



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 13

This Drug List was updated on 6/30/2026. 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.....	238

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.



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

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: **6/30/2026**

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: **6/30/2026**

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>eq acetaminophen childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eq acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 1)	DP
<i>eq acetaminophen oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eq aspirin ec oral tablet delayed release 325 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 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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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: 6/30/2026

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: **6/30/2026**

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
BLUJEPA 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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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: **6/30/2026**

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>rilpivirine hcl oral tablet 25 mg</i>	\$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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	\$0-\$12.65 (Tier 4)	
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	\$0-\$12.65 (Tier 4)	
<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>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0-\$12.65 (Tier 4)	
<i>naftillin 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/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
<i>cyclophosphamide solution 500 mg/2.5ml intravenous</i>	\$0-\$12.65 (Tier 4)	B/D
<i>cyclophosphamide solution 500 mg/2.5ml intravenous</i>	\$0-\$12.65 (Tier 5)	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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimetabolites		
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0-\$12.65 (Tier 5)	B/D
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0-\$12.65 (Tier 4)	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 18 caps every 28 days
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	\$0-\$12.65 (Tier 5)	PA; QL; 27 caps every 28 days
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
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	
TIADYLT 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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 ointment 2 %</i>	\$0-\$12.65 (Tier 3)	
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0-\$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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0-\$12.65 (Tier 5)	QL; 30 tabs every 30 days
APTIOM ORAL TABLET 600 MG, 800 MG	\$0-\$12.65 (Tier 5)	QL; 60 tabs every 30 days
<i>brivaracetam oral solution 10 mg/ml</i>	\$0-\$12.65 (Tier 4)	PA; QL; 600 mL every 30 days
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	\$0-\$12.65 (Tier 4)	PA; 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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
RELGAABI ORAL CAPSULE 300 MG	\$0 (Tier 2)	QL; 360 caps every 30 days
RELGAABI ORAL CAPSULE 400 MG	\$0 (Tier 2)	QL; 270 caps every 30 days
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 X200 MG, 14 X 50 MG & 14 X100 MG	\$0-\$12.65 (Tier 5)	QL; 28 tabs every 28 days
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ramelteon oral tablet 8 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>tasimelteon oral capsule 20 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 30 caps every 30 days
<i>temazepam oral capsule 15 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 caps every 30 days
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 30 caps every 30 days
<i>zaleplon oral capsule 10 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 60 caps every 30 days
<i>zaleplon oral capsule 5 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 30 caps every 30 days
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$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
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0-\$12.65 (Tier 5)	PA; QL; 8 mL every 30 days
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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>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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0-\$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 LIBRE INTRO KIT	\$0-\$12.65 (Tier 4)	PA; QL; 1 kit every year
OMNIPOD 5 LIBRE 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>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i>	\$0 (Tier 1)	QL; 30 tabs every 30 days
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	\$0 (Tier 1)	QL; 60 tabs every 30 days
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)	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)	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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 2)	
<i>condoms</i>	\$0 (Tier 1)	DP
CRYSELLE 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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	
JAIMIESS 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0-\$12.65 (Tier 3)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0-\$12.65 (Tier 3)	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	\$0-\$12.65 (Tier 3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	\$0-\$12.65 (Tier 3)	
RELION GLUCOSE ORAL GEL 15 GM/38GM	\$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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 MINIUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	\$0 (Tier 1)	DP
GENOTROPIN MINIUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	\$0-\$12.65 (Tier 3)	PA
GENOTROPIN MINIUICK 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
REVCОВI 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)	
<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 (Tier 1)	DP
<i>megestrol acetate suspension 40 mg/ml oral</i>	\$0-\$12.65 (Tier 3)	
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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>eql anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 1)	DP
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eql stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 1)	DP
<i>eql 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	\$0 (Tier 1)	DP
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	\$0 (Tier 1)	DP
KAOPECTATE 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	\$0-\$12.65 (Tier 4)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	\$0-\$12.65 (Tier 4)	
<i>dronabinol capsule 10 mg oral</i>	\$0 (Tier 1)	DP
<i>dronabinol capsule 10 mg oral</i>	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
<i>dronabinol capsule 2.5 mg oral</i>	\$0 (Tier 1)	DP
<i>dronabinol capsule 2.5 mg oral</i>	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
<i>dronabinol capsule 5 mg oral</i>	\$0 (Tier 1)	DP
<i>dronabinol capsule 5 mg oral</i>	\$0-\$12.65 (Tier 4)	B/D; QL; 60 caps every 30 days
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0-\$12.65 (Tier 4)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)	PA
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0-\$12.65 (Tier 3)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **DP** - The drug is not a Part D drug Last Updated: **6/30/2026**

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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>eql fiber laxative oral tablet 625 mg</i>	\$0 (Tier 1)	DP
<i>eql fiber therapy oral powder 28.3 %, 43 %</i>	\$0 (Tier 1)	DP
<i>eql gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>eql laxative maximum strength oral tablet 25 mg</i>	\$0 (Tier 1)	DP
<i>eql laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>eql natural fiber oral powder 28.3 %</i>	\$0 (Tier 1)	DP
<i>eql ready-to-use enema rectal enema 19-7 gm/118ml</i>	\$0 (Tier 1)	DP
<i>eql senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 1)	DP
<i>eql senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 1)	DP
<i>eql smooth texture fiber oral powder 51.7 %</i>	\$0 (Tier 1)	DP
<i>eql 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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>psyldex 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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 26.4 mg/15ml, 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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
<i>womans laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
<i>womens laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 1)	DP
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg</i>	\$0-\$12.65 (Tier 4)	PA; QL; 60 tabs every 30 days
<i>alosetron hcl oral tablet 1 mg</i>	\$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)	
<i>cromolyn sodium oral concentrate 100 mg/5ml</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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>cvs gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0-\$12.65 (Tier 4)	
<i>drxchoice gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>eq gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>eq gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>eq gas relief oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>eq gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
<i>eql gas gone oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>eql gas relief oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>ft gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 1)	DP
<i>ft gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>ft gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
<i>gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 1)	DP
<i>gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml, 80 mg/1.2ml</i>	\$0 (Tier 1)	DP
<i>gas relief oral liquid 40 mg/0.6ml</i>	\$0 (Tier 1)	DP
<i>gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 1)	DP
<i>gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 1)	DP
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0-\$12.65 (Tier 3)	QL; 60 caps every 30 days
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>sucralfate 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
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0-\$12.65 (Tier 4)	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
GENITOURINARY		
Benign Prostatic Hyperplasia		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 2)	QL; 30 tabs every 30 days
<i>dutasteride oral capsule 0.5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 caps every 30 days
<i>finasteride oral tablet 5 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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tadalafil oral tablet 5 mg</i>	\$0-\$12.65 (Tier 3)	PA; QL; 30 tabs every 30 days
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (Tier 1)	QL; 60 caps every 30 days
Miscellaneous		
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 2)	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0-\$12.65 (Tier 3)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0-\$12.65 (Tier 3)	
Urinary Antispasmodics		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$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
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 30 tabs every 30 days
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	\$0-\$12.65 (Tier 3)	QL; 600 mL every 30 days
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0-\$12.65 (Tier 3)	QL; 120 tabs every 30 days
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 tabs every 30 days
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0-\$12.65 (Tier 4)	QL; 30 caps every 30 days
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0-\$12.65 (Tier 4)	QL; 60 tabs every 30 days
<i>trospium chloride oral tablet 20 mg</i>	\$0-\$12.65 (Tier 3)	QL; 60 tabs every 30 days
Vaginal Anti-Infectives		
<i>3 day vaginal vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<i>7 day vaginal vaginal cream 2 %</i>	\$0 (Tier 1)	DP
<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-supp 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

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: 6/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 1)	DP
<i>eql 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-supp 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-supp 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 ut/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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
CENTRATEX 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
<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>eq iron supplement therapy oral tablet 325 mg</i>	\$0 (Tier 1)	DP
<i>eq slow release iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 1)	DP
FEOSOL ORAL TABLET 325 (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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>ferumoxyl 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	\$0-\$12.65 (Tier 5)	PA
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 er oral capsule extended release 24 hour 0.5 mg, 1 mg</i>	\$0-\$12.65 (Tier 4)	B/D
<i>tacrolimus er oral capsule extended release 24 hour 5 mg</i>	\$0-\$12.65 (Tier 5)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0-\$12.65 (Tier 4)	B/D
Vaccines		
ABRYSVO 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)	

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: 6/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SUSPENSION RECONSTITUTED	\$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
<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>eqi 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

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: 6/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
ZARBEEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML	\$0 (Tier 1)	DP
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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 oral tablet 27-1 mg</i>	\$0-\$12.65 (Tier 3)	
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>clanimix/dextrose (6/5) intravenous solution 6 %</i>	\$0-\$12.65 (Tier 4)	B/D
<i>clanimix/dextrose (8/10) intravenous solution 8 %</i>	\$0-\$12.65 (Tier 4)	B/D
<i>clanimix/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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eql calcium/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eql calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	\$0 (Tier 1)	DP
<i>eql 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACERFLEX ORAL POWDER	\$0 (Tier 1)	DP
ADVERA ORAL LIQUID	\$0 (Tier 1)	DP
ALFAMINO JUNIOR ORAL POWDER	\$0 (Tier 1)	DP
ARGINAID 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 HYPOALLERGENIC 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
PEDIASmart 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
SUPLENA 1.8/CARBSTEADY ORAL LIQUID	\$0 (Tier 1)	DP
SUPLENA ORAL LIQUID	\$0 (Tier 1)	DP
SUPLENA/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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
AFLOA 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 multivitaminsliron oral capsule</i>	\$0 (Tier 1)	DP
<i>bariatric multivitaminsliron 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cv's b12 oral tablet chewable 2500 mcg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's b6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>cv's biotin high potency oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's biotin oral capsule 10 mg, 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's biotin oral tablet 5000 mcg</i>	\$0 (Tier 1)	DP
<i>cv's chewable c with rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 1)	DP
<i>cv's chewable childrens vitamin oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>cv's childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 1)	DP
<i>cv's 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>cv's daily gummies adult oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's daily multiple for men oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's daily multiple women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's daily multiv/mineral mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's daily multivitamin mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's daily multivitamin womens oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's e oral capsule 90 mg (200 unit)</i>	\$0 (Tier 1)	DP
<i>cv's eye health & lutein oral tablet</i>	\$0 (Tier 1)	DP
<i>cv's eye health adult 50+ oral capsule</i>	\$0 (Tier 1)	DP
<i>cv's folic acid oral tablet 800 mcg</i>	\$0 (Tier 1)	DP
<i>cv's gummy dinos oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's gummy multivitamin kids oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's immune support oral capsule</i>	\$0 (Tier 1)	DP
<i>cv's mens daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cv's one daily essential oral tablet</i>	\$0 (Tier 1)	DP
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvx spectravite men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite men oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite senior oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite ultra men 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite ultra mens oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite ultra women oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite women 50+ oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite women oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx spectravite women oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvx spectravite womens senior oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx super b complex/c oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx vision health oral capsule</i>	\$0 (Tier 1)	DP
<i>cvx vitamin a oral capsule 2400 mcg (8000 ut)</i>	\$0 (Tier 1)	DP
<i>cvx vitamin b12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin b-12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin c-rose hips oral tablet 1000 mg, 500-10 mg</i>	\$0 (Tier 1)	DP
<i>cvx vitamin d3 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 1)	DP
<i>cvx vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	\$0 (Tier 1)	DP
<i>cvx womens active daily oral tablet</i>	\$0 (Tier 1)	DP
<i>cvx womens daily gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>cvx 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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eqi prenatal formula oral tablet 28-0.8 mg</i>	\$0 (Tier 1)	DP
<i>eqi super b complex/vitamin c oral tablet</i>	\$0 (Tier 1)	DP
<i>eqi vision formula oral tablet</i>	\$0 (Tier 1)	DP
<i>eqi vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 1)	DP
<i>eqi vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 1)	DP
<i>eqi vitamin c drops mouth/throat lozenge 53 mg</i>	\$0 (Tier 1)	DP
<i>eqi vitamin c gummies oral tablet chewable 125 mg</i>	\$0 (Tier 1)	DP
<i>eqi vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>eqi vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>eqi 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>eqi 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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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
GERITOL NUTRITION SUPPORT 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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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/lex 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/lycopene 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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/fa 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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 multivitamin/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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 complete/iron 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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-cal/felfa 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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>prenataliron 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 multivit/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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
RETAINE 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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>vitalaria 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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 +COQ10 ORAL CAPSULE	\$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
<i>womens multi oral capsule</i>	\$0 (Tier 1)	DP
<i>womens multivitamin + collagen oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>womens multivitamin gummies oral tablet chewable</i>	\$0 (Tier 1)	DP
<i>womens multivitamin oral tablet</i>	\$0 (Tier 1)	DP
<i>xcellent a 3000 oral capsule 3000 mcg</i>	\$0 (Tier 1)	DP
<i>xcellent a 7500 oral capsule 7.5 mg (25000 ut)</i>	\$0 (Tier 1)	DP
XCELLENT E ORAL CAPSULE 33.5 MG (50 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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YELETS TEENAGE FORMULA ORAL TABLET	\$0 (Tier 1)	DP
<i>yl balanced b-100 oral tablet</i>	\$0 (Tier 1)	DP
<i>yl folic acid oral tablet 400 mcg</i>	\$0 (Tier 1)	DP
<i>yl vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 1)	DP
<i>yl vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	DP
<i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$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
<i>zalvit oral tablet 13-1 mg</i>	\$0 (Tier 1)	DP
<i>ziphex oral tablet 13-1 mg</i>	\$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		
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	\$0 (Tier 1)	DP
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 2)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 2)	
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	\$0 (Tier 1)	DP
<i>eq eye allergy relief ophthalmic solution 0.027-0.315 %</i>	\$0 (Tier 1)	DP
<i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i>	\$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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-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)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 hfa inhalation aerosol solution 17 mcg/act</i>	\$0-\$12.65 (Tier 4)	QL; 2 inhalers 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

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: 6/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antihistamines		
12hr allergy relief oral tablet 60 mg	\$0 (Tier 1)	DP
24hr allergy relief oral tablet 180 mg	\$0 (Tier 1)	DP
ALAVERT ORAL TABLET DISPERSIBLE 10 MG	\$0 (Tier 1)	DP
aler-cap oral capsule 25 mg	\$0 (Tier 1)	DP
alertab oral tablet 25 mg	\$0 (Tier 1)	DP
all day allergy childrens oral solution 5 mg/5ml	\$0 (Tier 1)	DP
all day allergy oral tablet 10 mg	\$0 (Tier 1)	DP
all-day allergy childrens oral solution 5 mg/5ml	\$0 (Tier 1)	DP
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	\$0 (Tier 1)	DP
aller-chlor oral tablet 4 mg	\$0 (Tier 1)	DP
allergy (cetirizine) oral tablet 10 mg	\$0 (Tier 1)	DP
allergy 24hour indoor/outdoor oral tablet 10 mg	\$0 (Tier 1)	DP
allergy 24-hr oral tablet 180 mg	\$0 (Tier 1)	DP
allergy childrens oral liquid 12.5 mg/5ml	\$0 (Tier 1)	DP
allergy childrens oral solution 5 mg/5ml	\$0 (Tier 1)	DP
allergy oral capsule 25 mg	\$0 (Tier 1)	DP
allergy oral tablet 4 mg	\$0 (Tier 1)	DP
allergy rel child (loratadine) oral solution 5 mg/5ml	\$0 (Tier 1)	DP
allergy relief (cetirizine) oral tablet 10 mg	\$0 (Tier 1)	DP
allergy relief (loratadine) oral tablet 10 mg	\$0 (Tier 1)	DP
allergy relief 24-hr oral tablet 10 mg	\$0 (Tier 1)	DP
allergy relief cetirizine oral tablet 10 mg, 5 mg	\$0 (Tier 1)	DP
allergy relief childrens 24-hr oral solution 1 mg/ml	\$0 (Tier 1)	DP
allergy relief childrens oral liquid 12.5 mg/5ml	\$0 (Tier 1)	DP
allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	\$0 (Tier 1)	DP
allergy relief oral capsule 25 mg	\$0 (Tier 1)	DP
allergy relief oral liquid 25 mg/10ml	\$0 (Tier 1)	DP
allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg, 60 mg	\$0 (Tier 1)	DP
allergy relief indoor/outdoor oral tablet 10 mg, 180 mg	\$0 (Tier 1)	DP
anti-hist allergy oral tablet 25 mg	\$0 (Tier 1)	DP
azelastine hcl nasal solution 0.1 %	\$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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq loratadine oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eql all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 1)	DP
<i>eql all day allergy oral tablet 10 mg</i>	\$0 (Tier 1)	DP
<i>eql allergy oral tablet 25 mg, 4 mg</i>	\$0 (Tier 1)	DP
<i>eql allergy relief oral tablet 10 mg, 180 mg, 25 mg</i>	\$0 (Tier 1)	DP
<i>eql 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>coughtab 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 1)	DP
<i>guaiatussin ac oral syrup 100-10 mg/5ml</i>	\$0 (Tier 1)	DP
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 conl/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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 rlf/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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	\$0-\$12.65 (Tier 5)	PA; QL; 60 caps every 30 days
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0-\$12.65 (Tier 4)	QL; 453.6 gm every 30 days
<i>triple antibiotic external ointment , 3.5-400-5000 , 3.5-400-5000 mg-unit, 5-400-5000 , 5-400-5000 mg-unit</i>	\$0 (Tier 1)	DP
<i>triple antibiotic pain relief external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 1)	DP
<i>triple antibiotic plus max st 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: **6/30/2026**

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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-\$12.65 (Tier 3)	QL; 60 gm every 30 days
<i>ketoconazole cream 2 % external</i>	\$0 (Tier 1)	DP
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 tolinaftate 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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
Dermatology, Miscellaneous Skin And Mucous Membrane		
AL12 EXTERNAL LOTION 12 %	\$0 (Tier 1)	DP
<i>aluminum acetate external solution</i>	\$0 (Tier 1)	DP
AMLACTION DAILY EXTERNAL LOTION 12 %	\$0 (Tier 1)	DP
AMLACTION DAILY NOURISH EXTERNAL LOTION 12 %	\$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: 6/30/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 2)	
<i>ammonium lactate cream 12 % external (rx)</i>	\$0 (Tier 1)	DP
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
DOMBORO 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
<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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>eql 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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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

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: **6/30/2026**

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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.....	200	acetaminophen extra strength.....	16	AEROCHAMBER PLUS FLO-VU	
12 hour decongestant.....	200	acetaminophen infants.....	16	INTERM.....	216
12 hour nasal decongestant.....	200	acetaminophen-codeine.....	27	AEROCHAMBER PLUS FLO-VU	
12 hour nasal relief spray.....	200	acetazolamide.....	53	LARGE.....	216
12 hour nasal spray.....	200	acetazolamide er.....	53	AEROCHAMBER PLUS FLO-VU	
12 hr mucus relief max.....	200	acetic acid.....	106, 120, 192	MEDIUM.....	216
12hr allergy relief.....	193	acetylcysteine.....	216	AEROCHAMBER PLUS FLO-VU	
1st base.....	120	acitretin.....	226	SMALL.....	216
24hr allergy relief.....	193	ACTHIB.....	117	AEROCHAMBER PLUS FLOW VU	
3 day vaginal.....	106	actical.....	148	.....	216
3232a infant formula.....	133	actidom dmx.....	200	AEROCHAMBER Z-STAT PLUS...216	
4-WAY FAST ACTING.....	200	ACTIMMUNE.....	116	AEROCHAMBER Z-STAT PLUS	
50+ adult eye health.....	147	ACTINEL DM.....	200	CHAMBR.....	216
600+d3.....	127	active fe.....	109	AEROCHAMBER Z-STAT	
7 day vaginal.....	106	ACTIVNUTRIENTS.....	148	PLUS/LARGE.....	216
8 hour arthritis pain.....	16	ACTIVNUTRIENTS		AEROCHAMBER Z-STAT	
8 hour pain reliever.....	16	PERFORMANCE.....	148	PLUS/MEDIUM.....	216
8 hr arthritis pain relief.....	16	ACTIVNUTRIENTS W/O IRON.....	148	AEROCHAMBER Z-STAT	
8hr muscle aches & pain relief.....	16	acyclovir.....	34	PLUS/SMALL.....	216
a thru z advanced.....	147	acyclovir sodium.....	34	AEROCHAMBER2GO ANTI-	
a thru z advanced adult.....	147	ADACEL.....	117, 118	STATIC.....	216
a thru z high potency.....	147	adalimumab-bwwd.....	113	AEROVENT PLUS.....	216
a thru z select.....	147	adapalene.....	220	AFIRMELLE.....	75
a thru z select 50+ advanced.....	147	adapalene treatment.....	220	AFLORA.....	148
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.....	148	AFRIN NODRIP CHILDRENS.....	200
a thru z ultimate mens.....	147	ADEMPAS.....	54	AFRIN NODRIP EXTRA	
a-10000.....	147	ADIPEX-P.....	74	MOISTURE.....	200
a-25.....	147	ADMELOG.....	70	AFRIN NODRIP NIGHT.....	200
abacavir sulfate.....	32	ADMELOG SOLOSTAR.....	70	AFRIN NODRIP ORIGINAL.....	201
abacavir sulfate-lamivudine.....	33	ADRENAL MANAGER.....	148	AFRIN NODRIP SEVERE	
abc complete adult.....	147	ADRENALIV.....	148	CONGEST.....	201
abc complete mens.....	147	adrenoid.....	148	AFRIN NODRIP SINUS.....	201
abc complete senior 50+.....	147	adult one daily gummies.....	148	AFRIN ORIGINAL.....	201
abc complete senior mens 50+.....	147	ADVAIR HFA.....	220	AFRIN SEVERE CONGESTION...201	
abc complete senior womens 50+.....	148	ADVANCED C PLUS.....	148	AIMOVIG.....	66
abc complete womens.....	148	ADVANCED		aimsco lubricated.....	75
ABIGALE.....	82	CALCIUM/D/MAGNESIUM.....	127	AIRAVITE.....	148
ABIGALE LO.....	82	advanced eye health.....	148	AIRBORNE.....	148
ABILIFY ASIMTUFII.....	58	ADVANCED MULTI EA.....	148	AIRBORNE ELDERBERRY.....	148
ABILIFY MAINTENA.....	58	ADVANTAGE CARE		AIRBORNE GUMMIES.....	148
abiraterone acetate.....	40	ELECTROLYTE PED.....	125	AIRBORNE KIDS.....	148
ABIRTEGA.....	40	ADVERA.....	134	AIRSUPRA.....	220
ABRYSVO.....	117	ADVIL.....	25	AKEEGA.....	40
acamprosate calcium.....	68	ADVIL JUNIOR STRENGTH.....	16, 25	AL12.....	227
acarbose.....	72	advin covid-19 antigen test.....	29	ala-cort.....	226
ACCUTANE.....	220	AEROCHAMBER HOLDING		ALAVERT.....	193
acebutolol hcl.....	52	CHAMBER.....	216	ALAVERT D-12 HOUR	
ACERFLEX.....	134	AEROCHAMBER MINI CHAMBER.....	216	ALLERGY/CONG.....	201
acerola c-500.....	148	AEROCHAMBER MV.....	216	albendazole.....	29
acetaminophen.....	16	AEROCHAMBER PLS FLOVU		albuterol sulfate.....	200
acetaminophen 8 hour.....	16	MTHPIECE.....	216	albuterol sulfate hfa.....	200
acetaminophen childrens.....	16	AEROCHAMBER PLUS FLO-VU..	216	alclometasone dipropionate.....	226
acetaminophen er.....	16			alcoholado eucaliptino.....	120

Last Updated: 6/30/2026

ALCON TEARS.....	188	allergy relief (cetirizine).....	193	amlodipine besylate-valsartan.....	49
ALDURAZYME.....	84	allergy relief (loratadine).....	193	amlodipine-olmesartan.....	49
ALECENSA.....	42	allergy relief 24-hr.....	193	ammonium lactate.....	228
alendronate sodium.....	74	allergy relief cetirizine.....	193	AMNESTEEM.....	220
aler-cap.....	193	allergy relief childrens.....	193	AMORYN MOOD BOOSTER.....	149
alertab.....	193	allergy relief childrens 24-hr.....	193	amoxapine.....	56
ALFAMINO JUNIOR.....	134	allergy relief d.....	201	amoxicillin.....	37
alfuzosin hcl er.....	105	allergy relief d12.....	201	amoxicillin-pot clavulanate.....	38
aliskiren fumarate.....	54	allergy relief d-12.....	201	amphetamine-dextroamphet er.....	65
ALIVE ADULT PREMIUM.....	148	allergy relief d-24.....	201	amphetamine-dextroamphetamine..	65
ALIVE CALCIUM BONE		allergy relief indoor/outdoor.....	193	amphotericin b.....	28
SUPPORT.....	148	allergy relief nasal decongest.....	201	amphotericin b liposome.....	28
alive daily energy.....	148	allergy relief-d.....	201	ampicillin.....	38
ALIVE DIABETIC MULTIVITAMIN.....	148	allergy/congestion relief.....	201	ampicillin sodium.....	38
ALIVE ENERGY 50+.....	148	ALLI.....	74	ampicillin-sulbactam sodium.....	38
ALIVE EVERYDAY IMMUNE		allopurinol.....	16	anagrelide hcl.....	112
HEALTH.....	148	ALMACONE DOUBLE STRENGTH.....	87	anastrozole.....	40
ALIVE GARDEN GOODNESS.....	148	ALOE VESTA ANTIFUNGAL.....	223	ANBESOL MAXIMUM STRENGTH	
ALIVE GUMMIES FOR CHILDREN		alosetron hcl.....	102	.....	235
.....	148	ALPHA BETIC.....	149	anefrin spray.....	201
ALIVE HAIR, SKIN & NAILS.....	148	alprazolam.....	55	ANORO ELLIPTA.....	192
ALIVE MAX 6 POTENCY.....	148	ALTACHLORE.....	188	antacid.....	88
ALIVE MENS 50+.....	148	ALTADERM.....	120	antacid & antigas.....	87
ALIVE MENS 50+ MULTI GUMMY.....	148	altarussin.....	201	antacid & anti-gas max str.....	87
ALIVE MENS 50+ ULTRA.....	149	altarussin dm.....	201	antacid advanced.....	87
ALIVE MENS COMPLETE MULTI.....	149	ALTAVERA.....	75	antacid anti-gas.....	87
ALIVE MENS GUMMY		altipres.....	201	antacid anti-gas max strength.....	87
MULTIVITAMINS.....	149	altipres pediatric.....	201	antacid calcium.....	87
ALIVE MENS ULTRA.....	149	altituss.....	201	antacid calcium rich.....	87
ALIVE MULTI-VITAMIN.....	149	altrixa.....	149	antacid extra strength.....	87
ALIVE MULTI-VITAMIN		altrixa ob.....	149	antacid fast relief.....	87
CHILDRENS.....	149	alum & mag hydroxide-simeth.....	87	antacid i.....	87
ALIVE ONCE DAILY WOMENS....	149	aluminum acetate.....	227	antacid iii.....	87
ALIVE ULTRA POTENCY ADULT.....	149	aluminum hydroxide gel.....	87	antacid liquid.....	87
ALIVE ULTRA POTENCY		aluminum-magnesium-simethicone.....	87	antacid m.....	88
WOMENS 50+.....	149	ALUNBRIG.....	42	antacid maximum strength.....	88
ALIVE WOMENS 50+.....	149	ALVAIZ.....	112	antacid regular strength.....	88
ALIVE WOMENS 50+ COMPLETE		ALVESCO.....	220	antacid/antigas.....	88
MV.....	149	alyacen 1/35.....	75	antacid/simethicone ds.....	88
ALIVE WOMENS 50+ GUMMY.....	149	alyacen 7/7/7.....	75	anti-allergy.....	149
ALIVE WOMENS ENERGY.....	149	ALYFTREK.....	217	antibiotic.....	221
ALIVE WOMENS GUMMY.....	149	ALYGLO.....	116	anti-diarrheal.....	90
all day allergy.....	193	ALYQ.....	54	antifungal.....	223
all day allergy childrens.....	193	amantadine hcl.....	57, 58	antifungal (clotrimazole).....	223
all day allergy d.....	201	ambrisentan.....	55	antifungal (tolnaftate).....	223
ALLBEE/C.....	149	AMETHYST.....	75	anti-hist allergy.....	193
all-day allergy childrens.....	193	amikacin sulfate.....	29	anti-itch.....	228
ALLEGRA ALLERGY.....	193	amiloride hcl.....	53	anti-itch extra strength.....	228
aller-chlor.....	193	amiloride-hydrochlorothiazide.....	53	antioxidant.....	149
allergy.....	193	aminofen.....	16	anti-oxidant.....	149
allergy (cetirizine).....	193	AMINOSYN II.....	126	antioxidant a/c/e/selenium.....	149
allergy 24hour indoor/outdoor.....	193	AMINOSYN-PF.....	126	antioxidant formula.....	149
allergy 24-hr.....	193	amiodarone hcl.....	50	antioxidant formula/minerals.....	149
allergy childrens.....	193	amitriptyline hcl.....	56	antioxidant vitamins.....	149
allergy d-12.....	201	AMLACTIN DAILY.....	227	antiseptic skin cleanser.....	228
allergy eye.....	186	AMLACTIN DAILY NOURISH.....	227	apap childrens.....	16
allergy rel child (loratadine).....	193	AMLACTIN ULTRA SMOOTHING.....	228	apap extra strength.....	16
allergy rel d12 (cetirizine).....	201	amlodipine besy-benazepril hcl.....	49	APETIBEX.....	149
allergy relief.....	193	amlodipine besylate.....	52	APHEN.....	17

