



## Neighborhood Dual **CONNECT** (HMO D-SNP) 2026 Formulary (List of Covered Drugs or "Drug List")

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

**Approved Formulary ID: 00026453 Version 14**

This formulary was updated on **7/29/2026**. For more recent information or other questions, please contact Neighborhood Dual CONNECT Member Services at 1-844-812-6896 (TTY users should call 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/DualCONNECT](http://www.nhpri.org/DualCONNECT).

Last Updated: **7/29/2026**

H2126\_0825PHMFRM2026LOCD\_C

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Neighborhood Health Plan of Rhode Island (Neighborhood). When it refers to “plan” or “our plan,” it means Neighborhood Dual CONNECT.

This document includes a Drug List (formulary) for our plan which is current as of **7/29/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

### **What is the Neighborhood Dual CONNECT formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Neighborhood Dual CONNECT in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Neighborhood Dual CONNECT will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Neighborhood Dual CONNECT network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.nhpri.org/DualCONNECT](http://www.nhpri.org/DualCONNECT).

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary but add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Neighborhood Dual CONNECT’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Neighborhood Dual CONNECT’s formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **7/29/2026**. To get updated information about the drugs covered by Neighborhood Dual CONNECT please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year formulary changes, a revised Comprehensive Formulary for Neighborhood Dual CONNECT will be posted to [www.nhpri.org/DualCONNECT/member-materials/](http://www.nhpri.org/DualCONNECT/member-materials/).

### **How do I use the formulary?**

There are two ways to find your drug within the formulary:

#### **Medical Condition**

The formulary begins on page **8**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page **8**. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **85**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

Neighborhood Dual CONNECT covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

### **What are original biological products and how are they related to biosimilars?**

On the formulary, 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 alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may 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 discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Neighborhood Dual CONNECT requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Neighborhood Dual CONNECT before you fill your prescriptions. If you don't get approval, Neighborhood Dual CONNECT may not cover the drug.
- **Quantity Limits:** For certain drugs, Neighborhood Dual CONNECT limits the amount of the drug that we will cover. For example, Neighborhood Dual CONNECT covers 30 tablets of FARXIGA every 30 days.
- **Step Therapy:** In some cases, Neighborhood Dual CONNECT requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Neighborhood Dual CONNECT may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Neighborhood Dual CONNECT will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Neighborhood Dual CONNECT to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Neighborhood Dual CONNECT's formulary?" on page 6 for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Neighborhood Dual CONNECT does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Neighborhood Dual CONNECT. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Neighborhood Dual CONNECT.
- You can ask Neighborhood Dual CONNECT to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Neighborhood Dual CONNECT's formulary?

You can ask Neighborhood Dual CONNECT to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Neighborhood Dual CONNECT limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Neighborhood Dual CONNECT will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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 Dual CONNECT 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 Dual CONNECT member.

Last Updated: **7/29/2026**

## For more information

For more detailed information about your Neighborhood Dual CONNECT prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Neighborhood Dual CONNECT, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

## Neighborhood Dual CONNECT formulary

The formulary below provides coverage information about the drugs covered by Neighborhood Dual CONNECT. If you have trouble finding your drug in the list, turn to the Index that begins on page **85**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if Neighborhood Dual CONNECT has any special requirements for coverage of your drug.

Here are the meanings of the codes used in the “Requirements/Limits” 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 Dual CONNECT limits the amount of this drug you can get.

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

Neighborhood Health Plan of Rhode Island's Dual CONNECT (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 Dual CONNECT plan depends on contract renewal.

| Drug Name                                                                                                                               | Drug Tier               | Requirements/Limits              |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| <b>ANALGESICS</b>                                                                                                                       |                         |                                  |
| <b>Gout</b>                                                                                                                             |                         |                                  |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>colchicine oral tablet 0.6 mg</i>                                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days       |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>probenecid oral tablet 500 mg</i>                                                                                                    | Tier 1 (\$5.10-\$12.65) |                                  |
| <b>Miscellaneous</b>                                                                                                                    |                         |                                  |
| JOURNAVX ORAL TABLET 50 MG                                                                                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 29 tabs every 14 days    |
| <i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>                                                                                 | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <b>Nsaids</b>                                                                                                                           |                         |                                  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days        |
| <i>celecoxib oral capsule 400 mg</i>                                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days        |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days       |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>diflunisal oral tablet 500 mg</i>                                                                                                    | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>flurbiprofen oral tablet 100 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                  |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                                                                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>naproxen oral tablet delayed release 375 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days       |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                                  |
| <b>Opioid Analgesics, Long-Acting</b>                                                                                                   |                         |                                  |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>                                     | Tier 1 (\$5.10-\$12.65) | 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> | Tier 1 (\$5.10-\$12.65) | PA; QL; 10 patches every 30 days |

