</i>	77	<i>kp fexofenadine hcl.....</i>	196
KANJINTI.....	44	KIMONO SPECIAL.....	77	<i>kp folic acid.....</i>	165
KAOPECTATE.....	90	KINDERLYTE.....	125	<i>kp mag-oxide magnesium.....</i>	130
KAOPECTATE EXTRA.....	90	KINDERLYTE PREMAX.....	125	<i>kp melatonin.....</i>	139
KARIVA.....	77	KINDERMED KIDS ALLERGY.....	196	<i>kp mens 50+ daily formula.....</i>	165
KATE FARMS GLUCOSE.....	139	KINDERSPROUT PLANT.....	139	<i>kp mens daily formula.....</i>	165
SUPPORT 1.2.....	139	PROTEIN.....	139	<i>kp niacin.....</i>	165
KATE FARMS KIDS NUTRITION.. ..	139	KINERET.....	113	<i>kp prenatal multivitamins.....</i>	165
KATE FARMS PED PEPTIDE 1.0.....	139	KINRIX.....	118	<i>kp pseudoephedrine hcl.....</i>	207
KATE FARMS PED PEPTIDE 1.5.....	139	KIONEX.....	75	<i>kp senna.....</i>	98
KATE FARMS PED STANDARD.....	139	KISQALI (200 MG DOSE).....	44	KP VISION FORMULA.....	165
1.2.....	139	KISQALI (400 MG DOSE).....	44	KP VISION FORMULA/LUTEIN.....	165
KATE FARMS PEPTIDE 1.0.....	139	KISQALI (600 MG DOSE).....	45	<i>kp vitamin b-12.....</i>	166
KATE FARMS PEPTIDE 1.5.....	139	KISQALI FEMARA (400 MG.....	45	<i>kp vitamin b-6.....</i>	166
KATE FARMS RENAL SUPPORT.....	139	DOSE).....	45	<i>kp vitamin d.....</i>	166
1.8.....	139	KISQALI FEMARA (600 MG.....	45	<i>kp vitamin d3.....</i>	166
KATE FARMS STANDARD 1.0.....	139	DOSE).....	45	<i>kp vitamin e.....</i>	166
KATE FARMS STANDARD 1.4.....	139	KLAYESTA.....	223	<i>kp womens 50+ daily formula.....</i>	166
<i>kcl (0.149%) in nacl.....</i>	123	KLOR-CON.....	124	<i>kp womens daily formula.....</i>	166
<i>kcl (0.298%) in nacl.....</i>	123	KLOR-CON 10.....	124	K-PAX IMMUNE PROFESSIONAL.....	166
<i>kcl in dextrose-nacl.....</i>	123	KLOR-CON M10.....	124	ST.....	166
KELNOR 1/35.....	77	KLOR-CON M15.....	124		

K-PAX PROTEIN BLEND IMMUNE			
.....	139	<i>levocarnitine</i>	84
<i>kpn prenatal</i>	166	<i>levocetirizine dihydrochloride</i>	196
KRAZATI	45	<i>levofloxacin</i>	37
K-TAN PLUS	111	<i>levofloxacin in d5w</i>	37
KURVELO	77	LEVONEST	78
<i>labetalol hcl</i>	52	<i>levonorgest-eth est & eth est</i>	78
LAC-HYDRIN FIVE	231	<i>levonorgest-eth estrad 91-day</i>	78
<i>lacosamide</i>	62, 63	<i>levonorgestrel-ethinyl estrad</i>	78
<i>lactated ringers</i>	123	<i>levonorg-eth estrad triphasic</i>	78
LACTINOL HX	231	LEVORA 0.15/30 (28)	78
<i>lactulose</i>	98	LEVO-T	86
<i>lactulose encephalopathy</i>	98	<i>levothyroxine sodium</i>	86
LAMISIL AT ATHLETES FOOT	223	LEVOXYL	86
LAMISIL AT JOCK ITCH	223	<i>l-glutamine</i>	112, 139
<i>lamivudine</i>	32, 34	<i>lice killing</i>	234
<i>lamivudine-zidovudine</i>	34	<i>lice killing shampoo max str</i>	234
<i>lamotrigine</i>	63	<i>lice treatment</i>	234
<i>lamotrigine er</i>	63	LIDO KING	231
LANABIOTIC	221	<i>lidocaine</i>	226, 231
LAND BEFORE TIME		<i>lidocaine hcl</i>	21, 226
MULTIVITAMIN	166	<i>lidocaine hcl (pf)</i>	21
<i>lanreotide acetate</i>	84	<i>lidocaine max st 24 hours</i>	231
<i>lansoprazole</i>	104	<i>lidocaine pain relief</i>	231
LANTUS	71	<i>lidocaine pain relief max st</i>	231
LANTUS SOLOSTAR	71	<i>lidocaine pain relieving</i>	231
<i>lapatinib ditosylate</i>	45	<i>lidocaine viscous hcl</i>	235
LARIN 1.5/30	77	<i>lidocaine-prilocaine</i>	226
LARIN 1/20	77	LIDOCAN	226
LARIN 24 FE	77	<i>lidocanna</i>	231
LARIN FE 1.5/30	77	LIDOCARE ARM/NECK/LEG	231
LARIN FE 1/20	77	LIDOCARE BACK/SHOULDER	231
<i>latanoprost</i>	186	<i>lidocore</i>	231
<i>laxative</i>	98	LIDOGUARD	231
<i>laxative max str</i>	98	<i>lidotrode</i>	231
<i>laxative regular strength</i>	98	LIL MIXINS-EGG	139
LAZCLUZE	45	LIL MIXINS-PEANUT	139
<i>lecithin</i>	139	LILETTA (52 MG)	78
<i>leflunomide</i>	115	<i>linezolid</i>	30
<i>lenalidomide</i>	41	<i>linezolid in sodium chloride</i>	30
LENVIMA (10 MG DAILY DOSE)	45	LINZESS	103
LENVIMA (12 MG DAILY DOSE)	45	LIOMNY	86
LENVIMA (14 MG DAILY DOSE)	45	LIOPEN ABSORPTION	
LENVIMA (18 MG DAILY DOSE)	45	ENHANCING	120
LENVIMA (20 MG DAILY DOSE)	45	<i>liothyronine sodium</i>	86
LENVIMA (24 MG DAILY DOSE)	45	LIPISTART	139
LENVIMA (4 MG DAILY DOSE)	45	<i>lipo cream base</i>	120
LENVIMA (8 MG DAILY DOSE)	45	LIPOCREAM BASE	120
LESSINA	77	<i>lipopen ultra base</i>	120
<i>letrozole</i>	40	LIPOTRIAD VISION SUPPORT ...	166
<i>leucovorin calcium</i>	41	<i>lipotriad vision support plus</i>	166
LEUKERAN	39	LIPOTRIAD VISIONARY	166
<i>leuprolide acetate</i>	41	<i>liquid acetaminophen</i>	21
<i>levabuterol hcl</i>	199	<i>liquid allergy relief</i>	196
<i>levabuterol tartrate</i>	199	<i>liquid c</i>	166
<i>levetiracetam</i>	63	LIQUID HOPE	139
<i>levetiracetam er</i>	63	LIQUID HOPE PEPTIDE	140
<i>levetiracetam in nacl</i>	63	LIQUID HOPE PEPTIDE BERRY ..	139
<i>levobunolol hcl</i>	186	<i>liquid pain relief</i>	21
		<i>lisinopril</i>	49
		<i>lisinopril-hydrochlorothiazide</i>	49
		<i>lithium</i>	66
		<i>lithium carbonate</i>	66
		<i>lithium carbonate er</i>	66
		<i>little animals</i>	166
		LITTLE REMEDIES FOR FEVER	21
		LITTLE REMEDIES GAS RELIEF .	103
		<i>liver detox</i>	166
		LIVITA ADULTS	166
		LIVTENCITY	34
		LMD	140
		<i>l-methylfolate</i>	166
		<i>l-methylfolate calcium</i>	166
		<i>l-methyl-mc</i>	166
		LOESTRIN 1.5/30 (21)	78
		LOESTRIN 1/20 (21)	78
		LOESTRIN FE 1.5/30	78
		LOESTRIN FE 1/20	78
		<i>lohist-dm</i>	207
		LOJAIMIESS	78
		LOKELMA	75
		LOLLICAINE	235
		LOMAIRA	73
		<i>lomustine</i>	39
		<i>long acting nasal spray</i>	207
		<i>long lasting antacid</i>	88
		<i>long lasting nasal spray</i>	207
		LONSURF	40
		<i>loperamide hcl</i>	90, 103
		LOPHLEX LQ 20	140
		<i>lopinavir-ritonavir</i>	34
		<i>loradamed</i>	196
		<i>loratadine</i>	196
		<i>loratadine childrens</i>	196
		<i>loratadine-d 12hr</i>	207
		<i>loratadine-d 24hr</i>	207
		<i>lorazepam</i>	55
		LORAZEPAM INTENSOL	55
		LORBRENA	45
		LORYNA	78
		<i>losartan potassium</i>	50
		<i>losartan potassium-hctz</i>	49
		LOTEMAX	187
		<i>loteprednol-tobramycin</i>	186
		LOTRIMIN AF	224
		LOTRIMIN AF JOCK ITCH	224
		LOTRIMIN ULTRA	224
		<i>lovastatin</i>	51
		LOW-OGESTREL	78
		<i>loxapine succinate</i>	60
		LPS CRITICAL CARE SUGAR	
		FREE	140
		LPS SUGAR FREE	140
		<i>lubricant drops/dual-action</i>	189
		<i>lubricant eye drop</i>	189
		<i>lubricant eye drops</i>	189
		<i>lubricant eye drops (pf)</i>	189
		<i>lubricant eye drops pf</i>	189
		<i>lubricating tears eye drops</i>	189

LUIZZA 1.5/30.....	78	MAPAP ACETAMINOPHEN		mefloquine hcl.....	32
LUIZZA 1/20.....	78	EXTRA STR.....	21	mega biotin.....	166
LUMAKRAS.....	45	MAPAP CHILDRENS.....	21	mega coq10.....	140
LUMIGAN.....	186	maraviroc.....	32	mega multi for women.....	166
LUMIZYME.....	84	MAR-COF CG EXPECTORANT.....	208	MEGA MULTI MEN.....	167
LUPRON DEPOT (1-MONTH).....	41	marlissa.....	78	megavite fruits & veggies.....	167
LUPRON DEPOT (3-MONTH).....	41	MARPLAN.....	57	megestrol acetate.....	41, 86
LUPRON DEPOT-PED (1-MONTH).....	84	masonatal.....	166	meijer advanced formula.....	167
LUPRON DEPOT-PED (3-MONTH).....	84	MATERNACEL.....	166	meijer allergy relief.....	196
LUPRON DEPOT-PED (6-MONTH).....	85	MATULANE.....	42	meijer allergy relief-d.....	208
lurasidone hcl.....	60	MAVYRET.....	35	meijer antacid anti-gas.....	88
lutein-zeaxanthin.....	166	MAX RELIEF JR CHILD		meijer anti-diarrheal.....	90
LUTERA.....	78	PAIN/FEVER.....	21	meijer antihistamine allergy.....	197
LYBALVI.....	60	MAX RELIEF JUNIOR.....	21	meijer aspirin ec.....	21
LYLEQ.....	78	MAX SLEEP JUNIOR.....	120	meijer aspirin free.....	21
LYLLANA.....	82	MAX TUSSIN DM		meijer c.....	167
LYNPARZA.....	45	COUGH&CHEST CONG.....	208	meijer calamine.....	231
LYSIPLEX PLUS.....	166	MAX TUSSIN MUCUS & CHEST		meijer ferrous sulfate.....	111
LYSODREN.....	41	CONG.....	208	meijer ibuprofen.....	26
LYTGObi (12 MG DAILY DOSE).....	45	MAXALLERGY KIDS.....	196	meijer jr st aspirin free.....	21
LYTGObi (16 MG DAILY DOSE).....	45	maxifed.....	208	meijer loratadine.....	197
LYTGObi (20 MG DAILY DOSE).....	45	MAXIMUM D3.....	166	meijer nasal decongestant.....	208
LYZA.....	78	maximum daily green.....	166	meijer triple antibiotic.....	221
MAALOX MAX.....	88	maxi-tuss ac.....	208	meijer zinc oxide.....	231
MAALOX MULTI SYMPTOM MAX		maxi-tuss cd.....	208	MEKINIST.....	45, 46
ST.....	88	maxi-tuss g.....	208	MEKTOVI.....	46
MACULAR HEALTH FORMULA.....	166	maxi-tuss gmx.....	208	melatonin.....	120, 140
MACUVITE.....	166	maxx.....	78	melatonin extra strength.....	140
MACUVITE EYE CARE.....	166	maxx plus.....	78	melatonin maximum strength.....	140
MACUVITE/LUTEIN.....	166	m-dryl.....	196	MELEYA.....	78
MAG-200.....	130	meclizine hcl.....	92	meloxicam.....	26
MAG64.....	130	MEDCAPS DPO.....	166	memantine hcl.....	55
mag-al.....	88	MEDCAPS GI.....	166	memantine hcl er.....	55
mag-al plus.....	88	MEDCAPS IS.....	166	memantine hcl-donepezil hcl er.....	55
mag-al plus xs.....	88	MEDCAPS T3.....	166	MEMORALL.....	167
MAGDELAY.....	131	MEDERMA AG FACE.....	231	MENQUADFI.....	118
mag-g.....	131	MEDERMA STRETCH MARKS		mens 50+ advanced.....	167
MAGNEBIND 300.....	131	THERAPY.....	231	mens 50+ multivitamin.....	167
MAGNEBIND 400.....	131	medi tab.....	166	MENS LIFE PACK.....	167
magnesium.....	131	medi-bismuth.....	90	mens multi health formula.....	167
magnesium carbonate.....	131	MEDIDERM.....	120	mens multivitamin.....	167
magnesium gluconate.....	131	MEDI-FIRST ASPIRIN.....	21	mens multivitamin gummies.....	167
magnesium lactate.....	131	MEDI-FIRST IBUPROFEN.....	26	menstrual relief max strength.....	21
magnesium oxide.....	88	medi-first triple antibiotic.....	221	MENVEO.....	118
magnesium oxide (antacid).....	88	MEDI-LAX.....	98	mercaptapurine.....	40
magnesium oxide -mg supplement.....	131	MEDI-MUCIL.....	98	MERIBIN.....	167
magnesium sulfate.....	123	medi-natural.....	98	meropenem.....	30
magnesium sulfate in d5w.....	123	medi-natural plus.....	98	mesalamine.....	93
magnesium-aluminum-simethicone.....	88	MEDI-PROFEN.....	26	mesalamine er.....	93
MAGNESIUM-OXIDE.....	131	MEDIQUE ASPIRIN.....	21	mesalamine-cleanser.....	93
MAGOX 400.....	131	MEDI-TABS CHILDRENS.....	21	mesna.....	42
MAG-OXIDE.....	131	MEDI-TABS EXTRA STRENGTH.....	21	METAFOLBIC.....	167
MAG-TAB SR.....	131	MEDI-TABS JUNIOR STRENGTH.....	21	METAFOLBIC PLUS.....	167
malathion.....	234	medi-tussin dm.....	208	METAMUCIL 3 IN 1 DAILY FIBER.....	98
MALTOCARB.....	140	medi-tussin dm double strength.....	208	METAMUCIL 4 IN 1 FIBER.....	98
manganese chloride.....	131	MEDPURA ANTIFUNGAL.....	224	METAMUCIL FREE & NATURAL.....	98
MAOX.....	88	MEDPURA HYDROSEPTINE.....	231	METAMUCIL PREMIUM BLEND.....	98
mapap.....	21	MEDPURA ZINC OXIDE.....	231	METAMUCIL SMOOTH TEXTURE.....	98
		medroxyprogesterone acetate.....	78, 85	metformin hcl.....	73