APPE-CURB.....	149	ATABEX OB.....	150	b-1.....	150
<i>apra</i>	17	<i>atazanavir sulfate</i>	32	<i>b1 natural</i>	150
<i>aprepitant</i>	92	<i>atenolol</i>	52	<i>b-100 b-complex</i>	150
APRI.....	75	<i>atenolol-chlorthalidone</i>	52	<i>b-12</i>	150
APTIOM.....	61	<i>athletes foot</i>	223	<i>b-12 quick dissolve</i>	150
APTIVUS.....	32	<i>athletes foot (clotrimazole)</i>	223	<i>b-12 slow release</i>	150
AQUA GLYCOLIC FACE.....	228	<i>athletes foot (terbinafine)</i>	223	<i>b-12 tr</i>	150
AQUA-CERIN.....	228	<i>athletes foot powder spray</i>	223	<i>b-50 complex</i>	150
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>	150
AQUASOL A.....	149	<i>atovaquone</i>	29	BABY ANTI MONKEY BUTT.....	228
<i>aqueous vitamin d</i>	149	<i>atovaquone-proguanil hcl</i>	32	BABY DDROPS.....	150
AQUORAL.....	235	ATREVIS HYDROGEL.....	120	<i>baby super daily d3</i>	150
ARALAST NP.....	217	<i>atropine sulfate</i>	188	<i>baby vitamin d3</i>	150
ARANELLE.....	75	ATROVENT HFA.....	192	BABY'S BIG SUPPORT.....	134
ARBEM H-COSMETIC.....	120	AUBRA EQ.....	75	<i>bacitracin</i>	221
ARBEM LIOPEN.....	120	AUGTYRO.....	42	<i>bacitracin zinc</i>	221
ARCALYST.....	117	AUROVELA 1/20.....	76	<i>bacitracin zinc-aloe</i>	221
AREXVY.....	118	AUROVELA 24 FE.....	76	<i>bacitracin-polymyxin b</i>	187
ARGINAID EXTRA.....	134	AUROVELA FE 1.5/30.....	76	<i>bacitra-neomycin-polymyxin-hc</i>	187
ARIKAYCE.....	29	AUROVELA FE 1/20.....	76	BACITRAYCIN PLUS.....	221
<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>	68	TITRATION.....	67	<i>balance b-50</i>	150
ARNUITY ELLIPTA.....	220	AUVELITY.....	56	<i>balanced b complex</i>	150
<i>arthritis pain relief</i>	17	AUXIPRO VANISHING.....	120	<i>balanced b-100</i>	150
<i>arthritis pain reliever</i>	17	AVEDANA GLYCERIN (ADULT).....	94	<i>balanced b-50/fa</i>	150
<i>arthritis pain relieving</i>	228	AVEENO DAILY MOISTURIZING		<i>balanced nutritional drink</i>	134
<i>artificial tears</i>	188	FACE.....	228	<i>balanced nutritional drink pls</i>	134
<i>artificial tears pf</i>	188	AVEENO INTENSE RELIEF HAND		<i>balanced nutritional shake pls</i>	134
<i>ascorbic acid</i>	149	.....	228	BALMBARR HAND & BODY.....	228
<i>asenapine maleate</i>	59	AVEENO POSITIVELY RADIANT.....	228	BALMBARR MOISTURIZING.....	228
ASHLYNA.....	75	AVEENO RESTORATIVE SKIN		BALMBARR STRETCH MARK.....	228
ASPERCREME LIDOCAINE.....	228	THERAP.....	228	<i>balsalazide disodium</i>	93
<i>asperflex max st</i>	228	AVEENO SKIN RELF MOIST		BALVERSA.....	42, 43
ASPERFLEX PAIN RELIEVING.....	228	REPAIR.....	228	BALZIVA.....	76
<i>aspirin</i>	17	AVIANE.....	76	BANOPHEN.....	193, 228
<i>aspirin 81</i>	17	AVMAPKI FAKZYNJA CO-PACK.....	42	BARACLUDE.....	34
<i>aspirin adult low dose</i>	17	AYUNA.....	76	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>	120	<i>bariatric multivitamins</i>	151
<i>aspirin childrens</i>	17	<i>azacitidine</i>	40	<i>bariatric multivitaminsliron</i>	151
<i>aspirin ec</i>	17	<i>azathioprine</i>	117	BASE PCCA CLARIFYING.....	120
<i>aspirin ec adult low dose</i>	17	<i>azelastine hcl</i>	186, 193	<i>base w301</i>	120
<i>aspirin ec adult low strength</i>	17	<i>azesco</i>	150	<i>basic am</i>	151
<i>aspirin ec low dose</i>	17	<i>azithromycin</i>	37	<i>basic pm</i>	151
<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.....	223	REG ST.....	17
<i>aspirin low strength</i>	17	AZOLEN TINCTURE.....	223	BAYER ASPIRIN.....	17
<i>aspirin regimen</i>	17	<i>aztreonam</i>	29	BAYER ASPIRIN EC LOW DOSE.....	17
<i>aspirin-dipyridamole er</i>	113	AZURETTE.....	76	BAYER LOW DOSE.....	17
ASSURE ID INSULIN SAFETY		<i>b complex</i>	150	<i>baza antifungal</i>	223
SYR.....	70	<i>b complex formula 1 (w/ fa)</i>	150	BCAD 1.....	134
ASTAGRAF XL.....	117	<i>b complex vitamins</i>	150	BCAD 2.....	134
<i>asthma relief</i>	217	<i>b complex-b12</i>	150	<i>bcg vaccine</i>	118
<i>astringent</i>	228	<i>b complex-c</i>	150	<i>b-compleet-100</i>	151
ATABEX.....	150	<i>b complex-c-folic acid</i>	150	<i>b-compleet-50</i>	151
ATABEX EC.....	150	<i>b1</i>	150	<i>b-complex</i>	151

<i>b-complex (folic acid)</i>	151	BIO-35 GLUTEN-FREE.....	151	BOOST PLUS.....	134
<i>b-complex balanced</i>	151	BIO-35 IRON FREE.....	151	BOOST VERY HIGH CALORIE.....	134
<i>b-complex plus b-12</i>	151	<i>biocal</i>	151	BOOST VHC.....	134
<i>b-complex/b-12</i>	151	<i>biocel</i>	151	BOOST WOMEN.....	134
<i>b-complex/electrolytes</i>	151	<i>biocof</i>	201	BOOSTNOW IMMUNE SUPPORT.....	152
<i>b-complex/vitamin c</i>	151	<i>biocotron</i>	201	BOOSTRIX.....	118
<i>b-complex-c</i>	151	<i>biodesp dm</i>	201	<i>boro-packs</i>	229
<i>b-complex-c (w/folic acid)</i>	151	BIO-D-MULSION.....	151	<i>bortezomib</i>	43
BENADRYL ALLERGY.....	193, 194	BIO-D-MULSION FORTE.....	151	<i>bosentan</i>	55
BENADRYL ALLERGY		<i>bioflex</i>	151	BOSULIF.....	43
CHILDRENS.....	193	BIOLLE GEL TEARS.....	188	<i>bp vit 3</i>	152
BENADRYL ALLERGY EXTRA		BIOLLE TEARS.....	188	<i>b-plex</i>	152
STR.....	193	BIOLYTE.....	125	<i>b-plex plus</i>	152
BENADRYL ALLERGY		BION TEARS PF.....	188	BPROTECTED MULTI-VITE.....	152
ULTRATABS.....	194	BIOTECT PLUS.....	151	BPROTECTED PEDIA D-VITE.....	152
BENADRYL EXTRA STRENGTH.....	228	BIOTENE DRY MOUTH MOIST		BPROTECTED PEDIA IRON.....	109
<i>benazepril hcl</i>	49	SPRAY.....	235	BPROTECTED PEDIA POLY-VITE	
<i>benazepril-hydrochlorothiazide</i>	49	<i>biotin</i>	151	.....	152
<i>bendamustine hcl</i>	39	<i>biotin forte</i>	151	BPROTECTED PEDIA POLY-	
BENDEKA.....	39	<i>biotin maximum strength</i>	151	VITE/FE.....	152
BENECALORIE.....	134	<i>biotin super potency</i>	151	BPROTECTED PEDIA TRI-VITE.....	152
BENLYSTA.....	117	<i>bio-z-cough</i>	202	BPROTECTED VITAMIN C.....	152
BENZEPRO.....	220	<i>bisacodyl</i>	94	BRAFTOVI.....	43
<i>benzoin</i>	228	<i>bisacodyl ec</i>	94	<i>brain builder kids</i>	152
<i>benzonatate</i>	201	<i>bisacodyl laxative</i>	94	BRAINSUSTAIN FOR KIDS.....	134
<i>benzoyl peroxide-erythromycin</i>	220	<i>bismuth</i>	90	<i>breathe comfort chamber/adult</i>	217
<i>benzphetamine hcl</i>	74	<i>bismuth subsalicylate</i>	90	<i>breathe comfort chamber/child</i>	217
<i>benztropine mesylate</i>	58	<i>bisoprolol fumarate</i>	52	<i>breathe ease large</i>	217
BERINERT.....	112	<i>bisoprolol-hydrochlorothiazide</i>	52	<i>breathe ease medium</i>	217
<i>besifloxacin hcl</i>	187	BIVIGAM.....	116	<i>breathe ease small</i>	217
BESIVANCE.....	187	BLACK-DRAUGHT LAX-SENNA.....	94	BREATHERITE VALVED MDI	
BESREMI.....	41	<i>bladder 2.2</i>	151	CHAMBER.....	217
<i>beta care</i>	228	BLISOVI 24 FE.....	76	BREO ELLIPTA.....	220
BETA XMA.....	228	BLISOVI FE 1.5/30.....	76	BREYNA.....	220
BETADINE.....	228	BLISOVI FE 1/20.....	76	BREZTRI AEROSPHERE.....	192
BETADINE SURGICAL SCRUB.....	228	<i>blood sugar manager</i>	151	<i>briellyn</i>	76
<i>betaine</i>	84	BLUE-EMU PAIN RELIEF DRY.....	229	BRIGHT BEGINNINGS	
<i>betamethasone dipropionate</i>	226	BLUJEPa.....	29	PEDIATRIC.....	134
<i>betamethasone dipropionate aug</i>	226	<i>body/hair/skin/nails</i>	151	<i>brimonidine tartrate</i>	186
<i>betamethasone valerate</i>	226	<i>bone density builder</i>	127	<i>brinzolamide</i>	186
BETASEPT SURGICAL SCRUB.....	229	BONEUP.....	152	<i>brivaracetam</i>	61
BETASERON.....	67	BONEUP 3 PER DAY.....	152	BRIVIACT.....	61
<i>betatemp childrens</i>	17	BONEUP VEGETARIAN.....	152	<i>bromocriptine mesylate</i>	58
<i>betaxolol hcl</i>	52, 186	BONSITY.....	74	BRONKAID MAX.....	217
<i>bethanechol chloride</i>	106	BOOST.....	134	BRUKINSA.....	43
<i>better b complex</i>	151	BOOST BREEZE.....	134	BUCKLEYS CHEST	
BEVESPI AEROSPHERE.....	192	BOOST BREEZE 2-FLAVOR		CONGESTION.....	202
<i>bexarotene</i>	41, 229	PACK.....	134	<i>budesonide</i>	93, 220
BEXSERO.....	118	BOOST GLUCOSE CONTROL.....	134	<i>budesonide er</i>	93
<i>bicalutamide</i>	40	BOOST GLUCOSE CTRL MAX		<i>budesonide-formoterol fumarate</i>	220
BICILLIN L-A.....	38	PROTEIN.....	134	BUFFERIN.....	17
BIG 100.....	151	BOOST HIGH PROTEIN.....	134	BUFFERIN EXTRA STRENGTH.....	17
BIG 100 (BIOTIN).....	151	BOOST KID ESSENTIALS 1.0 CAL		<i>bumetanide</i>	53
BIKTARVY.....	33	.....	134	<i>buprenorphine</i>	27
<i>bilberry plus</i>	151	BOOST KID ESSENTIALS 1.5 CAL		<i>buprenorphine hcl</i>	68
BILDYOS.....	74	.....	134	<i>buprenorphine hcl-naloxone hcl</i>	68
BIMZELX.....	113	BOOST KID ESSENTIALS		<i>bupropion hcl</i>	56
BINAXNOW COVID-19 AG HOME		1.5/FIBER.....	134	<i>bupropion hcl er (smoking det)</i>	68
TEST.....	29	BOOST ORIGINAL.....	134	<i>bupropion hcl er (sr)</i>	56

<i>bupropion hcl er (xl)</i>	56	<i>calcium citrate + d3 maximum</i>	128	<i>carbidopa-levodopa-entacapone</i>	58
BURIED TREASURE ACTIVE 55 PLUS.....	152	<i>calcium citrate chewy bite</i>	128	<i>carboplatin</i>	39
<i>buspirone hcl</i>	55	<i>calcium citrate plus</i>	128	<i>carboxymethylcellulose sod pf</i>	188
<i>butenafine hcl</i>	223	<i>calcium citrate plus/magnesium</i>	128	<i>carboxymethylcellulose sodium</i>	189
<i>butorphanol tartrate</i>	27	<i>calcium citrate+d3</i>	128	<i>cardiopress</i>	152
<i>c 1000</i>	152	<i>calcium citrate+d3 petites</i>	128	CARESTART COVID-19 HOME TEST.....	29
<i>c 500</i>	152	<i>calcium citrate-mag-minerals</i>	128	<i>carglumic acid</i>	84
<i>c 500/rose hips</i>	152	<i>calcium citrate-vitamin d</i>	128	<i>carisoprodol</i>	67
<i>c extra strength</i>	152	<i>calcium citrate-vitamin d3</i>	128	CARNATION BREAKFAST ESSENTIALS.....	134
<i>c-1000</i>	152	<i>calcium creamies</i>	128	<i>carteolol hcl</i>	187
<i>c-1000/rose hips</i>	152	<i>calcium gluconate</i>	128	CARTIA XT.....	52
<i>c-250</i>	152	<i>calcium high potency</i>	128	<i>carvedilol</i>	52
<i>c-500</i>	152	<i>calcium high potency/vitamin d</i>	128	<i>casprofungin acetate</i>	28
<i>c-500/rose hips</i>	152	<i>calcium lactate</i>	128	<i>castellani paint</i>	223
<i>cabergoline</i>	84	<i>calcium magnesium zinc</i>	128	<i>castellani paint modified</i>	223
CABOMETYX.....	43	<i>calcium oyster shell</i>	129	CAYSTON.....	29
<i>calamine</i>	229	<i>calcium plus vitamin d</i>	129	<i>c-chewable</i>	152
<i>calamine-zinc oxide</i>	229	<i>calcium plus vitamin d3</i>	129	<i>cefaclor</i>	35
CALCIDOL.....	152	<i>calcium soft chews</i>	129	<i>cefadroxil</i>	35
<i>calcipotriene</i>	226	<i>calcium+d3</i>	129	<i>cefazolin sodium</i>	35
<i>calcitonin (salmon)</i>	74	<i>calcium-magnesium-zinc</i>	129	<i>cefazolin sodium-dextrose</i>	36
<i>calcitrate plus d</i>	127	<i>calcium-magnesium-zinc-d3</i>	129	<i>cefazolin sodium-dextrose</i>	36
<i>cal-citrate plus vitamin d</i>	127	<i>calcium-magnesium-zinc-vit d3</i>	129	<i>cefdinir</i>	36
CALCITRENE.....	226	<i>calcium-vitamin d</i>	129	<i>cefepime hcl</i>	36
<i>calcitriol</i>	87	<i>calcium-vitamin d3</i>	129	<i>cefixime</i>	36
<i>calcium</i>	129	CAL-GEST ANTACID.....	88	<i>cefotetan disodium</i>	36
<i>calcium + d</i>	127	<i>cal-mint</i>	129	<i>cefoxitin sodium</i>	36
<i>calcium + d3</i>	127	CALMOSEPTINE.....	229	<i>cefopodoxime proxetil</i>	36
<i>calcium + vitamin d3</i>	127	CALPROTECT.....	229	<i>cefprozil</i>	36
<i>calcium 1000 + d</i>	127	CALQUENCE.....	43	<i>ceftaroline fosamil</i>	36
<i>calcium 1200</i>	127	CALTRATE 600+D PLUS MINERALS.....	129	<i>ceftazidime</i>	36
<i>calcium 500 + d</i>	127	CALTRATE 600+D3.....	129	<i>ceftriaxone sodium</i>	36
<i>calcium 500 + d3</i>	127	CALTRATE 600+D3 SOFT.....	129	<i>cefuroxime axetil</i>	36
<i>calcium 500/d</i>	127	CALTRATE BONE HEALTH.....	129	<i>cefuroxime sodium</i>	36
<i>calcium 500/vitamin d</i>	127	CALTRATE BONE HEALTH ADVANCED.....	129	CELEBRATE CALCIUM CITRATE 129	
<i>calcium 500+d</i>	127	CALTRATE MINIS PLUS MINERALS.....	129	CELEBRATE CALCIUM PLUS 500.....	129
<i>calcium 500+d high potency</i>	127	CAMILA.....	76	CELEBRATE MULTI-COMPLETE 18.....	152
<i>calcium 500+d3</i>	127	CAMRESE.....	76	CELEBRATE MULTI-COMPLETE 36.....	152, 153
<i>calcium 600</i>	127	CAMRESE LO.....	76	CELEBRATE MULTI-COMPLETE 45.....	153
<i>calcium 600 + d</i>	127	<i>candesartan cilexetil</i>	50	CELEBRATE MULTI-COMPLETE 60.....	153
<i>calcium 600 +d high potency</i>	127	<i>candesartan cilexetil-hctz</i>	49	<i>celecoxib</i>	25
<i>calcium 600/vitamin d</i>	127	CAPLYTA.....	59	<i>centavite a-z complete-mineral</i>	153
<i>calcium 600/vitamin d3</i>	127	CAPRELSA.....	43	CENTRATEx.....	109
<i>calcium 600+d</i>	127	<i>capsaicin</i>	229	<i>centravites</i>	153
<i>calcium 600+d high potency</i>	127	<i>capsaicin hp</i>	229	<i>centravites 50 plus</i>	153
<i>calcium 600+d3</i>	128	<i>capsaicin pain relief</i>	229	<i>centravites adults</i>	153
<i>calcium 600+d3 plus minerals</i>	128	<i>capsaid es arthritis relief</i>	229	CENTRUM.....	154
<i>calcium antacid</i>	88	<i>captopril</i>	49	CENTRUM ADULT.....	153
<i>calcium carb-cholecalciferol</i>	128	<i>captopril-hydrochlorothiazide</i>	49	CENTRUM ADULT 50+ MULTIGUMMIES.....	153
<i>calcium carbonate</i>	128	CAPZASIN-HP.....	229	CENTRUM ADULTS.....	153
<i>calcium carbonate antacid</i>	88	CAPZASIN-P.....	229	CENTRUM ADULTS MULTIGUMMIES.....	153
<i>calcium carbonate extra light</i>	128	<i>capzix</i>	229		
<i>calcium carbonate light</i>	128	<i>carbamazepine</i>	62		
<i>calcium carbonate-vitamin d</i>	128	<i>carbamazepine er</i>	61, 62		
<i>calcium citrate</i>	128	<i>carbidopa-levodopa</i>	58		
<i>calcium citrate +</i>	128	<i>carbidopa-levodopa er</i>	58		
<i>calcium citrate + d</i>	128				
<i>calcium citrate + d3</i>	128				

CENTRUM CARDIO.....	153	CERALYTE 70.....	125	<i>chlorpheniramine maleate</i>	194
CENTRUM DUAL ACT MULTI+ BEAUTY.....	153	CERASPORT.....	125	<i>chlorpheniramine maleate er</i>	194
CENTRUM DUAL ACT MULTI+OMEGA-3.....	153	CERASPORT EX1.....	125	<i>chlorpromazine hcl</i>	59
CENTRUM FLAVOR BURST.....	153	CERAVE DIABETICS DRY SKIN..	229	<i>chlorthalidone</i>	53
CENTRUM FLAVOR BURST ADULT.....	153	CERAVE MOISTURIZING.....	229	CHLOR-TRIMETON ALLERGY.....	194
CENTRUM FLAVOR BURST KIDS.....	153	CERAVE SA ROUGH & BUMPY SKIN.....	229	CHOICEFUL MULTIVITAMIN.....	155
CENTRUM FRESH/FRUITY 50+...	153	CERDELGA.....	84	<i>cholase control</i>	155
CENTRUM FRESH/FRUITY ADULT.....	153	CEREFOLIN BRAIN WELLNESS..	154	<i>cholecalciferol</i>	155
CENTRUM KIDS.....	153	CEREZYME.....	84	<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.....	109
CENTRUM MEN MULTIGUMMIES.....	153	CERTAVITE SENIOR/ANTIOXIDANT.....	154	<i>chromic chloride</i>	126
CENTRUM MENOPAUSE HOT FLASH.....	153	CERTAVITE/ANTIOXIDANTS.....	154	CHRSYADERM DAY.....	120
CENTRUM MENOPAUSE MIND/MOOD.....	154	CETAPHIL MOISTURIZING.....	229	CHRSYADERM NIGHT.....	120
CENTRUM MINIS ADULTS 50+...	154	CETAPHIL THERAPEUTIC HAND.....	229	CICAPLAST BAUME B5 SOOTH BALM.....	229
CENTRUM MINIS MEN 50+...	154	<i>cetirizine hcl</i>	194	<i>ciclopirox</i>	223
CENTRUM MINIS WOMEN 50+...	154	<i>cetirizine hcl allergy child</i>	194	<i>ciclopirox olamine</i>	223
CENTRUM MINIS WOMEN IMMUNE SUP.....	154	<i>cetirizine hcl childrens</i>	194	<i>cilostazol</i>	112
CENTRUM MULTI + OMEGA 3.....	154	<i>cetirizine hcl childrens alrgy</i>	194	CILOXAN.....	187
CENTRUM MULTI+ MENTAL FOCUS.....	154	<i>cetirizine-pseudoephedrine er</i>	202	CIMDUO.....	33
CENTRUM POSTNATAL GUMMIES.....	154	<i>cevimeline hcl</i>	235	<i>cinacalcet hcl</i>	84
CENTRUM SILVER.....	154	CFPREOP.....	134	<i>ciprofloxacin hcl</i>	37, 187
CENTRUM SILVER 50+MEN.....	154	<i>charcoal activated</i>	84	<i>ciprofloxacin in d5w</i>	37
CENTRUM SILVER 50+WOMEN..	154	CHATEAL EQ.....	76	<i>ciprofloxacin-dexamethasone</i>	192
CENTRUM SILVER ADULT 50+...	154	<i>chelated magnesium</i>	129	CIRCATA.....	229
CENTRUM SILVER MEN 50+...	154	<i>chelated zinc</i>	129	<i>cisplatin</i>	39
CENTRUM SILVER ULTRA WOMENS.....	154	CHEMET.....	75	<i>citalopram hydrobromide</i>	56
CENTRUM SILVER WOMEN 50+..	154	CHEMSTRIP K.....	84	CITRACAL +D3.....	155
CENTRUM SPECIALIST HEART..	154	CHEMSTRIP UGK.....	84	CITRACAL MAXIMUM.....	129
CENTRUM SPECIALIST IMMUNE	154	<i>chest congestion relief</i>	202	CITRACAL MAXIMUM PLUS.....	129
CENTRUM SPECIALIST VISION..	154	<i>chest congestion relief child</i>	202	CITRACAL PETITES/VITAMIN D..	129
CENTRUM ULTRA WOMENS.....	154	<i>chest congestion relief dm</i>	202	<i>citrus bioflavonoids</i>	120
CENTRUM VITAMINTS.....	154	<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.....	154	<i>chicken/peas/carrots plus pedi</i>	134	<i>clarithromycin</i>	37
CENTRUM WOMEN MULTIGUMMIES.....	154	<i>childrens 24 hour allergy</i>	194	<i>clarithromycin er</i>	37
<i>century</i>	154	CHILDRENS ADVIL.....	25	CLARITIN.....	194
<i>century mature</i>	154	<i>childrens animal shapes</i>	155	CLARITIN ALLERGY CHILDRENS	194
CENVITE.....	154	<i>childrens apap</i>	18	CLARITIN CHILDRENS.....	194
<i>cephalexin</i>	36	<i>childrens aspirin</i>	18	CLARITIN REDITABS.....	194
CEQUR SIMPLICITY 2U.....	70	<i>childrens aspirin free</i>	18	CLARITIN REDITABS JUNIORS..	194
CEQUR SIMPLICITY INSERTER....	70	<i>childrens chew multivitamin</i>	155	CLARITIN-D 12 HOUR.....	202
		<i>childrens chewable vitamins</i>	155	CLARITIN-D 24 HOUR.....	202
		<i>childrens gummies</i>	155	<i>classic neti pot sinus wash</i>	217
		<i>childrens ibuprofen</i>	25	<i>classic prenatal</i>	155
		<i>childrens ibuprofen 100</i>	25	CLEAR EYES NATURAL TEARS..	189
		<i>childrens loratadine</i>	194	CLEARCANAL EARWAX SOFTENER.....	236
		CHILDRENS MEDI-PROFEN.....	25	CLEARDETECT COVID-19 AG HOME.....	29
		CHILDRENS MEDI-TABS.....	18	CLEARLAX.....	94
		CHILDRENS MOTRIN.....	25	<i>clemastine fumarate</i>	194
		<i>childrens non-aspirin</i>	18	CLEODERM.....	120
		<i>childrens pain reliever</i>	18	CLEVER CHOICE HOLDING CHAMBER.....	217
		<i>chlorhexidine gluconate</i>	229, 235	<i>click espresso protein drink</i>	134
		<i>chlorhist</i>	194	<i>clindamycin hcl</i>	29
		<i>chloroquine phosphate</i>	32		
		<i>chlorphen</i>	194		

<i>clindamycin palmitate hcl</i>	29	COLACE 2-IN-1	94	<i>coral calcium plus</i>	155
<i>clindamycin phos (once-daily)</i>	220	COLACE CLEAR.....	94	CORLANOR.....	54
<i>clindamycin phos (twice-daily)</i>	220	<i>colchicine</i>	16	CORTICARE B.....	155
<i>clindamycin phos-benzoyl perox</i>	220	<i>colchicine-probenecid</i>	16	CORVITA.....	155
<i>clindamycin phosphate</i>		<i>cold multi-symptom severe day</i>	194	CORVITA 150.....	109
.....	29, 106, 220, 221	<i>colesevelam hcl</i>	51	CORVITE 150.....	109
<i>clindamycin phosphate in d5w</i>	29	<i>colestipol hcl</i>	51	<i>corvite fe</i>	109
<i>clindamycin phosphate in nacl</i>	29	<i>colistimethate sodium (cba)</i>	29	COTELIC.....	43
CLINERE EARWAX REMOVAL		<i>collagen</i>	229	<i>cough & chest congestion dm</i>	202
KIT	236	<i>collagen premium skin</i>	229	<i>cough & congestion kids</i>	202
CLINIMIX/DEXTROSE (4.25/10) ...	126	<i>collagen ultra</i>	155	<i>cough dm</i>	202
CLINIMIX/DEXTROSE (4.25/5).....	126	COMBIGAN.....	187	<i>cough dm childrens</i>	202
CLINIMIX/DEXTROSE (5/15).....	126	COMBIVENT RESPIMAT	192	<i>coughtab</i>	202
CLINIMIX/DEXTROSE (5/20).....	126	COMETRIQ (100 MG DAILY		<i>covid-19 at home antigen test</i>	29
<i>clinimix/dextrose (6/5)</i>	126	DOSE).....	43	<i>covid-19 at-home test</i>	30
<i>clinimix/dextrose (8/10)</i>	126	COMETRIQ (140 MG DAILY		<i>covid-19 otc antigen 1-pack</i>	30
<i>clinimix/dextrose (8/14)</i>	126	DOSE).....	43	<i>covid-19 otc antigen 2-pack</i>	30
CLINISOL SF.....	126	COMETRIQ (60 MG DAILY DOSE) .	43	<i>cream base</i>	120
CLINITEST RAPID COVID-19		COMFORT ASSIST INSULIN		<i>cream concentrate</i>	120
TEST	29	SYRINGE.....	70	CREON.....	102
CLINOLIPID.....	126	<i>comfort gel</i>	88	CRESEMBA.....	28
<i>clobazam</i>	62	<i>comfort gel antacid & anti-gas</i>	88	CRITIC-AID CLEAR AF	223
<i>clobetasol propionate</i>	226	<i>comfort gel antacid anti-gas</i>	88	<i>cromolyn sodium</i>	102, 186, 217
<i>clobetasol propionate e</i>	226	COMPACT SPACE CHAMBER.....	217	CRUSH VITAMIN C DROPS.....	155
CLODAN.....	226	COMPACT SPACE CHAMBER/LG		CRYSSELLE.....	76
<i>clomipramine hcl</i>	56	MASK.....	217	CULTURELLE KIDS COMPLETE. 155	
<i>clonazepam</i>	62	COMPACT SPACE		CULTURELLE KIDS PROBIOTIC-	
<i>clonidine</i>	54	CHAMBER/MED MASK.....	217	MV.....	155
<i>clonidine hcl</i>	54	COMPACT SPACE CHAMBER/SM		CULTURELLE PROBIOTIC MEN	
<i>clopidogrel bisulfate</i>	113	MASK.....	217	DAILY	155
<i>clorazepate dipotassium</i>	62	<i>companion</i>	155	CULTURELLE PROBIOTICS +	
CLORPACTIN.....	229	COMPETE.....	155	MULTIV	155
<i>clotrimazole</i>	106, 223, 235	COMPLEAT	135	<i>cupric chloride</i>	126
<i>clotrimazole 3</i>	106	COMPLEAT ORGANIC BLENDS..	135	<i>curanol</i>	18
<i>clotrimazole af</i>	223	COMPLEAT PEDI PEPTIDE 1.5... 135		<i>curelief</i>	194
<i>clotrimazole anti-fungal</i>	223	COMPLEAT PEDI STANDARD 1.0		CUTEMOL.....	229
<i>clotrimazole athletes foot</i>	223	.....	135	<i>cutis plus</i>	120
<i>clotrimazole-7</i>	106	COMPLEAT PEDI STANDARD 1.4		<i>cvs 12 hour nasal decongestant</i>	202
<i>clotrimazole-betamethasone</i>	223	.....	135	<i>cvs 8hr arthritis pain relief</i>	18
<i>clozapine</i>	59	COMPLEAT PEDIATRIC.....	135	<i>cvs 8hr muscle aches & pain</i>	18
<i>co q 10</i>	134	COMPLEAT PEDIATRIC ORG		<i>cvs acetaminophen</i>	18
<i>co q10</i>	134	BLENDS.....	135	<i>cvs acetaminophen ex st</i>	18
<i>co q-10</i>	134	COMPLEAT PEPTIDE 1.5.....	135	<i>cvs adapalene</i>	221
COARTEM.....	32	COMPLEAT STANDARD 1.4.....	135	<i>cvs adult 50+ eye health</i>	155
COBENFY.....	59	<i>complete allergy medicine</i>	194	<i>cvs adult multivitamin</i>	155
COBENFY STARTER PACK.....	59	<i>complete allergy relief</i>	194	CVS AIRSHIELD.....	155
<i>cocoa butter skin</i>	229	<i>complete multivitamin/mineral</i>	155	CVS AIRSHIELD IMMUNITY	
<i>coconut oil beauty</i>	229	COMPLEX ESSENTIAL MSD.....	135	SUPPORT	155
<i>cod liver oil</i>	155	COMPRO.....	92	<i>cvs allerg rel child (lorat)</i>	194
<i>cod liver oil w/vit a & d</i>	155	COMTrex DEEP CHEST COLD..	202	<i>cvs allergy</i>	194
<i>cod liver oil/low vitamin a</i>	155	CO-NATAL FA.....	155	<i>cvs allergy & hives relief</i>	194
<i>cod liver oil/vitamins a & d</i>	155	<i>condoms</i>	76	<i>cvs allergy childrens</i>	194
<i>coditussin ac</i>	202	<i>constulose</i>	94	<i>cvs allergy nasal mist no drip</i>	202
<i>coditussin dac</i>	202	COPAXONE.....	67	<i>cvs allergy relief</i>	195
<i>coenzyme q10</i>	135	COPIKTRA.....	43	<i>cvs allergy relief adult</i>	194
<i>coenzyme q-10</i>	135	<i>coq10</i>	135	<i>cvs allergy relief childrens</i>	195
<i>co-enzyme q10</i>	135	<i>coq-10</i>	135	<i>cvs allergy relief d</i>	202
<i>co-enzyme q-10</i>	135	<i>coq10 gummies adult</i>	135	<i>cvs allergy relief neti pot</i>	217
COLACE.....	94	<i>coq10 maximum strength</i>	135	<i>cvs allergy relief(cetirizine)</i>	195

cvs allergy relief-d.....	202	cvs daily fiber.....	94	cvs lubricant drops.....	189
cvs allergy relief-d12.....	202	cvs daily gummies.....	156	cvs lubricant drops fast act.....	189
cvs antacid maximum strength.....	88	cvs daily gummies adult.....	156	cvs lubricant eye drops.....	189
cvs antacid plus antigas.....	88	cvs daily multiple for men.....	156	cvs lubricant eye drops (pf).....	189
cvs antacid/anti-gas.....	88	cvs daily multiple women 50+.....	156	cvs magnesium.....	130
cvs antibiotic.....	221	cvs daily multiv/mineral mens.....	156	cvs magnesium oxide.....	130
cvs antibiotic pain/scar.....	221	cvs daily multivitamin mens.....	156	cvs melatonin.....	135
cvs anti-diarrheal.....	90	cvs daily multivitamin womens.....	156	cvs mens daily gummies.....	156
cvs antiseptic skin cleanser.....	229	cvs dm maximum adult.....	202	cvs menstrual relief.....	18
cvs arthritis pain relief.....	18	cvs dry eye relief.....	189	cvs miconazole 1 combo pack.....	106
cvs aspirin.....	18	cvs dry mouth.....	235	cvs miconazole 3 combo pack.....	106
cvs aspirin adult low dose.....	18	cvs dry skin therapy.....	229	cvs miconazole 3 combo-suppl.....	106
cvs aspirin adult low strength.....	18	cvs e.....	156	cvs miconazole 7.....	106
cvs aspirin ec.....	18	cvs ear drops.....	236	cvs milk of magnesia.....	94
cvs aspirin low dose.....	18	cvs ear wax removal system.....	236	cvs mineral oil.....	94
cvs aspirin low strength.....	18	cvs earwax removal kit.....	236	cvs mini enema.....	94
cvs asthma relief.....	217	cvs electrolyte solution.....	125	cvs mini enema kids.....	94
cvs astringent solution.....	229	cvs enema disposable.....	94	cvs moisturizing.....	230
cvs athletes foot.....	223	cvs enema ready-to-use.....	94	cvs mucus dm extended release...	202
cvs athletes foot (tolnaftate).....	223	cvs epsom salt.....	94	cvs mucus extended release.....	202
cvs b complex plus c.....	155	cvs ethyl alcohol.....	120	cvs multi-symptoms cold child.....	203
cvs b-1.....	155	cvs eye allergy relief.....	186	cvs nasal decongestant.....	203
cvs b12.....	156	cvs eye health & lutein.....	156	cvs nasal mist.....	203
cvs b-12.....	155	cvs eye health adult 50+.....	156	cvs nasal spray.....	203
cvs b12 gummies.....	155	cvs fever reducing childrens.....	18	cvs natural daily fiber.....	94
cvs b6.....	156	cvs fiber.....	94	cvs natural fiber supplement.....	94
cvs bacitracin.....	221	cvs fiber laxative.....	94	cvs natural tears pf.....	189
cvs bacitracin zinc.....	221	cvs folic acid.....	156	cvs neti pot soft tip.....	217
cvs biotin.....	156	cvs foot & sneaker.....	224	cvs nicotine.....	68
cvs biotin high potency.....	156	cvs gas relief.....	103	cvs nicotine polacrilex.....	68
cvs butenafine hcl.....	223	cvs gas relief extra strength.....	103	cvs non-aspirin childrens.....	18
cvs calcium + d3.....	129	cvs gas relief infants.....	103	cvs non-aspirin extra strength.....	18
cvs calcium 600 & vitamin d3.....	130	cvs gas relief ultra strength.....	103	cvs nutrition liquid.....	135
cvs calcium 600 + d/minerals.....	130	cvs gauze sterile.....	70	cvs nutrition plus.....	135
cvs calcium 600+d.....	130	cvs gentle laxative.....	94	cvs nutrition plus chocolate.....	135
cvs calcium carbonate.....	130	cvs gentle laxative womens.....	94	cvs nutrition plus vanilla.....	135
cvs calcium citrate+d3.....	130	cvs genuine aspirin.....	18	cvs nutritional shake.....	135
cvs calcium citrate+d3 petites.....	130	cvs glycerin adult.....	94	cvs one daily essential.....	156
cvs calcium citrate+d3 w/magne....	130	cvs glycerin child.....	94	cvs one daily mens 50+ adv.....	156
cvs calcium soft chews.....	130	cvs gummy dinos.....	156	cvs one daily mens formula.....	156
cvs calcium-magnesium-zinc.....	130	cvs gummy multivitamin kids.....	156	cvs one daily womens 50+ adv.....	156
cvs capsaicin hp.....	229	cvs hydrating skin treatment.....	229	cvs one daily womens formula.....	156
cvs chewable c with rose hips.....	156	cvs ibuprofen.....	25	cvs oral anesthetic max str.....	235
cvs chewable childrens vitamin.....	156	cvs ibuprofen childrens.....	25	cvs oyster shell calcium-vit d.....	130
cvs childrens allergy.....	195	cvs ibuprofen infants.....	25	cvs pain & fever childrens.....	18
cvs childrens complete.....	156	cvs immune support.....	156	cvs pain & fever infants.....	18
cvs childrens ibuprofen.....	25	cvs indoor/outdoor allergy rlf.....	195	cvs pain relief.....	18, 230
cvs childs non-aspirin.....	18	cvs infants gas relief.....	103	cvs pain relief childrens.....	18
cvs c-lax laxative.....	94	cvs infants pain relief drops.....	18	cvs pain relief extra strength.....	18
cvs clotrimazole.....	223, 224	cvs iron.....	109	cvs ped electrolyte freeze pop.....	125
cvs clotrimazole 3.....	106	cvs itch relief.....	224	cvs pediatric electrolyte.....	125
cvs coenzyme q-10.....	135	cvs itch relief extra strength.....	229	cvs petroleum jelly.....	120
cvs coq-10.....	135	cvs jock itch.....	224	cvs pinworm treatment.....	30
cvs coq-10 ultra.....	135	CVS KETONE CARE.....	84	cvs povidone-iodine.....	230
cvs cough & chest congestion.....	202	cvs laxative pills max st.....	94	cvs prenatal.....	156
cvs cough dm.....	202	cvs lice killing.....	234	cvs prenatal gummy.....	156
cvs cough dm childrens.....	202	CVS LICE SOLUTION.....	234	cvs prenatal multi+dha.....	156
cvs covid-19 at home test kit.....	30	cvs lidocaine pain relief.....	230	cvs prenatal multivitamin.....	156
cvs d3.....	156	cvs lidocaine pain-relieving.....	230	CVS PURELAX.....	94