| Drug Name                                                                                                                 | Drug Tier               | Requirements/Limits           |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML                                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 mL every 30 days   |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 450 mL every 30 days  |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>                                                                              | Tier 1 (\$5.10-\$12.65) | 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>                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days |
| <b>Opioid Analgesics, Short-Acting</b>                                                                                    |                         |                               |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 2700 mL every 30 days     |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 400 tabs every 30 days    |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 360 tabs every 30 days    |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| ENDOCET ORAL TABLET 10-325 MG                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 360 tabs every 30 days    |
| ENDOCET ORAL TABLET 7.5-325 MG                                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>                                                            | Tier 1 (\$5.10-\$12.65) | QL; 2700 mL every 30 days     |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 150 tabs every 30 days    |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 600 mL every 30 days      |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>                                                            | Tier 1 (\$5.10-\$12.65) | QL; 180 mL every 30 days      |
| <i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>                                          | Tier 1 (\$5.10-\$12.65) | B/D                           |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 900 mL every 30 days      |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 180 mL every 30 days      |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 900 mL every 30 days      |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days    |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 360 tabs every 30 days    |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| <i>tramadol hcl oral tablet 50 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |

| Drug Name                                                                                         | Drug Tier               | Requirements/Limits           |
|---------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| <b>ANTI-INFECTIVES</b>                                                                            |                         |                               |
| <b>Antifungals</b>                                                                                |                         |                               |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i>                                    | Tier 1 (\$5.10-\$12.65) | B/D                           |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>                         | Tier 1 (\$5.10-\$12.65) | B/D                           |
| <i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>                        | Tier 1 (\$5.10-\$12.65) |                               |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                                             | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | Tier 1 (\$5.10-\$12.65) |                               |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <i>itraconazole oral capsule 100 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days    |
| <i>ketoconazole oral tablet 200 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>micalfungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>                        | Tier 1 (\$5.10-\$12.65) |                               |
| <i>nystatin oral tablet 500000 unit</i>                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>posaconazole oral tablet delayed release 100 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 93 tabs every 30 days |
| <i>terbinafine hcl oral tablet 250 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>                                     | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 mL every 28 days  |
| <i>voriconazole oral tablet 200 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |
| <i>voriconazole oral tablet 50 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | QL; 480 tabs every 30 days    |
| <b>Anti-Infectives - Miscellaneous</b>                                                            |                         |                               |
| <i>albendazole oral tablet 200 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 672 tabs every year   |
| <i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>                                   | Tier 1 (\$5.10-\$12.65) |                               |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML                                                       | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>atovaquone oral suspension 750 mg/5ml</i>                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 mL every 30 days  |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>                                      | Tier 1 (\$5.10-\$12.65) |                               |
| BLUJEPAL ORAL TABLET 750 MG                                                                       | Tier 1 (\$5.10-\$12.65) |                               |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG                                                   | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                               |

| Drug Name                                                                                                                        | Drug Tier               | Requirements/Limits           |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>                                   | Tier 1 (\$5.10-\$12.65) |                               |
| <i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>                | Tier 1 (\$5.10-\$12.65) |                               |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>                                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                               |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                                                         | Tier 1 (\$5.10-\$12.65) |                               |
| <i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) |                               |
| EMVERM ORAL TABLET CHEWABLE 100 MG                                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 12 tabs every year        |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>fosfomycin tromethamine oral packet 3 gm</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| <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> | Tier 1 (\$5.10-\$12.65) |                               |
| <i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                               |
| IMPAVIDO ORAL CAPSULE 50 MG                                                                                                      | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>ivermectin oral tablet 3 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 20 tabs every 90 days |
| <i>ivermectin oral tablet 6 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 10 tabs every 90 days |
| <i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>                                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>linezolid intravenous solution 600 mg/300ml</i>                                                                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 1800 mL every 30 days     |
| <i>linezolid oral tablet 600 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>methenamine hippurate oral tablet 1 gm</i>                                                                                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>metronidazole intravenous solution 500 mg/100ml</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| <i>neomycin sulfate oral tablet 500 mg</i>                                                                                       | Tier 1 (\$5.10-\$12.65) |                               |
| <i>nitazoxanide oral tablet 500 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 6 tabs every 30 days      |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | B/D                           |