<i>metformin hcl er</i>	72, 73	<i>mineral oil heavy</i>	98	<i>morphine sulfate er</i>	27
<i>methadone hcl</i>	27	<i>mineral oil lubricant laxative</i>	98	MOTRIN CHILDRENS.....	26
METHADONE HCL INTENSOL.....	27	<i>minocycline hcl</i>	39	MOTRIN IB.....	26
<i>methazolamide</i>	53	<i>minoxidil</i>	54	MOTRIN INFANTS DROPS.....	26
<i>methenamine hippurate</i>	31	MINTOX.....	89	MOUNJARO.....	73
<i>methimazole</i>	86	<i>mintox maximum strength</i>	89	MOUTH KOTE.....	235
METHIONAID.....	140	MINTOX PLUS.....	89	MOUTH KOTE REMINT.....	235
<i>methocarbamol</i>	67	MIRALAX.....	98	MOVANTIK.....	103
<i>methotrexate sodium</i>	40, 115	MIRALAX MIX-IN PAX.....	98	<i>moxifloxacin hcl</i>	37, 187
<i>methotrexate sodium (pf)</i>	40	<i>mirtazapine</i>	57	<i>moxifloxacin hcl in nacl</i>	37
<i>methsuximide</i>	63	<i>misoprostol</i>	103	<i>m-pap</i>	22
METHYL PROTECT.....	167	<i>mi-vite rx</i>	167	MRESVIA.....	118
METHYL-GUARD.....	167	MM ACETAMINOPHEN EX STR.....	22	MSUD 2.....	140
METHYL-GUARD PLUS.....	167	MM ALLER-BEN.....	197	MSUD AID.....	140
<i>methylphenidate hcl</i>	65	<i>mm allergy relief 24 hour</i>	197	MSUD ANAMIX EARLY YEARS.....	140
<i>methylphenidate hcl er</i>	65	<i>mm arthritis pain</i>	22	MSUD COOLER.....	140
<i>methylprednisolone</i>	82	<i>mm aspirin</i>	22	MSUD LOPHLEX LQ.....	140
<i>methylprednisolone acetate</i>	82	<i>mm biotin/keratin</i>	167	MSUD MAXAMAID.....	140
<i>methylprednisolone sodium succ</i>	82	MM CLEARLAX.....	98	MSUD MAXAMUM.....	140
<i>metoclopramide hcl</i>	92	<i>mm fexofenadine hcl</i>	197	MTX SUPPORT.....	167
<i>metolazone</i>	53	<i>mm stool softener</i>	98	MUCINEX.....	208
<i>metoprolol succinate er</i>	52	<i>mm stool softener laxative</i>	98	MUCINEX CHILDRENS	
<i>metoprolol tartrate</i>	52	MMA/PA ANAMIX EARLY YEARS.....	140	FREEFROM.....	208
<i>metoprolol-hydrochlorothiazide</i>	51	MMA/PA ANAMIX NEXT.....	140	MUCINEX COLD CHILDRENS.....	208
<i>metronidazole</i>	31, 106, 231	MMA/PA COOLER15.....	140	MUCINEX COUGH & CONGEST	
<i>metyrosine</i>	54	MMA/PA MAXAMUM.....	140	CHILD.....	208
<i>mg aspartate</i>	131	M-M-R II.....	118	MUCINEX COUGH CHILDRENS.....	208
<i>mgo</i>	131	<i>m-natal plus</i>	124, 167	MUCINEX COUGH FOR KIDS.....	208
MIBELAS 24 FE.....	78	<i>modafinil</i>	67	MUCINEX DM.....	208
<i>micaderm</i>	224	MODEYSO.....	42	MUCINEX FAST-MAX CHEST	
<i>micafungin sodium</i>	29	MODULEN.....	140	CONG MS.....	208
<i>miconazole</i>	224	<i>moexipril hcl</i>	49	MUCINEX FAST-MAX CONGEST	
<i>miconazole 1</i>	106	MOI-STIR.....	235	COUGH.....	208
<i>miconazole 3 combo pack</i>	106	<i>moisture barrier</i>	231	MUCINEX FAST-MAX DM MAX.....	208
<i>miconazole 3 combo-suppl</i>	106	<i>moisturizing cream</i>	231	MUCINEX FAST-MAX SEVERE	
<i>miconazole 7</i>	106	<i>moisturizing lubricant eye</i>	189	CON/CG.....	208
<i>miconazole antifungal</i>	224	<i>molindone hcl</i>	60	MUCINEX MAXIMUM STRENGTH.....	208
<i>miconazole nitrate</i>	106, 224	<i>mometasone furoate</i>	226	MUCINEX SINUS-MAX CLEAR &	
<i>miconazole nitrate combo pack</i>	106	MOMMY'S BLISS GAS RELIEF		COOL.....	208
<i>miconazoleb af</i>	224	DROPS.....	103	MUCINEX SINUS-MAX	
MICOTRIN AP.....	224	MOMMY'S BLISS VIT D ORGANIC		SINUS/ALLRGY.....	209
MICROCHAMBER.....	217	.....	167	<i>mucus & chest congestion</i>	209
<i>microderm base</i>	120	MONISTAT 1 COMBO PACK.....	107	<i>mucus congest & cough child</i>	209
MICROGESTIN 1.5/30.....	78	MONISTAT 1 DAY OR NIGHT.....	107	<i>mucus dm</i>	209
MICROGESTIN 1/20.....	78	MONISTAT 3.....	107	<i>mucus relief</i>	209
MICROGESTIN FE 1.5/30.....	78	MONISTAT 3 COMBINATION		<i>mucus relief chest congestion</i>	209
MICROGESTIN FE 1/20.....	78	PACK.....	107	<i>mucus relief dm</i>	209
MICROSOME BASE.....	120	MONISTAT 3 COMBO PACK APP.....	107	<i>mucus relief dm max</i>	209
MICROSPACER.....	217	MONISTAT 7 COMBO PACK APP.....	107	<i>mucus relief er</i>	209
<i>midodrine hcl</i>	54	MONISTAT 7 SIMPLY CURE.....	107	<i>mucus relief max st</i>	209
MIDOL.....	22	MONJUVI.....	46	<i>mucus relief multi symptom</i>	209
MIDOL COMPLETE.....	21	MONOFERRIC.....	111	<i>mucus relief severe congest/cgh</i>	209
MIEBO.....	189	MONOGEN.....	140	<i>mucus-dm</i>	209
<i>mifepristone</i>	85	MONO-LINYAH.....	79	MULTAQ.....	50
MILI.....	79	<i>montelukast sodium</i>	215	<i>multi + omega-3 adult gummies</i>	167
<i>milk of magnesia</i>	98	MOOD FOOD.....	167	<i>multi + omega-3 gummies</i>	167
MIMVEY.....	82	MOOD FOOD ES.....	167	<i>multi adult gummies</i>	167
<i>mincora</i>	167	<i>morphine sulfate</i>	28	MULTI COMPLETE.....	167
<i>mineral oil</i>	98	<i>morphine sulfate (concentrate)</i>	28	<i>multi complete/iron</i>	167

<i>multi for her</i>	167	<i>multi-vite</i>	169	NASALCROM.....	217
<i>multi for her 50+</i>	167	MULTI-VIT-FLOR.....	169	NASCOBAL.....	169
MULTI FOR HIM.....	167	<i>multivit-min gummies childrens</i>	169	NATACYN.....	187
<i>multi for him 50+</i>	167	<i>mupirocin</i>	221	<i>natal prn</i>	169
MULTI MEGA MINERALS.....	131	MURINE EAR.....	236	<i>nateglinide</i>	73
<i>multi prenatal</i>	167	MURINE EAR WAX REMOVAL		<i>nat-rul daily-vite+iron</i>	169
<i>multi vitamin</i>	167	SYSTEM.....	236	<i>nat-rul iron</i>	111
<i>multi vitamin w/d-3</i>	168	MURO 128.....	189	<i>natrul magnesium</i>	131
<i>multi vitamin/minerals</i>	168	MVW COMPLETE FORMULATION		<i>nat-rul oyster calcium+vit d</i>	131
MULTIA.....	168	.....	169	<i>nat-rul theravite-m</i>	170
MULTIGEN.....	111	MVW COMPLETE FORMULATION		<i>nat-rul vitamin d</i>	170
MULTIGEN PLUS.....	111	D3000.....	169	<i>natrul-vites</i>	170
<i>multi-phasic penetrating cmpd</i>	120	MVW COMPLETE FORMULATION		<i>natural c/rose hips</i>	170
<i>multiple electro type 1 ph 7.4</i>	123	D5000.....	169	<i>natural fiber</i>	99
<i>multiple vit/minerals/no iron</i>	168	MVW COMPLETE FORMULATION		<i>natural fiber laxative</i>	99
<i>multiple vitamin-folic acid</i>	168	MINIS.....	169	<i>natural psyllium seed</i>	99
<i>multiple vitamins</i>	168	<i>mvw hi-d adek gummies</i>	169	<i>natural senna laxative</i>	99
<i>multiple vitamins essential</i>	168	MVW MODULATOR		<i>natural vitamin a</i>	170
<i>multiple vitamins/iron</i>	168	FORMULATION.....	169	<i>natural vitamin d-3</i>	170
<i>multiple vitamins/womens</i>	168	MVW MODULATOR		<i>natural vitamin e</i>	170
<i>multiple vitamins-iron</i>	168	FORMULATION MINI.....	169	NAYZILAM.....	63
<i>multiple vitamins-minerals</i>	168	MVW ORANGE CHEWABLES.....	169	<i>nebivolol hcl</i>	52
<i>multi-symptom cold childrens</i>	209	<i>myamulti</i>	169	NECON 0.5/35 (28).....	79
<i>multi-symptom cold plus child</i>	209	<i>mycophenolate mofetil</i>	116	<i>nefazodone hcl</i>	57
<i>multi-vit/iron/fluoride</i>	168	<i>mycophenolate sodium</i>	116	NEOCATE INFANT DHA/ARA.....	140
<i>multivit/multimineral adult</i>	168	MYCOZYL AP.....	224	NEOCATE JUNIOR.....	140
<i>multivitamin</i>	168	MYLANTA MAXIMUM STRENGTH.....	89	NEOCATE JUNIOR PREBIOTICS.....	140
<i>multi-vitamin</i>	168	MYLICON INFANTS GAS RELIEF.....	103	NEOCATE SPLASH JUNIOR.....	140
<i>multivitamin adult</i>	168	MYNEPHRON.....	169	NEOCATE SPOON.....	140
<i>multivitamin adult (minerals)</i>	168	MYRBETRIQ.....	105	NEOCATE SYNEO JUNIOR.....	140
<i>multivitamin adults</i>	168	<i>na ferric gluc cplx in sucrose</i>	111	NEOFLEX CALCIUM + VITAMIN D	
<i>multivitamin adults 50+</i>	168	<i>na sulfate-k sulfate-mg sulf</i>	98	.....	131
<i>multivitamin childrens</i>	168	<i>nabumetone</i>	26	<i>neomaterna</i>	170
<i>multivitamin childrens (w/ fa)</i>	168	<i>nac</i>	140	NEOMULTIVITE.....	170
<i>multivitamin childrens gummies</i>	168	<i>nac 600</i>	140	<i>neomycin sulfate</i>	31
<i>multivitamin drops/iron</i>	168	<i>n-acetyl cysteine</i>	140	<i>neomycin-bacitracin zn-polymyx</i>	187
<i>multi-vitamin gummies</i>	168	<i>nadolol</i>	52	<i>neomycin-polymyxin-dexameth</i>	186
<i>multivitamin gummies adult</i>	168	<i>nafcillin sodium</i>	38	<i>neomycin-polymyxin-gramicidin</i>	187
<i>multivitamin gummies mens</i>	168	NAGLAZYME.....	85	<i>neomycin-polymyxin-hc</i>	186, 191
<i>multivitamin gummies womens</i>	168	<i>naloxone hcl</i>	69	<i>neonatal complete</i>	170
<i>multivitamin infant & toddler</i>	168	<i>naltrexone hcl</i>	69	NEONATAL PLUS.....	170
<i>multivitamin iron-free</i>	168	NAMZARIC.....	55	<i>neonatal prenatal</i>	170
<i>multivitamin men</i>	168	NAPHCON-A.....	185	NEONATAL VITAMIN.....	170
<i>multivitamin men 50+</i>	168	<i>naproxen</i>	26	NEOQ10.....	140
<i>multi-vitamin monocaps</i>	168	<i>naproxen sodium</i>	27	NEOSPORIN.....	221
<i>multivitamin plus iron adult</i>	168	NARAMIN.....	197	NEOSPORIN + PAIN RELIEF MAX	
<i>multivitamin w/fluoride</i>	168	<i>naratriptan hcl</i>	66	ST.....	221
<i>multivitamin women</i>	168	<i>nasal decongestant</i>	209	NEOSPORIN + PAIN/ITCH/SCAR.....	221
<i>multivitamin women 50+</i>	168	<i>nasal decongestant 12hr</i>	209	NEOSPORIN ORIGINAL.....	221
<i>multivitamin womens 50+ adv</i>	168	<i>nasal decongestant d</i>	209	NEOSPORIN/BURN RELIEF.....	221
<i>multivitamin/fluoride</i>	169	<i>nasal decongestant d max str</i>	209	NEO-SYNEPHRINE	
<i>multi-vitamin/fluoride</i>	169	<i>nasal decongestant pe</i>	209	COLD/ALLRGY EXT.....	209
<i>multi-vitamin/fluoride/iron</i>	169	<i>nasal decongestant pe max st</i>	209	<i>neotuss</i>	210
<i>multi-vitamin/iron</i>	169	<i>nasal decongestant spray</i>	209	<i>neo-vital rx</i>	170
<i>multi-vitamin/minerals</i>	169	<i>nasal four</i>	209	NEPHPLEX RX.....	170
<i>multivitamin/zinc stress</i>	169	<i>nasal spray</i>	209	<i>nephro vitamins</i>	170
<i>multivitamin-minerals</i>	169	<i>nasal spray 12 hour</i>	209	NEPHRON FA.....	111
<i>multi-vitamins</i>	169	<i>nasal spray max strength</i>	209	NEPHRO-VITE.....	170
<i>multivitamins plus iron child</i>	169	<i>nasal spray no drip</i>	209	NEPRO.....	140