<i>cvs ringworm</i>	224	CYRED EQ.....	76	DEBLITANE.....	76
<i>cvs saline sinus wash refills</i>	217	CYSTADROPS.....	189	DEBROX.....	236
<i>cvs senna</i>	95	CYSTAGON.....	84	DECARA.....	158
<i>cvs senna plus</i>	95	CYSTARAN.....	189	DECONEX IR.....	203
<i>cvs senna-extra</i>	95	CYSTEX URINARY PAIN RELIEF ..	30	<i>decongestant</i>	203
<i>cvs severe cough/congest</i>	203	<i>cytarabine</i>	40	<i>decongestant vapor</i>	203
<i>cvs sinus nasal spray</i>	203	<i>d 1000</i>	157	DECUBI-VITE.....	158
<i>cvs sinus pe decongestant</i>	203	<i>d-1000 extra strength</i>	157	<i>deferasirox</i>	75
<i>cvs sinus wash system</i>	217	<i>d3</i>	158	<i>dekas bariatric</i>	158
<i>cvs skin treatment</i>	230	<i>d3 2000</i>	157	DEKAS PLUS.....	158
<i>cvs slow release dried iron</i>	109	<i>d3 5000</i>	157	DEKAS PLUS OCEAN.....	158
<i>cvs slow release iron</i>	109	<i>d3 baby drops</i>	157	DELSTRIGO.....	33
<i>cvs sod chloride hypertonicity</i>	189	<i>d3 extra strength</i>	157	DELSYM.....	203
<i>cvs sodium chloride</i>	189	<i>d3 high potency</i>	157	DELSYM CGH/CHEST CONG DM	
<i>cvs spectravite adult 50+</i>	156	<i>d3 max st</i>	157	CHILD.....	203
<i>cvs spectravite adults</i>	156	<i>d3 maximum strength</i>	157	DELSYM COUGH CHILDRENS....	203
<i>cvs spectravite advanced</i>	156	<i>d3 super strength</i>	158	DELSYM COUGH/CHEST	
<i>cvs spectravite men</i>	157	<i>d3-1000</i>	158	CONGEST DM.....	203
<i>cvs spectravite men 50+</i>	157	<i>d-3-5</i>	158	<i>delta d3</i>	158
<i>cvs spectravite senior</i>	157	D3-50.....	158	DENGAXIA.....	118
<i>cvs spectravite ultra men 50+</i>	157	<i>d-400</i>	158	DENTA 5000 PLUS.....	235
<i>cvs spectravite ultra mens</i>	157	<i>d-5000</i>	158	<i>dentagel</i>	235
<i>cvs spectravite ultra women</i>	157	<i>dabigatran etexilate mesylate</i>	108	DEPLIN MA.....	158
<i>cvs spectravite women</i>	157	<i>daily betic</i>	158	DEPO-SUBQ PROVERA 104.....	76
<i>cvs spectravite women 50+</i>	157	<i>daily combo multi vitamins</i>	158	DEPO-TESTOSTERONE.....	70
<i>cvs spectravite womens senior</i>	157	<i>daily fiber</i>	95	DERMABASE.....	230
<i>cvs stomach relief</i>	90	<i>daily multiple vitamins</i>	158	DERMACINRX CIRCATRIX.....	230
<i>cvs stomach relief max st</i>	90	<i>daily multiple vitamins/min</i>	158	<i>dermaide aloe</i>	230
<i>cvs stool softener</i>	95	<i>daily multivitamin</i>	158	<i>derma-r</i>	230
<i>cvs stool softener/laxative</i>	95	<i>daily value multivitamin</i>	158	DERMAVITE.....	158
<i>cvs super b complex/c</i>	157	<i>daily vitamin/iron</i>	158	DERMELEVE ANTI-ITCH SCALP.....	230
<i>cvs tussin adult chest congest</i>	203	<i>daily vitamins</i>	158	DERMEND BRUISE FORMULA.....	230
<i>cvs tussin cough</i>	203	<i>daily vite</i>	158	DERMEND FRAGILE SKIN.....	230
<i>cvs tussin dm</i>	203	<i>daily vite multivitamin/iron</i>	158	DESCOVY.....	33
<i>cvs tussin dm max st</i>	203	<i>daily vites</i>	158	DESENEX.....	224
<i>cvs tussin maximum strength</i>	203	<i>daily vites/iron</i>	158	DESGEN DM.....	203
<i>cvs tussindm cough/chest adult</i>	203	<i>daily-vite</i>	158	DESGEN PEDIATRIC.....	203
<i>cvs vision health</i>	157	<i>daily-vite multivitamin</i>	158	<i>desipramine hcl</i>	56
<i>cvs vitamin a</i>	157	<i>dalfampridine er</i>	67	<i>desmopressin ace spray refig</i>	84
<i>cvs vitamin b12</i>	157	<i>danazol</i>	70	<i>desmopressin acetate</i>	84
<i>cvs vitamin b-12</i>	157	<i>dantrolene sodium</i>	67	<i>desmopressin acetate pf</i>	84
<i>cvs vitamin c</i>	157	DANZITEN.....	43	<i>desmopressin acetate spray</i>	84
<i>cvs vitamin c-rose hips</i>	157	<i>dapaglifloz base-metformin er</i>	72	<i>desogestrel-ethinyl estradiol</i>	76
<i>cvs vitamin d3</i>	157	<i>dapagliflozin</i>	72	<i>despec dm</i>	203
<i>cvs vitamin e</i>	157	<i>dapsone</i>	30	<i>despec dm-g</i>	203
<i>cvs womens active daily</i>	157	DAPTACEL.....	118	<i>despec eda</i>	203
<i>cvs womens daily gummies</i>	157	<i>daptomycin</i>	30	<i>destress-iron</i>	158
<i>cvs womens prenatal+dha</i>	157	<i>darunavir</i>	32	<i>desvenlafaxine succinate er</i>	56
<i>cvs zinc gluconate</i>	130	<i>dasatinib</i>	43	<i>dexamethasone</i>	82
<i>cvs zinc oxide</i>	230	DASETTA 1/35 (28).....	76	DEXAMETHASONE INTENSOL.....	82
<i>cyanocobalamin</i>	157	DASETTA 7/7/7.....	76	<i>dexamethasone sod phos (pf)</i>	82
CYCLINEX-1.....	135	DAURISMO.....	43	<i>dexamethasone sod phosphate pf</i>	82
CYCLINEX-2.....	135	DAYHIST ALLERGY 12 HOUR		<i>dexamethasone sodium phosphate</i>	
<i>cyclobenzaprine hcl</i>	67	RELIEF.....	195	.....	83, 188
<i>cyclophosphamide</i>	39	DAYSEE.....	76	<i>dexmethylphenidate hcl</i>	65
<i>cycloserine</i>	34	DAYVIGO.....	65	<i>dextromethorphan hbr</i>	203
<i>cyclosporine</i>	117	D-CERIN.....	230	<i>dextromethorphan polistirex er</i>	203
<i>cyclosporine modified</i>	117	DDROPS.....	158	<i>dextromethorphan-guaifenesin</i>	203
<i>cyproheptadine hcl</i>	195	DDROPS BOOSTER.....	158	<i>dextrose</i>	126

<i>dextrose in lactated ringers</i>	123	<i>digoxin</i>	54	<i>dry eye relief drops</i>	189
<i>dextrose-sodium chloride</i>	123	<i>dihydroergotamine mesylate</i>	66	<i>dss</i>	95
<i>dhea</i>	120	DILANTIN.....	62	DULCOLAX.....	95
DHEA 50.....	120	<i>diltiazem hcl</i>	53	DULCOLAX MILK OF MAGNESIA..	95
<i>diabetes health formula</i>	158	<i>diltiazem hcl er</i>	52	DULCOLAX PINK LAXATIVE.....	95
<i>diabetic siltussin-dm</i>	203	<i>diltiazem hcl er beads</i>	52	DULCOLAX PINK STOOL	
DIABETIC TUSSIN ALLERGY.....	195	<i>diltiazem hcl er coated beads</i>	52	SOFTENER.....	95
DIABETIC TUSSIN DM.....	204	<i>dilt-xr</i>	53	DULCOLAX STOOL SOFTENER....	95
DIABETIC TUSSIN DM MAX ST...	204	<i>diphen</i>	195	DULERA.....	220
DIABETIC TUSSIN EX.....	204	<i>diphenhist</i>	195	<i>duloxetine hcl</i>	56
DIABETIDERM.....	230	<i>diphenhydramine hcl</i>	195	DUOCAL.....	135
DIABETIDERM FOOT		<i>diphenhydramine hcl childrens</i>	195	DUPIXENT.....	113
REJUVENATING.....	230	<i>diphenhydramine-zinc acetate</i>	230	DURABASE.....	120
DIABETISOURCE AC.....	135	<i>diphenoxylate-atropine</i>	103	DURABASE ADVANCED.....	120
DIACOMIT.....	62	<i>dipyridamole</i>	113	DUREX EXTRA SENSITIVE THIN..	76
DIALYVITE.....	159	<i>disopyramide phosphate</i>	50	DUREX REALFEEL.....	76
DIALYVITE 3000.....	158	<i>disulfiram</i>	68	DUREX TROPICAL.....	76
DIALYVITE 5000.....	158	<i>divalproex sodium</i>	62	<i>dutasteride</i>	105
DIALYVITE 800.....	159	<i>divalproex sodium er</i>	62	<i>dutasteride-tamsulosin hcl</i>	105
<i>dialyvite 800/ultra d</i>	159	DML FORTE.....	230	D-VI-SOL.....	159
DIALYVITE 800/ZINC.....	159	<i>docetaxel</i>	42	<i>d-vite pediatric</i>	159
DIALYVITE 800-ZINC 15.....	159	DOCIVYX.....	42	DYNA-HEX 4.....	230
DIALYVITE SUPREME D.....	159	<i>docqlace</i>	95	<i>e 1000</i>	159
DIALYVITE VITAMIN D 5000.....	159	<i>docusate calcium</i>	95	E.E.S. 400.....	37
DIALYVITE/ZINC.....	159	<i>docusate mini</i>	95	<i>e200</i>	159
<i>diamode</i>	90	<i>docusate sodium</i>	95	<i>e-200</i>	159
<i>diarrhea</i>	90	DOCUSOL KIDS.....	95	<i>e400</i>	159
DIASCREEN 10.....	84	<i>dofetilide</i>	50	<i>e-400</i>	159
DIASCREEN 1B.....	84	DOK.....	95	<i>e-400-clear</i>	159
DIASCREEN 1G.....	84	DOLISHALE.....	76	<i>ear drops</i>	236
DIASCREEN 1K.....	84	DOMEBORO.....	230	<i>ear drops earwax aid</i>	236
DIASCREEN 2GK.....	84	<i>dometuss-dmx</i>	204	<i>ear wax removal drops</i>	236
DIASCREEN 2GP.....	84	<i>donepezil hcl</i>	55	<i>ear wax removal kit</i>	236
DIASCREEN 3.....	84	DOPTLET.....	112	<i>ear wax removal system</i>	236
DIASCREEN 4NL.....	84	DOPTLET SPRINKLE.....	112	<i>earwax removal</i>	236
DIASCREEN 4OBL.....	84	<i>dorzolamide hcl</i>	187	<i>earwax removal kit</i>	236
DIASCREEN 4PH.....	84	<i>dorzolamide hcl-timolol mal</i>	187	<i>earwax treatment drops</i>	236
DIASCREEN 5.....	84	DOTTI.....	82	EASIVENT.....	217
DIASCREEN 6.....	84	<i>double antibiotic</i>	221	EASIVENT MASK LARGE.....	217
DIASCREEN 7.....	84	DOVATO.....	33	EASIVENT MASK MEDIUM.....	217
DIASCREEN 8.....	84	<i>doxazosin mesylate</i>	49	EASIVENT MASK SMALL.....	217
DIASCREEN 9.....	84	<i>doxepin hcl</i>	56, 65	EASY-C.....	159
<i>diascreen liquid urine control</i>	85	<i>doxorubicin hcl</i>	41	EASY-C IMMUNE HEALTH.....	159
DIATRUST COVID-19 HOME		<i>doxorubicin hcl liposomal</i>	41	<i>easy-lax</i>	95
TEST.....	30	DOXY 100.....	38	<i>easy-lax plus</i>	95
<i>diazepam</i>	62	<i>doxycycline hyclate</i>	38, 39	<i>econazole nitrate</i>	224
DIAZEPAM INTENSOL.....	62	<i>doxycycline monohydrate</i>	39	ECONTRA ONE-STEP.....	86
<i>diazoxide</i>	83	DPP DIPEPTIDE POWER.....	135	ECOTRIN.....	19
<i>diclofenac potassium</i>	25	DQZATE.....	95	ECOTRIN ARTHRTIS PAIN.....	18
<i>diclofenac sodium</i>	25, 188, 230	DRISDOL.....	159	ECOTRIN LOW STRENGTH.....	19
<i>diclofenac sodium er</i>	25	DRISTAN.....	204	<i>ed chlorped jr</i>	195
<i>dicloxacillin sodium</i>	38	DRIZALMA SPRINKLE.....	56	<i>ed-a-hist dm</i>	204
<i>dicyclomine hcl</i>	93	<i>dronabinol</i>	92	<i>ed-apap</i>	19
<i>diethylpropion hcl</i>	74	<i>drospiren-eth estrad-levomefol</i>	76	EDURANT.....	32
<i>diethylpropion hcl er</i>	74	<i>drospirenone-ethinyl estradiol</i>	76	EDURANT PED.....	32
DIFFERIN.....	221	DROXIA.....	112	<i>efavirenz</i>	32
DIFICID.....	37	<i>droxidopa</i>	54	<i>efavirenz-emtricitab-tenofo df</i>	33
<i>diflunisal</i>	25	<i>drxchoice gas relief</i>	103	<i>efavirenz-lamivudine-tenofovir</i>	33
<i>difluprednate</i>	188	DRY EYE FORMULA.....	159	<i>effervescent antacid/pain rel</i>	19

EGG/PRO	135	ENEMEEZ KIDS	95	ENU NUTRITIONAL SHAKE	137
ELDERTONIC	159	ENEMEEZ MINI	95	ENU PRO3 PLUS	137
ELECARE	136	ENEMEEZ PLUS	95	<i>enulose</i>	95
ELECARE DHA/ARA	136	<i>energy b12</i>	160	EO28 SPLASH	137
ELECARE DHA/ARA INFANT	136	ENFAMIL ENFALYTE	125	EPCLUSA	34
ELECARE JR	136	ENFAMIL EXPECTA	160	EPIDIOLEX	62
ELFOLATE	159	ENFAMIL POLY-VI-SOL-IRON	160	<i>epinephrine</i>	54, 217
ELFOLATE PLUS	159	ENGERIX-B	118	<i>eplerenone</i>	49
ELIGARD	40	ENILLORING	77	<i>epsom salt</i>	95
ELINEST	76	ENLIVE	136	<i>eq 12 hour mucus relief</i>	204
ELIQUIS	108	<i>enoxaparin sodium</i>	108	<i>eq 8hr arthritis pain relief</i>	19
ELIQUIS (1.5 MG PACK)	108	ENSACOVE	43	<i>eq acetaminophen</i>	19
ELIQUIS (2 MG PACK)	108	ENSKYCE	77	<i>eq all day allergy relief</i>	195
ELIQUIS DVT/PE STARTER PACK	108	ENSTILAR	226	<i>eq allerg relief child (cetir)</i>	195
ELITE-OB	159	ENSURE	136	<i>eq allerg relief child (lorat)</i>	195
<i>ellume covid-19 home test</i>	30	ENSURE ACTIVE	136	<i>eq allergy & congestion relief</i>	204
ELON SKIN REPAIR SYSTEM	230	ENSURE ACTIVE HEART	136	<i>eq allergy childrens</i>	195
ELURYNG	76	HEALTH	136	<i>eq allergy relief</i>	195, 204
EMERGEN-C APPLE CIDER		ENSURE ACTIVE HIGH PROTEIN	136	<i>eq allergy relief (cetirizine)</i>	195
VINEGAR	159	ENSURE ACTIVE LIGHT	136	<i>eq allergy relief childrens</i>	195
EMERGEN-C ASHWAGANDHA	159	ENSURE BONE HEALTH	136	EQ ALLERGY RELIEF NASAL	
EMERGEN-C ELDERBERRY	159	REVIGOR	136	DECONG	204
EMERGEN-C IMMUNE PLUS/VIT		ENSURE CLEAR	136	<i>eq antacid</i>	88
D	159	ENSURE CLINICAL ST REVIGOR	136	<i>eq antacid maximum strength</i>	88
<i>emergen-c immune+</i>	159	ENSURE COMPACT	136	<i>eq anti-diarrheal</i>	90
EMERGEN-C IMMUNE+		ENSURE COMPLETE	136	<i>eq antifungal</i>	224
ELDERBERRY	159	ENSURE COMPLETE SHAKE	136	<i>eq arthritis pain</i>	19
EMERGEN-C KIDZ DAILY		ENSURE ENLIVE	136	<i>eq artificial tears</i>	189
IMMUNE	159	ENSURE HEALTHY MOM	136	<i>eq aspirin</i>	19
<i>emergen-c kidz immune+</i>	159	ENSURE HIGH CALCIUM	136	<i>eq aspirin adult low dose</i>	19
EMERGEN-C TURMERIC &		ENSURE HIGH PROTEIN	136	<i>eq aspirin low dose</i>	19
GINGER	159	ENSURE IMMUNE HEALTH	136	<i>eq athletes foot</i>	224
EMERGEN-C VITAMIN C	160	ENSURE MAX PROTEIN	136	<i>eq athletes foot (terbinafine)</i>	224
EMGALITY	66	ENSURE MUSCLE HEALTH	136	<i>eq athletes foot (tolnaftate)</i>	224
EMGALITY (300 MG DOSE)	66	REVIGOR	136	<i>eq athletes foot ultra</i>	224
EMOLIVAN	120	ENSURE NUTRA SHAKE HI-CAL	136	<i>eq bacitracin zinc</i>	221
EMOLLIA-CREME	230	ENSURE NUTRITION SHAKE	136	<i>eq calcium 500+d</i>	130
<i>emollient base</i>	120	ENSURE ORIG THERAPEUTIC	136	<i>eq calcium 600+d</i>	130
EMSAM	56	NUTRI	136	<i>eq calcium 600+d+minerals</i>	130
<i>emtricitabine</i>	32	ENSURE ORIGINAL	136	<i>eq calcium citrate+d</i>	130
<i>emtricitabine-tenofovir df</i>	34	ENSURE ORIGINAL/FIBER	136	<i>eq calcium citrate+d3</i>	130
<i>emtricitab-rilpivir-tenofov df</i>	34	ENSURE PLANT-BASED	136	<i>eq calcium citrate+d3 petites</i>	130
EMTRIVA	32	PROTEIN	136	<i>eq cetirizine hcl</i>	195
EMVERM	30	ENSURE PLUS	136	EQ CLEARLAX	95
EMZAHH	76	ENSURE PLUS HIGH PROTEIN	136	<i>eq complete multivit adult 50+</i>	160
<i>enalapril maleate</i>	49	ENSURE PLUS HN	136	<i>eq complete multivitamin child</i>	160
<i>enalapril-hydrochlorothiazide</i>	49	ENSURE PLUS WITH FIBER	136	<i>eq complete multivitamin-adult</i>	160
ENBREL	113	ENSURE PRE-SURGERY	136	<i>eq cough & chest congestion dm</i>	204
ENBREL MINI	113	ENSURE SURGERY	136	<i>eq cough childrens</i>	204
ENBREL SURECLICK	113	ENSURE SURGICAL NUTRITION	137	<i>eq cough dm</i>	204
ENCALA	136	ENSURE/FIBER	137	<i>eq d3 drops infants/childrens</i>	160
ENCARE	106	<i>entacapone</i>	58	<i>eq daily fiber</i>	95
<i>endit</i>	230	<i>entecavir</i>	34	<i>eq ear wax removal aid</i>	236
ENDOCET	27	ENTERADE	137	<i>eq earwax removal aid</i>	237
ENDUR-ACIN	160	ENTERADE IBS-D	137	<i>eq enema</i>	96
ENDUR-C	160	ENTRESTO	50	<i>eq eye allergy relief</i>	186
<i>enema disposable</i>	95	ENU COMPLETE NUTRITION		<i>eq fiber therapy</i>	96
<i>enema ready-to-use</i>	95	SHAKE	137	<i>eq first aid antiseptic</i>	230
				<i>eq gas relief</i>	103

eq gas relief extra strength.....	103	eq therapeutic dry skin.....	230	eql menstrual relief max st.....	19
eq gas relief ultra strength.....	103	eq therapeutic moisturizing.....	230	eql miconazole 3.....	107
eq gentle laxative.....	96	eq triple antibiotic.....	221	eql miconazole 7.....	107
eq ibuprofen.....	25	eq tussin dm max adult.....	204	eql moisturizing.....	230
eq ibuprofen childrens.....	25	eq tussin dm max daytime.....	204	eql mucus-dm.....	205
eq ibuprofen junior.....	25	eq vegetable laxative.....	96	eql nasal decongestant.....	205
eq infants gas relief.....	103	eq vision formula 50+.....	160	eql nasal decongestant pe.....	205
eq jock itch.....	224	eq weight loss shake.....	137	eql nasal spray 12 hour.....	205
eq laxative.....	96	eql acetaminophen.....	19	eql nasal spray fast acting.....	205
eq lidocaine pain relieving.....	230	eql acetaminophen childrens.....	19	eql nasal spray no drip.....	205
eq loperamide hcl.....	90	eql acetaminophen ex st.....	19	eql natural fiber.....	96
eq loratadine.....	196	eql all day allergy.....	196	eql natural zinc.....	130
eq loratadine childrens.....	195	eql all day allergy childrens.....	196	eql one daily adult gummies.....	160
eq lubricant eye drops.....	189	eql allergy.....	196	eql one daily mens.....	160
eq miconazole 1.....	107	eql allergy relief.....	196	eql one daily mens 50+ advance...	160
eq miconazole 3-day combo.....	107	eql allergy/congestion relief.....	205	eql one daily mens health.....	160
eq miconazole 7.....	107	eql antacid.....	88	eql one daily womens 50+ adv.....	160
eq mineral oil.....	96	eql anti-diarrheal.....	90	eql prenatal formula.....	161
EQ MUCUS ER.....	204	eql aspirin ec.....	19	eql ready-to-use enema.....	96
eq mucus relief.....	204	eql aspirin low dose.....	19	eql senna laxative.....	96
eq mucus relief 12 hour max st.....	204	eql athletes foot.....	224	eql senna-s.....	96
eq mucus relief congest/cough.....	204	eql athletes foot(terbinafine).....	224	eql slow release iron.....	109
eq mucus relief dm.....	204	eql b complex 50.....	160	eql smooth texture fiber.....	96
eq multi-symptom cold children.....	204	eql b-12.....	160	eql stomach relief.....	90
eq multivitamin gummies.....	160	eql b-6.....	160	eql stomach relief max st.....	90
eq multivitamins adult gummy.....	160	eql bacitracin zinc.....	221	eql stool softener.....	96
eq multivitamins gummy child.....	160	eql biotin.....	160	eql super b complex/vitamin c.....	161
eq nasal spray.....	204	eql calcium citrate/vitamin d.....	130	eql tussin cough/chest congest.....	205
eq nasal spray fast acting.....	204	eql calcium citrate/vitamin d3.....	130	eql tussin cough/chest dm max.....	205
eq natural vegetable laxative.....	96	eql calcium/vitamin d.....	130	eql vapor nasal decongestant.....	205
eq nicotine.....	68	eql calcium/vitamin d3.....	130	eql vision formula.....	161
eq nicotine polacrilex.....	68	eql century.....	160	eql vitamin b-12.....	161
eq nicotine step 3.....	68	eql century mature.....	160	eql vitamin b-12 tr.....	161
eq nutritional shake.....	137	eql century mature adults 50+.....	160	eql vitamin c.....	161
eq nutritional shake plus.....	137	eql century mature men 50+.....	160	eql vitamin c drops.....	161
eq one daily mens 50+.....	160	eql century mature women 50+.....	160	eql vitamin c gummies.....	161
eq one daily mens health.....	160	eql century mens.....	160	eql vitamin c/rose hips.....	161
EQ ONE DAILY WOMENS 50+.....	160	eql century womens.....	160	eql vitamin d3.....	161
eq one daily womens health.....	160	eql child multivit/minerals.....	160	eql vitamin e.....	161
eq pain & fever childrens.....	19	eql childrens allergy.....	196	equacare jr.....	137
eq pain & fever infants.....	19	eql childrens ibuprofen.....	25	EQUALYTE.....	125
eq pain relief/rapid burst.....	19	EQL CLEARLAX.....	96	EQUATE.....	137
eq pain reliever.....	19	eql coq10.....	137	EQUATE PLUS.....	137
eq pain reliever ex st.....	19	eql cough dm.....	205	ergocalciferol.....	161
eq povidone-iodine.....	230	eql dry mouth oral rinse.....	235	ergotamine-caffeine.....	66
eq restore plus lubricant eye.....	189	eql ethyl alcohol (rubbing).....	120	ERIVEDGE.....	43
eq restore tears.....	189	eql fiber laxative.....	96	ERLEADA.....	40
eq senna-s.....	96	eql fiber therapy.....	96	erlotinib hcl.....	43
eq sinus & congestion max str.....	204	eql first aid antibiotic.....	221	ERRIN.....	77
eq sinus 12-hour.....	204	eql gas gone.....	103	ertapenem sodium.....	30
eq slow-release iron.....	109	eql gas relief.....	103	ery.....	221
eq space chamber anti-static.....	217	eql gentle laxative.....	96	ERYTHROCIN LACTOBIONATE....	37
eq space chamber anti-static l.....	217	eql gummies childrens.....	160	erythromycin.....	37, 187, 221
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.....	96	eql laxative.....	96	ERZOFRI.....	59
eq stool softener extra str.....	96	eql laxative maximum strength.....	96	escitalopram oxalate.....	56
eq stool softener/laxative.....	96	eql lice killing max st.....	234	eslicarbazepine acetate.....	62