| Drug Name                                                                                                   | Drug Tier               | Requirements/Limits           |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <i>praziquantel oral tablet 600 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>pyrimethamine oral tablet 25 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>                                       | Tier 1 (\$5.10-\$12.65) |                               |
| <i>sulfadiazine oral tablet 500 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                               |
| TOBI PODHALER INHALATION CAPSULE 28 MG                                                                      | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                               | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>trimethoprim oral tablet 100 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i> | Tier 1 (\$5.10-\$12.65) |                               |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i> | Tier 1 (\$5.10-\$12.65) |                               |
| <i>vancomycin hcl oral capsule 125 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 80 caps every 180 days    |
| <i>vancomycin hcl oral capsule 250 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 160 caps every 180 days   |
| <b>Antimalarials</b>                                                                                        |                         |                               |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                               |
| COARTEM ORAL TABLET 20-120 MG                                                                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>mefloquine hcl oral tablet 250 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>                                                   | Tier 1 (\$5.10-\$12.65) |                               |
| <i>quinine sulfate oral capsule 324 mg</i>                                                                  | Tier 1 (\$5.10-\$12.65) | PA                            |
| <b>Antiretroviral Agents</b>                                                                                |                         |                               |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                                                              | Tier 1 (\$5.10-\$12.65) |                               |
| <i>abacavir sulfate oral tablet 300 mg</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| APTIVUS ORAL CAPSULE 250 MG                                                                                 | Tier 1 (\$5.10-\$12.65) |                               |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>                                               | Tier 1 (\$5.10-\$12.65) |                               |
| <i>darunavir oral tablet 600 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>darunavir oral tablet 800 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                        | Drug Tier               | Requirements/Limits        |
|------------------------------------------------------------------|-------------------------|----------------------------|
| EDURANT ORAL TABLET 25 MG                                        | Tier 1 (\$5.10-\$12.65) |                            |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG                           | Tier 1 (\$5.10-\$12.65) |                            |
| <i>efavirenz oral tablet 600 mg</i>                              | Tier 1 (\$5.10-\$12.65) |                            |
| <i>emtricitabine oral capsule 200 mg</i>                         | Tier 1 (\$5.10-\$12.65) |                            |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                   | Tier 1 (\$5.10-\$12.65) |                            |
| <i>etravirine oral tablet 100 mg, 200 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                            |
| <i>fosamprenavir calcium oral tablet 700 mg</i>                  | Tier 1 (\$5.10-\$12.65) |                            |
| INTELENCE ORAL TABLET 25 MG                                      | Tier 1 (\$5.10-\$12.65) |                            |
| ISENTRESS HD ORAL TABLET 600 MG                                  | Tier 1 (\$5.10-\$12.65) |                            |
| ISENTRESS ORAL PACKET 100 MG                                     | Tier 1 (\$5.10-\$12.65) |                            |
| ISENTRESS ORAL TABLET 400 MG                                     | Tier 1 (\$5.10-\$12.65) |                            |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG                     | Tier 1 (\$5.10-\$12.65) |                            |
| <i>lamivudine oral solution 10 mg/ml</i>                         | Tier 1 (\$5.10-\$12.65) |                            |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                            |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                            |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | Tier 1 (\$5.10-\$12.65) |                            |
| <i>nevirapine oral suspension 50 mg/5ml</i>                      | Tier 1 (\$5.10-\$12.65) |                            |
| <i>nevirapine oral tablet 200 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                            |
| NORVIR ORAL PACKET 100 MG                                        | Tier 1 (\$5.10-\$12.65) |                            |
| PIFELTRO ORAL TABLET 100 MG                                      | Tier 1 (\$5.10-\$12.65) |                            |
| PREZISTA ORAL SUSPENSION 100 MG/ML                               | Tier 1 (\$5.10-\$12.65) | QL; 400 mL every 30 days   |
| PREZISTA ORAL TABLET 150 MG                                      | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days |
| PREZISTA ORAL TABLET 75 MG                                       | Tier 1 (\$5.10-\$12.65) | QL; 480 tabs every 30 days |
| REYATAZ ORAL PACKET 50 MG                                        | Tier 1 (\$5.10-\$12.65) |                            |
| <i>rilpivirine hcl oral tablet 25 mg</i>                         | Tier 1 (\$5.10-\$12.65) |                            |
| <i>ritonavir oral tablet 100 mg</i>                              | Tier 1 (\$5.10-\$12.65) |                            |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG              | Tier 1 (\$5.10-\$12.65) |                            |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                 | Tier 1 (\$5.10-\$12.65) |                            |
| SUNLENCA ORAL TABLET 300 MG                                      | Tier 1 (\$5.10-\$12.65) |                            |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG         | Tier 1 (\$5.10-\$12.65) |                            |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>          | Tier 1 (\$5.10-\$12.65) |                            |
| TIVICAY ORAL TABLET 50 MG                                        | Tier 1 (\$5.10-\$12.65) |                            |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG                              | Tier 1 (\$5.10-\$12.65) |                            |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML                      | Tier 1 (\$5.10-\$12.65) |                            |
| TYBOST ORAL TABLET 150 MG                                        | Tier 1 (\$5.10-\$12.65) |                            |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                              | Tier 1 (\$5.10-\$12.65) |                            |
| VIREAD ORAL POWDER 40 MG/GM                                      | Tier 1 (\$5.10-\$12.65) |                            |