NEPRO/CARBSTEADY	140	nizatidine	93	NUMOISYN	235
NERLYNX	46	no drip nasal spray	210	NUPLAZID	60
NESTABS	170	no iron mult vitamin-minerals	170	NURTEC	66
NESTABS DHA	170	nohist-dm	210	NUTRA/SHAKE	141
NESTABS ONE	170	non-aspirin	22	NUTRADERM	232
neti pot sinus wash	217	non-aspirin extra strength	22	NUTRALYN	170
NEUAC	220	non-aspirin jr strength	22	NUTREN 1.0	141
NEUTROGENA HAND	231	non-aspirin pain relief	22	NUTREN 1.0/FIBER	141
nevirapine	33	non-pseudo sinus decongestant	210	NUTREN 1.5	141
nevirapine er	33	NORA-BE	79	NUTREN 2.0	141
NEXLETOL	51	norelgestromin-eth estradiol	79	NUTREN JR	141
NEXLIZET	51	norethin ace-eth estrad-fe	79	NUTREN JR FIBER	141
NEXPLANON	79	norethindrone	79	NUTREN JUNIOR 1.0	141
NF FORMULAS NAC	140	norethindrone acetate	86	NUTREN JUNIOR/FIBER	141
niacin	170	norethindrone acet-ethinyl est	79	NUTREN PULMONARY	141
niacin er	170	norethindrone-eth estradiol	82	NUTRIFAC ZX	170
niacin er (antihyperlipidemic)	51	norethindron-ethinyl estrad-fe	79	nutrifocus	141
niacin flush free	170	norgestimate-eth estradiol	79	NUTRIHEP 1.5 CAL	141
niacinamide	170	norgestim-eth estrad triphasic	79	NUTRILIPID	126
NIAVASC	170	NORLYROC	79	nutritional drink	141
NIAVASC 750	170	NORTREL 0.5/35 (28)	79	nutritional drink mix	141
nicardipine hcl	53	NORTREL 1/35 (21)	79	nutritional drink plus	141
NICODERM CQ	69	NORTREL 1/35 (28)	79	nutritional drink shake mix	141
NICOMIDE	170	NORTREL 7/7/7	79	nutritional shake	141
NICORELIEF	69	nortriptyline hcl	57	nutritional shake complete	141
NICORETTE	69	NORVIR	33	nutritional shake high protein	141
NICORETTE MINI	69	norwegian cod liver oil	170	nutritional shake plus	141
NICORETTE STARTER KIT	69	NOSTRILLA	210	nutritional shake plus protein	141
nicotine	69	NOURILITE	120	nutritional supplement	141
nicotine mini	69	NOURISH	141	nutritional supplement plus	141
nicotine polacrilex	69	NOURISH PEPTIDE FORMULA	141	NUZYRA	39
nicotine polacrilex mini	69	NOURIVAN ANTIOX BASE	121	NYAMYC	224
nicotine step 1	69	NOVAFERRUM	111	NYLIA 1/35	79
nicotine step 2	69	NOVAFERRUM 50	111	NYLIA 7/7/7	79
nicotine step 3	69	NOVAFERRUM PEDIATRIC		nystatin	29, 224, 235
NICOTROL NS	69	DROPS	111	NYSTOP	224
nifedipine er	53	NOVASOURCE RENAL	141	OA 1	141
nifedipine er osmotic release	53	NOVOLIN 70/30	71	OA 2	141
NIFEREX	111	NOVOLIN 70/30 FLEXPEN	71	OB COMPLETE	170
NIKKI	79	NOVOLIN 70/30 RELION	71	OB COMPLETE PREMIER	171
nilotinib hcl	46	NOVOLIN N	71	OBSTETRIX EC	171
nilutamide	41	NOVOLIN N FLEXPEN	71	OBTREX	171
nimodipine	53	NOVOLIN N RELION	71	OCTAGAM	116
NINJACOF-XG	210	NOVOLIN R	71	octreotide acetate	85
NINLARO	46	NOVOLIN R FLEXPEN	71	ocular vitamins	171
NISEKO HYDRATING FACIAL	232	NOVOLIN R RELION	71	ocutabs	171
nitazoxanide	31	NOVOLOG	71	ocutabs-lutein	171
nitisinone	85	NOVOLOG FLEXPEN	71	OCUVITE ADULT 50+	171
NITRO-BID	54	NOVOLOG FLEXPEN RELION	71	OCUVITE ADULT FORMULA	171
nitrofurantoin macrocrystal	31	NOVOLOG MIX 70/30	71	OCUVITE EXTRA	171
nitrofurantoin monohyd macro	31	NOVOLOG MIX 70/30 FLEXPEN	71	OCUVITE EYE + MULTI	171
nitroglycerin	54, 232	NOVOLOG PENFILL	71	OCUVITE EYE HEALTH	
NIVA-FOL	170	NOVOLOG RELION	71	FORMULA	171
NIVANEX DMX	210	NRS NASAL RELIEF	210	OCUVITE EYE HEALTH	
NIVA-PLUS	170	NUBEQA	41	GUMMIES	171
NIVEA	232	NUDEXTA	66	OCUVITE-LUTEIN	171
NIVEA VISAGE	232	NUFOL	170	ODEFSEY	34
NIVEA VISAGE INNER BEAUTY	232	NU-IRON	111	ODOMZO	46
NIX CREME RINSE	234	NULOJIX	117	odor control foot & sneaker	224

ODOR EATERS ANTIFUNGAL.....	224	<i>one daily mens health</i>	172	<i>optic-vites</i>	173
ODOR EATERS FOOT/SNEAKER		<i>one daily multivit/iron-free</i>	172	<i>optic-vites with lutein</i>	173
SPRAY.....	224	<i>one daily multivitamin adult</i>	172	OPTIFAST POST BARIATRIC.....	173
OFEV.....	217	<i>one daily multivitamin men</i>	172	OPTIMAL D3.....	173
<i>ofloxacin</i>	187, 191	<i>one daily multivitamin women</i>	172	OPTIMAL D3 M.....	173
OGIVRI.....	46	<i>one daily multivitamin/iron</i>	172	OPTIMENTAL.....	141
OGSIVEO.....	46	<i>one daily womens</i>	172	<i>optimum airvites</i>	173
<i>ohc covid-19 antigen self test</i>	31	<i>one daily womens 50 plus</i>	172	<i>optimum pms</i>	173
OJEMDA.....	46	<i>one daily womens 50+</i>	172	OPTIONS GYNOL II	
OJJAARA.....	46	<i>one daily/minerals</i>	172	CONTRACEPTIVE.....	107
OKEEFFES WORKING HANDS....	232	ONE VITE CALCIUM + D3.....	131	OPTISOURCE POST BARIATRIC	
<i>olanzapine</i>	60	ONE VITE DAILY MULTIVITAMIN	172	SURG.....	173
<i>olmesartan medoxomil</i>	50	ONE VITE FERROUS SULFATE..	111	OPTIVITE P.M.T.....	173
<i>olmesartan medoxomil-hctz</i>	49	<i>one vite womens</i>	172	OPURITY.....	173
<i>olmesartan-amlodipine-hctz</i>	50	<i>one vite womens plus</i>	172	OPURITY B12/FOLIC ACID.....	173
<i>omega-3-acid ethyl esters</i>	51	ONE-A-DAY FOR HER		OPURITY BYPASS OPTIMIZED...	173
<i>omeprazole</i>	105	VITACRAVES.....	172	<i>oral analgesic max st</i>	235
OMNIBASE.....	121	ONE-A-DAY FOR HIM		<i>oral electrolyte freezer pops</i>	125
<i>omnicap</i>	171	VITACRAVES.....	172	<i>oral electrolytes</i>	125
OMNIPOD 5 DEXG7G6 INTRO		ONE-A-DAY MENOPAUSE		<i>oral relief spray</i>	235
GEN 5.....	71	FORMULA.....	172	<i>oral suspend</i>	121
OMNIPOD 5 DEXG7G6 PODS		ONE-A-DAY MENS (MINERALS)..	172	<i>oralyte</i>	125
GEN 5.....	71	ONE-A-DAY MENS 50+.....	172	ORAPENN SD ANHYD	
OMNIPOD 5 LIBRE2 G6 INTRO		ONE-A-DAY MENS 50+		SWEETENED.....	121
GEN5.....	71	ADVANTAGE.....	172	ORAPENN SD ANHYD	
OMNIPOD 5 LIBRE2 PLUS G6		ONE-A-DAY MENS HEALTH		UNSWEETEN.....	121
PODS.....	72	FORMULA.....	172	ORA-PLUS.....	121
OMNIPOD DASH INTRO (GEN 4)..	72	ONE-A-DAY MENS PRO EDGE....	172	ORASEP.....	235
OMNIPOD DASH PODS (GEN 4)...	72	ONE-A-DAY PROACTIVE 65+.....	172	ORAZINC.....	131
OMNITROPE.....	85	ONE-A-DAY WOMENS.....	172	ORGANIC NUTRITION SHAKE...	141
ON/GO COVID-19 ANTIGEN TEST	31	ONE-A-DAY WOMENS 50+.....	172	ORGANIC PEDIA SMART.....	141
ON/GO ONE COVID-19 HOME		ONE-A-DAY WOMENS 50+		ORGOVYX.....	41
TEST.....	31	ADVANTAGE.....	172	ORKAMBI.....	217
<i>once daily</i>	171	ONE-A-DAY WOMENS PETITES.	172	<i>orlistat</i>	73
ONCOVITE.....	171	ONE-A-DAY WOMENS		ORQUIDEA.....	79
<i>ondansetron</i>	92	VITACRAVES.....	172	ORSERDU.....	41
<i>ondansetron hcl</i>	92	<i>one-daily multi caps</i>	172	OS 2.....	141
ONE A DAY MEN 50 PLUS.....	171	<i>one-daily multi vitamins</i>	172	<i>oseltamivir phosphate</i>	35
ONE A DAY MENS VITACRAVES	171	<i>one-daily multi-vit/mineral</i>	172	OSMOLITE.....	142
ONE A DAY PRENATAL.....	171	<i>one-daily multi-vitamin</i>	172	OSMOLITE 1 CAL.....	141
ONE A DAY WOMEN 50 PLUS....	171	<i>one-daily multi-vitamin/iron</i>	173	OSMOLITE 1.2 CAL.....	141, 142
<i>one daily</i>	172	<i>one-daily/iron</i>	173	OSMOLITE 1.5 CAL.....	142
<i>one daily 50 plus</i>	171	ONELAX.....	99	OSMOLITE HN.....	142
<i>one daily calcium/iron</i>	171	ONELAX DAILY FIBER.....	99	OSPOMYV.....	74
<i>one daily complete</i>	171	ONELAX FIBER THERAPY.....	99	OSTEOPRIME PLUS.....	173
<i>one daily complete for men</i>	171	ONELAX SENNA.....	99	OSTEOPRIME ULTRA.....	173
ONE DAILY ESSENTIAL.....	171	ONTRUZANT.....	46	<i>oxacillin sodium</i>	38
<i>one daily essentials</i>	171	ONUREG.....	40	<i>oxaliplatin</i>	39
<i>one daily for men 50+ advanced</i>	171	OPCON-A.....	185	<i>oxcarbazepine</i>	63
<i>one daily for men/lycopene</i>	171	OPIPZA.....	60	OXEPA.....	142
<i>one daily for women</i>	171	OPSUMIT.....	54	OXEPA 1.5.....	142
<i>one daily for women 50+ adv</i>	171	OPTICHAMBER DIAMOND.....	217	<i>oxybutynin chloride</i>	105
<i>one daily healthy weight</i>	171	OPTICHAMBER DIAMOND-LG		<i>oxybutynin chloride er</i>	105
<i>one daily healthy weight adv</i>	171	MASK.....	217	<i>oxycodone hcl</i>	28
<i>one daily maximum</i>	171	OPTICHAMBER DIAMOND-MD		<i>oxycodone-acetaminophen</i>	28
<i>one daily men formula w/o iron</i>	171	MASK.....	217	<i>oxymetazoline hcl</i>	210
<i>one daily mens</i>	172	OPTICHAMBER DIAMOND-SM		OYSCO 500+D.....	131
<i>one daily mens 50+ multivit</i>	172	MASK.....	217	<i>oyster calcium/d3</i>	131
<i>one daily mens 50+/lycopene</i>	172	OPTICLEANSE GHI.....	141	<i>oyster shell calcium</i>	131