<i>esomeprazole magnesium</i>	105	<i>fagron supreme</i>	120	<i>fiber</i>	96
ESSENTIA.....	161	FALMINA.....	77	FIBER FLOW.....	137
<i>essential balance</i>	161	<i>famciclovir</i>	34	<i>fiber laxative</i>	96
ESSENTIAL CARE JR.....	137	<i>famotidine</i>	93	<i>fiber laxative + calcium</i>	96
ESTARYLLA.....	77	<i>famotidine (pf)</i>	93	FIBERCON.....	96
ESTER-C.....	161	<i>famotidine premixed</i>	93	<i>fiber-lax</i>	96
<i>estradiol</i>	82	FANAPT.....	59	FIBERSOURCE HN.....	137
<i>estradiol valerate</i>	82	FANAPT TITRATION PACK A.....	59	<i>fidaxomicin</i>	37
<i>estradiol-norethindrone acet</i>	82	FANAPT TITRATION PACK B.....	59	<i>finasteride</i>	105
ESTROFACTORS.....	161	FANAPT TITRATION PACK C.....	59	FINAZOL.....	161
<i>eszopiclone</i>	65	FANTASY LUBRICATED.....	77	FINEST NUTRITION VITAMIN B-12.....	161
<i>ethambutol hcl</i>	34	FANTASY LUBRICATED/SPERMICIDE.....	77	<i>finest nutrition vitamin d3</i>	161
<i>ethosuximide</i>	62	FARXIGA.....	72	<i>ingolimod hcl</i>	67
<i>ethyl alcohol (rubbing)</i>	120	FASENRA.....	217	FINTEPLA.....	62
<i>ethynodiol diac-eth estradiol</i>	77	FASENRA PEN.....	217	FINZALA.....	77
<i>etodolac</i>	25	<i>fastep covid-19 antigen test</i>	30	FIRMAGON.....	40
<i>etodolac er</i>	25	<i>fa-vitamin b-6-vitamin b-12</i>	161	FIRMAGON (240 MG DOSE).....	40
<i>etonogestrel-ethinyl estradiol</i>	77	FC2 FEMALE CONDOM.....	77	<i>first aid antibiotic</i>	221
<i>etoposide</i>	42	FEIRZA 1.5/30.....	77	<i>first aid antiseptic</i>	231
<i>etravirine</i>	32	FEIRZA 1/20.....	77	FITALITE.....	121
<i>eucerin advanced repair</i>	230	<i>felbamate</i>	62	FITNESS TABS FOR MEN AM/PM.....	161
EUCERIN ADVANCED REPAIR HAND.....	230	<i>felodipine er</i>	53	FITNESS TABS FOR WOMEN AM/PM.....	161
EUCERIN CALMING DAILY MOIST.....	230	<i>fem-cal citrate</i>	130	FLAC.....	192
EUCERIN DAILY HYDRATION.....	230	FEMQUIL.....	161	<i>flavor plus</i>	121
EUCERIN PLUS.....	230	<i>fenofibrate</i>	51	FLEBOGAMMA DIF.....	116
EUCERIN REDNESS RELIEF NIGHT.....	231	<i>fenofibrate micronized</i>	51	<i>flecainide acetate</i>	50
EUCERIN ROUGHNESS RELIEF.....	231	<i>fentanyl</i>	27	FLEET ENEMA.....	96
EUCERIN SKIN CALMING.....	231	FEOSOL.....	109	FLEET LAXATIVE MINERAL OIL.....	96
EUCRISA.....	231	FERAHEME.....	109	FLEET STIMULANT.....	96
EULEXIN.....	40	FERATE.....	109	FLEET STOOL SOFTENER.....	97
EVAC.....	96	FERGON.....	109	<i>flex base</i>	121
EVAC-U-GEN.....	96	FER-IN-SOL.....	109	FLEXGEN.....	161
<i>everolimus</i>	43, 117	FEROSUL.....	109	FLEXICHAMBER.....	218
EVOTAZ.....	34	<i>ferotransic</i>	109	FLINTSTONES + EXTRA IRON....	161
EXEL COMFORT POINT PEN NEEDLE.....	70	FERRALET 90.....	109	FLINTSTONES COMPLETE.....	161
<i>exemestane</i>	40	<i>ferrex 150</i>	110	FLINTSTONES GUMMIES COMPLETE.....	161
EX-LAX MAXIMUM STRENGTH.....	96	FERRIMIN 150.....	110	FLINTSTONES GUMMIES-IMMUNITY.....	162
EX-LAX ULTRA.....	96	FERRLECIT.....	110	FLINTSTONES PLUS EXTRA IRON.....	162
EXPEDITE.....	137	<i>ferrotabs</i>	110	FLINTSTONES/MY FIRST.....	162
EXXUA.....	56	<i>ferrous fumarate</i>	110	FLINTSTONES-IMMUNITY SUPPORT.....	162
EXXUA TITRATION PACK.....	57	<i>ferrous gluconate</i>	110	FLORIVA PLUS.....	162
<i>eye allergy relief</i>	186	<i>ferrous sulfate</i>	110	FLORRAXYL.....	162
<i>eye health</i>	161	<i>ferrous sulfate er</i>	110	FLOTREX.....	162
<i>eye health + lutein</i>	161	<i>ferumoxytol</i>	110	FLOWFLEX COVID-19 AG HOME TEST.....	30
<i>eye health areds 2</i>	161	<i>fesoterodine fumarate er</i>	106	<i>fluconazole</i>	28
<i>eye multivitamin/sodium</i>	161	FETZIMA.....	57	<i>fluconazole in sodium chloride</i>	28
EYE VITAMINS.....	161	FETZIMA TITRATION.....	57	<i>flucytosine</i>	28
EYES ALIVE.....	189	FEVERALL CHILDRENS.....	19	<i>fludrocortisone acetate</i>	83
EYE-VITES.....	161	FEVERALL INFANTS.....	19	<i>flunisolide</i>	219
EYSUVIS.....	189	FEVERALL JUNIOR STRENGTH... ..	19	<i>fluocinolone acetonide</i>	192, 226, 227
<i>ezetimibe</i>	51	<i>fe-vite iron</i>	110	<i>fluocinolone acetonide body</i>	226
<i>ezetimibe-simvastatin</i>	51	<i>fexofenadine hcl</i>	196		
FABRAZYME.....	85	FIASP.....	71		
<i>fagron ls plus</i>	120	FIASP FLEXTOUCH.....	71		
<i>fagron natural</i>	120	FIASP PENFILL.....	71		
		FIASP PUMPCART.....	71		

<i>fluocinolone acetonide scalp</i>	227	<i>ft all day allergy-d</i>	205	<i>ft fiber laxative</i>	97
<i>fluocinonide</i>	227	<i>ft allergy childrens</i>	196	<i>ft fiber supplement</i>	97
<i>fluocinonide emulsified base</i>	227	<i>ft allergy d-12 hour</i>	205	<i>ft folic acid</i>	163
FLUORIDEX DAILY RENEWAL.....	235	<i>ft allergy relief</i>	196	<i>ft gas relief</i>	103
<i>fluorometholone</i>	188	<i>ft allergy relief 12 hour</i>	196	<i>ft gas relief extra strength</i>	103
<i>fluorouracil</i>	40, 231	<i>ft allergy relief 24 hour</i>	196	<i>ft gas relief infants</i>	103
<i>fluoxetine hcl</i>	57	<i>ft allergy relief cetirizine</i>	196	<i>ft gas relief ultra strength</i>	103
<i>fluphenazine decanoate</i>	59	<i>ft allergy relief childrens</i>	196	<i>ft gentle laxative</i>	97
<i>fluphenazine hcl</i>	59	<i>ft allergy relief loratadine</i>	196	<i>ft hair skin & nails extra str</i>	163
<i>flurbiprofen</i>	25	<i>ft allergy relief-d</i>	205	<i>ft ibuprofen</i>	25
<i>flurbiprofen sodium</i>	188	<i>ft ammonium lactate</i>	231	<i>ft ibuprofen childrens</i>	25
<i>fluticasone propionate</i>	219, 227	<i>ft antacid & antigas</i>	88	<i>ft ibuprofen ib childrens</i>	25
<i>fluticasone-salmeterol</i>	220	<i>ft antacid regular strength</i>	88	<i>ft ibuprofen infants</i>	25
<i>fluvoxamine maleate</i>	55	<i>ft antibiotic</i>	221	<i>ft immune support</i>	163
<i>folate</i>	162	<i>ft anti-diarrheal</i>	90, 91	<i>ft iron</i>	110
<i>folatexcel</i>	162	<i>ft antifungal</i>	224	<i>ft iron slow release</i>	110
<i>folawise</i>	162	<i>ft anti-itch extra strength</i>	231	<i>ft laxative</i>	97
<i>folbee</i>	162	<i>ft antiseptic skin cleanser</i>	231	<i>ft lice killing max st</i>	234
<i>folbee plus</i>	162	<i>ft arthritis pain reliever</i>	19	<i>ft lubricant eye drops</i>	189
FOLBIC.....	162	<i>ft aspirin</i>	19, 20	<i>ft magnesium</i>	131
<i>folding paddle walker</i>	68	<i>ft aspirin low dose</i>	19	<i>ft magnesium oxide</i>	131
<i>folic acid</i>	162	<i>ft athletes foot (clotrimaz)</i>	224	<i>ft melatonin</i>	137
FOLITAB 500.....	110	<i>ft athletes foot (terbinafine)</i>	224	<i>ft miconazole 3 comb pack-supp</i> ...	107
FOLIVANE-F.....	110	<i>ft b-complex plus vitamin c</i>	162	<i>ft miconazole 3 combo pack</i>	107
FOLIVANE-PLUS.....	110	<i>ft biotin</i>	162	<i>ft miconazole 7</i>	107
<i>folplex 2.2</i>	162	<i>ft calamine</i>	231	<i>ft milk of magnesia</i>	97
FOLTABS 800.....	162	<i>ft calcium</i>	130	<i>ft mineral oil</i>	97
FOLTANX.....	162	<i>ft calcium + vitamin d3</i>	130	<i>ft mucus relief 12hr</i>	205
<i>foltrin</i>	110	<i>ft calcium 600+vit d3/minerals</i>	130	<i>ft mucus relief 12hr max str</i>	205
<i>fondaparinux sodium</i>	108	<i>ft calcium citrate +vitamin d3</i>	130	<i>ft mucus relief dm</i>	205
<i>formaldehyde</i>	231	FT CALCIUM CITRATE/VIT D3.....	130	<i>ft nasal decongestant max str</i>	205
FORTA DRINK.....	137	<i>ft calcium citrate+d3 petites</i>	130	<i>ft nasal decongestant pe</i>	205
FORTA SHAKE.....	137	FT CALCIUM/VITAMIN D3.....	131	<i>ft nasal spray</i>	205
<i>fosamprenavir calcium</i>	32	FT CALCIUM+D3.....	131	<i>ft nicotine</i>	68
<i>fosfomycin tromethamine</i>	30	<i>ft calcium-magnesium-zinc-d3</i>	131	<i>ft nicotine mini</i>	68
<i>fosinopril sodium</i>	49	<i>ft century 50+</i>	162	<i>ft one daily mens</i>	163
<i>fosinopril sodium-hctz</i>	49	<i>ft century adults</i>	162	<i>ft one daily mens 50+</i>	163
FOTIVDA.....	43	<i>ft century men</i>	162	<i>ft one daily womens</i>	163
<i>fraiche 5000 dental</i>	235	<i>ft century men 50+</i>	162	<i>ft one daily womens 50+</i>	163
<i>freedavite</i>	162	<i>ft century women</i>	162	<i>ft pain & fever childrens</i>	20
<i>freedom adaptaderm</i>	121	<i>ft century women 50+</i>	162	<i>ft pain & fever infants</i>	20
<i>freedom derma serum</i>	121	<i>ft childrens multi</i>	162	<i>ft pain relief</i>	20, 25
FREEDOM DERMA-D.....	121	<i>ft childrens multi plus immune</i>	162	<i>ft pain relief adult extra st</i>	20
FREEDOM DERMA-N.....	121	<i>ft children's pain/fever</i>	20	<i>ft pain relief extra strength</i>	20
FRINDOVYX.....	39	<i>ft clearlax</i>	97	<i>ft pain relief max strength</i>	231
<i>fruit c</i>	162	<i>ft clotrimazole</i>	107	<i>ft pain reliever adults</i>	20
<i>fruit c 500</i>	162	<i>ft clotrimazole 3</i>	107	<i>ft pain reliever children</i>	20
<i>fruity c</i>	162	<i>ft co q-10</i>	137	<i>ft pain reliever ex str adult</i>	20
<i>fruity chews</i>	162	<i>ft co q-10 rapid release</i>	137	<i>ft phenolated calamine</i>	231
<i>fruity chews/iron</i>	162	<i>ft double antibiotic</i>	221	<i>ft povidone-iodine</i>	231
FRUZAQLA.....	43	<i>ft earwax removal</i>	237	<i>ft prenatal</i>	163
<i>ft 12 hour cough relief</i>	205	<i>ft earwax removal kit</i>	237	<i>ft rapid release pain relief</i>	20
<i>ft 7 day vaginal</i>	107	<i>ft electrolyte</i>	125	<i>ft senna laxative</i>	97
<i>ft 8 hour pain relief</i>	19	<i>ft enema</i>	97	<i>ft senna laxatives</i>	97
<i>ft adult multi gummies</i>	162	<i>ft enteric coated aspirin</i>	20	<i>ft senna-s</i>	97
<i>ft all day allergy</i>	196	<i>ft epsom salt</i>	97	<i>ft stomach relief</i>	91
<i>ft all day allergy 24 hour</i>	196	<i>ft ethyl rubbing alcohol</i>	121	<i>ft stool softener</i>	97
<i>ft all day allergy childrens</i>	196	<i>ft eye health</i>	163	<i>ft triple antibiotic</i>	221
<i>ft all day allergy relief</i>	196	<i>ft fiber</i>	97	<i>ft triple antibiotic + pain</i>	221

<i>ft tussin adult</i>	205	GAVILYTE-N WITH FLAVOR		GILTUSS HONEY CGH/CHST	
<i>ft tussin cf adult</i>	205	PACK.....	97	CHILD.....	206
<i>ft tussin dm</i>	205	GAVRETO.....	43	GILTUSS SEVERE SINUS.....	206
<i>ft tussin dm adult</i>	205	<i>gcon dmx</i>	205	GILTUSS SINUS & CONGESTION	
<i>ft tussin dm max adult</i>	205	<i>gcon ir</i>	205	.....	206
<i>ft vapor inhaler</i>	205	<i>gefitinib</i>	43	<i>glatiramer acetate</i>	67
<i>ft vitamin a</i>	163	GELATEIN MCT.....	137	GLATOPA.....	67
<i>ft vitamin b-1</i>	163	GELUSIL.....	88	GLEOSTINE.....	39
<i>ft vitamin b-12</i>	163	<i>gemcitabine hcl</i>	40	<i>glimepiride</i>	72
<i>ft vitamin b-12 extra strength</i>	163	<i>gemfibrozil</i>	51	<i>glipizide</i>	72
<i>ft vitamin b-12 pr</i>	163	GEMTESA.....	106	<i>glipizide er</i>	72
<i>ft vitamin b-6</i>	163	GENABIO COVID-19 RAPID TEST.....	30	<i>glipizide-metformin hcl</i>	72
<i>ft vitamin c</i>	163	<i>genadek step 1</i>	163	<i>global alcohol prep ease</i>	71
<i>ft vitamin c/rose hips</i>	163	<i>genadek step 2</i>	163	GLUCERNA.....	137, 138
<i>ft vitamin d3</i>	163	<i>generlac</i>	97	GLUCERNA 1.0 CAL.....	137
<i>ft vitamin d3 rapid release</i>	163	GENGRAF.....	117	GLUCERNA 1.0	
<i>ft vitamin e</i>	163	GENOTROPIN.....	85	CAL/CARBSTEADY.....	137
<i>ft zinc chelated</i>	131	GENOTROPIN MINISQUICK.....	85	GLUCERNA 1.0 CAL/FIBER.....	137
<i>full spectrum b/vitamin c</i>	163	<i>gentamicin in saline</i>	30	GLUCERNA 1.2 CAL.....	137
FULPHILA.....	109	<i>gentamicin sulfate</i>	30, 188, 221	GLUCERNA 1.5 CAL.....	137
<i>fulvestrant</i>	40	GENTEAL SEVERE.....	189	GLUCERNA 1.5	
<i>fungi-guard</i>	224	GENTEAL TEARS.....	189	CAL/CARBSTEADY.....	137
FUNGOID TINCTURE.....	224	GENTEAL TEARS MODERATE PF		GLUCERNA ADVANCE SHAKE...	137
<i>furosemide</i>	53	.....	189	GLUCERNA CARBSTEADY.....	137
FUSION.....	110	GENTEAL TEARS PF.....	189	GLUCERNA HUNGER SMART	
FUSION PLUS.....	110	GENTEAL TEARS SEVERE		SHAKE.....	137
FYAVOLV.....	82	DAY/NIGHT.....	189	GLUCERNA OS.....	138
FYCOMPA.....	62, 63	<i>gentle laxative</i>	97	GLUCERNA SELECT.....	138
<i>g tussin ac</i>	205	<i>genuine aspirin</i>	20	GLUCERNA SHAKE.....	138
GA.....	137	GENVOYA.....	34	GLUCERNA SNACK SHAKE.....	138
GA-1 ANAMIX EARLY YEARS.....	137	<i>geri-dryl</i>	196	GLUCERNA WEIGHT LOSS	
<i>gabapentin</i>	63	<i>geri-freeda senior formula</i>	163	SHAKE.....	138
<i>galantamine hydrobromide</i>	55	<i>geri-kot</i>	97	GLUCO TO GO 15.....	83
<i>galantamine hydrobromide er</i>	55	<i>geri-lanta</i>	88	<i>glucose</i>	83
GALBRIELA.....	77	<i>geri-lanta maximum strength</i>	88	<i>glutamine</i>	138
GALLIFREY.....	86	<i>geri-mox</i>	88	GLUTAREX-1.....	138
GAMASTAN.....	116	<i>geri-mox maximum strength</i>	88	GLUTAREX-2.....	138
GAMMAGARD.....	116	<i>geri-mucil</i>	97	GLUTOSE 5.....	83
GAMMAGARD ERC.....	116	GERITOL COMPLETE.....	163	<i>glycerin (adult)</i>	97
GAMMAGARD S/D LESS IGA.....	116	GERITOL NUTRITION SUPPORT.....	163	<i>glycerin (child)</i>	97
GAMMAKED.....	116	<i>geri-tussin</i>	206	<i>glycerin (infants & children)</i>	97
GAMMAPLEX.....	116	<i>geri-tussin dm</i>	206	<i>glycerin (pediatric)</i>	97
GAMUNEX-C.....	116	<i>gerivite complete</i>	163	<i>glycerin adult</i>	97
<i>ganciclovir sodium</i>	34	GILOTRIF.....	43	<i>glycerin childrens</i>	97
GARDASIL 9.....	118	GILTUSS COUGH & CHEST.....	206	GLYCOLAX.....	97
<i>gas relief</i>	103	GILTUSS COUGH & CHEST		<i>glycopyrrolate</i>	93
<i>gas relief extra strength</i>	103	CHILDREN.....	206	GLYCOTROL.....	163
<i>gas relief infants</i>	103	GILTUSS COUGH & COLD.....	206	GLYCOTROL COMPLETE.....	163
<i>gas relief ultra strength</i>	103	GILTUSS COUGH & COLD		GLYDO.....	227
GAS-X EXTRA STRENGTH.....	103	CHILDRENS.....	206	GLYTACTIN BETTERMILK.....	138
GAS-X INFANT DROPS.....	103	GILTUSS DIABETIC COUGH &		GLYTACTIN RESTORE 10.....	138
GAS-X MAXIMUM STRENGTH.....	103	COLD.....	206	GLYTACTIN RESTORE LITE 10...	138
GAS-X ULTRA STRENGTH.....	103	GILTUSS EX EXPECTORANT		GLYTACTIN RTD 10.....	138
<i>gatifloxacin</i>	187	CHILD.....	206	GLYTACTIN RTD 15.....	138
GATTEX.....	103	GILTUSS EX MAXIMUM		GLYTACTIN RTD LITE 15.....	138
<i>gavilax</i>	97	STRENGTH.....	206	GLYTROL PREBIO1.....	138
GAVILYTE-C.....	97	GILTUSS HONEY CGH/CHEST		GLYXAMBI.....	72
GAVILYTE-G.....	97	CONGES.....	206	<i>gnp 8 hour arthritis relief</i>	20
				<i>gnp 8 hour pain relief</i>	20

<i>gnp 8 hour pain reliever</i>	20	<i>gnp d 1000</i>	164	<i>gnp nicotine mini</i>	69
<i>gnp acetaminophen</i>	20	<i>gnp d3</i>	164	<i>gnp nicotine polacrilex</i>	69
<i>gnp adapalene</i>	221	<i>gnp earwax removal drops</i>	237	<i>gnp no drip nasal spray</i>	207
<i>gnp adult aspirin low strength</i>	20	<i>gnp earwax removal kit</i>	237	<i>gnp one daily maximum</i>	164
<i>gnp adult mini</i>	163	<i>gnp electrolyte solution</i>	125	<i>gnp one daily mens health 50+</i>	164
<i>gnp alcohol denatured</i>	121	<i>gnp epsom salt</i>	97	<i>gnp one daily mens/lycopene</i>	164
<i>gnp all day allergy</i>	196	<i>gnp essential one daily</i>	164	<i>gnp one daily womens</i>	164
<i>gnp all day allergy childrens</i>	196	<i>gnp ethyl rubbing alcohol</i>	121	<i>gnp one daily womens 50+</i>	164
<i>gnp all day allergy-d</i>	206	<i>gnp eye drops</i>	190	<i>gnp pain & fever childrens</i>	20
<i>gnp allergy</i>	196	<i>gnp eye drops long lasting</i>	189	<i>gnp pain & fever infants</i>	20
<i>gnp allergy & congestion</i>	206	<i>gnp fexofenadine hcl</i>	196	<i>gnp pain relief</i>	20
<i>gnp allergy relief</i>	196	<i>gnp fiber</i>	98	<i>gnp pain relief extra strength</i>	20
<i>gnp allergy relief 24 hr</i>	196	<i>gnp fiber-caps</i>	98	<i>gnp pain relief nighttime</i>	69
<i>gnp allergy relief max st</i>	196	<i>gnp folic acid</i>	164	<i>gnp petroleum jelly</i>	121
<i>gnp allergy/congestion relief</i>	206	<i>gnp gas relief</i>	103	<i>gnp pink bismuth</i>	91
<i>gnp antacid</i>	89	<i>gnp gas relief extra strength</i>	103	<i>gnp pink bismuth ultra str</i>	91
<i>gnp antacid & anti-gas</i>	89	<i>gnp gentle laxative</i>	98	<i>gnp povidone-iodine</i>	231
<i>gnp antacid regular strength</i>	89	<i>gnp glycerin (adult)</i>	98	<i>gnp prenatal</i>	164
<i>gnp antibacterial urinary pain</i>	30	<i>gnp glycerin child</i>	98	<i>gnp prenatal/folic acid</i>	164
<i>gnp anti-diarrheal</i>	91	<i>gnp hair/skin/nails</i>	164	<i>gnp rubbing alcohol</i>	121
<i>gnp anti-gas</i>	103	<i>gnp healthy eyes</i>	164	<i>gnp senna lax</i>	98
<i>gnp anti-itch</i>	231	<i>gnp healthy eyes supervision 2</i>	164	<i>gnp senna plus</i>	98
<i>gnp antiseptic skin cleanser</i>	231	<i>gnp ibuprofen</i>	26	<i>gnp sinus wash neti pot</i>	218
<i>gnp artificial tears</i>	189	<i>gnp ibuprofen childrens</i>	26	<i>gnp sinus wash refill</i>	218
<i>gnp aspirin</i>	20	<i>gnp ibuprofen infants</i>	26	<i>gnp squeeze bottle sinus relie</i>	218
<i>gnp aspirin low dose</i>	20	<i>gnp immune support</i>	164	<i>gnp stomach relief</i>	91
<i>gnp athletes foot</i>	224	<i>gnp infant gas relief</i>	104	<i>gnp stool softener</i>	98
<i>gnp b-12</i>	163	<i>gnp infants pain/fever</i>	20	<i>gnp stool softener/laxative</i>	98
<i>gnp bacitracin zinc</i>	221	<i>gnp iron</i>	110	<i>gnp terbinafine hydrochloride</i>	224
<i>gnp biotin</i>	163	<i>gnp lice killing</i>	234	<i>gnp therapeutic-m</i>	164
<i>gnp cal mag zinc +d3</i>	131	<i>gnp lice treatment</i>	234	<i>gnp tolnaftate</i>	224
<i>gnp calamine</i>	231	<i>gnp lidocaine pain relief</i>	231	<i>gnp triple antibiotic</i>	221
<i>gnp calamine phenolated</i>	231	<i>gnp little ones childrens</i>	164	<i>gnp triple antibiotic plus</i>	221
<i>gnp calcium</i>	131	<i>gnp loperamide hcl</i>	91	<i>gnp tussin adult</i>	207
<i>gnp calcium 500 +d3</i>	131	<i>gnp loratadine</i>	196	<i>gnp tussin cf cough & cold</i>	207
<i>gnp calcium 600 +d</i>	131	<i>gnp loratadine childrens</i>	196	<i>gnp tussin dm</i>	207
<i>gnp calcium 600 +d/minerals</i>	131	<i>gnp loratadine-d 12hr</i>	206	<i>gnp tussin dm max</i>	207
<i>gnp calcium 600 +d3</i>	131	<i>gnp lubricant eye drops (pf)</i>	190	<i>gnp vitamin a</i>	164
<i>gnp calcium citrate +d3</i>	131	<i>gnp magnesium oxide</i>	89, 131	<i>gnp vitamin b-1</i>	164
<i>gnp calcium citrate+d3 petites</i>	131	<i>gnp mega multi for men</i>	164	<i>gnp vitamin b-12</i>	164
<i>gnp century adult</i>	164	<i>gnp mega multi for women</i>	164	<i>gnp vitamin b-6</i>	164
<i>gnp century adult formula</i>	164	<i>gnp melatonin</i>	138	<i>gnp vitamin c</i>	164, 165
<i>gnp century adults men</i>	164	<i>gnp melatonin maximum strength</i>	138	<i>gnp vitamin c drops</i>	164
<i>gnp century adults women</i>	164	<i>gnp miconazole 1</i>	107	<i>gnp vitamin c w/rose hips</i>	165
<i>gnp century mature adults 50+</i>	164	<i>gnp miconazole 3</i>	107	<i>gnp vitamin c/rose hips</i>	165
<i>gnp century mature men's 50+</i>	164	<i>gnp miconazole 7</i>	107	<i>gnp vitamin d</i>	165
<i>gnp century mature women's 50+</i>	164	<i>gnp miconazorb af</i>	224	<i>gnp vitamin d maximum strength</i>	165
<i>gnp childrens allergy</i>	196	<i>gnp milk of magnesia</i>	98	<i>gnp vitamin d super strength</i>	165
<i>gnp childrens chewables/ex c</i>	164	<i>gnp mineral oil</i>	98	<i>gnp vitamin d3</i>	165
<i>gnp childrens chewables/iron</i>	164	<i>gnp mucus dm</i>	206	<i>gnp vitamin d3 extra strength</i>	165
<i>gnp childrens ibuprofen</i>	26	<i>gnp mucus er</i>	206	<i>gnp vitamin d-400</i>	165
<i>gnp children's pain & fever</i>	20	<i>gnp multi childrens</i>	164	<i>gnp vitamin e</i>	165
<i>gnp childrens/extra c</i>	164	<i>gnp nasal decongestant</i>	206	<i>gnp vitamin health b12</i>	165
<i>GNP CLEARLAX</i>	97	<i>gnp nasal decongestant pe</i>	207	<i>gnp womens gentle laxative</i>	98
<i>gnp clotrimazole 3</i>	107	<i>gnp nasal four spray</i>	207	<i>gnp zinc chelated</i>	131
<i>gnp co q10</i>	138	<i>gnp nasal spray</i>	207	<i>gnp zinc oxide</i>	231
<i>gnp co q-10</i>	138	<i>gnp nasal spray fast acting</i>	207	<i>GOLD BOND CREPE</i>	
<i>gnp cough dm er</i>	206	<i>gnp natural fiber</i>	98	<i>CORRECTOR</i>	231
<i>gnp cough relief childrens</i>	206	<i>gnp nicotine</i>	69		

GOLD BOND DIABETICS DRY SKIN.....	231	goodsense nutrisure original.....	138	hair skin nails.....	165
GOLD BOND ESSENTIALS MENS.....	231	goodsense nutrisure plus.....	138	hair/skin/nails.....	165
GOLD BOND HEALING HAND.....	231	goodsense oral pain relief.....	235	halobetasol propionate.....	227
GOLD BOND RADIANCE RENEWAL.....	231	goodsense pain & fever child.....	21	haloperidol.....	60
GOLD BOND ULT.....	231	goodsense pain & fever infants.....	21	haloperidol decanoate.....	59
ROUGH/BUMPY SKIN.....	231	goodsense pain relief.....	21	haloperidol lactate.....	59
GOLD BOND ULTIMATE HEALING.....	231	goodsense pain relief extra st.....	21	HARD NAILS.....	165
GOLD BOND ULTIMATE SOOTHING.....	231	goodsense petroleum jelly.....	121	HAVRIX.....	118
GOMEKLI.....	44	goodsense psyllium fiber.....	98	HCU ANAMIX EARLY YEARS.....	138
goodsense advanced antacid.....	89	goodsense senna laxative.....	98	HCU ANAMIX NEXT.....	138
goodsense all day allergy.....	196	goodsense stimulant lax plus.....	98	HCU COOLER.....	138
goodsense all day allergy-d.....	207	goodsense stomach relief.....	91	HCU COOLER15.....	138
goodsense aller-ease.....	196	goodsense stool softener.....	98	HCU LOPHLEX LQ.....	138
goodsense allergy relief.....	197	goodsense tussin cf.....	207	HCU MAXAMUM.....	138
goodsense allergy relief child.....	197	goodsense tussin dm.....	207	HCY 1.....	138
goodsense antacid.....	89	goodsense tussin dm max.....	207	HCY 2.....	138
goodsense antacid & gas relief.....	89	goodsense ultra lubricant drop.....	190	head care proactive health.....	165
goodsense anti-diarrheal.....	91	goodsense vapor.....	207	HEALTH SOURCE.....	138
goodsense arthritis pain.....	20	GOTOKNOW COVID-19 ANTIGEN RAPI.....	30	HEALTHWISE PAIN RELIEF.....	231
goodsense artificial tears.....	190	granisetron hcl.....	92	HEALTHY ACCENTS NUTRA FIT.....	138
goodsense aspirin.....	20	griseofulvin microsize.....	28	HEALTHY ACCENTS NUTRA FIT PLUS.....	138
goodsense aspirin low dose.....	20	griseofulvin ultramicrosize.....	28	healthy eyes.....	165
goodsense athletes foot.....	224	growing bones & muscles kids.....	165	healthy eyes supervision 2.....	165
goodsense bisacodyl laxative.....	98	g-supress dx pediatric.....	207	healthy eyes/lutein-zeaxanthin.....	165
GOODSENSE CLEARLAX.....	98	G-TRON PED.....	207	healthy hair/skin/nails.....	165
goodsense cough dm.....	207	G-TRON PEDIATRIC DROPS.....	207	HEALTHY MAMA SHAKE THAT ACHE.....	21
goodsense cough dm childrens.....	207	G-TUSICOF.....	207	HEALTHY MAMA TAME THE FLAME.....	89
goodsense ear wax kit.....	237	guaiasorb dm.....	207	HEALTHYLAX.....	98
goodsense ear wax removal.....	237	guaiaitussin ac.....	207	heart savior.....	165
goodsense electrolyte.....	125	guaifed.....	207	heartland gas relief.....	104
goodsense electrolyte adv care.....	125	guaifed-dm.....	207	HEATHER.....	77
goodsense enema.....	98	guaifenesin.....	207	h-e-b aspirin.....	21
goodsense epsom salt.....	98	guaifenesin dm.....	207	h-e-b childrens allergy.....	197
goodsense fiber laxative.....	98	guaifenesin er.....	207	h-e-b oral electrolyte.....	125
goodsense first aid antibiotic.....	222	guaifenesin-codeine.....	208	HEMATEx.....	110
goodsense gas relief.....	104	guaifenesin-dm.....	208	hematinic/folic acid.....	110
goodsense gas relief extra st.....	104	guanfacine hcl.....	54	HEMATOGEN.....	110
goodsense ibuprofen.....	26	guanfacine hcl er.....	65	HEMATOGEN FA.....	110
goodsense ibuprofen childrens.....	26	GUMMI BEAR.....	165	HEMATOGEN FORTE.....	110
goodsense ibuprofen infants.....	26	MULTIVITAMIN/MIN.....	165	HEMOCYTE PLUS.....	110
GOODSENSE IRON.....	110	GVOKE HYOPEN 1-PACK.....	83	heparin (porcine) in nacl.....	108
goodsense laxative pills.....	98	GVOKE HYOPEN 2-PACK.....	83	heparin sodium (porcine).....	108
goodsense lice killing.....	234	GVOKE KIT.....	83	heparin sodium (porcine) pf.....	108
goodsense lice killing max str.....	234	GVOKE PFS.....	83	HEPLISAV-B.....	118
goodsense loratadine.....	197	GYNAZOLE-1.....	107	HERBAL EXPEC.....	208
goodsense lubricating plus pf.....	190	G-ZYNCOF.....	208	HERCEPTIN.....	44
goodsense menstrual relief.....	20	HABITROL.....	69	HERCEPTIN HYLECTA.....	44
goodsense milk of magnesia.....	98	HADLIMA.....	114	HERCESSI.....	44
goodsense mineral oil.....	98	HADLIMA PUSHTOUCH.....	114	HERNEXEOS.....	44
goodsense mucus er.....	207	HAEGARDA.....	112, 113	HERZUMA.....	44
goodsense mucus er maximum str.....	207	haelan 951 fermented soy.....	138	hi c-500.....	165
goodsense mucus relief child.....	207	haelan htpi fermented soy.....	138	HIBERIX.....	118
goodsense mucus/congest/cough.....	207	HAILEY 1.5/30.....	77	HIBICLENS.....	231
goodsense nicotine.....	69	HAILEY 24 FE.....	77	HI-CAL.....	138
		HAILEY FE 1/20.....	77	high absorption magnesium.....	131
		hair skin & nails.....	165	high potency e.....	165
		hair skin & nails advanced.....	165		
		hair skin and nails formula.....	165		