<i>oyster shell calcium + d</i>	131	PCCA CANNIDEX 2.0 CUSTOM		PEDIASURE SHAKE/FIBER.....	142
<i>oyster shell calcium + d3</i>	131	BASE.....	121	PEDIASURE SIDEKICKS.....	142
<i>oyster shell calcium plus d</i>	131	PCCA CANNIDEX CUSTOM BASE		PEDIASURE SIDEKICKS CLEAR.....	142
<i>oyster shell calcium w/d</i>	131	.....	121	PEDIASURE SIDEKICKS SHAKE.....	142
<i>oyster shell calcium/d</i>	132	PCCA COSMETIC HRT BASE.....	121	PEDIASURE/FIBER.....	142
<i>oyster shell calcium/d3</i>	132	PCCA EMOLLIENT CREAM BASE		<i>pediatric drink</i>	142
<i>oyster shell calcium/vit d</i>	132	.....	121	<i>pediatric electrolyte</i>	125
<i>oyster shell calcium/vit d3</i>	132	PCCA HYDRABASE SB CUSTOM		PEDVAX HIB.....	118
<i>oyster shell calcium/vitamin d</i>	132	BASE.....	121	<i>peg 3350</i>	99
OZEMPIC (0.25 OR 0.5		PCCA LIPODERM BASE.....	121	<i>peg 3350-kcl-na bicarb-nacl</i>	99
MG/DOSE).....	73	PCCA MVC BASE.....	121	<i>peg-3350/electrolytes</i>	99
OZEMPIC (1 MG/DOSE).....	73	PCCA NATACREAM.....	121	PEGASYS.....	35
OZEMPIC (2 MG/DOSE).....	73	PCCA PRACASIL TM-PLUS BASE		PEMAZYRE.....	46
PACERONE.....	50	.....	121	<i>pemetrexed disodium</i>	40
<i>paclitaxel</i>	42	PCCA VANISHING CREAM BASE.....	121	PENBRAYA.....	118
<i>paclitaxel protein-bound part</i>	42	PCCA VANISHING CREAM LIGHT		<i>penderm</i>	121
<i>pain & fever childrens</i>	22	.....	121	<i>penicillamine</i>	75
<i>pain & fever infants</i>	22	PCCA VANPEN BASE.....	121	<i>penicillin g potassium</i>	38
<i>pain & fever kids</i>	22	PCCA WAV CUSTOM BASE.....	121	<i>penicillin g sodium</i>	38
<i>pain and fever relief kids</i>	22	PEGGEN DMX.....	210	<i>penicillin v potassium</i>	38
<i>pain relief</i>	22	PEGGEN PSE.....	210	PEN-KERA.....	232
<i>pain relief childrens</i>	22	<i>ped electrolyte freeze pops</i>	125	<i>penmenvy</i>	118
<i>pain relief extra strength</i>	22	<i>ped electrolyte freezer pops</i>	125	<i>pensomal</i>	121
<i>pain relief max str</i>	232	PEDIA VANCE.....	125	PENTACEL.....	118
<i>pain relief maximum strength</i>	232	PEDIACARE CHILDREN.....	22	<i>pentamidine isethionate</i>	31
<i>pain relief regular strength</i>	22	PEDIACARE CHILDRENS		<i>pentoxifylline er</i>	112
<i>pain reliever</i>	22	ALLERGY.....	197	PENTRAVAN.....	232
<i>pain reliever extra strength</i>	22	PEDIACARE		PENTRAVAN PLUS.....	232
<i>pain reliever for adults</i>	22	COUGH/CONGESTION.....	210	PEPTAMEN.....	143
<i>pain reliever/fever reducer</i>	22	PEDIACARE INFANT		PEPTAMEN 1 CAL/PREBIO1.....	142
<i>pain relieving lidocaine</i>	232	FEVER/PAIN.....	22	PEPTAMEN 1.5 CAL.....	142
<i>paliperidone er</i>	60	PEDIACARE INFANTS.....	22	PEPTAMEN 1.5 CAL/PREBIO1.....	142
PALMERS COCOA BUTTER		PEDIACARE INFANTS GAS		PEPTAMEN AF.....	142
FORMULA.....	232	RELIEF.....	103	PEPTAMEN INTENSE VHP.....	142
PALMERS INTENSIVE RELIEF		PEDIA-LAX.....	99	PEPTAMEN JUNIOR 1 CAL..	142, 143
HAND.....	232	PEDIALYTE.....	125	PEPTAMEN JUNIOR 1	
PALMERS NIGHT CREAM.....	232	PEDIALYTE ADVANCED CARE...	125	CAL/PREBIO1.....	143
PALMERS STRETCH MARKS.....	232	PEDIALYTE FREEZER POPS.....	125	PEPTAMEN JUNIOR 1.5.....	143
<i>pamidronate disodium</i>	74	PEDIALYTE IMMUNE SUPPORT.....	125	PEPTAMEN JUNIOR 1.5 CAL.....	143
<i>pan-c 500/bioflavonoids</i>	173	PEDIALYTE SINGLES.....	125	PEPTAMEN JUNIOR FIBER.....	143
PANRETIN.....	232	PEDIARIX.....	118	PEPTAMEN JUNIOR HP.....	143
<i>pantoprazole sodium</i>	105	PEDIASMA RT PEA PROTEIN.....	142	PEPTAMEN JUNIOR PHGG 1.2...	143
PANZYGA.....	116	PEDIASURE.....	142	PEPTAMEN JUNIOR/PREBIO1....	143
<i>paricalcitol</i>	86	PEDIASURE 1.0 CAL/FIBER.....	142	PEPTAMEN/PREBIO1.....	143
<i>paroxetine hcl</i>	57	PEDIASURE 1.5 CAL.....	142	PEPTO-BISMOL.....	91
<i>parvlex</i>	173	PEDIASURE 1.5 CAL/FIBER.....	142	PEPTO-BISMOL MAX STRENGTH	91
PAXLOVID (150/100).....	35	PEDIASURE GROW & GAIN.....	142	PEPTO-BISMOL TO-GO.....	91
PAXLOVID (300/100 & 150/100).....	35	PEDIASURE GROW & GAIN		<i>perampanel</i>	63
PAXLOVID (300/100).....	35	ORGANIC.....	142	PERATIVE.....	143
<i>pazopanib hcl</i>	46	PEDIASURE GROW &		PERATIVE 1.3 CAL.....	143
<i>pc pediatric iron drops</i>	111	GAIN/FIBER.....	142	PERDIEM OVERNIGHT RELIEF....	99
<i>pc pediatric poly-vital/fe drop</i>	173	PEDIASURE HARVEST 1.0 CAL..	142	PERIDIN-C.....	173
<i>pc pediatric poly-vitamin drop</i>	173	PEDIASURE NUTRIPALS.....	142	PERIFLEX ADVANCE.....	143
<i>pc pediatric tri-vitamin drops</i>	173	PEDIASURE PEDIATRIC.....	142	PERIFLEX JUNIOR.....	143
PCCA ALADERM BASE.....	121	PEDIASURE PEPTIDE 1.0 CAL....	142	<i>perindopril erbumine</i>	49
PCCA ANHYDROUS LIPODERM		PEDIASURE PEPTIDE 1.5 CAL....	142	PERIOGARD.....	235
BASE.....	121	PEDIASURE REDUCED CALORIE		PERIOMED.....	235
PCCA BASE 7542.....	121	.....	142	<i>permethrin</i>	234
PCCA BIOPEPTIDE BASE.....	121	PEDIASURE SHAKE MIX.....	142	<i>perphenazine</i>	60

<i>petrolatum</i>	121	<i>pilocarpine hcl</i>	186, 235	<i>poly-vita</i>	173
<i>petrolatum white</i>	121	PILOT COVID-19 AT-HOME TEST .	31	<i>poly-vitaliron</i>	173
<i>petroleum jelly</i>	121	<i>pimecrolimus</i>	232	<i>poly-vite pediatric</i>	174
PFCB.....	121	<i>pimozide</i>	60	<i>poly-viteliron</i>	174
PFD 2.....	143	PIMTREA.....	79	POMALYST.....	41
PFD TODDLER.....	143	<i>pin-away</i>	31	PORTAGEN.....	144
PFIZERPEN.....	38	<i>pindolol</i>	52	PORTIA-28.....	79
<i>pharbechlor</i>	197	<i>pink bismuth</i>	91	<i>posaconazole</i>	29
<i>pharbedryl</i>	197	<i>pink bismuth maximum strength</i>	91	<i>potassium chloride</i>	124
PHARBETOL.....	22	<i>pinworm medicine</i>	31	<i>potassium chloride crys er</i>	124
PHARBETOL EXTRA STRENGTH.....	22	<i>pioglitazone hcl</i>	73	<i>potassium chloride er</i>	124
PHARMABASE ANTIOXIDANT.....	121	<i>pioglitazone hcl-metformin hcl</i>	73	<i>potassium chloride in nacl</i>	123
PHARMABASE COSMETIC.....	121	<i>piperacillin sod-tazobactam so</i>	38	<i>potassium citrate er</i>	105
PHARMABASE COSMETIC		PIQRAY (200 MG DAILY DOSE).....	46	<i>potassium cl in dextrose 5%</i>	124
NATURAL.....	121	PIQRAY (250 MG DAILY DOSE).....	46	<i>potassium hydroxide</i>	122
PHARMABASE HEAVY.....	121	PIQRAY (300 MG DAILY DOSE).....	46	<i>povidone-iodine</i>	232
PHARMABASE LIGHT.....	121	<i>pirfenidone</i>	217	<i>pramipexole dihydrochloride</i>	58
PHARMABASE VAGINAL.....	122	<i>piroxicam</i>	27	<i>prasugrel hcl</i>	112
<i>pharmacist choice d-vitamin</i>	173	PIVOT 1.5 CAL.....	143	<i>pravastatin sodium</i>	51
PHAZYME.....	103	PKU 2.....	143	<i>praziquantel</i>	31
PHAZYME MAXIMUM STRENGTH		PKU 3.....	143	<i>prazosin hcl</i>	49
.....	103	PKU AIR20 GOLD.....	143	<i>prednisolone</i>	82
PHAZYME ULTRA STRENGTH.....	103	PKU AIR20 GREEN.....	143	<i>prednisolone acetate</i>	187
<i>phendimetrazine tartrate</i>	74	PKU AIR20 YELLOW.....	143	<i>prednisolone sodium phosphate</i>	
<i>phenelzine sulfate</i>	57	PKU COOLER 10.....	143	.....	82, 187
PHENEX-1.....	143	PKU COOLER 15.....	143	<i>prednisone</i>	83
PHENEX-2.....	143	PKU COOLER 20.....	144	PREDNISONE INTENSOL.....	83
<i>phenobarbital</i>	63	PKU EASY SHAKE & GO.....	144	<i>preferred plus insulin syringe</i>	72
<i>phenobarbital sodium</i>	63	PKU LOPHLEX LQ 20.....	144	<i>pregabalin</i>	63
<i>phenol</i>	232	PKU PERIFLEX EARLY YEARS...	144	<i>pregenna</i>	174
<i>phentermine hcl</i>	74	PKU PERIFLEX JUNIOR PLUS...	144	PREMASOL.....	126
<i>phentermine-topiramate er</i>	74	PKU SPHERE 20.....	144	PREMESISRX.....	174
PHENYLADE DRINK MIX.....	143	PKU SPHERE NEXT 15.....	144	PRENATABS RX.....	174
PHENYLADE ESSENTIAL DRINK		PKU START.....	144	<i>prenatal</i>	124, 174
MIX.....	143	<i>pku trio</i>	144	<i>prenatal (wliron & fa)</i>	174
PHENYLADE ESSENTIAL		PLENAMINE.....	126	<i>prenatal 19</i>	174
MIX/FIBER.....	143	PLENVU.....	99	<i>prenatal complete</i>	174
PHENYLADE GMP.....	143	<i>prnv 27-calfelfa</i>	173	<i>prenatal formula</i>	174
PHENYLADE GMP MIX		<i>prnv prenatal plus multivitamin</i>	173	<i>prenatal formula a-free</i>	174
DHA/FIBER.....	143	<i>prnv tabs 20-1</i>	173	<i>prenatal forte</i>	174
PHENYLADE GMP MIX-IN.....	143	<i>prnv-select</i>	173	<i>prenatal multi +dha</i>	174
PHENYLADE GMP READY.....	143	POCKET CHAMBER.....	217	PRENATAL MULTIVITAMIN +	
PHENYLADE RTD PKU 10.....	143	POCKET SPACER.....	217	DHA.....	174
PHENYLADE60 DRINK MIX.....	143	<i>podofilox</i>	232	<i>prenatal multivitamin plus dha</i>	174
<i>phenylephrine hcl</i>	210	<i>poly bacitracin</i>	221	<i>prenatal one daily</i>	174
<i>phenylephrine-dm-gg</i>	210	POLYCAL.....	144	<i>prenatal plus</i>	174
PHENYL-FREE 2.....	143	<i>polyethylene glycol 3350</i>	99, 122	<i>prenatal plus vitamin/mineral</i>	174
PHENYL-FREE 2HP.....	143	POLY-IRON 150.....	111	<i>prenatal vitamin and mineral</i>	174
PHENYTEK.....	63	<i>polymyxin b sulfate</i>	31	<i>prenatal vitamins</i>	174
<i>phenytoin</i>	63	<i>polymyxin b-trimethoprim</i>	187	<i>prenatal/iron</i>	174
<i>phenytoin sodium</i>	63	<i>polysaccharide iron complex</i>	111	<i>prenatal+dha</i>	174
<i>phenytoin sodium extended</i>	63	<i>polysaccharide-iron complex</i>	111	PRENATE AM.....	174
PHESGO.....	46	POLYSPORIN.....	221	PRENATE ELITE.....	174
PHILITH.....	79	<i>poly-tussin ac</i>	210	PRENATOL-M.....	174
PHILLIPS MILK OF MAGNESIA.....	99	POLY-VENT IR.....	210	<i>pres gen</i>	210
PHYTOBASE.....	122	POLY-VI-FLOR.....	173	<i>pres gen pediatric</i>	210
PHYTOMULTI.....	173	<i>polyvinyl alcohol</i>	189	<i>prescription support multivit</i>	174
<i>phytonadione</i>	173	POLY-VI-SOL.....	173	PRESERVISION AREDS.....	174
PIFELTRO.....	33	POLY-VI-SOL/IRON.....	173	PRESERVISION AREDS 2.....	174