<i>high potency iron</i>	110	<i>ibuprofen childrens</i>	26	INTEGRA PLUS.....	111
<i>high potency multivit/fa</i>	165	<i>ibuprofen infants</i>	26	INTELENCE.....	32
<i>high-protein nutritional shake</i>	138	<i>ibuprofen junior strength</i>	26	INTELISWAB COVID-19 RAPID	
<i>hi-kovite 2-part formula</i>	165	ICAPS.....	166	TEST.....	30
<i>hm enema</i>	98	ICAPS AREDS FORMULA.....	165	<i>intense cough reliever</i>	208
<i>hm mucus relief er max st</i>	208	ICAPS LUTEIN & OMEGA-3.....	165	<i>intense toothache pain relief</i>	235
<i>hm petroleum jelly</i>	121	ICAPS LUTEIN & ZEAXANTHIN...	166	INTRALIPID.....	126
HOM 2.....	138	ICAPS MV.....	166	INTROLITE.....	139
HOMACTIN AA PLUS.....	138	ICAR.....	110	INTROVALE.....	77
HOMINEX-1.....	139	<i>icatibant acetate</i>	113	<i>inulose blood sugar support</i>	166
HOMINEX-2.....	139	ICLEVIA.....	77	INVEGA HAFYERA.....	60
HONEY BEARS W/IRON-ZINC.....	165	ICLUSIG.....	44	INVEGA SUSTENNA.....	60
HUMIRA (2 PEN).....	114	IDHIFA.....	44	INVEGA TRINZA.....	60
HUMIRA (2 SYRINGE).....	114	IFEREX 150.....	110	IPOL.....	118
HUMIRA-CD/UC/HS STARTER...	114	<i>igualtuss</i>	208	<i>ipratropium bromide</i>	192
HUMIRA-PSORIASIS/UEVIT		IHEALTH COVID-19 RAPID TEST..	30	<i>ipratropium bromide hfa</i>	192
STARTER.....	114	<i>imatinib mesylate</i>	44	<i>ipratropium-albuterol</i>	192
HUMULIN N.....	71	IMBRUVICA.....	44	<i>irbesartan</i>	50
HUMULIN R.....	71	<i>imipenem-cilastatin</i>	30	<i>irbesartan-hydrochlorothiazide</i>	50
HUMULIN R U-500		<i>imipramine hcl</i>	57	<i>irinotecan hcl</i>	42
(CONCENTRATED).....	71	<i>imiquimod</i>	232	IROFOL.....	111
HUMULIN R U-500 KWIKPEN.....	71	<i>imkeldi</i>	44	<i>iron</i>	111
HURRICAIN.....	235	IMMULIFE.....	139	<i>iron (ferrous sulfate)</i>	111
HYCODAN.....	208	IMMUNE ESSENTIALS DAILY.....	166	<i>iron 27</i>	111
<i>hydralazine hcl</i>	54	<i>immune support</i>	166	<i>iron chews pediatric</i>	111
HYDRALYTE.....	125	IMMUNERX.....	166	<i>iron complex</i>	111
HYDRALYTE FREEZER POPS.....	125	<i>immunicare</i>	166	<i>iron folate plus</i>	111
HYDRASYN25.....	231	IMODIUM A-D.....	91	<i>iron high-potency</i>	111
<i>hydrochloric acid</i>	121	IMOVAX RABIES.....	118	<i>iron infant & toddler</i>	111
<i>hydrochlorothiazide</i>	53	IMPACT.....	139	<i>iron infant/toddler</i>	111
HYDROCIL.....	98	IMPACT ADVANCED RECOVERY.....	139	<i>iron slow release</i>	111
<i>hydrocod poli-chlorphe poli er</i>	208	IMPAVIDO.....	30	<i>iron sucrose</i>	111
<i>hydrocodone bitartrate er</i>	27	INATAL GT.....	166	<i>iron supplement</i>	111
<i>hydrocodone bit-homatrop mbr</i>	208	INBRIJA.....	58	IRON UP.....	111
<i>hydrocodone-acetaminophen</i>	28	INCASSIA.....	77	<i>iron-vitamin c</i>	111
<i>hydrocodone-ibuprofen</i>	28	INCRELEX.....	85	IS-D 10,000.....	166
<i>hydrocortisone</i>	83, 93, 227	INCRUSE ELLIPTA.....	192	ISENTRESS.....	32
<i>hydrocortisone (perianal)</i>	231	<i>indapamide</i>	53	ISENTRESS HD.....	32
<i>hydrocortisone sod suc (pf)</i>	83	INDICAID COVID-19 RAPID TEST..	30	ISIBLOOM.....	77
<i>hydrocortisone valerate</i>	227	INFANRIX.....	118	ISOLYTE-P IN D5W.....	123
<i>hydrocortisone-acetic acid</i>	192	INFANTS ADVIL.....	26	ISOLYTE-S PH 7.4.....	123
<i>hydromet</i>	208	<i>infants gas relief</i>	104	<i>isoniazid</i>	34
<i>hydromorphone hcl</i>	28	<i>infants ibuprofen</i>	26	<i>isosorbide dinitrate</i>	54
<i>hydrous emulsified base</i>	121	<i>infants pain & fever</i>	21	<i>isosorbide mononitrate er</i>	54
<i>hydroxocobalamin acetate</i>	165	INFED.....	111	ISOSOURCE 1.5 CAL.....	139
<i>hydroxychloroquine sulfate</i>	116	INFLAMEX.....	166	ISOSOURCE HN.....	139
<i>hydroxyurea</i>	41	<i>infliximab</i>	114	<i>isotretinoin</i>	221
<i>hydroxyzine hcl</i>	197	INFUVITE ADULT.....	166	<i>isradipine</i>	53
<i>hydroxyzine pamoate</i>	197	INFUVITE PEDIATRIC.....	166	IS-ZC 50.....	131
HYPERSAL.....	208	INJECTAFER.....	111	<i>itch relief extra strength</i>	232
HYRNUO.....	44	INLURIYO.....	41	ITOVEBI.....	44
HYVEE ADVANCED ANTACID.....	89	INLYTA.....	44	<i>itraconazole</i>	29
HYVEE IBUPROFEN CHILDRENS..	26	INNOVACIN.....	139	IVA ANAMIX EARLY YEARS.....	139
<i>ibandronate sodium</i>	74	INQOVI.....	40	IVA ANAMIX NEXT.....	139
IBRANCE.....	44	INREBIC.....	44	IVA MAXAMUM.....	139
IBTROZI.....	44	INSPIREASE.....	218	<i>ivabradine hcl</i>	54
IBU.....	26	<i>instant oral pain relief max</i>	235	I-VALEX-1.....	139
<i>ibuprofen</i>	26	INTEGRA.....	111	I-VALEX-2.....	139
<i>ibuprofen 100 junior strength</i>	26	INTEGRA F.....	111	<i>ivermectin</i>	30

<i>i-vite</i>	166	KATE FARMS PED STANDARD		KISQALI (200 MG DOSE).....	45
IWILFIN.....	42	1.2.....	139	KISQALI (400 MG DOSE).....	45
IXIARO.....	118	KATE FARMS PEPTIDE 1.0.....	139	KISQALI (600 MG DOSE).....	45
J & J BURN CREAM.....	232	KATE FARMS PEPTIDE 1.5.....	139	KISQALI FEMARA (400 MG	
JAIMIESS.....	77	KATE FARMS RENAL SUPPORT		DOSE).....	45
JAKAFI.....	44	1.8.....	139	KISQALI FEMARA (600 MG	
JANTOVEN.....	108	KATE FARMS STANDARD 1.0.....	139	DOSE).....	45
JANUMET.....	72	KATE FARMS STANDARD 1.4.....	140	KLAYESTA.....	224
JANUMET XR.....	73	<i>kcl (0.149%) in nacl</i>	123	KLOR-CON.....	125
JANUVIA.....	73	<i>kcl (0.298%) in nacl</i>	124	KLOR-CON 10.....	124
JARDIANCE.....	73	<i>kcl in dextrose-nacl</i>	124	KLOR-CON M10.....	124
JASMIEL.....	77	KELNOR 1/35.....	77	KLOR-CON M15.....	125
JAVYGTOR.....	85	KERADAN.....	232	KLOR-CON M20.....	125
JAYPIRCA.....	44	KERENDIA.....	49	KLOXXADO.....	69
JENCYCLA.....	77	KESIMPTA.....	67	<i>kls acetaminophen ex st</i>	21
JENTADUETO.....	73	<i>keto</i>	140	KLS ALLERCLEAR.....	197
JENTADUETO XR.....	73	KETOCAL 2.5/1 LQ MULTI FIBER	140	KLS ALLERCLEAR D-12HR.....	208
JEVITY 1 CAL.....	139	KETOCAL 3/1.....	140	KLS ALLERCLEAR D-24HR.....	208
JEVITY 1 CAL/FIBER.....	139	KETOCAL 4/1.....	140	KLS ALLER-FEX.....	197
JEVITY 1.2 CAL.....	139	KETOCAL 4/1 LQ MULTI FIBER...	140	<i>kls allergy medicine</i>	197
JEVITY 1.2 CAL/FIBER.....	139	KETOCAL 4/1 LQ MULTI-FIBER...	140	KLS ALLER-TEC.....	197
JEVITY 1.5 CAL/FIBER.....	139	<i>ketoconazole</i>	29, 224	KLS ALLER-TEC CHILDRENS.....	197
JINTELI.....	82	KETO-DIASTIX.....	85	KLS ALLER-TEC D.....	208
<i>jock itch</i>	224	<i>ketogen</i>	140	<i>kls aspirin low dose</i>	21
<i>jock itch relief</i>	224	<i>ketone test</i>	85	<i>kls d3</i>	166
<i>joint health & bone strength</i>	166	KETONEX-1.....	140	<i>kls ibuprofen</i>	26
JOLESSA.....	77	KETONEX-2.....	140	<i>kls ibuprofen ib</i>	26
JUICE PLUS FIBRE.....	139	<i>ketorolac tromethamine</i>	188	KLS LAXACLEAR.....	98
JULEBER.....	77	KETOSTIX.....	85	KLS QUIT2.....	69
JULUCA.....	34	KETOVIE.....	140	KLS QUIT4.....	69
JUNEL 1.5/30.....	77	KETOVIE 3/1.....	140	<i>kls stool softener</i>	98
JUNEL 1/20.....	77	KETOVIE 4/1.....	140	<i>kobee</i>	166
JUNEL FE 1.5/30.....	77	KETOVIE PEPTIDE.....	140	KOMZIFTI.....	45
JUNEL FE 1/20.....	77	<i>kettle neti pot sinus wash</i>	218	KONSYL DAILY PSYLLIUM FIBER	98
JUNEL FE 24.....	77	KEYTRUDA.....	44	KOSELUGO.....	45
<i>just 4 kidz multivit/probiotic</i>	166	KEYTRUDA QLEX.....	45	<i>kosher prenatal plus iron</i>	166
<i>just tears eye drops</i>	190	KFLO.....	140	KOURZEQ.....	235
JUVEN.....	139	KIDS PLANT PROTEIN SHAKE....	140	<i>kp adults 50+ daily formula</i>	166
JYLAMVO.....	116	KIDS PROTEIN ORGANIC SHAKE		<i>kp adults daily formula</i>	166
JYNNEOS.....	118	.....	140	<i>kp aspirin</i>	21
<i>k 100</i>	166	<i>kimono</i>	77	<i>kp b complex-c</i>	166
KADCYLA.....	44	KIMONO COLORS.....	77	<i>kp bisacodyl</i>	98
KAITLIB FE.....	77	KIMONO MAXX-LARGE FLARE.....	78	<i>kp calcium 600+d</i>	131
<i>kale/quinoa/berries</i>	139	<i>kimono micro thin</i>	78	<i>kp calcium citrate+d</i>	131
<i>kale/quinoa/berries plus</i>	139	<i>kimono micro thin plus</i>	78	<i>kp calcium-magnesium-zinc</i>	131
<i>kale/quinoa/berries plus pedia</i>	139	<i>kimono plus</i>	78	<i>kp diphenhydramine hcl</i>	197
KALETRA.....	34	<i>kimono ps</i>	78	<i>kp ferrous gluconate</i>	111
KALYDECO.....	218	<i>kimono ps plus</i>	78	<i>kp ferrous sulfate</i>	111
KAMELEON LUBRICATED.....	77	<i>kimono sensation</i>	78	<i>kp fexofenadine hcl</i>	197
KANJINTI.....	44	<i>kimono sensation plus</i>	78	<i>kp folic acid</i>	166
KAOPECTATE.....	91	KIMONO SPECIAL.....	78	<i>kp mag-oxide magnesium</i>	131
KAOPECTATE EXTRA		KINDERLYTE.....	125	<i>kp melatonin</i>	140
STRENGTH.....	91	KINDERLYTE PREMAX.....	125	<i>kp mens 50+ daily formula</i>	166
KARIVA.....	77	KINDERMED KIDS ALLERGY.....	197	<i>kp mens daily formula</i>	166
KATE FARMS GLUCOSE		KINDERSPROUT PLANT		<i>kp niacin</i>	166
SUPPORT 1.2.....	139	PROTEIN.....	140	<i>kp prenatal multivitamins</i>	166
KATE FARMS KIDS NUTRITION..	139	KINERET.....	114	<i>kp pseudoephedrine hcl</i>	208
KATE FARMS PED PEPTIDE 1.0.	139	KINRIX.....	118	<i>kp senna</i>	98
KATE FARMS PED PEPTIDE 1.5.	139	KIONEX.....	75	KP VISION FORMULA.....	166

KP VISION FORMULA/LUTEIN.....	166	letrozole.....	41	lipopen ultra base.....	121
kp vitamin b-12.....	166	leucovorin calcium.....	42	LIPOTRIAD VISION SUPPORT....	167
kp vitamin b-6.....	166	LEUKERAN.....	39	lipotriad vision support plus.....	167
kp vitamin d.....	166	leuprolide acetate.....	41	LIPOTRIAD VISIONARY.....	167
kp vitamin d3.....	166	levalbuterol hcl.....	200	liquid acetaminophen.....	21
kp vitamin e.....	166	levalbuterol tartrate.....	200	liquid allergy relief.....	197
kp womens 50+ daily formula.....	166	levetiracetam.....	63	liquid c.....	167
kp womens daily formula.....	166	levetiracetam er.....	63	LIQUID HOPE.....	140
K-PAX IMMUNE PROFESSIONAL		levetiracetam in nacl.....	63	LIQUID HOPE PEPTIDE.....	140
ST.....	166	levobunolol hcl.....	187	LIQUID HOPE PEPTIDE BERRY..	140
K-PAX PROTEIN BLEND IMMUNE		levocarnitine.....	85	liquid pain relief.....	21
.....	140	levocetirizine dihydrochloride.....	197	lisinopril.....	49
kpn prenatal.....	166	levofloxacin.....	37	lisinopril-hydrochlorothiazide.....	49
KRAZATI.....	45	levofloxacin in d5w.....	37	lithium.....	67
K-TAN PLUS.....	111	LEVONEST.....	78	lithium carbonate.....	67
KURVELO.....	78	levonorgest-eth est & eth est.....	78	lithium carbonate er.....	67
labetalol hcl.....	52	levonorgest-eth estrad 91-day.....	78	little animals.....	167
LAC-HYDRIN FIVE.....	232	levonorgestrel-ethinyl estrad.....	78	LITTLE REMEDIES FOR FEVER....	21
lacosamide.....	63	levonorg-eth estrad triphasic.....	78	LITTLE REMEDIES GAS RELIEF..	104
lactated ringers.....	124	LEVORA 0.15/30 (28).....	78	liver detox.....	167
LACTINOL HX.....	232	LEVO-T.....	86	LIVITA ADULTS.....	167
lactulose.....	98	levothyroxine sodium.....	87	LIVTENCITY.....	35
lactulose encephalopathy.....	98	LEVOXYL.....	87	LMD.....	140
LAMISIL AT ATHLETES FOOT.....	224	l-glutamine.....	113, 140	l-methylfolate.....	167
LAMISIL AT JOCK ITCH.....	224	lice killing.....	234	l-methylfolate calcium.....	167
lamivudine.....	32, 35	lice killing shampoo max str.....	234	l-methyl-mc.....	167
lamivudine-zidovudine.....	34	lice treatment.....	234	LOESTRIN 1.5/30 (21).....	78
lamotrigine.....	63	LIDO KING.....	232	LOESTRIN 1/20 (21).....	78
lamotrigine er.....	63	lidocaine.....	227, 232	LOESTRIN FE 1.5/30.....	78
LANABIOTIC.....	222	lidocaine hcl.....	21, 227	LOESTRIN FE 1/20.....	78
LAND BEFORE TIME		lidocaine hcl (pf).....	21	lohist-dm.....	208
MULTIVITAMIN.....	167	lidocaine max st 24 hours.....	232	LOJAIMIESS.....	78
lanreotide acetate.....	85	lidocaine pain relief.....	232	LOKELMA.....	75
lansoprazole.....	105	lidocaine pain relief max st.....	232	LOLLICAINE.....	235
LANTUS.....	71	lidocaine pain relieving.....	232	LOMAIRA.....	74
LANTUS SOLOSTAR.....	71	lidocaine viscous hcl.....	235	lomustine.....	39
lapatinib ditosylate.....	45	lidocaine-prilocaine.....	227	long acting nasal spray.....	208
LARIN 1.5/30.....	78	LIDOCAN.....	227	long lasting antacid.....	89
LARIN 1/20.....	78	lidocanna.....	232	long lasting nasal spray.....	208
LARIN 24 FE.....	78	LIDOCARE ARM/NECK/LEG.....	232	LONSURF.....	40
LARIN FE 1.5/30.....	78	LIDOCARE BACK/SHOULDER.....	232	loperamide hcl.....	91, 104
LARIN FE 1/20.....	78	lidocore.....	232	LOPHLEX LQ 20.....	140
latanoprost.....	187	LIDOGUARD.....	232	lopinavir-ritonavir.....	34
laxative.....	99	lidotrode.....	232	loradamed.....	197
laxative max str.....	99	LIFYORLI (125 MG DOSE).....	41	loratadine.....	197
laxative regular strength.....	99	LIFYORLI (150 MG DOSE).....	41	loratadine childrens.....	197
LAZCLUZE.....	45	LIL MIXINS-EGG.....	140	loratadine-d 12hr.....	208
lecithin.....	140	LIL MIXINS-PEANUT.....	140	loratadine-d 24hr.....	208
leflunomide.....	116	LILETTA (52 MG).....	78	lorazepam.....	55
lenalidomide.....	41	linezolid.....	30	LORAZEPAM INTENSOL.....	55
LENVIMA (10 MG DAILY DOSE)....	45	linezolid in sodium chloride.....	30	LORBRENA.....	45
LENVIMA (12 MG DAILY DOSE)....	45	LINZESS.....	104	LORYNA.....	78
LENVIMA (14 MG DAILY DOSE)....	45	LIOMNY.....	87	losartan potassium.....	50
LENVIMA (18 MG DAILY DOSE)....	45	LIOPEN ABSORPTION		losartan potassium-hctz.....	50
LENVIMA (20 MG DAILY DOSE)....	45	ENHANCING.....	121	LOTEMAX.....	188
LENVIMA (24 MG DAILY DOSE)....	45	liothyronine sodium.....	87	loteprednol-tobramycin.....	187
LENVIMA (4 MG DAILY DOSE).....	45	LIPISTART.....	140	LOTRIMIN AF.....	224
LENVIMA (8 MG DAILY DOSE).....	45	lipo cream base.....	121	LOTRIMIN AF JOCK ITCH.....	224
LESSINA.....	78	LIPOCREAM BASE.....	121	LOTRIMIN ULTRA.....	224

<i>lovastatin</i>	51	<i>magnesium oxide -mg supplement</i>	131, 132	MEDI-MUCIL.....	99
LOW-OGESTREL.....	78	<i>magnesium sulfate</i>	124	<i>medi-natural</i>	99
<i>loxapine succinate</i>	60	<i>magnesium sulfate in d5w</i>	124	<i>medi-natural plus</i>	99
LPS CRITICAL CARE SUGAR		<i>magnesium-aluminum-simethicone</i>	89	MEDI-PROFEN.....	26
FREE.....	140	MAGNESIUM-OXIDE.....	132	MEDIQUE ASPIRIN.....	21
LPS SUGAR FREE.....	140	MAGOX 400.....	132	MEDI-TABS CHILDRENS.....	21
<i>lubiprostone</i>	104	MAG-OXIDE.....	132	MEDI-TABS EXTRA STRENGTH.....	21
<i>lubricant drops/dual-action</i>	190	MAG-TAB SR.....	132	MEDI-TABS JUNIOR STRENGTH.....	21
<i>lubricant eye drop</i>	190	<i>malathion</i>	234	<i>medi-tussin dm</i>	209
<i>lubricant eye drops</i>	190	MALTOCARB.....	140	<i>medi-tussin dm double strength</i>	209
<i>lubricant eye drops (pf)</i>	190	<i>manganese chloride</i>	132	MEDPURA ANTIFUNGAL.....	224
<i>lubricant eye drops pf</i>	190	MAOX.....	89	MEDPURA HYDROSEPTINE.....	232
<i>lubricating tears eye drops</i>	190	<i>mapap</i>	21	MEDPURA ZINC OXIDE.....	232
LUZZA 1.5/30.....	78	MAPAP ACETAMINOPHEN		<i>medroxyprogesterone acetate</i> ... 79, 86	
LUZZA 1/20.....	78	EXTRA STR.....	21	<i>mefloquine hcl</i>	32
LUMAKRAS.....	45	MAPAP CHILDRENS.....	21	<i>mega biotin</i>	167
LUMIGAN.....	187	<i>maraviroc</i>	32	<i>mega coq10</i>	140
LUMIZYME.....	85	MAR-COF CG EXPECTORANT.....	208	<i>mega multi for women</i>	167
LUPRON DEPOT (1-MONTH).....	41	<i>marlissa</i>	79	MEGA MULTI MEN.....	167
LUPRON DEPOT (3-MONTH).....	41	MARPLAN.....	57	<i>megavite fruits & veggies</i>	167
LUPRON DEPOT-PED (1-MONTH).....	85	<i>masonatal</i>	167	<i>megestrol acetate</i>	41, 86
LUPRON DEPOT-PED (3-MONTH).....	85	MATERNACEL.....	167	<i>meijer advanced formula</i>	167
LUPRON DEPOT-PED (6-MONTH).....	85	MATULANE.....	42	<i>meijer allergy relief</i>	197
<i>lurasidone hcl</i>	60	MAVYRET.....	35	<i>meijer allergy relief-d</i>	209
<i>lutein-zeaxanthin</i>	167	MAX RELIEF JR CHILD		<i>meijer antacid anti-gas</i>	89
LUTERA.....	78	PAIN/FEVER.....	21	<i>meijer anti-diarrheal</i>	91
LYBALVI.....	60	MAX RELIEF JUNIOR.....	21	<i>meijer antihistamine allergy</i>	197
LYLEQ.....	78	MAX SLEEP JUNIOR.....	121	<i>meijer aspirin ec</i>	21
LYLLANA.....	82	MAX TUSSIN DM		<i>meijer aspirin free</i>	21
LYNPARZA.....	45	COUGH&CHEST CONG.....	208	<i>meijer c</i>	167
LYSIPLEX PLUS.....	167	MAX TUSSIN MUCUS & CHEST		<i>meijer calamine</i>	232
LYSODREN.....	41	CONG.....	208	<i>meijer ferrous sulfate</i>	111
LYTGObi (12 MG DAILY DOSE).....	46	MAXALLERGY KIDS.....	197	<i>meijer ibuprofen</i>	26
LYTGObi (16 MG DAILY DOSE).....	46	<i>maxifed</i>	208	<i>meijer jr st aspirin free</i>	21
LYTGObi (20 MG DAILY DOSE).....	46	MAXIMUM D3.....	167	<i>meijer loratadine</i>	197
LYZA.....	79	<i>maximum daily green</i>	167	<i>meijer nasal decongestant</i>	209
MAALOX MAX.....	89	<i>maxi-tuss ac</i>	208	<i>meijer triple antibiotic</i>	222
MAALOX MULTI SYMPTOM MAX		<i>maxi-tuss cd</i>	208	<i>meijer zinc oxide</i>	232
ST.....	89	<i>maxi-tuss g</i>	209	MEKINIST.....	46
MACULAR HEALTH FORMULA.....	167	<i>maxi-tuss gmx</i>	209	MEKTOVI.....	46
MACUVITE.....	167	<i>maxx</i>	79	<i>melatonin</i>	121, 140
MACUVITE EYE CARE.....	167	<i>maxx plus</i>	79	<i>melatonin extra strength</i>	140
MACUVITE/LUTEIN.....	167	<i>m-dryl</i>	197	<i>melatonin maximum strength</i>	140
MAG-200.....	131	<i>meclizine hcl</i>	92	MELEYA.....	79
MAG64.....	131	MEDCAPS DPO.....	167	<i>meloxicam</i>	26
<i>mag-al</i>	89	MEDCAPS GI.....	167	<i>memantine hcl</i>	55, 56
<i>mag-al plus</i>	89	MEDCAPS IS.....	167	<i>memantine hcl er</i>	55
<i>mag-al plus xs</i>	89	MEDCAPS T3.....	167	<i>memantine hcl-donepezil hcl er</i>	56
MAGDELAY.....	131	MEDERMA AG FACE.....	232	MEMORALL.....	167
<i>mag-g</i>	131	MEDERMA STRETCH MARKS		MENQUADFI.....	118
MAGNEBIND 300.....	131	THERAPY.....	232	<i>mens 50+ advanced</i>	167
MAGNEBIND 400.....	131	<i>medi tab</i>	167	<i>mens 50+ multivitamin</i>	167
<i>magnesium</i>	131	<i>medi-bismuth</i>	91	MENS LIFE PACK.....	167
<i>magnesium carbonate</i>	131	MEDIDERM.....	121	<i>mens multi health formula</i>	167
<i>magnesium gluconate</i>	131	MEDI-FIRST ASPIRIN.....	21	<i>mens multivitamin</i>	168
<i>magnesium lactate</i>	131	MEDI-FIRST IBUPROFEN.....	26	<i>mens multivitamin gummies</i>	167
<i>magnesium oxide</i>	89	<i>medi-first triple antibiotic</i>	222	<i>menstrual relief max strength</i>	21
<i>magnesium oxide (antacid)</i>	89	MEDI-LAX.....	99	MENVEO.....	118
				<i>mercaptapurine</i>	40

MERIBIN.....	168	MICROGESTIN FE 1.5/30.....	79	MONISTAT 3 COMBINATION	
meropenem.....	30	MICROGESTIN FE 1/20.....	79	PACK.....	107
mesalamine.....	93, 94	MICROSOME BASE.....	121	MONISTAT 3 COMBO PACK APP	107
mesalamine er.....	93	MICROSPACER.....	218	MONISTAT 7 COMBO PACK APP	107
mesalamine-cleanser.....	94	midodrine hcl.....	54	MONISTAT 7 SIMPLY CURE.....	107
mesna.....	42	MIDOL.....	22	MONJUVI.....	46
METAFOLBIC.....	168	MIDOL COMPLETE.....	21	MONOFERRIC.....	111
METAFOLBIC PLUS.....	168	MIEBO.....	190	MONOGEN.....	141
METAMUCIL 3 IN 1 DAILY FIBER..	99	mifepristone.....	85	MONO-LINYAH.....	79
METAMUCIL 4 IN 1 FIBER.....	99	MILI.....	79	montelukast sodium.....	216
METAMUCIL FREE & NATURAL....	99	milk of magnesia.....	99	MOOD FOOD.....	168
METAMUCIL PREMIUM BLEND....	99	MIMVEY.....	82	MOOD FOOD ES.....	168
METAMUCIL SMOOTH TEXTURE..	99	mincora.....	168	morphine sulfate.....	28
metformin hcl.....	73	mineral oil.....	99	morphine sulfate (concentrate).....	28
metformin hcl er.....	73	mineral oil heavy.....	99	morphine sulfate er.....	27
methadone hcl.....	27	mineral oil lubricant laxative.....	99	MOTRIN CHILDRENS.....	26
METHADONE HCL INTENSOL.....	27	minocycline hcl.....	39	MOTRIN IB.....	26
methazolamide.....	53	minoxidil.....	54	MOTRIN INFANTS DROPS.....	26
methenamine hippurate.....	31	MINTOX.....	89	MOUNJARO.....	73
methimazole.....	87	mintox maximum strength.....	89	MOUTH KOTE.....	235
METHIONAID.....	140	MINTOX PLUS.....	89	MOUTH KOTE REMINT.....	235
methocarbamol.....	67	MIRALAX.....	99	MOVANTIK.....	104
methotrexate sodium.....	40, 116	MIRALAX MIX-IN PAX.....	99	moxifloxacin hcl.....	37, 188
methotrexate sodium (pf).....	40	mirtazapine.....	57	moxifloxacin hcl in nacl.....	37
methsuximide.....	63	misoprostol.....	104	m-pap.....	22
METHYL PROTECT.....	168	mi-vite rx.....	168	MRESVIA.....	118
METHYL-GUARD.....	168	MM ACETAMINOPHEN EX STR....	22	MSUD 2.....	141
METHYL-GUARD PLUS.....	168	MM ALLER-BEN.....	197	MSUD AID.....	141
methylphenidate hcl.....	65	mm allergy relief 24 hour.....	197	MSUD ANAMIX EARLY YEARS....	141
methylphenidate hcl er.....	65	mm arthritis pain.....	22	MSUD COOLER.....	141
methylprednisolone.....	83	mm aspirin.....	22	MSUD LOPHLEX LQ.....	141
methylprednisolone acetate.....	83	mm biotin/keratin.....	168	MSUD MAXAMAID.....	141
methylprednisolone sodium succ.....	83	MM CLEARLAX.....	99	MSUD MAXAMUM.....	141
metoclopramide hcl.....	92	mm fexofenadine hcl.....	197	MTX SUPPORT.....	168
metolazone.....	53	mm stool softener.....	99	MUCINEX.....	209
metoprolol succinate er.....	52	mm stool softener laxative.....	99	MUCINEX CHILDRENS	
metoprolol tartrate.....	52	MMA/PA ANAMIX EARLY YEARS	141	FREEFROM.....	209
metoprolol-hydrochlorothiazide.....	52	MMA/PA ANAMIX NEXT.....	141	MUCINEX COLD CHILDRENS.....	209
metronidazole.....	31, 107, 232	MMA/PA COOLER15.....	141	MUCINEX COUGH & CONGEST	
metyrosine.....	54	MMA/PA MAXAMUM.....	141	CHILD.....	209
mg aspartate.....	132	M-M-R II.....	118	MUCINEX COUGH CHILDRENS..	209
mgo.....	132	m-natal plus.....	125, 168	MUCINEX COUGH FOR KIDS.....	209
MIBELAS 24 FE.....	79	modafinil.....	68	MUCINEX DM.....	209
micaderm.....	224	MODEYSO.....	42	MUCINEX FAST-MAX CHEST	
micafungin sodium.....	29	MODULEN.....	141	CONG MS.....	209
miconazole.....	225	moexipril hcl.....	49	MUCINEX FAST-MAX CONGEST	
miconazole 1.....	107	MOI-STIR.....	235	COUGH.....	209
miconazole 3 combo pack.....	107	moisture barrier.....	232	MUCINEX FAST-MAX DM MAX....	209
miconazole 3 combo-supp.....	107	moisturizing cream.....	232	MUCINEX FAST-MAX SEVERE	
miconazole 7.....	107	moisturizing lubricant eye.....	190	CON/CG.....	209
miconazole antifungal.....	225	molindone hcl.....	60	MUCINEX MAXIMUM STRENGTH	209
miconazole nitrate.....	107, 225	mometasone furoate.....	227	MUCINEX SINUS-MAX CLEAR &	
miconazole nitrate combo pack....	107	MOMMY'S BLISS GAS RELIEF		COOL.....	209
miconazorb af.....	225	DROPS.....	104	MUCINEX SINUS-MAX	
MICOTRIN AP.....	225	MOMMY'S BLISS VIT D ORGANIC		SINUS/ALLRGY.....	209
MICROCHAMBER.....	218	.....	168	mucus & chest congestion.....	209
microderm base.....	121	MONISTAT 1 COMBO PACK.....	107	mucus congest & cough child.....	209
MICROGESTIN 1.5/30.....	79	MONISTAT 1 DAY OR NIGHT.....	107	mucus dm.....	209
MICROGESTIN 1/20.....	79	MONISTAT 3.....	107	mucus relief.....	210

<i>mucus relief chest congestion</i>	209	<i>multivitamin plus iron adult</i>	169	NARAMIN.....	197
<i>mucus relief dm</i>	210	<i>multivitamin w/fluoride</i>	169	<i>naratriptan hcl</i>	66
<i>mucus relief dm max</i>	209	<i>multivitamin women</i>	169	<i>nasal decongestant</i>	210
<i>mucus relief er</i>	210	<i>multivitamin women 50+</i>	169	<i>nasal decongestant 12hr</i>	210
<i>mucus relief max st</i>	210	<i>multivitamin womens 50+ adv</i>	169	<i>nasal decongestant d</i>	210
<i>mucus relief multi symptom</i>	210	<i>multivitamin/fluoride</i>	169	<i>nasal decongestant d max str</i>	210
<i>mucus relief severe congst/cgh</i>	210	<i>multi-vitamin/fluoride</i>	169	<i>nasal decongestant pe</i>	210
<i>mucus-dm</i>	210	<i>multi-vitamin/fluorideliron</i>	169	<i>nasal decongestant pe max st</i>	210
MULTAQ.....	50	<i>multi-vitamin/liron</i>	169	<i>nasal decongestant spray</i>	210
<i>multi + omega-3 adult gummies</i>	168	<i>multi-vitamin/minerals</i>	169	<i>nasal four</i>	210
<i>multi + omega-3 gummies</i>	168	<i>multivitamin/zinc stress</i>	169	<i>nasal spray</i>	210
<i>multi adult gummies</i>	168	<i>multivitamin-minerals</i>	169	<i>nasal spray 12 hour</i>	210
MULTI COMPLETE.....	168	<i>multi-vitamins</i>	169	<i>nasal spray max strength</i>	210
<i>multi complete/liron</i>	168	<i>multivitamins plus iron child</i>	170	<i>nasal spray no drip</i>	210
<i>multi for her</i>	168	<i>multi-vite</i>	170	NASALCROM.....	218
<i>multi for her 50+</i>	168	MULTI-VIT-FLOR.....	170	NASCOBAL.....	170
MULTI FOR HIM.....	168	<i>multivit-min gummies childrens</i>	170	NATACYN.....	188
<i>multi for him 50+</i>	168	<i>mupirocin</i>	222	<i>natal prn</i>	170
MULTI MEGA MINERALS.....	132	MURINE EAR.....	237	<i>nateglinide</i>	73
<i>multi prenatal</i>	168	MURINE EAR WAX REMOVAL		<i>nat-rul daily-vite+iron</i>	170
<i>multi vitamin</i>	168	SYSTEM.....	237	<i>nat-rul iron</i>	111
<i>multi vitamin w/d-3</i>	168	MURO 128.....	190	<i>natrul magnesium</i>	132
<i>multi vitamin/minerals</i>	168	MVW COMPLETE FORMULATION		<i>nat-rul oyster calcium+vite d</i>	132
MULTIA.....	168	.....	170	<i>nat-rul theravite-m</i>	170
MULTIGEN.....	111	MVW COMPLETE FORMULATION		<i>nat-rul vitamin d</i>	170
MULTIGEN PLUS.....	111	D3000.....	170	<i>natrul-vites</i>	170
<i>multi-phasic penetrating cmpd</i>	121	MVW COMPLETE FORMULATION		<i>natural c/rose hips</i>	170
<i>multiple electro type 1 ph 7.4</i>	124	D5000.....	170	<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.....	170	<i>natural psyllium seed</i>	99
<i>multiple vitamins</i>	168	<i>mvw hi-d adek gummies</i>	170	<i>natural senna laxative</i>	99
<i>multiple vitamins essential</i>	168	MVW MODULATOR		<i>natural vitamin a</i>	170
<i>multiple vitamins/liron</i>	168	FORMULATION.....	170	<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, 169	FORMULATION MINI.....	170	NAYZILAM.....	63
<i>multiple vitamins-minerals</i>	169	MVW ORANGE CHEWABLES.....	170	<i>nebivolol hcl</i>	52
<i>multi-symptom cold childrens</i>	210	<i>myamulti</i>	170	NECON 0.5/35 (28).....	79
<i>multi-symptom cold plus child</i>	210	<i>mycophenolate mofetil</i>	117	<i>nefazodone hcl</i>	57
<i>multi-vit/liron/fluoride</i>	169	<i>mycophenolate sodium</i>	117	NEOCATE INFANT	
<i>multivit/multimineral adult</i>	169	MYCOZYL AP.....	225	HYPOALLERGENIC.....	141
<i>multivitamin</i>	169	MYLANTA MAXIMUM STRENGTH.....	89	NEOCATE JUNIOR.....	141
<i>multi-vitamin</i>	169	MYLICON INFANTS GAS RELIEF.....	104	NEOCATE JUNIOR PREBIOTICS.....	141
<i>multivitamin adult</i>	169	MYNEPHRON.....	170	NEOCATE SPLASH JUNIOR.....	141
<i>multivitamin adult (minerals)</i>	169	MYRBETRIQ.....	106	NEOCATE SPOON.....	141
<i>multivitamin adults</i>	169	<i>na ferric gluc cplx in sucrose</i>	111	NEOCATE SYNEO JUNIOR.....	141
<i>multivitamin adults 50+</i>	169	<i>na sulfate-k sulfate-mg sulf</i>	99	NEOFLEX CALCIUM + VITAMIN D	
<i>multivitamin childrens</i>	169	<i>nabumetone</i>	26	.....	132
<i>multivitamin childrens (w/ fa)</i>	169	<i>nac</i>	141	<i>neomaterna</i>	170
<i>multivitamin childrens gummies</i>	169	<i>nac 600</i>	141	NEOMULTIVITE.....	170
<i>multivitamin drops/liron</i>	169	<i>n-acetyl cysteine</i>	141	<i>neomycin sulfate</i>	31
<i>multi-vitamin gummies</i>	169	<i>nadolol</i>	52	<i>neomycin-bacitracin zn-polymyx</i>	188
<i>multivitamin gummies adult</i>	169	<i>nafcillin sodium</i>	38	<i>neomycin-polymyxin-dexameth</i>	187
<i>multivitamin gummies mens</i>	169	NAGLAZYME.....	85	<i>neomycin-polymyxin-gramicidin</i>	188
<i>multivitamin gummies womens</i>	169	<i>naloxone hcl</i>	69	<i>neomycin-polymyxin-hc</i>	187, 192
<i>multivitamin infant & toddler</i>	169	<i>naltrexone hcl</i>	69	<i>neonatal complete</i>	170
<i>multivitamin iron-free</i>	169	NAMZARIC.....	56	NEONATAL PLUS.....	170
<i>multivitamin men</i>	169	NAPHCON-A.....	186	<i>neonatal prenatal</i>	171
<i>multivitamin men 50+</i>	169	<i>naproxen</i>	26	NEONATAL VITAMIN.....	171
<i>multi-vitamin monocats</i>	169	<i>naproxen sodium</i>	27	NEOQ10.....	141

NEOSPORIN.....	222	NINLARO.....	46	NOVOLIN R.....	71
NEOSPORIN + PAIN RELIEF MAX		<i>nintedanib esylate</i>	218	NOVOLIN R FLEXPEN.....	71
ST.....	222	NISEKO HYDRATING FACIAL.....	232	NOVOLIN R RELION.....	71
NEOSPORIN + PAIN/ITCH/SCAR.....	222	<i>nitazoxanide</i>	31	NOVOLOG.....	71
NEOSPORIN ORIGINAL.....	222	<i>nitisinone</i>	85	NOVOLOG FLEXPEN.....	71
NEOSPORIN/BURN RELIEF.....	222	NITRO-BID.....	54	NOVOLOG FLEXPEN RELION.....	71
NEO-SYNEPHRINE		<i>nitrofurantoin macrocrystal</i>	31	NOVOLOG MIX 70/30.....	72
COLD/ALLRGY EXT.....	210	<i>nitrofurantoin monohyd macro</i>	31	NOVOLOG MIX 70/30 FLEXPEN....	72
<i>neotuss</i>	210	<i>nitroglycerin</i>	54, 232	NOVOLOG PENFILL.....	72
<i>neo-vital rx</i>	171	NIVA-FOL.....	171	NOVOLOG RELION.....	72
NEPHPLEX RX.....	171	NIVANEX DMX.....	210	NRS NASAL RELIEF.....	210
<i>nephro vitamins</i>	171	NIVA-PLUS.....	171	NUBEQA.....	41
NEPHRON FA.....	111	NIVEA.....	232	NUDEXTA.....	67
NEPHRO-VITE.....	171	NIVEA VISAGE.....	232	NUFOL.....	171
NEPRO.....	141	NIVEA VISAGE INNER BEAUTY..	232	NU-IRON.....	112
NEPRO/CARBSTEADY.....	141	NIX CREME RINSE.....	234	NULOJIX.....	117
NERLYNX.....	46	<i>nizatidine</i>	93	NUMOISYN.....	236
NESTABS.....	171	<i>no drip nasal spray</i>	210	NUPLAZID.....	60
NESTABS DHA.....	171	<i>no iron mult vitamin-minerals</i>	171	NURTEC.....	66
NESTABS ONE.....	171	<i>nohist-dm</i>	210	NUTRA/SHAKE.....	141
<i>neti pot sinus wash</i>	218	<i>non-aspirin</i>	22	NUTRADERM.....	232
NEUAC.....	221	<i>non-aspirin extra strength</i>	22	NUTRALYN.....	171
NEUTROGENA HAND.....	232	<i>non-aspirin jr strength</i>	22	NUTREN 1.0.....	141
<i>nevirapine</i>	33	<i>non-aspirin pain relief</i>	22	NUTREN 1.0/FIBER.....	141
<i>nevirapine er</i>	33	<i>non-pseudo sinus decongestant</i>	210	NUTREN 1.5.....	141
NEXLETOL.....	51	NORA-BE.....	79	NUTREN 2.0.....	141
NEXLIZET.....	51	<i>norelgestromin-eth estradiol</i>	79	NUTREN JR.....	141
NEXPLANON.....	79	<i>norethin ace-eth estrad-fe</i>	79	NUTREN JR FIBER.....	141
NF FORMULAS NAC.....	141	<i>norethindrone</i>	79	NUTREN JUNIOR 1.0.....	142
<i>niacin</i>	171	<i>norethindrone acetate</i>	86	NUTREN JUNIOR/FIBER.....	142
<i>niacin er</i>	171	<i>norethindrone acet-ethinyl est</i>	79	NUTREN PULMONARY.....	142
<i>niacin er (antihyperlipidemic)</i>	51	<i>norethindrone-eth estradiol</i>	82	NUTRIFAC ZX.....	171
<i>niacin flush free</i>	171	<i>norethindron-ethinyl estrad-fe</i>	79	<i>nutrifocus</i>	142
<i>niacinamide</i>	171	<i>norgestimate-eth estradiol</i>	79	NUTRIHEP 1.5 CAL.....	142
NIAVASC.....	171	<i>norgestim-eth estrad triphasic</i>	79	NUTRILIPID.....	126
NIAVASC 750.....	171	NORLYROC.....	79	<i>nutritional drink</i>	142
<i>nicardipine hcl</i>	53	NORTREL 0.5/35 (28).....	79	<i>nutritional drink mix</i>	142
NICODERM CQ.....	69	NORTREL 1/35 (21).....	79	<i>nutritional drink plus</i>	142
NICOMIDE.....	171	NORTREL 1/35 (28).....	79	<i>nutritional drink shake mix</i>	142
NICORELIEF.....	69	NORTREL 7/7/7.....	80	<i>nutritional shake</i>	142
NICORETTE.....	69	<i>nortriptyline hcl</i>	57	<i>nutritional shake complete</i>	142
NICORETTE MINI.....	69	NORVIR.....	33	<i>nutritional shake high protein</i>	142
NICORETTE STARTER KIT.....	69	<i>norwegian cod liver oil</i>	171	<i>nutritional shake plus</i>	142
<i>nicotine</i>	69	NOSTRILLA.....	210	<i>nutritional shake plus protein</i>	142
<i>nicotine mini</i>	69	NOURILITE.....	121	<i>nutritional supplement</i>	142
<i>nicotine polacrilex</i>	69	NOURISH.....	141	<i>nutritional supplement plus</i>	142
<i>nicotine polacrilex mini</i>	69	NOURISH PEPTIDE FORMULA...	141	NUZYRA.....	39
<i>nicotine step 1</i>	69	NOURIVAN ANTIOX BASE.....	121	NYAMYC.....	225
<i>nicotine step 2</i>	69	NOVAFERRUM.....	111	NYLIA 1/35.....	80
<i>nicotine step 3</i>	69	NOVAFERRUM 50.....	111	NYLIA 7/7/7.....	80
NICOTROL NS.....	69	NOVAFERRUM PEDIATRIC		<i>nystatin</i>	29, 225, 236
<i>nifedipine er</i>	53	DROPS.....	111	NYSTOP.....	225
<i>nifedipine er osmotic release</i>	53	NOVASOURCE RENAL.....	141	OA 1.....	142
NIFEREX.....	111	NOVOLIN 70/30.....	71	OA 2.....	142
NIKKI.....	79	NOVOLIN 70/30 FLEXPEN.....	71	OB COMPLETE.....	171
<i>nilotinib hcl</i>	46	NOVOLIN 70/30 RELION.....	71	OB COMPLETE PREMIER.....	171
<i>nilutamide</i>	41	NOVOLIN N.....	71	OBSTETRIX EC.....	171
<i>nimodipine</i>	53	NOVOLIN N FLEXPEN.....	71	OBTREX.....	171
NINJACOF-XG.....	210	NOVOLIN N RELION.....	71	OCTAGAM.....	116

<i>octreotide acetate</i>	85	<i>one daily complete for men</i>	172	ONELAX SENNA.....	99
<i>ocular vitamins</i>	171	ONE DAILY ESSENTIAL.....	172	ONTRUZANT.....	46
<i>ocutabs</i>	171	<i>one daily essentials</i>	172	ONUREG.....	40
<i>ocutabs-lutein</i>	171	<i>one daily for men 50+ advanced</i>	172	OPCON-A.....	186
OCUVITE ADULT 50+.....	171	<i>one daily for men/lycopene</i>	172	OPIPZA.....	60
OCUVITE ADULT FORMULA.....	171	<i>one daily for women</i>	172	OPSUMIT.....	55
OCUVITE EXTRA.....	171	<i>one daily for women 50+ adv</i>	172	OPTICHAMBER DIAMOND.....	218
OCUVITE EYE + MULTI.....	171	<i>one daily healthy weight</i>	172	OPTICHAMBER DIAMOND-LG	
OCUVITE EYE HEALTH		<i>one daily healthy weight adv</i>	172	MASK.....	218
FORMULA.....	172	<i>one daily maximum</i>	172	OPTICHAMBER DIAMOND-MD	
OCUVITE EYE HEALTH		<i>one daily men formula w/o iron</i>	172	MASK.....	218
GUMMIES.....	172	<i>one daily mens</i>	172	OPTICHAMBER DIAMOND-SM	
OCUVITE-LUTEIN.....	172	<i>one daily mens 50+ multivit</i>	172	MASK.....	218
ODEFSEY.....	34	<i>one daily mens 50+/lycopene</i>	172	OPTICLEANSE GHI.....	142
ODOMZO.....	46	<i>one daily mens health</i>	172	<i>optic-vites</i>	173
<i>odor control foot & sneaker</i>	225	<i>one daily multivit/iron-free</i>	172	<i>optic-vites with lutein</i>	173
ODOR EATERS ANTIFUNGAL.....	225	<i>one daily multivitamin adult</i>	172	OPTIFAST POST BARIATRIC.....	173
ODOR EATERS FOOT/SNEAKER		<i>one daily multivitamin men</i>	172	OPTIMAL D3.....	173
SPRAY.....	225	<i>one daily multivitamin women</i>	172	OPTIMAL D3 M.....	173
OFEV.....	218	<i>one daily multivitamin/iron</i>	172	OPTIMENTAL.....	142
<i>ofloxacin</i>	188, 192	<i>one daily womens</i>	173	<i>optimum airvites</i>	173
OGIVRI.....	46	<i>one daily womens 50 plus</i>	172	<i>optimum pms</i>	173
OGSIVEO.....	46	<i>one daily womens 50+</i>	172	OPTIONS GYNOL II	
<i>ohc covid-19 antigen self test</i>	31	<i>one daily/minerals</i>	173	CONTRACEPTIVE.....	107
OJEMDA.....	46	ONE VITE CALCIUM + D3.....	132	OPTISOURCE POST BARIATRIC	
OJJAARA.....	46	ONE VITE DAILY MULTIVITAMIN.....	173	SURG.....	173
OKEEFFES WORKING HANDS.....	232	ONE VITE FERROUS SULFATE.....	112	OPTIVITE P.M.T.....	174
<i>olanzapine</i>	60	<i>one vite womens</i>	173	OPURITY.....	174
<i>olmesartan medoxomil</i>	50	<i>one vite womens plus</i>	173	OPURITY B12/FOLIC ACID.....	174
<i>olmesartan medoxomil-hctz</i>	50	ONE-A-DAY FOR HER		OPURITY BYPASS OPTIMIZED.....	174
<i>olmesartan-amlodipine-hctz</i>	50	VITACRAVES.....	173	<i>oral analgesic max st</i>	236
<i>omega-3-acid ethyl esters</i>	51	ONE-A-DAY FOR HIM		<i>oral electrolyte freezer pops</i>	125
<i>omeprazole</i>	105	VITACRAVES.....	173	<i>oral electrolytes</i>	126
OMNIBASE.....	121	ONE-A-DAY MENOPAUSE		<i>oral relief spray</i>	236
<i>omnicap</i>	172	FORMULA.....	173	<i>oral suspend</i>	121
OMNIPOD 5 DEXG7G6 INTRO		ONE-A-DAY MENS (MINERALS).....	173	<i>oralyte</i>	126
GEN 5.....	72	ONE-A-DAY MENS 50+.....	173	ORAPENN SD ANHYD	
OMNIPOD 5 DEXG7G6 PODS		ONE-A-DAY MENS 50+		SWEETENED.....	121
GEN 5.....	72	ADVANTAGE.....	173	ORAPENN SD ANHYD	
OMNIPOD 5 LIBRE INTRO.....	72	ONE-A-DAY MENS HEALTH		UNSWEETEN.....	121
OMNIPOD 5 LIBRE PODS.....	72	FORMULA.....	173	ORA-PLUS.....	121
OMNIPOD DASH INTRO (GEN 4).....	72	ONE-A-DAY MENS PRO EDGE.....	173	ORASEP.....	236
OMNIPOD DASH PODS (GEN 4).....	72	ONE-A-DAY PROACTIVE 65+.....	173	ORAZINC.....	132
OMNITROPE.....	85, 86	ONE-A-DAY WOMENS.....	173	ORGANIC NUTRITION SHAKE.....	142
ON/GO COVID-19 ANTIGEN TEST.....	31	ONE-A-DAY WOMENS 50+.....	173	ORGANIC PEDIA SMART.....	142
ON/GO ONE COVID-19 HOME		ONE-A-DAY WOMENS 50+		ORGOVYX.....	41
TEST.....	31	ADVANTAGE.....	173	ORKAMBI.....	218
<i>once daily</i>	172	ONE-A-DAY WOMENS PETITES.....	173	<i>orlistat</i>	74
ONCOVITE.....	172	ONE-A-DAY WOMENS		ORQUIDEA.....	80
<i>ondansetron</i>	93	VITACRAVES.....	173	ORSERDU.....	41
<i>ondansetron hcl</i>	93	<i>one-daily multi caps</i>	173	OS 2.....	142
ONE A DAY MEN 50 PLUS.....	172	<i>one-daily multi vitamins</i>	173	<i>oseltamivir phosphate</i>	35
ONE A DAY MENS VITACRAVES.....	172	<i>one-daily multi-vit/mineral</i>	173	OSMOLITE.....	142
ONE A DAY PRENATAL.....	172	<i>one-daily multi-vitamin</i>	173	OSMOLITE 1 CAL.....	142
ONE A DAY WOMEN 50 PLUS.....	172	<i>one-daily multi-vitamin/iron</i>	173	OSMOLITE 1.2 CAL.....	142
<i>one daily</i>	172	<i>one-daily/iron</i>	173	OSMOLITE 1.5 CAL.....	142
<i>one daily 50 plus</i>	172	ONELAX.....	99	OSMOLITE HN.....	142
<i>one daily calcium/iron</i>	172	ONELAX DAILY FIBER.....	99	OSPOMYV.....	74
<i>one daily complete</i>	172	ONELAX FIBER THERAPY.....	99	OSTEOPRIME PLUS.....	174

OSTEOPRIME ULTRA.....	174	<i>paroxetine hcl</i>	57	PEDIASURE 1.5 CAL.....	142
<i>oxacillin sodium</i>	38	<i>parvlex</i>	174	PEDIASURE 1.5 CAL/FIBER.....	142
<i>oxaliplatin</i>	39	PAXLOVID (150/100).....	35	PEDIASURE GROW & GAIN 142, 143	
<i>oxcarbazepine</i>	63	PAXLOVID (300/100 & 150/100).....	35	PEDIASURE GROW & GAIN	
OXEPA.....	142	PAXLOVID (300/100).....	35	ORGANIC.....	143
OXEPA 1.5.....	142	<i>pazopanib hcl</i>	46	PEDIASURE GROW &	
<i>oxybutynin chloride</i>	106	<i>pc pediatric iron drops</i>	112	GAIN/FIBER.....	143
<i>oxybutynin chloride er</i>	106	<i>pc pediatric poly-vital/fe drop</i>	174	PEDIASURE HARVEST 1.0 CAL..	143
<i>oxycodone hcl</i>	28	<i>pc pediatric poly-vitamin drop</i>	174	PEDIASURE NUTRIPALS.....	143
<i>oxycodone-acetaminophen</i>	28	<i>pc pediatric tri-vitamin drops</i>	174	PEDIASURE PEDIATRIC.....	143
<i>oxymetazoline hcl</i>	211	PCCA ALADERM BASE.....	121	PEDIASURE PEPTIDE 1.0 CAL....	143
OYSCO 500+D.....	132	PCCA ANHYDROUS LIPODERM		PEDIASURE PEPTIDE 1.5 CAL....	143
<i>oyster calcium/d3</i>	132	BASE.....	121	PEDIASURE REDUCED CALORIE	
<i>oyster shell calcium</i>	132	PCCA BASE 7542.....	121	.....	143
<i>oyster shell calcium + d</i>	132	PCCA BIOPEPTIDE BASE.....	121	PEDIASURE SHAKE MIX.....	143
<i>oyster shell calcium + d3</i>	132	PCCA CANNIDEX 2.0 CUSTOM		PEDIASURE SHAKE/FIBER.....	143
<i>oyster shell calcium plus d</i>	132	BASE.....	121	PEDIASURE SIDEKICKS.....	143
<i>oyster shell calcium w/d</i>	132	PCCA CANNIDEX CUSTOM BASE		PEDIASURE SIDEKICKS CLEAR.....	143
<i>oyster shell calcium/d</i>	132	.....	122	PEDIASURE SIDEKICKS SHAKE.....	143
<i>oyster shell calcium/d3</i>	132	PCCA COSMETIC HRT BASE.....	122	PEDIASURE/FIBER.....	143
<i>oyster shell calcium/vit d</i>	132	PCCA EMOLLIENT CREAM BASE		<i>pediatric drink</i>	143
<i>oyster shell calcium/vit d3</i>	132	.....	122	<i>pediatric electrolyte</i>	126
<i>oyster shell calcium/vitamin d</i>	132	PCCA HYDRABASE SB CUSTOM		PEDVAX HIB.....	119
OZEMPIC.....	73	BASE.....	122	<i>peg 3350</i>	99
OZEMPIC (0.25 OR 0.5		PCCA LIPODERM BASE.....	122	<i>peg 3350-kcl-na bicarb-nacl</i>	100
MG/DOSE).....	73	PCCA MVC BASE.....	122	<i>peg-3350/electrolytes</i>	100
OZEMPIC (1 MG/DOSE).....	73	PCCA NATACREAM.....	122	PEGASYS.....	35
OZEMPIC (2 MG/DOSE).....	73	PCCA PRACASIL TM-PLUS BASE		PEMAZYRE.....	46
PACERONE.....	50	.....	122	<i>pemetrexed disodium</i>	40
<i>paclitaxel</i>	42	PCCA VANISHING CREAM BASE.....	122	PENBRAYA.....	119
<i>paclitaxel protein-bound part</i>	42	PCCA VANISHING CREAM LIGHT		<i>penderm</i>	122
<i>pain & fever childrens</i>	22	.....	122	<i>penicillamine</i>	75
<i>pain & fever infants</i>	22	PCCA VANPEN BASE.....	122	<i>penicillin g potassium</i>	38
<i>pain & fever kids</i>	22	PCCA WAV CUSTOM BASE.....	122	<i>penicillin g sodium</i>	38
<i>pain and fever relief kids</i>	22	PEGGEN DMX.....	211	<i>penicillin v potassium</i>	38
<i>pain relief</i>	22	PEGGEN PSE.....	211	PEN-KERA.....	233
<i>pain relief childrens</i>	22	<i>ped electrolyte freeze pops</i>	126	<i>penmenvy</i>	119
<i>pain relief extra strength</i>	22	<i>ped electrolyte freezer pops</i>	126	<i>pensomal</i>	122
<i>pain relief max str</i>	232	PEDIA VANCE.....	126	PENTACEL.....	119
<i>pain relief maximum strength</i>	233	PEDIACARE CHILDREN.....	22	<i>pentamidine isethionate</i>	31
<i>pain relief regular strength</i>	22	PEDIACARE CHILDRENS		<i>pentoxifylline er</i>	113
<i>pain reliever</i>	22	ALLERGY.....	198	PENTRAVAN.....	233
<i>pain reliever extra strength</i>	22	PEDIACARE		PENTRAVAN PLUS.....	233
<i>pain reliever for adults</i>	22	COUGH/CONGESTION.....	211	PEPTAMEN.....	143
<i>pain reliever/fever reducer</i>	22	PEDIACARE INFANT		PEPTAMEN 1 CAL/PREBIO1.....	143
<i>pain relieving lidocaine</i>	233	FEVER/PAIN.....	22	PEPTAMEN 1.5 CAL.....	143
<i>paliperidone er</i>	60	PEDIACARE INFANTS.....	22	PEPTAMEN 1.5 CAL/PREBIO1.....	143
PALMERS COCOA BUTTER		PEDIACARE INFANTS GAS		PEPTAMEN AF.....	143
FORMULA.....	233	RELIEF.....	104	PEPTAMEN INTENSE VHP.....	143
PALMERS INTENSIVE RELIEF		PEDIA-LAX.....	99	PEPTAMEN JUNIOR 1 CAL.....	143
HAND.....	233	PEDIALYTE.....	126	PEPTAMEN JUNIOR 1	
PALMERS NIGHT CREAM.....	233	PEDIALYTE ADVANCED CARE... ..	126	CAL/PREBIO1.....	143
PALMERS STRETCH MARKS.....	233	PEDIALYTE FREEZER POPS.....	126	PEPTAMEN JUNIOR 1.5.....	143
<i>pamidronate disodium</i>	75	PEDIALYTE IMMUNE SUPPORT.....	126	PEPTAMEN JUNIOR 1.5 CAL.....	143
<i>pan-c 500/bioflavonoids</i>	174	PEDIALYTE SINGLES.....	126	PEPTAMEN JUNIOR FIBER.....	143
PANRETIN.....	233	PEDIARIX.....	119	PEPTAMEN JUNIOR HP.....	143
<i>pantoprazole sodium</i>	105	PEDIASMA RT PEA PROTEIN.....	142	PEPTAMEN JUNIOR PHGG 1.2... ..	143
PANZYGA.....	116	PEDIASURE.....	143	PEPTAMEN JUNIOR/PREBIO1....	143
<i>paricalcitol</i>	87	PEDIASURE 1.0 CAL/FIBER.....	142	PEPTAMEN/PREBIO1.....	143