PRESERVISION AREDS 2+MULTI	PROPIMEX-2.....	144	qc anti-itch extra strength.....	232
VIT.....	propranolol hcl.....	52	qc antiseptic skin cleanser.....	232
PRESERVISION/LUTEIN.....	propranolol hcl er.....	52	qc arthritis pain relief.....	23
PRETTY FEET/HANDS.....	propylthiouracil.....	86	qc artificial tears.....	189
PREVALITE.....	PROQUAD.....	118	qc aspirin.....	23
prevent.....	PRORENAL + D.....	175	qc aspirin low dose.....	23
PREVIDENT.....	PRORENAL + D W/ OMEGA-3.....	175	qc athletes foot.....	224
PREVIDENT 5000 DRY MOUTH.....	PROSIGHT.....	175	qc b12.....	175
PREVIDENT 5000 PLUS.....	PROSOL.....	126	qc bacitracin.....	221
prev-rx.....	PROSOURCE.....	144	qc bacitracin zinc.....	221
PREVYMIS.....	PROSOURCE PLUS.....	144	qc biotin.....	175
PREZCOBIX.....	PROSOURCE TF.....	144	qc calamine.....	232
PREZISTA.....	PROSOURCE XTRACAL.....	144	qc calcium 500mg-d3.....	132
PRIFTIN.....	PROSOURCE ZAC.....	144	qc calcium fast dissolution.....	132
primaquine phosphate.....	PROSTEON.....	132	qc cetirizine allergy relief.....	197
primidone.....	PROSURE.....	144	qc childrens aspirin.....	23
PRIORIX.....	PROTALITY.....	144	qc childrens complete.....	175
PRIVIGEN.....	PROTECT CARDIO AF.....	175	qc childrens vitamins/extra c.....	175
pro comfort spacer adult.....	PROTECT PLUS SO.....	175	qc childrens vitamins/iron.....	175
pro comfort spacer child.....	PROTEGRA.....	175	qc chlor-pheniramine.....	197
pro comfort spacer infant.....	protriptyline hcl.....	57	qc clotrimazole.....	107, 224
pro hers rx.....	PROVIMIN.....	144	qc co q-10.....	144
pro his rx.....	PROVIT.....	175	qc cod liver oil.....	175
pro pcos rx.....	pseudoeph-bromphen-dm.....	210	qc complete allergy medicine.....	197
probenecid.....	pseudoephedrine hcl.....	210	qc daily multivit/multimineral.....	175
probiotics + bariatric multi.....	pseudoephedrine hcl er.....	210	qc daily multivitamins/iron.....	175
PRO-CAL.....	p-siloxan ds.....	122	qc diarrhea relief.....	91
procare spacer/adult mask.....	psyl dex.....	99	qc docusate calcium.....	99
procare spacer/child mask.....	psyllium fiber.....	99	qc ear wax removal.....	236
PROCERV HP.....	PULMOCARE.....	144	qc earwax removal.....	236
prochamber vhc.....	PULMOCARE 1.5.....	144	qc earwax removal kit.....	236
prochlorperazine.....	PULMOSAL.....	210	qc enema.....	99
prochlorperazine edisylate.....	PULMOZYME.....	218	qc enteric aspirin.....	23
prochlorperazine maleate.....	pure calcium carbonate.....	132	qc epsom salt.....	99
PROCROT.....	pure comfort spacer chamber.....	218	qc essentials.....	175
PROCTOCORT.....	PURECARB.....	144	qc ferrous sulfate.....	111
PROCTO-MED HC.....	purevit dualfe plus.....	111	qc fiber.....	99
PROCTOSOL HC.....	push 20+ advanced.....	144	qc fiber laxative.....	99
PROCTOZONE-B.....	pyrazinamide.....	34	qc fiber therapy.....	99
PROCTOZONE-HC.....	pyridostigmine bromide.....	66	qc folic acid.....	175
pro-ex antifungal.....	pyridoxine hcl.....	175	qc gas relief.....	103
progesterone.....	pyrimethamine.....	31	qc gas relief extra strength.....	103
PROGRAF.....	PYZCHIVA.....	113, 114	qc gas relief infants.....	103
PROLASTIN-C.....	qc 8 hour arthritis pain.....	22	qc gentle laxative.....	99
PROLAXA.....	qc 8 hour pain relief.....	22	qc gentle laxative womens.....	99
PROLIA.....	qc acetaminophen 8 hours.....	23	qc glycerin.....	99
promethazine hcl.....	qc acetaminophen 8hr arth pain.....	23	qc hair skin & nails.....	175
promethazine-codeine.....	qc acetaminophen 8hr musc ache.....	23	qc ibuprofen.....	27
promethazine-dm.....	qc acetaminophen infants.....	23	qc ibuprofen ib.....	27
PROMOD.....	qc all day allergy.....	197	qc laxative.....	99
PROMOTE.....	qc allergy childrens.....	197	qc lidocaine pain relief.....	232
PROMOTE 1.0.....	qc allergy relief.....	197	qc loratadine allergy relief.....	197
PROMOTE 1.0 WITH FIBER.....	qc allergy relief childrens.....	197	qc loratadine-d.....	210
PROMOTE/FIBER.....	qc antacid.....	89	qc lubricant eye drops.....	189
propafenone hcl.....	qc antacid & pain relief.....	23	qc magnesium.....	89
propafenone hcl er.....	qc antacid/anti-gas.....	89	qc medifin mucus relief child.....	210
proparacaine hcl.....	qc anti-diarrheal.....	91	qc melatonin max st.....	144
PRO-PHREE.....	qc antifungal (tolnaftate).....	224	qc mens daily multivitamin.....	175
PROPIMEX-1.....	qc anti-gas.....	103	qc menstrual complete max st.....	23

qc miconazole 7.....	107	qc vitamin e.....	176	ra bacitracin.....	221
qc milk of magnesia.....	99	qc womens daily multivitamin.....	176	ra bacitracin zinc first aid.....	221
qc mucus & cough relief child.....	210	qc zinc.....	132	ra balanced b-100.....	176
qc mucus relief.....	210	qc zinc oxide.....	232	ra balanced b-50.....	176
qc mucus relief childrens.....	210	QINLOCK.....	46	ra b-complex.....	176
qc mucus relief dm max.....	210	QLEARQUIL.....	211	ra b-complex with b-12.....	176
qc mucus relief er.....	210	Q-SORB CO Q-10.....	144	ra biotin.....	176
qc mucus relief max st.....	210	QSYMIA.....	74	ra calcium 600.....	132
qc mucus relief severe con/cgh.....	210	QUADRACEL.....	118	ra calcium 600/vitamin d-3.....	132
qc multi-vite.....	175	quetiapine fumarate.....	60	ra calcium cit plus vit d-3.....	132
qc multi-vite 50 & over.....	175	quetiapine fumarate er.....	60	ra calcium citrate plus vit d.....	132
qc nasal decongestant pe.....	210	QUFLORA FE.....	176	ra calcium cit-vit d-3 petites.....	132
qc nasal mist no drip.....	211	QUFLORA FE PEDIATRIC.....	176	ra calcium plus vitamin d.....	132
qc nasal spray.....	211	QUFLORA PEDIATRIC.....	176	ra calcium plus vitamin d3.....	132
qc natural vegetable.....	100	QUICKVUE AT-HOME COVID-19		RA CENTRAL-VITE.....	176
qc natura-lax.....	100	TEST.....	31	ra central-vite mens mature.....	176
qc niacin.....	175	quin b strong.....	176	ra central-vite womens mature.....	176
qc nicotine transdermal system.....	69	quin b strong b-25.....	176	ra cetiri-d.....	211
qc no drip extra moisturizing.....	211	quinapril hcl.....	49	ra childrens fever/pain.....	23
qc no drip nasal relief.....	211	quinidine sulfate.....	50	ra chlorpheniramine maleate.....	197
qc no drip original 12 hours.....	211	quinine sulfate.....	32	ra clotrimazole.....	224
qc non-aspirin 8 hour.....	23	quintabs.....	176	ra clotrimazole 7.....	107
qc non-aspirin childrens.....	23	quintabs-m.....	176	ra coenzyme q-10.....	144
qc non-aspirin extra strength.....	23	QULIPTA.....	66	ra col-rite.....	100
QC OCUHEALTH VISION		ra 12 hour nasal spray.....	211	ra complete allergy.....	197
SUPPORT 2.....	175	ra 2-in-1 lax/stool softener.....	100	ra cough dm.....	211
qc oral pain relieving.....	235	ra 8 hour pain relief.....	23	ra decongestant inhaler.....	211
qc pain relief.....	23	ra acetaminophen.....	23	RA DIPHEDRYL ALLERGY.....	197
qc pain relief childrens.....	23	ra acetaminophen childrens.....	23	ra double antibiotic.....	221
qc pain relief extra strength.....	23	ra acetaminophen ex st.....	23	ra dry mouth.....	235
qc petroleum jelly.....	122	ra allergy.....	197, 232	ra ear drops.....	236
qc pink bismuth.....	91	ra allergy medication.....	197	ra earwax removal kit.....	236
qc povidone iodine.....	232	ra allergy relf & nasal decong.....	211	ra enema.....	100
qc prenatal.....	175	ra allergy relief.....	197	ra epsom salt.....	100
qc psyllium fiber.....	100	ra allergy relief (cetirizine).....	197	ra ethyl rubbing alcohol.....	122
qc senna.....	100	ra allergy relief (loratadine).....	197	ra eye allergy relief.....	186
qc senna-s.....	100	ra allergy relief childrens.....	197	ra fast relief laxative.....	100
qc stomach relief.....	91	ra allergy rlf/nasal decongest.....	211	ra fever reducer/pain reliever.....	24
qc stomach relief ultra.....	91	ra allergy/congestion relief.....	211	ra folic acid.....	176
qc stool softener.....	100	ra allergy/congestion relief-d.....	211	ra foot care (terbinafine).....	224
qc stool softener pls laxative.....	100	ra antacid.....	89	ra foot care (tolnaftate).....	224
qc suphedrine maximum strength.....	211	ra antacid/anti-gas.....	89	ra gas relief.....	104
qc therin-m.....	175	ra antacid/anti-gas max st.....	89	ra gas relief extra strength.....	104
qc tolnaftate.....	224	ra antacid/gas relief max st.....	89	ra gas relief ultra strength.....	104
qc triple antibiotic.....	221	ra antibiotic + pain relief.....	221	RA HI CAL.....	132
qc triple antibiotic max st.....	221	ra antibiotic/pain relief.....	221	ra high potency iron.....	111
qc triple antibiotic multi-act.....	221	ra anti-diarrheal.....	91	ra ibuprofen.....	27
qc triple antibiotic pain rlf.....	221	ra antifungal foot care.....	224	ra ibuprofen childrens.....	27
qc tussin cf adult.....	211	ra anti-itch skin protectant.....	232	ra ibuprofen infants.....	27
qc tussin dm cough/congestion.....	211	ra antiseptic.....	232	ra ibuprofen junior strength.....	27
qc urinary pain relief.....	31	ra antiseptic skin cleanser.....	232	ra iron.....	111
qc vapor inhaler.....	211	ra arthritis pain relief.....	23	ra jock itch.....	224
qc vegetable laxative.....	100	ra aspirin.....	23	ra jock itch max st.....	224
qc vitamin b1.....	175	ra aspirin adult low dose.....	23	ra laxative.....	100
qc vitamin b12.....	175	ra aspirin adult low strength.....	23	ra lice maximum strength.....	234
qc vitamin b6.....	175	ra aspirin childrens.....	23	ra lice solution.....	234
qc vitamin c.....	175	ra aspirin ec.....	23	ra lice treatment.....	234
qc vitamin c with rose hips.....	175	ra aspirin ec adult low st.....	23	ra lidocaine pain relieving.....	232
qc vitamin d3.....	175, 176	ra athletes foot.....	224	ra lorata-d.....	211

<i>ra loratadine</i>	197	<i>ra vitamin b-12</i>	176	RE-LIEVED MAXIMUM	
<i>ra lubricant eye</i>	189	<i>ra vitamin b-12 tr</i>	176	STRENGTH.....	233
<i>ra lubricant eye drops</i>	189	<i>ra vitamin b-6</i>	176	RELION GLUCOSE.....	83
<i>ra melatonin</i>	145	<i>ra vitamin c</i>	177	RELI-ON INSULIN SYRINGE.....	72
<i>ra menstrual relief</i>	24	<i>ra vitamin c cr</i>	176	RELION KETONE TEST.....	85
<i>ra menthol nasal inhaler</i>	211	<i>ra vitamin c drops</i>	177	RELISTOR.....	104
<i>ra miconazole 3 combo pack</i>	107	<i>ra vitamin clacerola</i>	177	REMICADE.....	114
<i>ra miconazole 3 combo pack app</i> ..	107	<i>ra vitamin c/rose hips</i>	177	RENAL.....	177
<i>ra miconazole 7</i>	107	<i>ra vitamin d-3</i>	177	<i>renal vitamin</i>	177
<i>ra micro-filtered sinus wash</i>	218	<i>ra vitamin e</i>	177	RENALCAL.....	145
<i>ra milk of magnesia</i>	100	<i>ra vitamin e natural</i>	177	RENAPLEX.....	177
<i>ra mineral oil</i>	100	<i>ra vitamins complete childrens</i>	177	RENAPLEX-D.....	177
<i>ra mini nicotine</i>	69	<i>ra womens laxative</i>	100	RENASTART.....	145
<i>ra mucus relief</i>	211	<i>ra zinc</i>	132	RENASTEP.....	145
<i>ra mucus relief dm</i>	211	<i>ra zinc oxide</i>	233	<i>rena-vite</i>	177
<i>ra mucus relief max st</i>	211	RABAVERT.....	118	<i>rena-vite rx</i>	177
<i>ra multihealth fiber</i>	100	<i>rabeprazole sodium</i>	105	RENFLEXIS.....	114
<i>ra nasal decongestant pe</i>	211	RADIANCE PLATINUM VITAMIN		<i>reno caps</i>	177
<i>ra natural magnesium</i>	132	D3.....	177	<i>repaglinide</i>	73
<i>ra natural vitamin e</i>	176	RALDESY.....	57	REPATHA.....	51
<i>ra niacin</i>	176	<i>raloxifene hcl</i>	85	REPATHA SURECLICK.....	51
<i>ra nicotine</i>	69	<i>ramelteon</i>	65	REPLETE.....	145
<i>ra nicotine gum</i>	69	<i>ramipril</i>	49	REPLETE FIBER.....	145
<i>ra nicotine polacrilex</i>	69	<i>ranolazine er</i>	54	REPLETE FIBER 1 CAL.....	145
<i>ra no flush niacin</i>	176	<i>rasagiline mesylate</i>	58	RESOURCE 2.0.....	145
<i>ra nose drops extra strength</i>	211	RE/NEPH.....	145	RESTA.....	233
<i>ra one daily maximum</i>	176	RE/NEPH LP/HC.....	145	RESTASIS.....	190
<i>ra one daily mens 50+ w/vit d3</i>	176	RE/NEPH REDUCED SUGAR.....	145	RESTASIS MULTIDOSE.....	190
<i>ra one daily mens multi</i>	176	REALITY LATEX CONDOMS.....	79	RESTORA RX.....	91
<i>ra one daily mens/vit d-3</i>	176	REALITY LATEX/ULTRA		<i>restore fusion renal support</i>	145
<i>ra p col-rite</i>	100	TEXTURED.....	79	<i>restore renal support</i>	145
<i>ra pain relief acetaminophen</i>	24	REALITY LATEX/ULTRA THIN.....	79	RETAINE CMC.....	190
<i>ra pain relief aspirin</i>	24	REASON.....	145	RETAINE VISION.....	177
<i>ra pain relief ibuprofen</i>	27	RECLIPSEN.....	79	RETEVMO.....	46
<i>ra pain reliever ex st</i>	24	RECOMBIVAX HB.....	118	REVCovi.....	85
<i>ra pain relieving</i>	232	<i>reeses pinworm medicine</i>	31	REVUFORJ.....	46
<i>ra pediatric electrolyte</i>	125	REFRESH.....	190	REXULTI.....	60
<i>ra prenatal</i>	176	REFRESH CELLUVISC.....	189	REYATAZ.....	33
<i>ra prenatal formula</i>	176	REFRESH DIGITAL.....	189	REZDIFFRA.....	85
<i>ra sinus wash nasal relief</i>	218	REFRESH DIGITAL PF.....	189	REZLIDHIA.....	46
<i>ra sinus wash neti pot</i>	218	REFRESH LIQUIGEL.....	189	REZUROCK.....	117
<i>ra sinus/congestion relief</i>	211	REFRESH OPTIVE.....	190	RHOPRESSA.....	186
<i>ra sinus/congestion relief pe</i>	211	REFRESH OPTIVE ADVANCED...190		<i>ribavirin</i>	35
<i>ra slow release iron</i>	111	REFRESH OPTIVE ADVANCED		RID LICE KILLING SHAMPOO.....	234
<i>ra stomach relief</i>	91	PF.....	190	<i>rifabutin</i>	34
<i>ra stool softener</i>	100	REFRESH OPTIVE MEGA-3.....	190	<i>rifampin</i>	34
<i>ra suphedrine</i>	211	REFRESH OPTIVE PF.....	190	<i>right step prenatal</i>	177
<i>ra triple antibiotic</i>	221	REFRESH PLUS.....	190	<i>riluzole</i>	66
<i>ra tussin</i>	212	REFRESH RELIEVA.....	190	<i>rimantadine hcl</i>	35
<i>ra tussin cgh & cold mucus cf</i>	212	REFRESH RELIEVA PF.....	190	RINVOQ.....	114
<i>ra tussin cgh/chest congest dm</i>	212	REFRESH RELIEVA PF XTRA.....	190	RINVOQ LQ.....	114
<i>ra tussin chest congestion</i>	212	REFRESH TEARS.....	190	RISABAL-PH.....	233
<i>ra tussin cough</i>	212	REFRESH TEARS PF.....	190	<i>risedronate sodium</i>	74
<i>ra tussin cough dm sugar free</i>	212	<i>regular nutritional shake</i>	145	<i>risperidone</i>	60, 61
<i>ra tussin cough/chest dm max</i>	212	REGULOID.....	100	<i>risperidone microspheres er</i>	60
<i>ra tussin dm</i>	212	REHYDRALYTE.....	125	RITEFLO.....	218
<i>ra vitamin a</i>	176	<i>relcare</i>	177	<i>ritonavir</i>	33
<i>ra vitamin b-1</i>	176	RELENZA DISKHALER.....	35	<i>rivaroxaban</i>	108
<i>ra vitamin b12</i>	176			<i>rivastigmine</i>	56

<i>rivastigmine tartrate</i>	56	<i>sb allergy relief</i>	198	<i>scopolamine</i>	92
RIVELSA.....	79	<i>sb allergy relief/nasal decong</i>	212	<i>scot-tussin expectorant</i>	213
<i>rizatriptan benzoate</i>	66	<i>sb antacid</i>	89	SCOT-TUSSIN SENIOR.....	213
<i>robafen cf multi-symptom cold</i>	212	<i>sb antacid anti-gas</i>	89	SCRUB CARE POVIDONE-	
ROBAFEN DM.....	212	<i>sb anti-diarrhea</i>	91	IODINE.....	233
ROBAFEN DM CGH/CHEST		<i>sb anti-fungal</i>	224	SECUADO.....	61
CONGEST.....	212	<i>sb anti-gas</i>	104	SECURA ANTIFUNGAL EXTRA	
ROBAFEN DM COUGH.....	212	<i>sb arthritis pain relief</i>	24	THICK.....	224
ROBAFEN MUCUS/CHEST		<i>sb aspirin</i>	24	<i>selegiline hcl</i>	58
CONGESTION.....	212	<i>sb aspirin ec</i>	24	<i>selenious acid</i>	126
ROBITUSSIN 12 HOUR COUGH.....	212	<i>sb bacitracin</i>	221	<i>selenium sulfide</i>	224
ROBITUSSIN 12 HOUR COUGH		<i>sb bisacodyl laxative ec</i>	100	SELZENTRY.....	33
CHILD.....	212	<i>sb bismuth</i>	91	<i>se-natal 19</i>	177
ROBITUSSIN CHILD		<i>sb calcium + d</i>	132	<i>senexon-s</i>	100
COUGH/COLD CF.....	212	<i>sb cetirizine hcl childrens</i>	198	<i>senior tabs</i>	177
ROBITUSSIN COUGH & CHEST		<i>sb childrens aspirin</i>	24	<i>senna</i>	101
ADULT.....	212	<i>sb chlorpheniramine</i>	198	<i>senna laxative</i>	100
ROBITUSSIN COUGH & CHEST		<i>sb clotrimazole foot</i>	224	<i>senna plus</i>	101
CHILD.....	212	<i>sb complete nutrition</i>	145	<i>senna s</i>	101
ROBITUSSIN COUGH+CHEST		<i>sb complete nutrition plus</i>	145	SENNA SMOOTH.....	101
CONG DM.....	212	<i>sb cough control</i>	213	<i>senna-docusate sodium</i>	101
ROBITUSSIN HONEY		<i>sb cough control cf</i>	213	<i>senna-lax</i>	101
CGH/CHEST DM.....	212	<i>sb cough tab</i>	213	<i>senna-plus</i>	101
ROBITUSSIN LONG-ACT		<i>sb docusate sodium</i>	100	<i>senna-s</i>	101
COUGHGELS.....	212	<i>sb docusate sodium/senna</i>	100	<i>senna-tabs</i>	101
ROBITUSSIN PEAK COLD MULTI-		<i>sb fib lax orange</i>	100	<i>senna-time</i>	101
SYM.....	212	<i>sb fiber laxative</i>	100	<i>senna-time s</i>	101
ROCKLATAN.....	186	<i>sb gas relief</i>	104	<i>sennazon</i>	101
<i>roflumilast</i>	218	<i>sb gentle lax-women</i>	100	<i>sennosides</i>	101
ROMVIMZA.....	46	<i>sb glycerin adult</i>	100	<i>sennosides-docusate sodium</i>	101
<i>ropinirole hcl</i>	58	<i>sb glycerin pediatric</i>	100	SENOKOT.....	101
<i>rosuvastatin calcium</i>	51	<i>sb ibuprofen</i>	27	SENOKOT EXTRA STRENGTH.....	101
ROSYRAH.....	79	<i>sb infants ibuprofen</i>	27	SENOKOT KIDS GUMMIES.....	101
ROTARIX.....	118	<i>sb laxative</i>	100	SENOKOT LAXATIVE GUMMIES.....	101
ROTATEQ.....	118	<i>sb lice killing max st</i>	234	SENOKOT S.....	101
ROWEEPRA.....	63	<i>sb lice treatment</i>	234	<i>sentry</i>	177
ROZLYTREK.....	46	<i>sb loratadine</i>	198	<i>sentry senior</i>	177
RUBRACA.....	47	<i>sb loratadine allergy relief</i>	198	<i>sentry senior mens 50+</i>	177
<i>rufinamide</i>	63, 64	<i>sb low dose asa ec</i>	24	<i>sentry senior/lutein</i>	177
RUKOBIA.....	33	<i>sb milk of magnesia</i>	100	SERACAL.....	145
RYBELSUS.....	73	<i>sb nasal spray no-drip</i>	213	SEREVENT DISKUS.....	199
RYDAPT.....	47	<i>sb natural fiber laxative</i>	100	<i>sertraline hcl</i>	57
<i>rydex g</i>	212	<i>sb non-aspirin</i>	24	<i>se-tan plus</i>	111
<i>rynex pse</i>	212	<i>sb non-aspirin extra strength</i>	24	SETLAKIN.....	79
<i>sa3 derm</i>	122	<i>sb oyster shell calcium</i>	132	<i>sf</i>	235
<i>sacubitril-valsartan</i>	50	<i>sb pain reliever childrens</i>	24	<i>sf 5000 plus</i>	235
SAFETUSSIN DM COUGH/CHEST		<i>sb pain reliever ex st</i>	24	SHAROBEL.....	79
CONG.....	212	<i>sb pediatric electrolyte</i>	125	SHINGRIX.....	118
SAJAZIR.....	112	<i>sb polyethylene glycol 3350</i>	100	SIGNIFOR.....	85
<i>saline</i>	218	<i>sb povidone-iodine</i>	233	SIKLOS.....	112
SALONPAS PAIN RELIEVING.....	233	<i>sb senna-lax</i>	100	<i>sildenafil citrate</i>	54
<i>salt durable cream</i>	122	<i>sb sinus relief</i>	213	<i>silprotex plus</i>	122
SALT STABLE LS ADVANCED.....	122	<i>sb stool softener</i>	100	<i>siltussin sa</i>	213
SALTSTABLE LO.....	122	<i>sb triple antibiotic</i>	221	<i>silver sulfadiazine</i>	221
SANTYL.....	234	<i>sb vitamin c</i>	177	SIMBRINZA.....	186
<i>sapropterin dihydrochloride</i>	85	SCANDICAL.....	145	<i>simeped</i>	104
<i>sb 12hr nasal spray</i>	212	SCANDISHAKE.....	145	<i>simethicone</i>	104
<i>sb allergy</i>	198	scar care.....	122	<i>simethicone drops infants</i>	104
<i>sb allergy medicine</i>	198	SCSEMBLIX.....	47	<i>simethicone extra strength</i>	104

<i>simethicone ultra strength</i>	104	SOOTHE.....	91	STYLE.....	190
SIMLIYA.....	79	SOOTHE HYDRATION.....	190	SUBVENITE.....	64
SIMPESSE.....	79	SOOTHE MAXIMUM STRENGTH.....	91	<i>sucralfate</i>	104
<i>simvastatin</i>	51	SOOTHE XP.....	190	SUDAFED.....	213
SINUCLEANSE NETI POT.....	218	SOOTHE XP XTRA PROTECTION.....	190	SUDAFED 12 HOUR.....	213
SINUCLEANSE REFILL.....	218	<i>sorafenib tosylate</i>	47	SUDAFED PE SINUS CONGESTION.....	213
SINUGATOR NASAL WASH.....	218	SORBUGEN NR.....	213	SUDAFED SINUS CONGESTION.....	213
<i>sinus nasal spray</i>	213	<i>sorbutuss nr</i>	213	SUDAFED SINUS CONGESTION 12HR.....	213
<i>sinus relief</i>	213	<i>sotalol hcl</i>	50	SUDAFED SINUS CONGESTION 24HR.....	213
<i>sinus relief extra strength</i>	213	<i>sotalol hcl (af)</i>	50	SUDOGEST.....	213
<i>sinus relief mist</i>	213	SOTYKTU.....	114	SUDOGEST MAXIMUM STRENGTH.....	213
<i>sinus wash squeeze bottle</i>	218	<i>span c</i>	178	SUDOGEST PE.....	213
<i>sirolimus</i>	117	SPATONE PUR-ABSORB IRON... ..	111	<i>sulfacetamide sodium</i>	187
SIRTURO.....	34	<i>special care</i>	233	<i>sulfacetamide sodium (acne)</i>	220
<i>skin hair & nails advanced</i>	177	SPECTRAVITE.....	178	<i>sulfacetamide-prednisolone</i>	186
SKYRIZI.....	114	SPEEDY SWAB COVID-19 ANTIGEN.....	31	<i>sulfadiazine</i>	31
SKYRIZI PEN.....	114	SPIRIVA RESPIMAT.....	192	<i>sulfamethoxazole-trimethoprim</i>	31
<i>skyy derm</i>	122	<i>spironolactone</i>	49	SULFAMYLON.....	222
SLO-NIACIN.....	177	<i>spironolactone-hctz</i>	53	<i>sulfasalazine</i>	93
SLOW FE.....	111	SPONGEBOB SQUAREPANTS GUMMIES.....	178	<i>sulindac</i>	27
<i>slow iron</i>	111	SPRINTEC 28.....	80	<i>sumatriptan</i>	66
<i>slow release iron</i>	111	SPRITAM.....	64	<i>sumatriptan succinate</i>	66
SLOW-MAG.....	132	SPS (SODIUM POLYSTYRENE SULF).....	75	<i>sunitinib malate</i>	47
SLOWMAG MG MUSCLE/HEART.....	132	<i>squeeze bottle sinus wash</i>	218	SUNKIST VITAMIN C.....	178
<i>sm allergy relief</i>	198	SRONYX.....	80	SUNLENCA.....	33
<i>sm aspirin ec</i>	24	SSD.....	221	<i>super antioxidant</i>	178
<i>sm ear drops</i>	236	ST JOSEPH ASPIRIN.....	24	<i>super antioxidants protector</i>	178
<i>sm ibuprofen ib</i>	27	ST JOSEPH LOW DOSE.....	24	<i>super aytinal</i>	178
<i>sm loratadine</i>	198	STELARA.....	114	<i>super aytinal 50 plus</i>	178
<i>sm nicotine</i>	69, 70	<i>sterile water for irrigation</i>	234	<i>super b complex/fal/vit c</i>	178
<i>sm nicotine polacrilex</i>	70	<i>stevia extract</i>	122	<i>super b complex/vitamin c</i>	178
<i>sm pediatric electrolyte</i>	125	<i>stimulant laxative</i>	101	<i>super b-complex</i>	178
<i>sm petroleum jelly</i>	122	STIVARGA.....	47	<i>super b-complex + vitamin c</i>	178
<i>sm tussin cough/chest congest</i>	213	<i>stomach relief</i>	91	<i>super b-complex/vit c/fa</i>	178
<i>sm vitamin d3</i>	177	<i>stomach relief extra strength</i>	91	<i>super biotin</i>	178
SMARTY PANTS KIDS COMPLETE.....	177	<i>stomach relief plus</i>	91	<i>super calcium</i>	132
SMOOTH LAX.....	101	<i>stomach relief ultra</i>	91	<i>super daily d3</i>	178
<i>sod phos mono-sod phos dibasic</i> ..	101	<i>stool softener</i>	101	SUPER DEC B-100.....	178
<i>sodium bicarbonate</i>	89	<i>stool softener laxative</i>	101	<i>super d-zinc-selenium-copper</i>	178
<i>sodium chloride</i>	124, 213, 234	<i>stool softener plus laxative</i>	101	SUPER QUINTS B-50.....	178
<i>sodium chloride (hypertonic)</i>	190	<i>stool softener/laxative</i>	101	<i>super thera vite m</i>	178
<i>sodium fluoride</i>	124, 132, 235	<i>stop lice complete treatment</i>	234	<i>super vita-mins</i>	178
<i>sodium fluoride 5000 plus</i>	235	<i>streptomycin sulfate</i>	31	<i>superior mens multi</i>	178
<i>sodium fluoride 5000 ppm</i>	235	<i>stress b complex/antioxid/zinc</i>	178	<i>superior womens multi</i>	178
<i>sodium oxybate</i>	67	<i>stress b complex/liron</i>	178	<i>suphedrine 12hour</i>	213
<i>sodium phenylbutyrate</i>	85	<i>stress formula</i>	178	SUPLENA.....	145
<i>sodium phosphates</i>	132	<i>stress formula (folic acid)</i>	178	SUPLENA 1.8/CARBSTEADY.....	145
<i>sodium polystyrene sulfonate</i>	75	<i>stress formulaliron</i>	178	SUPLENA/CARB STEADY.....	145
<i>sol carb</i>	145	<i>stress formula/zinc/energy</i>	178	<i>support</i>	178
<i>solifenacin succinate</i>	105	STRESSTABS ADVANCED.....	178	SUPPORT-500.....	178
SOLQUA.....	72	STRESSTABS ENERGY.....	178	<i>supress dm pediatric</i>	213
<i>solo</i>	177	STRIBILD.....	34	<i>supress-dx pediatric</i>	213
SOLTAMOX.....	41	STROVITE ONE.....	178	SURFAK.....	101
SOLU-CORTEF.....	83	STUART ONE.....	178	<i>sv b12</i>	178
SOLUVITA ACD WITH FLUORIDE.....	177	STUDIO 35 MOISTURIZING SKIN.....	233	<i>sv b12 extra strength</i>	178
SOLUVITA WITH FLUORIDE.....	177				
SOMATULINE DEPOT.....	85				
SOMAVERT.....	85				