PEPTO-BISMOL.....	91	<i>phenylephrine hcl</i>	211	<i>poly bacitracin</i>	222
PEPTO-BISMOL MAX STRENGTH	91	<i>phenylephrine-dm-gg</i>	211	POLYCAL.....	144
PEPTO-BISMOL TO-GO.....	91	PHENYL-FREE 2.....	144	<i>polyethylene glycol 3350</i>	100, 122
<i>perampanel</i>	63	PHENYL-FREE 2HP.....	144	POLY-IRON 150.....	112
PERATIVE.....	144	PHENYTEK.....	63	<i>polymyxin b sulfate</i>	31
PERATIVE 1.3 CAL.....	143	<i>phenytoin</i>	63	<i>polymyxin b-trimethoprim</i>	188
PERDIEM OVERNIGHT RELIEF ...	100	<i>phenytoin sodium</i>	64	<i>polysaccharide iron complex</i>	112
PERIDIN-C.....	174	<i>phenytoin sodium extended</i>	63	<i>polysaccharide-iron complex</i>	112
PERIFLEX ADVANCE.....	144	PHESGO.....	46	POLYSPORIN.....	222
PERIFLEX JUNIOR.....	144	PHILITH.....	80	<i>poly-tussin ac</i>	211
<i>perindopril erbumine</i>	49	PHILLIPS MILK OF MAGNESIA....	100	POLY-VENT IR.....	211
PERIOGARD.....	236	PHYTOBASE.....	122	POLY-VI-FLOR.....	174
PERIOMED.....	236	PHYTOMULTI.....	174	<i>polyvinyl alcohol</i>	190
<i>permethrin</i>	235	<i>phytonadione</i>	174	POLY-VI-SOL.....	174
<i>perphenazine</i>	60	PIFELTRO.....	33	POLY-VI-SOL/IRON.....	174
<i>petrolatum</i>	122	<i>pilocarpine hcl</i>	187, 236	<i>poly-vita</i>	174
<i>petrolatum white</i>	122	PILOT COVID-19 AT-HOME TEST .	31	<i>poly-vitaliron</i>	174
<i>petroleum jelly</i>	122	<i>pimecrolimus</i>	233	<i>poly-vite pediatric</i>	174
PFCB.....	122	<i>pimozide</i>	60	<i>poly-viteliron</i>	174
PFD 2.....	144	PIMTREA.....	80	<i>pomalidomide</i>	41
PFD TODDLER.....	144	<i>pin-away</i>	31	POMALYST.....	41
PFIZERPEN.....	38	<i>pindolol</i>	52	PORTAGEN.....	144
<i>pharbecchlor</i>	198	<i>pink bismuth</i>	91	PORTIA-28.....	80
<i>pharbedryl</i>	198	<i>pink bismuth maximum strength</i>	91	<i>posaconazole</i>	29
PHARBETOL.....	22	<i>pinworm medicine</i>	31	<i>potassium chloride</i>	124, 125
PHARBETOL EXTRA STRENGTH.	22	<i>pioglitazone hcl</i>	73	<i>potassium chloride crys er</i>	125
PHARMABASE ANTIOXIDANT.....	122	<i>pioglitazone hcl-metformin hcl</i>	73	<i>potassium chloride er</i>	125
PHARMABASE COSMETIC.....	122	<i>piperacillin sod-tazobactam so</i>	38	<i>potassium chloride in nacl</i>	124
PHARMABASE COSMETIC		PIQRAY (200 MG DAILY DOSE)....	46	<i>potassium citrate er</i>	106
NATURAL.....	122	PIQRAY (250 MG DAILY DOSE)....	46	<i>potassium cl in dextrose 5%</i>	124
PHARMABASE HEAVY.....	122	PIQRAY (300 MG DAILY DOSE)....	46	<i>potassium hydroxide</i>	122
PHARMABASE LIGHT.....	122	<i>pirfenidone</i>	218	<i>povidone-iodine</i>	233
PHARMABASE VAGINAL.....	122	<i>piroxicam</i>	27	<i>pramipexole dihydrochloride</i>	58
<i>pharmacist choice d-vitamin</i>	174	PIVOT 1.5 CAL.....	144	<i>prasugrel hcl</i>	113
PHAZYME.....	104	PKU 2.....	144	<i>pravastatin sodium</i>	51
PHAZYME MAXIMUM STRENGTH		PKU 3.....	144	<i>praziquantel</i>	31
.....	104	PKU AIR20 GOLD.....	144	<i>prazosin hcl</i>	49
PHAZYME ULTRA STRENGTH....	104	PKU AIR20 GREEN.....	144	<i>prednisolone</i>	83
<i>phendimetrazine tartrate</i>	74	PKU AIR20 YELLOW.....	144	<i>prednisolone acetate</i>	188
<i>phenelzine sulfate</i>	57	PKU COOLER 10.....	144	<i>prednisolone sodium phosphate</i>	
PHENEX-1.....	144	PKU COOLER 15.....	144	.....	83, 188
PHENEX-2.....	144	PKU COOLER 20.....	144	<i>prednisone</i>	83
<i>phenobarbital</i>	63	PKU EASY SHAKE & GO.....	144	PREDNISONE INTENSOL.....	83
<i>phenobarbital sodium</i>	63	PKU LOPHLEX LQ 20.....	144	<i>preferred plus insulin syringe</i>	72
<i>phenol</i>	233	PKU PERIFLEX EARLY YEARS...	144	<i>pregabalin</i>	64
<i>phentermine hcl</i>	74	PKU PERIFLEX JUNIOR PLUS...	144	<i>pregenna</i>	174
<i>phentermine-topiramate er</i>	74	PKU SPHERE 20.....	144	PREMASOL.....	126
PHENYLADE DRINK MIX.....	144	PKU SPHERE NEXT 15.....	144	PREMESISRX.....	174
PHENYLADE ESSENTIAL DRINK		PKU START.....	144	PRENATABS RX.....	174
MIX.....	144	<i>pku trio</i>	144	<i>prenatal</i>	125, 175
PHENYLADE ESSENTIAL		PLENAMINE.....	126	<i>prenatal (wliron & fa)</i>	174
MIX/FIBER.....	144	PLENVU.....	100	<i>prenatal 19</i>	174
PHENYLADE GMP.....	144	<i>prnv 27-calfelfa</i>	174	<i>prenatal complete</i>	174
PHENYLADE GMP MIX		<i>prnv prenatal plus multivitamin</i>	174	<i>prenatal formula</i>	174
DHA/FIBER.....	144	<i>prnv tabs 20-1</i>	174	<i>prenatal formula a-free</i>	174
PHENYLADE GMP MIX-IN.....	144	<i>prnv-select</i>	174	<i>prenatal forte</i>	174
PHENYLADE GMP READY.....	144	POCKET CHAMBER.....	218	<i>prenatal multi +dha</i>	174
PHENYLADE RTD PKU 10.....	144	POCKET SPACER.....	218	PRENATAL MULTIVITAMIN +	
PHENYLADE60 DRINK MIX.....	144	<i>podofilox</i>	233	DHA.....	175

<i>prenatal multivitamin plus dha</i>	175	PROLASTIN-C.....	218	<i>qc 8 hour arthritis pain</i>	22
<i>prenatal one daily</i>	175	PROLAXA.....	100	<i>qc 8 hour pain relief</i>	22
<i>prenatal plus</i>	175	PROLIA.....	75	<i>qc acetaminophen 8 hours</i>	23
<i>prenatal plus vitamin/mineral</i>	175	<i>promethazine hcl</i>	93	<i>qc acetaminophen 8hr arth pain</i>	23
<i>prenatal vitamin and mineral</i>	175	<i>promethazine-codeine</i>	211	<i>qc acetaminophen 8hr musc ache</i> ...	23
<i>prenatal vitamins</i>	175	<i>promethazine-dm</i>	211	<i>qc acetaminophen infants</i>	23
<i>prenatal/iron</i>	175	PROMOD.....	144, 145	<i>qc all day allergy</i>	198
<i>prenatal+dha</i>	175	PROMOTE.....	145	<i>qc allergy childrens</i>	198
PRENATE AM.....	175	PROMOTE 1.0.....	145	<i>qc allergy relief</i>	198
PRENATE ELITE.....	175	PROMOTE 1.0 WITH FIBER.....	145	<i>qc allergy relief childrens</i>	198
PRENATOL-M.....	175	PROMOTE/FIBER.....	145	<i>qc antacid</i>	89
<i>pres gen</i>	211	<i>propafenone hcl</i>	50	<i>qc antacid & pain relief</i>	23
<i>pres gen pediatric</i>	211	<i>propafenone hcl er</i>	50	<i>qc antacid/anti-gas</i>	89
<i>prescription support multivit</i>	175	<i>proparacaine hcl</i>	190	<i>qc anti-diarrheal</i>	91
PRESERVISION AREDS.....	175	PRO-PHREE.....	145	<i>qc antifungal (tolnaftate)</i>	225
PRESERVISION AREDS 2.....	175	PROPIMEX-1.....	145	<i>qc anti-gas</i>	104
PRESERVISION AREDS 2+MULTI		PROPIMEX-2.....	145	<i>qc anti-itch extra strength</i>	233
VIT.....	175	<i>propranolol hcl</i>	52	<i>qc antiseptic skin cleanser</i>	233
PRESERVISION/LUTEIN.....	175	<i>propranolol hcl er</i>	52	<i>qc arthritis pain relief</i>	23
PRETTY FEET/HANDS.....	233	<i>propylthiouracil</i>	87	<i>qc artificial tears</i>	190
PREVALITE.....	51	PROQUAD.....	119	<i>qc aspirin</i>	23
<i>prevent</i>	175	PRORENAL + D.....	175	<i>qc aspirin low dose</i>	23
PREVIDENT.....	236	PRORENAL + D W/ OMEGA-3.....	175	<i>qc athletes foot</i>	225
PREVIDENT 5000 DRY MOUTH.....	236	PROSIGHT.....	175	<i>qc b12</i>	176
PREVIDENT 5000 PLUS.....	236	PROSOL.....	126	<i>qc bacitracin</i>	222
<i>prev-rx</i>	175	PROSOURCE.....	145	<i>qc bacitracin zinc</i>	222
PREVYMIS.....	35	PROSOURCE PLUS.....	145	<i>qc biotin</i>	176
PREZCOBIX.....	34	PROSOURCE TF.....	145	<i>qc calamine</i>	233
PREZISTA.....	33	PROSOURCE XTRACAL.....	145	<i>qc calcium 500mg-d3</i>	132
PRIFTIN.....	34	PROSOURCE ZAC.....	145	<i>qc calcium fast dissolution</i>	132
<i>primaquine phosphate</i>	32	PROSTEON.....	132	<i>qc cetirizine allergy relief</i>	198
<i>primidone</i>	64	PROSURE.....	145	<i>qc childrens aspirin</i>	23
PRIORIX.....	119	PROTALITY.....	145	<i>qc childrens complete</i>	176
PRIVIGEN.....	116	PROTECT CARDIO AF.....	175	<i>qc childrens vitamins/extra c</i>	176
<i>pro comfort spacer adult</i>	218	PROTECT PLUS SO.....	175	<i>qc childrens vitamins/iron</i>	176
<i>pro comfort spacer child</i>	218	PROTEGRA.....	175	<i>qc chlor-pheniramine</i>	198
<i>pro comfort spacer infant</i>	218	<i>protriptyline hcl</i>	57	<i>qc clotrimazole</i>	108, 225
<i>pro hers rx</i>	175	PROVIMIN.....	145	<i>qc co q-10</i>	145
<i>pro his rx</i>	175	PROVIT.....	175	<i>qc cod liver oil</i>	176
<i>pro pcos rx</i>	175	<i>pseudoeph-bromphen-dm</i>	211	<i>qc complete allergy medicine</i>	198
<i>probenecid</i>	16	<i>pseudoephedrine hcl</i>	211	<i>qc daily multivit/multimineral</i>	176
<i>probiotics + bariatric multi</i>	175	<i>pseudoephedrine hcl er</i>	211	<i>qc daily multivitamins/iron</i>	176
PRO-CAL.....	175	<i>p-siloxan ds</i>	122	<i>qc diarrhea relief</i>	91
<i>procare spacer/adult mask</i>	218	<i>psyl dex</i>	100	<i>qc docusate calcium</i>	100
<i>procare spacer/child mask</i>	218	<i>psyllium fiber</i>	100	<i>qc ear wax removal</i>	237
PROCERV HP.....	175	PULMOCARE.....	145	<i>qc earwax removal</i>	237
<i>prochamber vhc</i>	218	PULMOCARE 1.5.....	145	<i>qc earwax removal kit</i>	237
<i>prochlorperazine</i>	93	PULMOSAL.....	211	<i>qc enema</i>	100
<i>prochlorperazine edisylate</i>	93	PULMOZYME.....	218	<i>qc enteric aspirin</i>	23
<i>prochlorperazine maleate</i>	93	<i>pure calcium carbonate</i>	132	<i>qc epsom salt</i>	100
PROCROT.....	109	<i>pure comfort spacer chamber</i>	218	<i>qc essentials</i>	176
PROCTOCORT.....	233	PURECARB.....	145	<i>qc ferrous sulfate</i>	112
PROCTO-MED HC.....	233	<i>purevit dualfe plus</i>	112	<i>qc fiber</i>	100
PROCTOSOL HC.....	233	<i>push 20+ advanced</i>	145	<i>qc fiber laxative</i>	100
PROCTOZONE-B.....	100	<i>pyrazinamide</i>	34	<i>qc fiber therapy</i>	100
PROCTOZONE-HC.....	233	<i>pyridostigmine bromide</i>	67	<i>qc folic acid</i>	176
<i>pro-ex antifungal</i>	225	<i>pyridoxine hcl</i>	175	<i>qc gas relief</i>	104
<i>progesterone</i>	86	<i>pyrimethamine</i>	31	<i>qc gas relief extra strength</i>	104
PROGRAF.....	117	PYZCHIVA.....	114	<i>qc gas relief infants</i>	104

qc gentle laxative	100	qc tolnaftate	225	ra antacid/gas relief max st.....	90
qc gentle laxative womens	100	qc triple antibiotic	222	ra antibiotic + pain relief.....	222
qc glycerin	100	qc triple antibiotic max st	222	ra antibiotic/pain relief.....	222
qc hair skin & nails	176	qc triple antibiotic multi-act	222	ra anti-diarrheal.....	92
qc ibuprofen	27	qc triple antibiotic pain rlf.....	222	ra antifungal foot care	225
qc ibuprofen ib.....	27	qc tussin cf adult	211	ra anti-itch skin protectant	233
qc laxative	100	qc tussin dm cough/congestion.....	212	ra antiseptic.....	233
qc lidocaine pain relief.....	233	qc urinary pain relief.....	31	ra antiseptic skin cleanser	233
qc loratadine allergy relief.....	198	qc vapor inhaler.....	212	ra arthritis pain relief.....	23
qc loratadine-d.....	211	qc vegetable laxative	100	ra aspirin.....	23
qc lubricant eye drops	190	qc vitamin b1	176	ra aspirin adult low dose	23
qc magnesium	89	qc vitamin b12.....	176	ra aspirin adult low strength.....	23
qc medifin mucus relief child.....	211	qc vitamin b6.....	176	ra aspirin childrens.....	23
qc melatonin max st.....	145	qc vitamin c.....	176	ra aspirin ec.....	23
qc mens daily multivitamin	176	qc vitamin c with rose hips	176	ra aspirin ec adult low st.....	23
qc menstrual complete max st.....	23	qc vitamin d3.....	176	ra athletes foot.....	225
qc miconazole 7.....	108	qc vitamin e.....	176	ra bacitracin	222
qc milk of magnesia.....	100	qc womens daily multivitamin	176	ra bacitracin zinc first aid.....	222
qc mucus & cough relief child.....	211	qc zinc	133	ra balanced b-100.....	177
qc mucus relief.....	211	qc zinc oxide	233	ra balanced b-50.....	177
qc mucus relief childrens.....	211	QINLOCK.....	46	ra b-complex.....	177
qc mucus relief dm max.....	211	QLEARQUIL	212	ra b-complex with b-12.....	177
qc mucus relief er.....	211	Q-SORB CO Q-10	145	ra biotin	177
qc mucus relief max st.....	211	QSYMIA.....	74	ra calcium 600.....	133
qc mucus relief severe con/cgh.....	211	QUADRACEL	119	ra calcium 600/vitamin d-3.....	133
qc multi-vite	176	quetiapine fumarate	60	ra calcium cit plus vit d-3.....	133
qc multi-vite 50 & over	176	quetiapine fumarate er.....	60	ra calcium citrate plus vit d.....	133
qc nasal decongestant pe.....	211	QUFLORA FE	176	ra calcium cit-vit d-3 petites.....	133
qc nasal mist no drip	211	QUFLORA FE PEDIATRIC.....	176	ra calcium plus vitamin d.....	133
qc nasal spray.....	211	QUFLORA PEDIATRIC.....	176	ra calcium plus vitamin d3.....	133
qc natural vegetable	100	QUICKVUE AT-HOME COVID-19		RA CENTRAL-VITE.....	177
qc natura-lax	100	TEST	31	ra central-vite mens mature	177
qc niacin	176	quin b strong.....	176	ra central-vite womens mature	177
qc nicotine transdermal system.....	70	quin b strong b-25.....	176	ra cetiri-d.....	212
qc no drip extra moisturizing.....	211	quinapril hcl.....	49	ra childrens fever/pain.....	23
qc no drip nasal relief.....	211	quinidine sulfate.....	51	ra chlorpheniramine maleate	198
qc no drip original 12 hours.....	211	quinine sulfate	32	ra clotrimazole.....	225
qc non-aspirin 8 hour.....	23	quintabs.....	176	ra clotrimazole 7.....	108
qc non-aspirin childrens.....	23	quintabs-m.....	177	ra coenzyme q-10.....	145
qc non-aspirin extra strength.....	23	QULIPTA.....	66	ra col-rite.....	100
QC OCUHEALTH VISION		ra 12 hour nasal spray.....	212	ra complete allergy.....	198
SUPPORT 2.....	176	ra 2-in-1 lax/stool softener.....	100	ra cough dm.....	212
qc oral pain relieving.....	236	ra 8 hour pain relief.....	23	ra decongestant inhaler.....	212
qc pain relief.....	23	ra acetaminophen.....	23	RA DIPHEDRYL ALLERGY.....	198
qc pain relief childrens.....	23	ra acetaminophen childrens.....	23	ra double antibiotic.....	222
qc pain relief extra strength.....	23	ra acetaminophen ex st.....	23	ra dry mouth.....	236
qc petroleum jelly.....	122	ra allergy.....	198, 233	ra ear drops.....	237
qc pink bismuth.....	92	ra allergy medication	198	ra earwax removal kit.....	237
qc povidone iodine	233	ra allergy relf & nasal decong.....	212	ra enema.....	100
qc prenatal.....	176	ra allergy relief.....	198	ra epsom salt.....	100
qc psyllium fiber.....	100	ra allergy relief (cetirizine).....	198	ra ethyl rubbing alcohol.....	122
qc senna.....	100	ra allergy relief (loratadine).....	198	ra eye allergy relief.....	186
qc senna-s.....	100	ra allergy relief childrens.....	198	ra fast relief laxative.....	101
qc stomach relief.....	92	ra allergy rlf/nasal decongest.....	212	ra fever reducer/pain reliever.....	24
qc stomach relief ultra	92	ra allergy/congestion relief.....	212	ra folic acid.....	177
qc stool softener.....	100	ra allergy/congestion relief-d.....	212	ra foot care (terbinafine).....	225
qc stool softener pls laxative.....	100	ra antacid.....	89	ra foot care (tolnaftate).....	225
qc suphedrine maximum strength.....	211	ra antacid/anti-gas.....	90	ra gas relief.....	104
qc therin-m.....	176	ra antacid/anti-gas max st.....	90	ra gas relief extra strength.....	104

<i>ra gas relief ultra strength</i>	104	<i>ra slow release iron</i>	112	REFRESH OPTIVE ADVANCED	
RA HI CAL.....	133	<i>ra stomach relief</i>	92	PF.....	190
<i>ra high potency iron</i>	112	<i>ra stool softener</i>	101	REFRESH OPTIVE MEGA-3.....	190
<i>ra ibuprofen</i>	27	<i>ra suphedrine</i>	212	REFRESH OPTIVE PF.....	191
<i>ra ibuprofen childrens</i>	27	<i>ra triple antibiotic</i>	222	REFRESH PLUS.....	191
<i>ra ibuprofen infants</i>	27	<i>ra tussin</i>	213	REFRESH RELIEVA.....	191
<i>ra ibuprofen junior strength</i>	27	<i>ra tussin cgh & cold mucus cf</i>	212	REFRESH RELIEVA PF.....	191
<i>ra iron</i>	112	<i>ra tussin cgh/chest congest dm</i>	212	REFRESH RELIEVA PF XTRA.....	191
<i>ra jock itch</i>	225	<i>ra tussin chest congestion</i>	212	REFRESH TEARS.....	191
<i>ra jock itch max st</i>	225	<i>ra tussin cough</i>	212	REFRESH TEARS PF.....	191
<i>ra laxative</i>	101	<i>ra tussin cough dm sugar free</i>	212	<i>regular nutritional shake</i>	145
<i>ra lice maximum strength</i>	235	<i>ra tussin cough/chest dm max</i>	213	REGULOID.....	101
<i>ra lice solution</i>	235	<i>ra tussin dm</i>	213	REHYDRALYTE.....	126
<i>ra lice treatment</i>	235	<i>ra vitamin a</i>	177	<i>relcare</i>	178
<i>ra lidocaine pain relieving</i>	233	<i>ra vitamin b-1</i>	177	RELENZA DISKHALER.....	35
<i>ra lorata-d</i>	212	<i>ra vitamin b12</i>	177	RELGAABI.....	64
<i>ra loratadine</i>	198	<i>ra vitamin b-12</i>	177	RE-LIEVED MAXIMUM	
<i>ra lubricant eye</i>	190	<i>ra vitamin b-12 tr</i>	177	STRENGTH.....	233
<i>ra lubricant eye drops</i>	190	<i>ra vitamin b-6</i>	177	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>	177	RELION KETONE TEST.....	86
<i>ra menthol nasal inhaler</i>	212	<i>ra vitamin c drops</i>	177	RELISTOR.....	104
<i>ra miconazole 3 combo pack</i>	108	<i>ra vitamin c clacerola</i>	177	REMICADE.....	114
<i>ra miconazole 3 combo pack app</i> ..	108	<i>ra vitamin c/rose hips</i>	177	RENAL.....	178
<i>ra miconazole 7</i>	108	<i>ra vitamin d-3</i>	177	<i>renal vitamin</i>	178
<i>ra micro-filtered sinus wash</i>	218	<i>ra vitamin e</i>	177	RENALCAL.....	145
<i>ra milk of magnesia</i>	101	<i>ra vitamin e natural</i>	177	RENAPLEX.....	178
<i>ra mineral oil</i>	101	<i>ra vitamins complete childrens</i>	177	RENAPLEX-D.....	178
<i>ra mini nicotine</i>	70	<i>ra womens laxative</i>	101	RENASTART.....	145
<i>ra mucus relief</i>	212	<i>ra zinc</i>	133	RENASTEP.....	145
<i>ra mucus relief dm</i>	212	<i>ra zinc oxide</i>	233	<i>rena-vite</i>	178
<i>ra mucus relief max st</i>	212	RABAVERT.....	119	<i>rena-vite rx</i>	178
<i>ra multihealth fiber</i>	101	<i>rabeprazole sodium</i>	105	RENFLEXIS.....	114
<i>ra nasal decongestant pe</i>	212	RADIANCE PLATINUM VITAMIN		<i>reno caps</i>	178
<i>ra natural magnesium</i>	133	D3.....	178	<i>repaglinide</i>	73
<i>ra natural vitamin e</i>	177	RALDESY.....	57	REPATHA.....	51
<i>ra niacin</i>	177	<i>raloxifene hcl</i>	86	REPATHA SURECLICK.....	51
<i>ra nicotine</i>	70	<i>ramelteon</i>	66	REPLETE.....	145, 146
<i>ra nicotine gum</i>	70	<i>ramipril</i>	49	REPLETE FIBER.....	145
<i>ra nicotine polacrilex</i>	70	<i>ranolazine er</i>	54	REPLETE FIBER 1 CAL.....	145
<i>ra no flush niacin</i>	177	<i>rasagiline mesylate</i>	58	RESOURCE 2.0.....	146
<i>ra nose drops extra strength</i>	212	RE/NEPH.....	145	RESTA.....	233
<i>ra one daily maximum</i>	177	RE/NEPH LP/HC.....	145	RESTASIS.....	191
<i>ra one daily mens 50+ w/vit d3</i>	177	RE/NEPH REDUCED SUGAR.....	145	RESTASIS MULTIDOSE.....	191
<i>ra one daily mens multi</i>	177	REALITY LATEX CONDOMS.....	80	RESTORA RX.....	92
<i>ra one daily mens/vit d-3</i>	177	REALITY LATEX/ULTRA		<i>restore fusion renal support</i>	146
<i>ra p col-rite</i>	101	TEXTURED.....	80	<i>restore renal support</i>	146
<i>ra pain relief acetaminophen</i>	24	REALITY LATEX/ULTRA THIN.....	80	RETAINE CMC.....	191
<i>ra pain relief aspirin</i>	24	REASON.....	145	RETAINE VISION.....	178
<i>ra pain relief ibuprofen</i>	27	RECLIPSEN.....	80	RETEVMO.....	46
<i>ra pain reliever ex st</i>	24	RECOMBIVAX HB.....	119	REVCovi.....	86
<i>ra pain relieving</i>	233	<i>reeses pinworm medicine</i>	31	REVUFORJ.....	46, 47
<i>ra pediatric electrolyte</i>	126	REFRESH.....	190	REXULTI.....	61
<i>ra prenatal</i>	177	REFRESH CELLUVISC.....	190	REYATAZ.....	33
<i>ra prenatal formula</i>	177	REFRESH DIGITAL.....	190	REZDIFFRA.....	86
<i>ra sinus wash nasal relief</i>	219	REFRESH DIGITAL PF.....	190	REZLIDHIA.....	47
<i>ra sinus wash neti pot</i>	219	REFRESH LIQUIGEL.....	190	REZUROCK.....	117
<i>ra sinus/congestion relief</i>	212	REFRESH OPTIVE.....	190, 191	RHOPRESSA.....	187
<i>ra sinus/congestion relief pe</i>	212	REFRESH OPTIVE ADVANCED.....	190	<i>ribavirin</i>	35

RID LICE KILLING SHAMPOO	235	rydex g	213	sb non-aspirin	24
rifabutin	34	rynex pse	213	sb non-aspirin extra strength	24
rifampin	34	sa3 derm	122	sb oyster shell calcium	133
right step prenatal	178	sacubitril-valsartan	50	sb pain reliever childrens	24
rilpivirine hcl	33	SAFETUSSIN DM COUGH/CHEST		sb pain reliever ex st	24
riluzole	67	CONG	213	sb pediatric electrolyte	126
rimantadine hcl	35	SAJAZIR	113	sb polyethylene glycol 3350	101
RINVOQ	114	saline	219	sb povidone-iodine	233
RINVOQ LQ	114	SALONPAS PAIN RELIEVING	233	sb senna-lax	101
RISABAL-PH	233	salt durable cream	122	sb sinus relief	213
risedronate sodium	75	SALT STABLE LS ADVANCED	122	sb stool softener	101
risperidone	61	SALTSTABLE LO	122	sb triple antibiotic	222
risperidone microspheres er	61	SANTYL	235	sb vitamin c	178
RITEFLO	219	sapropterin dihydrochloride	86	SCANDICAL	146
ritonavir	33	sb 12hr nasal spray	213	SCANDISHAKE	146
rivaroxaban	108, 109	sb allergy	198	scar care	122
rivastigmine	56	sb allergy medicine	198	SCEMBLIX	47
rivastigmine tartrate	56	sb allergy relief	198	scopolamine	93
RIVELSA	80	sb allergy relief/nasal decong	213	scot-tussin expectorant	213
rizatriptan benzoate	66	sb antacid	90	SCOT-TUSSIN SENIOR	214
robafen cf multi-symptom cold	213	sb antacid anti-gas	90	SCRUB CARE POVIDONE-	
ROBAFEN DM	213	sb anti-diarrhea	92	IODINE	234
ROBAFEN DM CGH/CHEST		sb anti-fungal	225	SECUADO	61
CONGEST	213	sb anti-gas	104	SECURA ANTIFUNGAL EXTRA	
ROBAFEN DM COUGH	213	sb arthritis pain relief	24	THICK	225
ROBAFEN MUCUS/CHEST		sb aspirin	24	selegiline hcl	58
CONGESTION	213	sb aspirin ec	24	selenious acid	127
ROBITUSSIN 12 HOUR COUGH	213	sb bacitracin	222	selenium sulfide	225
ROBITUSSIN 12 HOUR COUGH		sb bisacodyl laxative ec	101	SELZENTRY	33
CHILD	213	sb bismuth	92	se-natal 19	178
ROBITUSSIN CHILD		sb calcium + d	133	senexon-s	101
COUGH/COLD CF	213	sb cetirizine hcl childrens	198	senior tabs	178
ROBITUSSIN COUGH & CHEST		sb childrens aspirin	24	senna	101
ADULT	213	sb chlorpheniramine	199	senna laxative	101
ROBITUSSIN COUGH & CHEST		sb clotrimazole foot	225	senna plus	101
CHILD	213	sb complete nutrition	146	senna s	101
ROBITUSSIN COUGH+CHEST		sb complete nutrition plus	146	SENNA SMOOTH	101
CONG DM	213	sb cough control	213	senna-docusate sodium	101
ROBITUSSIN HONEY		sb cough control cf	213	senna-lax	101
CGH/CHEST DM	213	sb cough tab	213	senna-plus	101
ROBITUSSIN LONG-ACT		sb docusate sodium	101	senna-s	101
COUGHGELS	213	sb docusate sodium/senna	101	senna-tabs	101
ROBITUSSIN PEAK COLD MULTI-		sb fib lax orange	101	senna-time	101
SYM	213	sb fiber laxative	101	senna-time s	102
ROCKLATAN	187	sb gas relief	104	sennazon	102
roflumilast	219	sb gentle lax-women	101	sennosides	102
ROMVIMZA	47	sb glycerin adult	101	sennosides-docusate sodium	102
ropinirole hcl	58	sb glycerin pediatric	101	SENOKOT	102
rosuvastatin calcium	51	sb ibuprofen	27	SENOKOT EXTRA STRENGTH	102
ROSYRAH	80	sb infants ibuprofen	27	SENOKOT KIDS GUMMIES	102
ROTARIX	119	sb laxative	101	SENOKOT LAXATIVE GUMMIES	102
ROTATEQ	119	sb lice killing max st	235	SENOKOT S	102
ROWEEPRA	64	sb lice treatment	235	sentry	178
ROZLYTREK	47	sb loratadine	199	sentry senior	178
RUBRACA	47	sb loratadine allergy relief	199	sentry senior mens 50+	178
rufinamide	64	sb low dose asa ec	24	sentry senior/lutein	178
RUKOBIA	33	sb milk of magnesia	101	SERACAL	146
RYBELSUS	73	sb nasal spray no-drip	213	SEREVENT DISKUS	200
RYDAPT	47	sb natural fiber laxative	101	sertraline hcl	57

<i>se-tan plus</i>	112	<i>sodium fluoride</i>	125, 133, 236	<i>stool softener laxative</i>	102
SETLAKIN.....	80	<i>sodium fluoride 5000 plus</i>	236	<i>stool softener plus laxative</i>	102
<i>sf</i>	236	<i>sodium fluoride 5000 ppm</i>	236	<i>stool softener/laxative</i>	102
<i>sf 5000 plus</i>	236	<i>sodium oxybate</i>	68	<i>stop lice complete treatment</i>	235
SHAROBEL.....	80	<i>sodium phenylbutyrate</i>	86	<i>streptomycin sulfate</i>	31
SHINGRIX.....	119	<i>sodium phosphates</i>	133	<i>stress b complex/antioxid/zinc</i>	178
SIGNIFOR.....	86	<i>sodium polystyrene sulfonate</i>	75	<i>stress b complex/iron</i>	178
SIKLOS.....	113	<i>sol carb</i>	146	<i>stress formula</i>	178
<i>sildenafil citrate</i>	55	<i>solifenacin succinate</i>	106	<i>stress formula (folic acid)</i>	178
<i>silprotex plus</i>	123	SOLIQUA.....	72	<i>stress formula/iron</i>	178
<i>siltussin sa</i>	214	<i>solo</i>	178	<i>stress formula/zinc/energy</i>	178
<i>silver sulfadiazine</i>	222	SOLTAMOX.....	41	STRESSTABS ADVANCED.....	178
SIMBRINZA.....	187	SOLU-CORTEF.....	83	STRESSTABS ENERGY.....	178
<i>simeped</i>	104	SOLUVITA ACD WITH FLUORIDE.....	178	STRIBILD.....	34
<i>simethicone</i>	105	SOLUVITA WITH FLUORIDE.....	178	STROVITE ONE.....	179
<i>simethicone drops infants</i>	105	SOMATULINE DEPOT.....	86	STUART ONE.....	179
<i>simethicone extra strength</i>	105	SOMAVERT.....	86	STUDIO 35 MOISTURIZING SKIN.....	234
<i>simethicone ultra strength</i>	105	SOOTHE.....	92	STYE.....	191
SIMLIYA.....	80	SOOTHE HYDRATION.....	191	SUBVENITE.....	64
SIMPESSE.....	80	SOOTHE MAXIMUM STRENGTH.....	92	<i>sucrafate</i>	105
<i>simvastatin</i>	51	SOOTHE XP.....	191	SUDAFED.....	214
SINUCLEANSE NETI POT.....	219	SOOTHE XP XTRA PROTECTION.....	191	SUDAFED 12 HOUR.....	214
SINUCLEANSE REFILL.....	219	<i>sorafenib tosylate</i>	47	SUDAFED PE SINUS.....	214
SINUGATOR NASAL WASH.....	219	SORBUGEN NR.....	214	CONGESTION.....	214
<i>sinus nasal spray</i>	214	<i>sorbutuss nr</i>	214	SUDAFED SINUS CONGESTION.....	214
<i>sinus relief</i>	214	<i>sotalol hcl</i>	51	SUDAFED SINUS CONGESTION.....	214
<i>sinus relief extra strength</i>	214	<i>sotalol hcl (af)</i>	51	12HR.....	214
<i>sinus relief mist</i>	214	SOTYKTU.....	115	SUDAFED SINUS CONGESTION.....	214
<i>sinus wash squeeze bottle</i>	219	<i>span c</i>	178	24HR.....	214
<i>sirolimus</i>	117	SPATONE PUR-ABSORB IRON.....	112	SUDOGEST.....	214
SIRTURO.....	34	<i>special care</i>	234	SUDOGEST MAXIMUM.....	214
<i>skin hair & nails advanced</i>	178	SPECTRAVITE.....	178	STRENGTH.....	214
SKYRIZI.....	114, 115	SPEEDY SWAB COVID-19.....		SUDOGEST PE.....	214
SKYRIZI PEN.....	115	ANTIGEN.....	31	<i>sulfacetamide sodium</i>	188
<i>skyy derm</i>	123	SPIRIVA RESPIMAT.....	192	<i>sulfacetamide sodium (acne)</i>	221
SLO-NIACIN.....	178	<i>spironolactone</i>	49	<i>sulfacetamide-prednisolone</i>	187
SLOW FE.....	112	<i>spironolactone-hctz</i>	53	<i>sulfadiazine</i>	31
<i>slow iron</i>	112	SPONGEBOB SQUAREPANTS.....		<i>sulfamethoxazole-trimethoprim</i>	31
<i>slow release iron</i>	112	GUMMIES.....	178	SULFAMYLON.....	222
SLOW-MAG.....	133	SPRINTEC 28.....	80	<i>sulfasalazine</i>	94
SLOWMAG MG MUSCLE/HEART.....	133	SPRITAM.....	64	<i>sulindac</i>	27
<i>sm allergy relief</i>	199	SPS (SODIUM POLYSTYRENE.....		<i>sumatriptan</i>	66
<i>sm aspirin ec</i>	24	SULF).....	75	<i>sumatriptan succinate</i>	66
<i>sm ear drops</i>	237	<i>squeeze bottle sinus wash</i>	219	<i>sunitinib malate</i>	47
<i>sm loratadine</i>	199	SRONYX.....	80	SUNKIST VITAMIN C.....	179
<i>sm nicotine</i>	70	SSD.....	222	SUNLENCA.....	33
<i>sm nicotine polacrilex</i>	70	ST JOSEPH ASPIRIN.....	24	<i>super antioxidant</i>	179
<i>sm pediatric electrolyte</i>	126	ST JOSEPH LOW DOSE.....	24	<i>super antioxidants protector</i>	179
<i>sm petroleum jelly</i>	123	STELARA.....	115	<i>super aytinal</i>	179
<i>sm tussin cough/chest congest</i>	214	<i>sterile water for irrigation</i>	235	<i>super aytinal 50 plus</i>	179
<i>sm vitamin d3</i>	178	<i>stevia extract</i>	123	<i>super b complex/fal/vit c</i>	179
SMARTY PANTS KIDS.....		<i>stimulant laxative</i>	102	<i>super b complex/vitamin c</i>	179
COMPLETE.....	178	STIVARGA.....	47	<i>super b-complex</i>	179
SMOOTH LAX.....	102	<i>stomach relief</i>	92	<i>super b-complex + vitamin c</i>	179
<i>sod phos mono-sod phos dibasic</i> ..	102	<i>stomach relief extra strength</i>	92	<i>super b-complex/vit c/fa</i>	179
<i>sodium bicarbonate</i>	90	<i>stomach relief plus</i>	92	<i>super biotin</i>	179
<i>sodium chloride</i>	124, 214, 235	<i>stomach relief ultra</i>	92	<i>super calcium</i>	133
<i>sodium chloride (hypertonic)</i>	191	<i>stool softener</i>	102	<i>super daily d3</i>	179
				SUPER DEC B-100.....	179