<i>sv iron</i>	111	<i>teo-tus</i>	213	<i>thiothixene</i>	61
<i>sv magnesium</i>	132	TEPMETKO.....	47	<i>thrivacin 30</i>	145
<i>sv melatonin</i>	145	<i>terazosin hcl</i>	49	<i>thrivacin detox</i>	145
<i>sv vitamin b-12 er</i>	179	<i>terbinafine hcl</i>	29, 224	THRIVE.....	70
<i>sv vitamin d3</i>	179	<i>terbutaline sulfate</i>	199	THRIVE FOR LIFE WOMENS.....	180
SWEET CHEEKS.....	83	<i>terconazole</i>	107	<i>thrivite rx</i>	180
SYEDA.....	80	<i>teriparatide</i>	74	TIADYLT ER.....	53
SYMDEKO.....	218	<i>teroderm</i>	122	<i>tiagabine hcl</i>	64
SYMPAZAN.....	64	<i>teroderm-plus</i>	122	TIBSOVO.....	47
SYMTUZA.....	34	<i>testosterone</i>	70	<i>ticagrelor</i>	112
SYNAREL.....	85	<i>testosterone cypionate</i>	70	TICOVAC.....	119
SYNDROS.....	92	<i>testosterone enanthate</i>	70	<i>tigecycline</i>	39
<i>synertropin</i>	179	<i>tetrabenazine</i>	67	TILIA FE.....	80
SYNTHROID.....	86	<i>tetracycline hcl</i>	39	<i>timolol maleate</i>	52, 186
SYRSPEND SF.....	122	THALOMID.....	41	TINACTIN.....	225
SYSTANE.....	190	THE MAGIC BULLET.....	101	TINEACIDE.....	225
SYSTANE BALANCE.....	190	<i>theophylline</i>	218	<i>tinidazole</i>	31
SYSTANE COMPLETE.....	190	<i>theophylline er</i>	218	TIVICAY.....	33
SYSTANE CONTACTS.....	190	THERA.....	179	TIVICAY PD.....	33
SYSTANE HYDRATION PF.....	190	<i>thera vital m</i>	179	<i>tizanidine hcl</i>	67
SYSTANE ICAPS AREDS2.....	179	<i>thera vital-m</i>	179	<i>tm-daily vite</i>	180
SYSTANE PRESERVATIVE FREE.....	190	<i>therabasic-m</i>	179	<i>tm-vite rx</i>	180
SYSTANE ULTRA.....	191	THERACAL D2000.....	132	TOBI PODHALER.....	31
SYSTANE ULTRA PF.....	191	THERACAL D4000.....	132	TOBRADEX.....	186
TAB-A-VITE.....	179	THERACAL RAPID REPLETION..	132	<i>tobramycin</i>	31, 187
TAB-A-VITE/BETA CAROTENE....	179	<i>theracare lidocaine max str</i>	233	<i>tobramycin sulfate</i>	31
TAB-A-VITE/IRON.....	179	<i>theracare pain relief</i>	233	<i>tobramycin-dexamethasone</i>	186
TAB-A-VITE/IRON/BETA.....	179	THERA-D 2000.....	179	<i>toco-sorb</i>	180
CAROTENE.....	179	THERA-D 4000.....	179	<i>tolnaftate</i>	225
TABLOID.....	40	THERA-D RAPID REPLETION.....	179	<i>tolnaftate antifungal</i>	225
TABRECTA.....	47	THERAGRAN-M.....	179	<i>tolterodine tartrate</i>	105
<i>tacrolimus</i>	117, 233	THERAGRAN-M ADVANCED.....	179	<i>tolterodine tartrate er</i>	105
<i>tadalafil</i>	105	THERAGRAN-M ADVANCED 50.....	179	<i>tolvaptan</i>	85
<i>tadalafil (pah)</i>	54	PLUS.....	179	<i>topiramate</i>	64
TAFINLAR.....	47	THERAGRAN-M PREMIER.....	179	<i>toremifene citrate</i>	41
TAGRISSO.....	47	THERAGRAN-M PREMIER 50.....	179	TORPENZ.....	47
TALZENNA.....	47	PLUS.....	179	<i>torsemide</i>	53
<i>tamoxifen citrate</i>	41	<i>thera-m plus mv w/beta-carot</i>	179	<i>total allergy</i>	198
<i>tamsulosin hcl</i>	105	THERAMILL FORTE.....	179	TOTAL ALLERGY MEDICINE.....	198
TANDEM.....	111	THERANATAL CORE NUTRITION.....	179	TOUJEO MAX SOLOSTAR.....	72
TANDEM PLUS.....	111	THERANATAL LACTATION ONE.....	179	TOUJEO SOLOSTAR.....	72
TARINA 24 FE.....	80	<i>therapeutic formula/hematinics</i>	179	TPN ELECTROLYTES.....	124
TARINA FE 1/20 EQ.....	80	<i>therapeutic moisturizing</i>	233	TRADJENTA.....	73
<i>tasimelteon</i>	65	<i>therapeutic-m</i>	179	TRALEMENT.....	126
TAVNEOS.....	112	<i>thera-tabs</i>	179	<i>tramadol hcl</i>	28
<i>tazarotene</i>	225	<i>thera-tabs m</i>	179	<i>tramadol-acetaminophen</i>	28
TAZICEF.....	36	THERATEARS.....	191	<i>trandolapril</i>	49
TAZVERIK.....	47	THERATEARS EXTRA.....	191	<i>tranexamic acid</i>	112
TECENTRIQ.....	47	THERATEARS NIGHTTIME.....	191	<i>tranylcypromine sulfate</i>	57
TECENTRIQ HYBREZA.....	47	THERATRUM COMPLETE.....	179	TRAVASOL.....	126
<i>teeny tummy gas relief drops</i>	104	THERATRUM COMPLETE 50.....	179	TRAZIMERA.....	47
TEFLARO.....	36	PLUS.....	179	<i>trazodone hcl</i>	57
<i>telmisartan</i>	50	<i>thera-vite max-m</i>	179	TRELEGY ELLIPTA.....	191
<i>telmisartan-amlodipine</i>	50	THEREMS.....	179	TREMFYA.....	114
<i>telmisartan-hctz</i>	50	<i>thiamine hcl</i>	179	TREMFYA ONE-PRESS.....	114
<i>temazepam</i>	65	<i>thiamine mononitrate</i>	179	TREMFYA PEN.....	114
TENIVAC.....	118	THICK-IT THICKENED.....	179	TREMFYA-CD/UC INDUCTION....	114
<i>tenofovir disoproxil fumarate</i>	33	CRANBERRY.....	145	<i>treprostinil</i>	55
		<i>thioridazine hcl</i>	61	<i>tretinoin</i>	42, 220

TRI SUPER FLAVONS.....	180	<i>true daily vite</i>	180	<i>tussin dm max</i>	214
<i>triamcinolone acetonide</i>	226, 235	<i>true ferrous sulfate</i>	111	<i>tussin mucus & chest congest</i>	214
<i>triamterene-hctz</i>	53	<i>true folic acid</i>	180	<i>tussin mucus+chest congest sf</i>	214
<i>tri-buffered aspirin</i>	24	<i>true laxative</i>	101	<i>tussin mucus+chest congestion</i>	214
TRICON.....	111	<i>true magnesium oxide</i>	132	TUSSI-PRES.....	214
TRIDACAINE II.....	226	<i>true oyster shell calcium</i>	133	TUSSI-PRES PEDIATRIC.....	214
TRIDERM.....	226	<i>true vitamin a</i>	180	TUSSLIN.....	214
<i>trientine hcl</i>	75	<i>true vitamin b1</i>	180	TUSSLIN PEDIATRIC.....	214
TRI-ESTARYLLA.....	80	<i>true vitamin b12</i>	180	<i>t-vites</i>	180
<i>trifluoperazine hcl</i>	61	<i>true vitamin b3</i>	180	TWINRIX.....	119
<i>trifluridine</i>	187	<i>true vitamin b6</i>	180	TWOCAL HN.....	145
<i>trigels-f forte</i>	111	<i>true vitamin c</i>	180	TWOCAL HN 2.0.....	145
<i>trihexyphenidyl hcl</i>	58	<i>true vitamin d3</i>	180	TYBOST.....	33
TRIJARDY XR.....	73	<i>true vitamin e</i>	180	TYDEMY.....	81
TRIKAFTA.....	218	<i>truelyte</i>	125	TYENNE.....	114, 115
TRI-LEGEST FE.....	80	TRULICITY.....	73	TYLACTIN RESTORE 10.....	145
TRI-LINYAH.....	80	TRUMENBA.....	119	TYLACTIN RTD 15.....	145
TRI-LO-ESTARYLLA.....	80	TRUQAP.....	47	TYLENOL.....	24
TRI-LO-MARZIA.....	80	TRUSTEX COLOR CONDOMS +		TYLENOL 8 HOUR.....	24
TRI-LO-MILI.....	80	LUBE.....	80	TYLENOL 8 HOUR ARTHRITIS	
TRI-LO-SPRINTEC.....	80	TRUSTEX.....		PAIN.....	24
TRIMAZOLE.....	225	LUB/RIBBED/STUDED.....	80	TYLENOL CHILDRENS.....	24
<i>trimethoprim</i>	32	TRUSTEX LUB/SPERMICIDE EX		TYLENOL CHILDRENS	
TRI-MILI.....	80	ST.....	80	CHEWABLES.....	24
<i>trimipramine maleate</i>	57	TRUSTEX LUB/SPERMICIDE XL...	80	TYLENOL CHILDRENS PAIN +	
<i>trinatal rx 1</i>	180	TRUSTEX LUBRICATED.....	80	FEVER.....	24
TRINATE.....	180	TRUSTEX LUBRICATED EX		TYLENOL EXTRA STRENGTH.....	24
TRINTELLIX.....	57	LARGE.....	80	TYLENOL FOR CHILDREN +	
<i>triphrocaps</i>	180	TRUSTEX LUBRICATED EXTRA		ADULTS.....	24
<i>triple antibiotic</i>	222	ST.....	80	TYLENOL INFANTS PAIN+FEVER.....	24
<i>triple antibiotic pain relief</i>	222	TRUSTEX.....		TYPHIM VI.....	119
<i>triple antibiotic plus</i>	222	LUBRICATED/SPERMICIDE.....	80	TYR ANAMIX EARLY YEARS.....	145
<i>triple antibiotic plus max st</i>	222	TRUSTEX NATURAL CONDOMS		TYR ANAMIX NEXT.....	145
TRIPLE PASTE AF.....	225	+ LUBE.....	81	TYR COOLER.....	145
TRISPEC PSE.....	213	TRUSTEX NON-LUBRICATED.....	81	TYR LOPHLEX LQ.....	145
TRI-SPRINTEC.....	80	TRUSTEX RIA LUB/SPERMICIDE.....	81	TYREX-1.....	145
TRITOLNACIDE C.....	225	TRUSTEX RIA LUBRICATED.....	81	TYREX-2.....	145
TRIUMEQ.....	34	TRUSTEX RIA NON-LUBRICATED.....	81	TYROS 1.....	146
<i>triumeq pd</i>	34	TRUSTEX-NONOXYNOL-		TYROS 2.....	146
TRI-VI-SOL A/C/D.....	180	9/RIB/STUD.....	81	U-BASE.....	122
<i>tri-vite pediatric</i>	180	TRUXIMA.....	47	UBRELVY.....	66
<i>tri-vitel/fluoride</i>	180	TUKYSA.....	47	UCD 2.....	146
TRI-VYLIBRA.....	80	TUMS.....	89	UCD ANAMIX JUNIOR.....	146
TRI-VYLIBRA LO.....	80	TUMS LASTING EFFECTS.....	89	<i>ucd trio</i>	146
TROGARZO.....	33	TURALIO.....	47	UDAMIN SP.....	180
TROJAN ENZ.....	80	TURQOZ.....	81	UDDERLY SMOOTH.....	233
TROJAN MAGNUM.....	80	TUSICOF.....	213	UDDERLY SMOOTH EXTRA	
TROJAN ULTRA RIBBED		TUSNEL.....	214	CARE.....	233
LUBRICATED.....	80	<i>tusnel diabetic</i>	213	UDDERLY SMOOTH EXTRA	
TROJAN ULTRA THIN.....	80	TUSNEL DM.....	213	CARE 20.....	233
TROJAN ULTRA		TUSNEL DM PEDIATRIC.....	214	ULTRA BONEUP.....	180
THIN/SPERMICIDAL.....	80	TUSNEL PEDIATRIC.....	214	<i>ultra calcium + vitamin d3</i>	133
TROJAN-ENZ LUBRICATED.....	80	TUSNEL-EX.....	214	ULTRA CHOICE MULTIVITAMIN	
TROJAN-ENZ/SPERMICIDAL.....	80	<i>tussin cf cough & cold</i>	214	KIDS.....	180
TROPHAMINE.....	126	<i>tussin cough</i>	214	<i>ultra freeda</i>	180
<i>tropical liquid nutrition</i>	180	<i>tussin dm</i>	214	<i>ultra freedaliron</i>	180
<i>trospium chloride</i>	105	<i>tussin dm cough & chest</i>	214	ULTRA FRESH.....	191
TRUCLEAR STEVIA PLUS.....	122	<i>tussin dm cough & chest conges</i> ...	214	<i>ultra lido</i>	233
<i>true cover</i>	80	<i>tussin dm cough + chest</i>	214	<i>ultra lubricating eye drops</i>	191