<i>super d-zinc-selenium-copper</i>	179	TANDEM PLUS.....	112	<i>therapeutic moisturizing</i>	234
SUPER QUINTS B-50.....	179	TARINA 24 FE.....	80	<i>therapeutic-m</i>	180
<i>super thera vite m</i>	179	TARINA FE 1/20 EQ.....	80	<i>thera-tabs</i>	180
<i>super vita-mins</i>	179	<i>tasimelteon</i>	66	<i>thera-tabs m</i>	180
<i>superior mens multi</i>	179	TAVNEOS.....	113	THERATEARS.....	191
<i>superior womens multi</i>	179	<i>tazarotene</i>	226	THERATEARS EXTRA.....	191
<i>suphedrine 12hour</i>	214	TAZICEF.....	36	THERATEARS NIGHTTIME.....	191
SUPLENA.....	146	TECENTRIQ.....	47	THERATRUM COMPLETE.....	180
SUPLENA 1.8/CARBSTEADY.....	146	TECENTRIQ HYBREZA.....	47	THERATRUM COMPLETE 50	
SUPLENA/CARB STEADY.....	146	<i>teeny tummy gas relief drops</i>	105	PLUS.....	180
<i>support</i>	179	TEFLARO.....	36	<i>thera-vite max-m</i>	180
SUPPORT-500.....	179	<i>telmisartan</i>	50	THEREMS.....	180
<i>supress dm pediatric</i>	214	<i>telmisartan-amlodipine</i>	50	<i>thiamine hcl</i>	180
<i>supress-dx pediatric</i>	214	<i>telmisartan-hctz</i>	50	<i>thiamine mononitrate</i>	180
SURFAK.....	102	<i>temazepam</i>	66	THICK-IT THICKENED	
<i>sv b12</i>	179	TENIVAC.....	119	CRANBERRY.....	146
<i>sv b12 extra strength</i>	179	<i>tenofovir disoproxil fumarate</i>	33	<i>thioridazine hcl</i>	61
<i>sv iron</i>	112	<i>teo-tus</i>	214	<i>thiothixene</i>	61
<i>sv magnesium</i>	133	TEPMETKO.....	47	<i>thrivacin 30</i>	146
<i>sv melatonin</i>	146	<i>terazosin hcl</i>	49	<i>thrivacin detox</i>	146
<i>sv vitamin b-12 er</i>	179	<i>terbinafine hcl</i>	29, 225	THRIVE.....	70
<i>sv vitamin d3</i>	179	<i>terbutaline sulfate</i>	200	THRIVE FOR LIFE WOMENS.....	180
SWEET CHEEKS.....	84	<i>terconazole</i>	108	<i>thrivite rx</i>	180
SYEDA.....	80	<i>teriparatide</i>	75	TIADYLT ER.....	53
SYMDEKO.....	219	<i>teroderm</i>	123	<i>tiagabine hcl</i>	64
SYMPAZAN.....	64	<i>teroderm-plus</i>	123	TIBSOVO.....	47
SYMTUZA.....	34	<i>testosterone</i>	70	<i>ticagrelor</i>	113
SYNAREL.....	86	<i>testosterone cypionate</i>	70	TICOVAC.....	119
SYNDROS.....	93	<i>testosterone enanthate</i>	70	<i>tigecycline</i>	39
<i>synertropin</i>	179	<i>tetrabenazine</i>	67	TILIA FE.....	80
SYNTHROID.....	87	<i>tetracycline hcl</i>	39	<i>timolol maleate</i>	52, 187
SYRSPEND SF.....	123	THALOMID.....	41	TINACTIN.....	225
SYSTANE.....	191	THE MAGIC BULLET.....	102	TINEACIDE.....	225
SYSTANE BALANCE.....	191	<i>theophylline</i>	219	<i>tinidazole</i>	31
SYSTANE COMPLETE.....	191	<i>theophylline er</i>	219	TIVICAY.....	33
SYSTANE CONTACTS.....	191	THERA.....	180	TIVICAY PD.....	33
SYSTANE HYDRATION PF.....	191	<i>thera vital m</i>	180	<i>tizanidine hcl</i>	67
SYSTANE ICAPS AREDS2.....	179	<i>thera vital-m</i>	180	<i>tm-daily vite</i>	180
SYSTANE PRESERVATIVE FREE		<i>therabasic-m</i>	180	<i>tm-vite rx</i>	180
.....	191	THERACAL D2000.....	133	TOBI PODHALER.....	31
SYSTANE ULTRA.....	191	THERACAL D4000.....	133	TOBRADEX.....	187
SYSTANE ULTRA PF.....	191	THERACAL RAPID REPLETION..	133	<i>tobramycin</i>	31, 188
TAB-A-VITE.....	179	<i>theracare lidocaine max str</i>	234	<i>tobramycin sulfate</i>	31
TAB-A-VITE/BETA CAROTENE....	179	<i>theracare pain relief</i>	234	<i>tobramycin-dexamethasone</i>	187
TAB-A-VITE/IRON.....	179	THERA-D 2000.....	180	<i>toco-sorb</i>	180
TAB-A-VITE/IRON/BETA		THERA-D 4000.....	180	<i>tolnaftate</i>	225, 226
CAROTENE.....	179	THERA-D RAPID REPLETION.....	180	<i>tolnaftate antifungal</i>	225
TABLOID.....	40	THERAGRAN-M.....	180	<i>tolterodine tartrate</i>	106
TABRECTA.....	47	THERAGRAN-M ADVANCED.....	180	<i>tolterodine tartrate er</i>	106
<i>tacrolimus</i>	117, 234	THERAGRAN-M ADVANCED 50		<i>tolvaptan</i>	86
<i>tacrolimus er</i>	117	PLUS.....	180	<i>topiramate</i>	64
<i>tadalafil</i>	106	THERAGRAN-M PREMIER.....	180	<i>toremifene citrate</i>	41
<i>tadalafil (pah)</i>	55	THERAGRAN-M PREMIER 50		TORPENZ.....	47
TAFINLAR.....	47	PLUS.....	180	<i>torsemide</i>	54
TAGRISSO.....	47	<i>thera-m plus mv w/beta-carot</i>	180	<i>total allergy</i>	199
TALZENNA.....	47	THERAMILL FORTE.....	180	TOTAL ALLERGY MEDICINE.....	199
<i>tamoxifen citrate</i>	41	THERANATAL CORE NUTRITION.....	180	TOUJEO MAX SOLOSTAR.....	72
<i>tamsulosin hcl</i>	106	THERANATAL LACTATION ONE.....	180	TOUJEO SOLOSTAR.....	72
TANDEM.....	112	<i>therapeutic formula/hematinics</i>	180	TPN ELECTROLYTES.....	124

TRADJENTA.....	73	TRI-VYLIBRA.....	81	TUMS.....	90
TRALEMENT.....	127	TRI-VYLIBRA LO.....	80	TUMS LASTING EFFECTS.....	90
<i>tramadol hcl</i>	28	TROGARZO.....	33	TURALIO.....	47
<i>tramadol-acetaminophen</i>	28	TROJAN ENZ.....	81	TURQOZ.....	81
<i>trandolapril</i>	49	TROJAN MAGNUM.....	81	TUSICOF.....	214
<i>tranexamic acid</i>	113	TROJAN ULTRA RIBBED		TUSNEL.....	214
<i>tranylcypromine sulfate</i>	57	LUBRICATED.....	81	<i>tusnel diabetic</i>	214
TRAVASOL.....	127	TROJAN ULTRA THIN.....	81	TUSNEL DM.....	214
TRAZIMERA.....	47	TROJAN ULTRA		TUSNEL DM PEDIATRIC.....	214
<i>trazodone hcl</i>	57	THIN/SPERMICIDAL.....	81	TUSNEL PEDIATRIC.....	214
TRELEGY ELLIPTA.....	192	TROJAN-ENZ LUBRICATED.....	81	TUSNEL-EX.....	214
TREMFYA.....	115	TROJAN-ENZ/SPERMICIDAL.....	81	<i>tussin cf cough & cold</i>	214
TREMFYA ONE-PRESS.....	115	TROPHAMINE.....	127	<i>tussin cough</i>	214
TREMFYA PEN.....	115	<i>tropical liquid nutrition</i>	181	<i>tussin dm</i>	215
TREMFYA-CD/UC INDUCTION....	115	<i>tropium chloride</i>	106	<i>tussin dm cough & chest</i>	215
<i>treprostinil</i>	55	TRUCLEAR STEVIA PLUS.....	123	<i>tussin dm cough & chest conges</i> ...	215
<i>tretinoin</i>	42, 221	<i>true cover</i>	81	<i>tussin dm cough + chest</i>	215
TRI SUPER FLAVONS.....	180	<i>true daily vite</i>	181	<i>tussin dm max</i>	215
<i>triamcinolone acetonide</i>	227, 236	<i>true ferrous sulfate</i>	112	<i>tussin mucus & chest congest</i>	215
<i>triamterene-hctz</i>	54	<i>true folic acid</i>	181	<i>tussin mucus+chest congest sf</i>	215
<i>tri-buffered aspirin</i>	24	<i>true laxative</i>	102	<i>tussin mucus+chest congestion</i>	215
TRICON.....	112	<i>true magnesium oxide</i>	133	TUSSI-PRES.....	215
TRIDACAINE II.....	227	<i>true oyster shell calcium</i>	133	TUSSI-PRES PEDIATRIC.....	215
TRIDERM.....	227	<i>true vitamin a</i>	181	TUSSLIN.....	215
<i>trientine hcl</i>	75	<i>true vitamin b1</i>	181	TUSSLIN PEDIATRIC.....	215
TRI-ESTARYLLA.....	80	<i>true vitamin b12</i>	181	<i>t-vites</i>	181
<i>trifluoperazine hcl</i>	61	<i>true vitamin b3</i>	181	TWINRIX.....	119
<i>trifluridine</i>	188	<i>true vitamin b6</i>	181	TWOCAL HN.....	146
<i>trigels-f forte</i>	112	<i>true vitamin c</i>	181	TWOCAL HN 2.0.....	146
<i>trihexyphenidyl hcl</i>	58	<i>true vitamin d3</i>	181	TYBOST.....	33
TRIJARDY XR.....	73	<i>true vitamin e</i>	181	TYDEMY.....	81
TRIKAFTA.....	219	<i>truelyte</i>	126	TYENNE.....	115
TRI-LEGEST FE.....	80	TRULICITY.....	74	TYLACTIN RESTORE 10.....	146
TRI-LINYAH.....	80	TRUMENBA.....	119	TYLACTIN RTD 15.....	146
TRI-LO-ESTARYLLA.....	80	TRUQAP.....	47	TYLENOL.....	24
TRI-LO-MARZIA.....	80	TRUSTEX COLOR CONDOMS +		TYLENOL 8 HOUR.....	24
TRI-LO-MILI.....	80	LUBE.....	81	TYLENOL 8 HOUR ARTHRITIS	
TRI-LO-SPRINTEC.....	80	TRUSTEX		PAIN.....	24
TRIMAZOLE.....	226	LUB/RIBBED/STUDED.....	81	TYLENOL CHILDRENS.....	24
<i>trimethoprim</i>	32	TRUSTEX LUB/SPERMICIDE EX		TYLENOL CHILDRENS	
TRI-MILI.....	80	ST.....	81	CHEWABLES.....	24
<i>trimipramine maleate</i>	57	TRUSTEX LUB/SPERMICIDE XL...	81	TYLENOL CHILDRENS PAIN +	
<i>trinatal rx 1</i>	180	TRUSTEX LUBRICATED.....	81	FEVER.....	24
TRINATE.....	180	TRUSTEX LUBRICATED EX		TYLENOL EXTRA STRENGTH.....	24
TRINTELLIX.....	57	LARGE.....	81	TYLENOL FOR CHILDREN +	
<i>triphrocaps</i>	180	TRUSTEX LUBRICATED EXTRA		ADULTS.....	24
<i>triple antibiotic</i>	222	ST.....	81	TYLENOL INFANTS PAIN+FEVER.....	24
<i>triple antibiotic pain relief</i>	222	TRUSTEX		TYPHIM VI.....	119
<i>triple antibiotic plus</i>	222	LUBRICATED/SPERMICIDE.....	81	TYR ANAMIX EARLY YEARS.....	146
<i>triple antibiotic plus max st</i>	222	TRUSTEX NATURAL CONDOMS		TYR ANAMIX NEXT.....	146
TRIPLE PASTE AF.....	226	+ LUBE.....	81	TYR COOLER.....	146
TRISPEC PSE.....	214	TRUSTEX NON-LUBRICATED.....	81	TYR LOPHLEX LQ.....	146
TRI-SPRINTEC.....	80	TRUSTEX RIA LUB/SPERMICIDE..	81	TYREX-1.....	146
TRITOLNACIDE C.....	226	TRUSTEX RIA LUBRICATED.....	81	TYREX-2.....	146
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.....	123
<i>tri-vite pediatric</i>	180	TRUXIMA.....	47	UBRELVY.....	66
<i>tri-vitel/fluoride</i>	181	TUKYSA.....	47	UCD 2.....	146

UCD ANAMIX JUNIOR.....	146	VARIVAX.....	120	VISTA ADVANCED AREDS2	
<i>ucd trio</i>	146	VASCEPA.....	51	FORMULA.....	182
UDAMIN SP.....	181	VASELINE.....	123	VISTA ADVANCED DRY EYE	
UDDERLY SMOOTH.....	234	VASELINE PURE ULTRA WHITE.....	123	FORMULA.....	182
UDDERLY SMOOTH EXTRA		VASOFLEX.....	181	<i>vit e-vit c-beta carotene</i>	182
CARE.....	234	<i>vasoflex hd</i>	181	<i>vita c/bioflavonoids/rose hips</i>	182
UDDERLY SMOOTH EXTRA		VAXCHORA.....	120	<i>vita hair</i>	182
CARE 20.....	234	<i>v-c forte</i>	181	VITA S FORTE.....	182
ULTRA BONEUP.....	181	VCF VAGINAL CONTRACEPTIVE.....	108	<i>vitabasic complete</i>	182
<i>ultra calcium + vitamin d3</i>	133	<i>vegetable lax+stool softener</i>	102	<i>vitabasic senior</i>	182
ULTRA CHOICE MULTIVITAMIN		VELIVET.....	81	<i>vitabex</i>	182
KIDS.....	181	VELSIPITY.....	115	<i>vitabex plus</i>	182
<i>ultra freeda</i>	181	VELVACHOL.....	234	VITACEL.....	182
<i>ultra freedaliron</i>	181	VENCLEXTA.....	47, 48	<i>vitachew adult multi vitamin</i>	182
ULTRA FRESH.....	192	VENCLEXTA STARTING PACK.....	48	<i>vitachew multiple vitamin</i>	182
<i>ultra lido</i>	234	<i>venlafaxine hcl</i>	57	<i>vitachew vit c citrus burst</i>	182
<i>ultra lubricating eye drops</i>	192	<i>venlafaxine hcl er</i>	57	VITACORE.....	182
<i>ultra lubricating eye drops pf</i>	192	VENOFER.....	112	VITAFOL-OB.....	182
<i>ultra multi formulaliron</i>	181	VENTOLIN HFA.....	200	VITAFUSION MULTI WOMENS....	182
ULTRACHOICE ADV FORMULA		<i>verapamil hcl</i>	53	VITAJoy DAILY C GUMMIES.....	182
MATURE.....	181	<i>verapamil hcl er</i>	53	VITAJoy MULTI GUMMIES	
ULTRACHOICE ADVANCED		VERQUVO.....	54	ADULT.....	182
FORMULA.....	181	VERSACLOZ.....	61	VITAL 1.0 CAL.....	146
<i>ultramino soy protein</i>	146	VERSAPRO.....	123	VITAL 1.5 CAL.....	146
ULTRIEN 1.5 SAFE-T FEED.....	146	<i>versatile cream base</i>	123	VITAL AF 1.2 CAL.....	147
UNITHROID.....	87	VERSATILE RICH BASE.....	123	VITAL AF 1.2 CAL ADV FORMULA	
UPSPRING BABY VIT D.....	181	VERSIGEL.....	123	.....	147
UPTRAVI.....	55	VERZENIO.....	48	VITAL HP 1.0 CAL.....	147
UPTRAVI TITRATION.....	55	VESTURA.....	81	VITAL JR.....	147
URO-PAIN DUAL ACTION.....	32	VIC-FORTE.....	181	VITAL PEPTIDE 1.5 CAL.....	147
<i>ursodiol</i>	105	VICKS DAYQUIL MUCUS		<i>vitalara</i>	182
<i>ustekinumab</i>	115	CONTROL DM.....	215	VITAL-D RX.....	182
VAGISTAT-3.....	108	VICKS SINEX 12 HOUR		<i>vitalee</i>	182
<i>valacyclovir hcl</i>	35	DECONGEST.....	215	VITALETS CHILDRENS.....	182
VALCHLOR.....	234	VICKS SINEX MOISTURIZING....	215	<i>vita-min</i>	185
<i>valganciclovir hcl</i>	35	VICKS SINEX SEVERE.....	215	<i>vitamin a</i>	182
<i>valproate sodium</i>	64	VICKS SINEX SEVERE		VITAMIN A FISH.....	182
<i>valproic acid</i>	64	DECONGEST.....	215	<i>vitamin a/c/d/ infant/toddler</i>	182
<i>valsartan</i>	50	VICKS VAPOINHALER.....	215	<i>vitamin a-c-d infant</i>	182
<i>valsartan-hydrochlorothiazide</i>	50	VIENVA.....	81	<i>vitamin b 12</i>	182
VALTOCO 10 MG DOSE.....	64	<i>vigabatrin</i>	64	<i>vitamin b complex</i>	182
VALTOCO 15 MG DOSE.....	64	VIGADRONE.....	64, 65	<i>vitamin b complex w/b-12</i>	182
VALTOCO 20 MG DOSE.....	64	VIGAFYDE.....	65	<i>vitamin b1</i>	182
VALTOCO 5 MG DOSE.....	64	VILACTIN AA PLUS.....	146	<i>vitamin b-1</i>	182
VALTYA 1/35.....	81	<i>vilazodone hcl</i>	57	<i>vitamin b12</i>	183
VALTYA 1/50.....	81	VIMKUNYA.....	120	<i>vitamin b-12</i>	183
VANACOF DM.....	215	<i>vincristine sulfate</i>	42	<i>vitamin b-12 er</i>	183
VANATAB DM.....	215	<i>vinorelbine tartrate</i>	42	<i>vitamin b12 tr</i>	183
<i>vancomycin hcl</i>	32	<i>viorele</i>	81	<i>vitamin b12-folic acid</i>	183
<i>vancomycin hcl in nacl</i>	32	VIRACEPT.....	33	<i>vitamin b6</i>	183
VANFLYTA.....	47	VIREAD.....	33	<i>vitamin b-6</i>	183
VANIBASE.....	123	VISINE.....	186	<i>vitamin b-6 er</i>	183
VANICREAM.....	234	<i>vision formula 2</i>	181	<i>vitamin c</i>	183
<i>vanishing</i>	123	<i>vision formulallutein</i>	181	<i>vitamin c adult gummies</i>	183
<i>vanishing cream botanical base</i>	123	<i>vision health</i>	181	<i>vitamin c drops</i>	183
<i>vanish-pen</i>	123	VISION OPTIMIZER.....	181	<i>vitamin c er</i>	183
VAQTA.....	119	<i>vision plus</i>	181	<i>vitamin c gummie</i>	183
<i>varenicline tartrate</i>	70	<i>vision vitamins</i>	181	<i>vitamin c gummies</i>	183
<i>varenicline tartrate (starter)</i>	70			<i>vitamin c immune health</i>	183

<i>vitamin c plus wild rose hips</i>	183	VONJO.....	48	WEEKLY-D.....	185
<i>vitamin c/bioflavonoids/rosehp</i>	183	VOQUEZNA DUAL PAK.....	105	WEGOVY.....	74
<i>vitamin c/natural rose hips</i>	183	VOQUEZNA TRIPLE PAK.....	105	WELIREG.....	42
<i>vitamin c/rose hips</i>	183	VORANIGO.....	48	<i>well magnesium oxide</i>	133
<i>vitamin c/rose hips tr</i>	183	<i>voriconazole</i>	29	<i>well vitamin c</i>	185
<i>vitamin c-acerola</i>	183	VORTEX VALVE CHAMBER-PEDI		<i>well vitamin d3</i>	185
<i>vitamin c-rose hips</i>	183	MASK.....	219	WELMATE LIDOCAINE PAIN	
<i>vitamin c-rose hips er</i>	183	VORTEX VALVED HOLDING		RELIEV.....	234
<i>vitamin c-rose hips tr</i>	183	CHAMBER.....	219	WERA.....	81
<i>vitamin d</i>	184	VOSEVI.....	35	<i>wescaps</i>	185
<i>vitamin d (cholecalciferol)</i>	183, 184	VOWST.....	105	<i>westab max</i>	185
<i>vitamin d (ergocalciferol)</i>	184	<i>vp dermabase</i>	123	<i>westab one</i>	185
<i>vitamin d high potency</i>	184	VRAYLAR.....	61	<i>westab plus</i>	125
<i>vitamin d infant</i>	184	VYFEMLA.....	81	<i>white petrolatum</i>	123
VITAMIN D-1000 MAX ST.....	184	VYLIBRA.....	81	<i>white petroleum jelly</i>	123
<i>vitamin d3</i>	184	VYZULTA.....	187	WINREVAIR.....	55
<i>vitamin d-3</i>	184	WAL-BORN VITAMIN C.....	185	WIXELA INHUB.....	220
VITAMIN D3 IMMUNE HEALTH....	184	WAL-DRYL.....	234	WND 1.....	147
<i>vitamin d3 maximum strength</i>	184	WAL-DRYL ALLERGY.....	199	WND 2.....	147
<i>vitamin d3 super strength</i>	184	WAL-DRYL ALLERGY		<i>womans laxative</i>	102
<i>vitamin d3 ultra strength</i>	184	CHILDRENS.....	199	<i>womens 50+ advanced</i>	185
<i>vitamin e</i>	184	WAL-FEX.....	199	<i>womens 50+ multi vitamin</i>	185
<i>vitamin e blend</i>	184	WAL-FEX ALLERGY.....	105, 199	<i>womens daily formula</i>	185
<i>vitamin e high potency</i>	184	WAL-FINATE.....	199	<i>womens laxative</i>	102
<i>vitamin e water soluble</i>	184	WAL-ITIN.....	199	WOMENS LIFE PACK.....	185
<i>vitamin e with panthenol</i>	234	WAL-ITIN ALLERGY CHILDRENS	199	<i>womens multi</i>	185
<i>vitamin e/d-alpha</i>	184	WAL-ITIN ALLERGY REDITABS...	199	<i>womens multi gummies</i>	185
<i>vitamin e/d-alpha natural</i>	184	WAL-ITIN ALLER-MELTS.....	199	<i>womens multivitamin</i>	185
<i>vitamin k (phytonadione)</i>	184	WAL-ITIN CHILDRENS.....	199	<i>womens multivitamin + collagen</i>	185
<i>vitamin k1</i>	185	WAL-ITIN D.....	215	<i>womens multivitamin gummies</i>	185
<i>vitamin-b complex</i>	185	WAL-ITIN D 24 HOUR.....	215	<i>wound care</i>	123
<i>vitamins acd-fluoride</i>	185	WAL-MUCIL.....	102	WYMZYA FE.....	81
<i>vitamins a-d-e/selenium</i>	185	WAL-PHED 12 HOUR.....	215	WYOST.....	75
<i>vitamins for hair</i>	185	WAL-PHED D.....	215	XALKORI.....	48
VITAROCA PLUS.....	185	WAL-PHED PE.....	215	XARAH FE.....	81
VITASANA.....	185	WAL-PROFEN.....	27	XARELTO.....	109
VITATHELY WITH GINGER.....	185	<i>wal-sporin</i>	223	XARELTO STARTER PACK.....	109
VITEYES AREDS 2 FORMULA....	185	WAL-TAP CHILDRENS.....	27	XATMEP.....	116
VITEYES AREDS 2 FORMULA		<i>wal-tap cold/allergy</i>	215	XCEL 100.....	123
+COQ10.....	185	<i>wal-tussin</i>	216	<i>xcellent a 3000</i>	185
VITEYES AREDS 2 FORMULA		WAL-TUSSIN CF MAX.....	215	<i>xcellent a 7500</i>	185
+MULTI.....	185	WAL-TUSSIN CHEST		XCELLENT E.....	185
VITEYES CLASSIC ADVANCED..	185	CONGESTION.....	215	XCOPRI.....	65
VITEYES CLASSIC MACULAR		WAL-TUSSIN COUGH.....	216	XCOPRI (250 MG DAILY DOSE)....	65
SUPPOR.....	185	WAL-TUSSIN COUGH LONG		XCOPRI (350 MG DAILY DOSE)....	65
VITEYES CLASSIC		ACTING.....	216	XDEMZY.....	188
MULTIVITAMIN.....	185	WAL-TUSSIN DM CGH/CHEST		XELJANZ.....	115
VITEYES CLASSIC+OMEGA-3....	185	CONG.....	216	XELJANZ XR.....	115
VITEYES COMPLETE.....	185	WAL-VERT.....	199	XELRIA FE.....	81
VITEYES OPTIC NERVE		WAL-ZYR.....	199	XEMATOP BASE.....	123
SUPPORT.....	185	WAL-ZYR ALL DAY ALLERGY		XENICAL.....	74
VITRAKVI.....	48	CHILD.....	199	XERAC AC.....	234
VITRON-C.....	112	WAL-ZYR ALLERGY CHILDRENS	199	XERMELO.....	105
<i>vivimusta</i>	39	WAL-ZYR CHILDRENS.....	199	XHANCE.....	219
VIVITROL.....	70	WAL-ZYR D.....	216	XIFAXAN.....	105
VIVONEX PEDIATRIC.....	147	<i>warfarin sodium</i>	109	XIGDUO XR.....	74
VIVONEX RTF.....	147	WE CARE ENEMA.....	102	XIIDRA.....	192
VIVOTIF.....	120	<i>we care zinc oxide</i>	234	XLEU MAXAMAID.....	147
VIZIMPRO.....	48	<i>wee care</i>	112	XLYS-XTRP MAXAMAID.....	147

XLYS-XTRP MAXAMUM	147	ZENPEP	105
XMET MAXAMAID	147	ZEPBOUND	74
XMET XCYS MAXAMAID	147	ZEPHREX-D	216
XMTVI MAXAMAID	147	ZERVIAE	186
XOFLUZA (40 MG DOSE)	35	<i>zidovudine</i>	33
XOFLUZA (80 MG DOSE)	35	ZILACTIN BABY	236
XOLAIR	219	<i>zinc</i>	133
XOSPATA	48	ZINC 15	133
XPHE MAXAMAID	147	<i>zinc chelated</i>	133
XPHE-XTYR MAXAMAID	147	<i>zinc chloride</i>	127
XPOVIO (100 MG ONCE		<i>zinc gluconate</i>	133
WEEKLY)	48	<i>zinc oxide</i>	234
XPOVIO (40 MG ONCE WEEKLY) ..	48	<i>zinc sulfate</i>	133
XPOVIO (40 MG TWICE WEEKLY) ..	48	<i>ziphex</i>	186
XPOVIO (60 MG ONCE WEEKLY) ..	48	<i>ziprasidone hcl</i>	61
XPOVIO (60 MG TWICE WEEKLY) ..	48	<i>ziprasidone mesylate</i>	61
XPOVIO (80 MG ONCE WEEKLY) ..	48	ZIRABEV	48
XPOVIO (80 MG TWICE WEEKLY) ..	48	ZIRGAN	188
XTANDI	41	<i>zoledronic acid</i>	75
XTRACAL PLUS	147	ZOLINZA	48
XTRENBO	75	<i>zolpidem tartrate</i>	66
XULANE	81	ZONISADE	65
XULTOPHY	72	<i>zonisamide</i>	65
XYZAL ALLERGY 24HR	199	ZOO FRIENDS MULTI GUMMIES ..	186
YELETS TEENAGE FORMULA	186	ZOO FRIENDS/EXTRA C	186
YESINTEK	115, 116	ZOSTRIX NATURAL PAIN RELIEF	
YF-VAX	120	.....	234
<i>yl balanced b-100</i>	186	ZOVIA 1/35 (28)	82
<i>yl coenzyme q10</i>	147	ZTALMY	65
<i>yl folic acid</i>	186	ZUMANDIMINE	82
<i>yl vitamin b-6</i>	186	ZURZUVAE	57
<i>yl vitamin c</i>	186	ZYDELIG	48
<i>yl vitamin c-rose hips</i>	186	ZYKADIA	48
YONSA	41	ZYLET	187
YOUR LIFE MULTI ADULT		ZYNCOF	216
GUMMIES	186	ZYPREXA RELPREVV	61
YUM-VS COMPLETE		ZYRTEC	200
MULTIVITAMIN	186	ZYRTEC ALLERGY	199
YUMVS MULTI ZERO	186	ZYRTEC CHILDRENS ALLERGY	
YUMVS VITAMIN C ZERO	186	.....	199, 200
YUMVS ZERO DIABETIC		ZYRTEC-D ALLERGY &	
MULTIVITAM	186	CONGESTION	216
YUMVSKIDS MULTI ZERO	186	ZYRTEC-D ALLERGY & SINUS	216
YUTREPIA	55		
YUVAFEM	82		
ZAFEMY	82		
<i>zafirlukast</i>	216		
<i>zaleplon</i>	66		
<i>zalvit</i>	186		
ZARBEES SLEEP			
CHILD/MELATONIN	123		
ZARXIO	109		
ZEASORB-AF	226		
ZEGALOGUE	84		
ZEJULA	48		
ZELBORAF	48		
ZELVYSIA	86		
ZEMAIRA	219		
ZENATANE	221		

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 **6/30/2026**. 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.