<i>ultra lubricating eye drops pf</i>	191	VENOFER.....	112	VITAFUSION MULTI WOMENS....	181
<i>ultra multi formulaliron</i>	180	VENTOLIN HFA.....	199	VITAJEY DAILY C GUMMIES.....	181
ULTRACHOICE ADV FORMULA		<i>verapamil hcl</i>	53	VITAJEY MULTI GUMMIES	
MATURE.....	180	<i>verapamil hcl er</i>	53	ADULT.....	181
ULTRACHOICE ADVANCED		VERQUVO.....	54	VITAL 1.0 CAL.....	146
FORMULA.....	180	VERSACLOZ.....	61	VITAL 1.5 CAL.....	146
<i>ultramino soy protein</i>	146	VERSAPRO.....	122	VITAL AF 1.2 CAL.....	146
ULTRIEN 1.5 SAFE-T FEED.....	146	<i>versatile cream base</i>	122	VITAL AF 1.2 CAL ADV FORMULA	
UNITHROID.....	86	VERSATILE RICH BASE.....	122	.....	146
UPSPRING BABY VIT D.....	180	VERSIGEL.....	122	VITAL HP 1.0 CAL.....	146
UPTRAVI.....	55	VERZENIO.....	47	VITAL JR.....	146
UPTRAVI TITRATION.....	55	VESTURA.....	81	VITAL PEPTIDE 1.5 CAL.....	146
URO-PAIN DUAL ACTION.....	32	VIC-FORTE.....	181	<i>vitalara</i>	181
<i>ursodiol</i>	104	VICKS DAYQUIL MUCUS		VITAL-D RX.....	181
<i>ustekinumab</i>	115	CONTROL DM.....	214	<i>vitalee</i>	181
VAGISTAT-3.....	107	VICKS SINEX 12 HOUR		VITALETS CHILDRENS.....	181
<i>valacyclovir hcl</i>	35	DECONGEST.....	214	<i>vita-min</i>	184
VALCHLOR.....	233	VICKS SINEX MOISTURIZING.....	214	<i>vitamin a</i>	181
<i>valganciclovir hcl</i>	35	VICKS SINEX SEVERE.....	214	VITAMIN A FISH.....	181
<i>valproate sodium</i>	64	VICKS SINEX SEVERE		<i>vitamin a/c/d/ infant/toddler</i>	182
<i>valproic acid</i>	64	DECONGEST.....	214	<i>vitamin a-c-d infant</i>	182
<i>valsartan</i>	50	VICKS VAPOINHALER.....	214	<i>vitamin b 12</i>	182
<i>valsartan-hydrochlorothiazide</i>	50	VIENVA.....	81	<i>vitamin b complex</i>	182
VALTOCO 10 MG DOSE.....	64	<i>vigabatrin</i>	64	<i>vitamin b complex w/b-12</i>	182
VALTOCO 15 MG DOSE.....	64	VIGADRONE.....	64	<i>vitamin b1</i>	182
VALTOCO 20 MG DOSE.....	64	VIGAFYDE.....	64	<i>vitamin b-1</i>	182
VALTOCO 5 MG DOSE.....	64	VILACTIN AA PLUS.....	146	<i>vitamin b12</i>	182
VALTYA 1/35.....	81	<i>vilazodone hcl</i>	57	<i>vitamin b-12</i>	182
VALTYA 1/50.....	81	VIMKUNYA.....	119	<i>vitamin b-12 er</i>	182
VANACOF DM.....	214	<i>vincristine sulfate</i>	42	<i>vitamin b12 tr</i>	182
VANATAB DM.....	214	<i>vinorelbine tartrate</i>	42	<i>vitamin b12-folic acid</i>	182
<i>vancomycin hcl</i>	32	<i>viorele</i>	81	<i>vitamin b6</i>	182
<i>vancomycin hcl in nacl</i>	32	VIRACEPT.....	33	<i>vitamin b-6</i>	182
VANFLYTA.....	47	VIREAD.....	33	<i>vitamin b-6 er</i>	182
VANIBASE.....	122	VISINE.....	186	<i>vitamin c</i>	182
VANICREAM.....	233	<i>vision formula 2</i>	181	<i>vitamin c adult gummies</i>	182
<i>vanishing</i>	122	<i>vision formulallutein</i>	181	<i>vitamin c drops</i>	182
<i>vanishing cream botanical base</i>	122	<i>vision health</i>	181	<i>vitamin c er</i>	182
<i>vanish-pen</i>	122	VISION OPTIMIZER.....	181	<i>vitamin c gummie</i>	182
VAQTA.....	119	<i>vision plus</i>	181	<i>vitamin c gummies</i>	182
<i>varenicline tartrate</i>	70	<i>vision vitamins</i>	181	<i>vitamin c immune health</i>	182
<i>varenicline tartrate (starter)</i>	70	VISTA ADVANCED AREDS2		<i>vitamin c plus wild rose hips</i>	182
VARIVAX.....	119	FORMULA.....	181	<i>vitamin c/bioflavonoids/rosehp</i>	182
VASCEPA.....	51	VISTA ADVANCED DRY EYE		<i>vitamin c/natural rose hips</i>	182
VASELINE.....	122	FORMULA.....	181	<i>vitamin c/rose hips</i>	182
VASELINE PURE ULTRA WHITE.....	122	<i>vit e-vit c-beta carotene</i>	181	<i>vitamin c/rose hips tr</i>	182
VASOFLEX.....	181	<i>vita c/bioflavonoids/rose hips</i>	181	<i>vitamin c-acerola</i>	183
<i>vasoflex hd</i>	181	<i>vita hair</i>	181	<i>vitamin c-rose hips</i>	183
VAXCHORA.....	119	VITA S FORTE.....	181	<i>vitamin c-rose hips er</i>	183
<i>v-c forte</i>	181	<i>vitabasic complete</i>	181	<i>vitamin c-rose hips tr</i>	183
VCF VAGINAL CONTRACEPTIVE.....	107	<i>vitabasic senior</i>	181	<i>vitamin d</i>	183
<i>vegetable lax+stool softener</i>	101	<i>vitabex</i>	181	<i>vitamin d (cholecalciferol)</i>	183
VELIVET.....	81	<i>vitabex plus</i>	181	<i>vitamin d (ergocalciferol)</i>	183
VELSIPITY.....	115	VITACEL.....	181	<i>vitamin d high potency</i>	183
VELVACHOL.....	233	<i>vitachew adult multi vitamin</i>	181	<i>vitamin d infant</i>	183
VENCLEXTA.....	47	<i>vitachew multiple vitamin</i>	181	VITAMIN D-1000 MAX ST.....	183
VENCLEXTA STARTING PACK.....	47	<i>vitachew vit c citrus burst</i>	181	<i>vitamin d3</i>	183
<i>venlafaxine hcl</i>	57	VITACORE.....	181	<i>vitamin d-3</i>	183
<i>venlafaxine hcl er</i>	57	VITAFOL-OB.....	181	VITAMIN D3 IMMUNE HEALTH....	183

<i>vitamin d3 maximum strength</i>	183	WAL-DRYL ALLERGY		<i>womans laxative</i>	102
<i>vitamin d3 super strength</i>	183	CHILDRENS.....	198	<i>womens 50+ advanced</i>	184
<i>vitamin d3 ultra strength</i>	183	WAL-FEX.....	198	<i>womens 50+ multi vitamin</i>	184
<i>vitamin e</i>	184	WAL-FEX ALLERGY.....	104, 198	<i>womens daily formula</i>	184
<i>vitamin e blend</i>	183	WAL-FINATE.....	198	<i>womens laxative</i>	102
<i>vitamin e high potency</i>	183	WAL-ITIN.....	198	WOMENS LIFE PACK.....	184
<i>vitamin e water soluble</i>	184	WAL-ITIN ALLERGY CHILDRENS.....	198	<i>womens multi</i>	185
<i>vitamin e with panthenol</i>	233	WAL-ITIN ALLERGY REDITABS.....	198	<i>womens multi gummies</i>	184
<i>vitamin e/d-alpha</i>	184	WAL-ITIN ALLER-MELTS.....	198	<i>womens multivitamin</i>	185
<i>vitamin e/d-alpha natural</i>	184	WAL-ITIN CHILDRENS.....	198	<i>womens multivitamin + collagen</i>	185
<i>vitamin k (phytonadione)</i>	184	WAL-ITIN D.....	214	<i>womens multivitamin gummies</i>	185
<i>vitamin k1</i>	184	WAL-ITIN D 24 HOUR.....	214	<i>wound care</i>	122
<i>vitamin-b complex</i>	184	WAL-MUCIL.....	101, 102	WYMZYA FE.....	81
<i>vitamins acd-fluoride</i>	184	WAL-PHED 12 HOUR.....	214	WYOST.....	74
<i>vitamins a-d-e/selenium</i>	184	WAL-PHED D.....	215	XALKORI.....	48
<i>vitamins for hair</i>	184	WAL-PHED PE.....	215	XARAH FE.....	81
VITAROCA PLUS.....	184	WAL-PROFEN.....	27	XARELTO.....	108
VITASANA.....	184	<i>wal-sporin</i>	222	XARELTO STARTER PACK.....	108
VITATHELY WITH GINGER.....	184	WAL-TAP CHILDRENS.....	27	XATMEP.....	115
VITEYES AREDS 2 FORMULA.....	184	<i>wal-tap cold/allergy</i>	215	XCEL 100.....	122
VITEYES AREDS 2 FORMULA		<i>wal-tussin</i>	215	<i>xcellent a 3000</i>	185
+MULTI.....	184	WAL-TUSSIN CF MAX.....	215	<i>xcellent a 7500</i>	185
VITEYES CLASSIC ADVANCED..	184	WAL-TUSSIN CHEST		XCELLENT E.....	185
VITEYES CLASSIC MACULAR		CONGESTION.....	215	XCOPRI.....	64
SUPPOR.....	184	WAL-TUSSIN COUGH.....	215	XCOPRI (250 MG DAILY DOSE)....	64
VITEYES CLASSIC		WAL-TUSSIN COUGH LONG		XCOPRI (350 MG DAILY DOSE)....	64
MULTIVITAMIN.....	184	ACTING.....	215	XDEMZY.....	187
VITEYES CLASSIC+OMEGA-3.....	184	WAL-TUSSIN DM CGH/CHEST		XELJANZ.....	115
VITEYES COMPLETE.....	184	CONG.....	215	XELJANZ XR.....	115
VITEYES OPTIC NERVE		WAL-VERT.....	198	XELRIA FE.....	81
SUPPORT.....	184	WAL-ZYR.....	199	XEMATOP BASE.....	122
VITRAKVI.....	47, 48	WAL-ZYR ALL DAY ALLERGY		XENICAL.....	74
VITRON-C.....	112	CHILD.....	198	XERAC AC.....	233
<i>vivimusta</i>	39	WAL-ZYR ALLERGY CHILDRENS.....	198	XERMELO.....	104
VIVITROL.....	70	WAL-ZYR CHILDRENS.....	198	XHANCE.....	219
VIVONEX PEDIATRIC.....	146	WAL-ZYR D.....	215	XIFAXAN.....	104
VIVONEX RTF.....	146	<i>warfarin sodium</i>	108	XIGDUO XR.....	73
VIVOTIF.....	119	WE CARE ENEMA.....	102	XIIDRA.....	191
VIZIMPRO.....	48	<i>we care zinc oxide</i>	233	XLEU MAXAMAID.....	146
VONJO.....	48	<i>wee care</i>	112	XLYS-XTRP MAXAMAID.....	146
VOQUEZNA DUAL PAK.....	104	WEEKLY-D.....	184	XLYS-XTRP MAXAMUM.....	146
VOQUEZNA TRIPLE PAK.....	104	WEGOVY.....	74	XMET MAXAMAID.....	146
VORANIGO.....	48	WELIREG.....	42	XMET XCYS MAXAMAID.....	146
<i>voriconazole</i>	29	<i>well magnesium oxide</i>	133	XMTVI MAXAMAID.....	146
VORTEX VALVE CHAMBER-PEDI		<i>well vitamin c</i>	184	XOFLUZA (40 MG DOSE).....	35
MASK.....	218	<i>well vitamin d3</i>	184	XOFLUZA (80 MG DOSE).....	35
VORTEX VALVED HOLDING		WELMATE LIDOCAINE PAIN		XOLAIR.....	218
CHAMBER.....	218	RELIEV.....	233	XOSPATA.....	48
VOSEVI.....	35	WERA.....	81	XPHE MAXAMAID.....	146
VOWST.....	104	<i>wescaps</i>	184	XPHE-XTYR MAXAMAID.....	146
<i>vp dermabase</i>	122	<i>westab max</i>	184	XPOVIO (100 MG ONCE	
VRAYLAR.....	61	<i>westab one</i>	184	WEEKLY).....	48
VYFEMLA.....	81	<i>westab plus</i>	124	XPOVIO (40 MG ONCE WEEKLY).....	48
VYLIBRA.....	81	<i>white petrolatum</i>	122	XPOVIO (40 MG TWICE WEEKLY).....	48
VYZULTA.....	186	<i>white petroleum jelly</i>	122	XPOVIO (60 MG ONCE WEEKLY).....	48
WAL-BORN VITAMIN C.....	184	WINREVAIR.....	55	XPOVIO (60 MG TWICE WEEKLY).....	48
WAL-DRYL.....	233	WIXELA INHUB.....	219	XPOVIO (80 MG ONCE WEEKLY).....	48
WAL-DRYL ALLERGY.....	198	WND 1.....	146	XPOVIO (80 MG TWICE WEEKLY).....	48
		WND 2.....	146	XTANDI.....	41

XTRACAL PLUS	146	ZOLINZA	48
XTRENBO	74	<i>zolpidem tartrate</i>	65
XULANE	81	ZONISADE	65
XULTOPHY	72	<i>zonisamide</i>	65
XYZAL ALLERGY 24HR	199	ZOO FRIENDS MULTI GUMMIES	185
YELETS TEENAGE FORMULA ...	185	ZOO FRIENDS/EXTRA C	185
YESINTEK	115	ZOSTRIX NATURAL PAIN RELIEF	
YF-VAX	119	.....	233
<i>yl balanced b-100</i>	185	ZOVIA 1/35 (28)	81
<i>yl coenzyme q10</i>	146	ZTALMY	65
<i>yl folic acid</i>	185	ZUMANDIMINE	81
<i>yl vitamin b-6</i>	185	ZURZUVAE	57
<i>yl vitamin c</i>	185	ZYDELIG	48
<i>yl vitamin c-rose hips</i>	185	ZYKADIA	48
YONSA	41	ZYLET	186
YOUR LIFE MULTI ADULT		ZYNCOF	215
GUMMIES	185	ZYPREXA RELPREVV	61
YUM-VS COMPLETE		ZYRTEC	199
MULTIVITAMIN	185	ZYRTEC ALLERGY	199
YUMVS MULTI ZERO	185	ZYRTEC CHILDRENS ALLERGY .	199
YUMVS VITAMIN C ZERO	185	ZYRTEC-D ALLERGY &	
YUMVS ZERO DIABETIC		CONGESTION	215
MULTIVITAM	185	ZYRTEC-D ALLERGY & SINUS ...	215
YUMVSKIDS MULTI ZERO	185		
YUTREPIA	55		
YUVAFEM	82		
ZAFEMY	81		
<i>zafirlukast</i>	215		
<i>zaleplon</i>	65		
<i>zalvit</i>	185		
ZARBEES SLEEP			
CHILD/MELATONIN	122		
ZARXIO	108		
ZEASORB-AF	225		
ZEGALOGUE	83		
ZEJULA	48		
ZELBORAF	48		
ZELVYSIA	85		
ZEMAIRA	218		
ZENATANE	220		
ZENPEP	104		
ZEPBOUND	74		
ZEPHREX-D	215		
ZERVIAE	186		
<i>zidovudine</i>	33		
ZILACTIN BABY	235		
<i>zinc</i>	133		
ZINC 15	133		
<i>zinc chelated</i>	133		
<i>zinc chloride</i>	126		
<i>zinc gluconate</i>	133		
<i>zinc oxide</i>	233		
<i>zinc sulfate</i>	133		
<i>ziphex</i>	185		
<i>ziprasidone hcl</i>	61		
<i>ziprasidone mesylate</i>	61		
ZIRABEV	48		
ZIRGAN	187		
<i>zoledronic acid</i>	74		

Neighborhood INTEGRITY for Duals (HMO D-SNP)

2026 List of Covered Drugs (Drug List or Formulary)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This *Drug List* was updated on **3/30/2026**. For more recent information or other questions, contact us at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays) or visit www.nhpri.org/INTEGRITYDuals.

If you have questions, please call Neighborhood INTEGRITY for Duals at 1-844-812-6896 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/INTEGRITYDuals.





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.