| Drug Name                                                                                    | Drug Tier               | Requirements/Limits |
|----------------------------------------------------------------------------------------------|-------------------------|---------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>zidovudine oral capsule 100 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>zidovudine oral tablet 300 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Antiretroviral Combination Agents</b>                                                     |                         |                     |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                     |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                              | Tier 1 (\$5.10-\$12.65) |                     |
| CIMDUO ORAL TABLET 300-300 MG                                                                | Tier 1 (\$5.10-\$12.65) |                     |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| DOVATO ORAL TABLET 50-300 MG                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>                              | Tier 1 (\$5.10-\$12.65) |                     |
| EVOTAZ ORAL TABLET 300-150 MG                                                                | Tier 1 (\$5.10-\$12.65) |                     |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| IDVYNZO ORAL TABLET 100-0.25 MG                                                              | Tier 1 (\$5.10-\$12.65) |                     |
| JULUCA ORAL TABLET 50-25 MG                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| KALETRA ORAL SOLUTION 400-100 MG/5ML                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                     |
| ODEFSEY ORAL TABLET 200-25-25 MG                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| SYM TUZA ORAL TABLET 800-150-200-10 MG                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>trumeq pd oral tablet soluble 60-5-30 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Antitubercular Agents</b>                                                                 |                         |                     |
| <i>cycloserine oral capsule 250 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| PRIFTIN ORAL TABLET 150 MG                                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>pyrazinamide oral tablet 500 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>rifabutin oral capsule 150 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| <i>rifampin intravenous solution reconstituted 600 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                    | Drug Tier               | Requirements/Limits            |
|------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                                |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                            | Tier 1 (\$5.10-\$12.65) | PA                             |
| <b>Antivirals</b>                                                            |                         |                                |
| <i>acyclovir oral capsule 200 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                        | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                                |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                           | Tier 1 (\$5.10-\$12.65) | ST                             |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                                |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG                                   | Tier 1 (\$5.10-\$12.65) | PA                             |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                                    | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>lamivudine oral tablet 100 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                                |
| LIVTENCITY ORAL TABLET 200 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 336 tabs every 28 days |
| MAVYRET ORAL PACKET 50-20 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA                             |
| MAVYRET ORAL TABLET 100-40 MG                                                | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                              | Tier 1 (\$5.10-\$12.65) | QL; 168 caps every year        |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>                       | Tier 1 (\$5.10-\$12.65) | QL; 84 caps every year         |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>           | Tier 1 (\$5.10-\$12.65) | QL; 1080 mL every year         |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG         | Tier 1 (\$5.10-\$12.65) | QL; 40 tabs every 90 days      |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | Tier 1 (\$5.10-\$12.65) | QL; 22 tabs every 90 days      |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG         | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 90 days      |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                     | Tier 1 (\$5.10-\$12.65) | PA                             |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML                | Tier 1 (\$5.10-\$12.65) | PA                             |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 tabs every 28 days  |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT        | Tier 1 (\$5.10-\$12.65) | QL; 6 inhalers every year      |
| <i>ribavirin oral capsule 200 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ribavirin oral tablet 200 mg</i>                                          | Tier 1 (\$5.10-\$12.65) |                                |
| <i>rimantadine hcl oral tablet 100 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>               | Tier 1 (\$5.10-\$12.65) |                                |
| <i>valganciclovir hcl oral tablet 450 mg</i>                                 | Tier 1 (\$5.10-\$12.65) |                                |
| VOSEVI ORAL TABLET 400-100-100 MG                                            | Tier 1 (\$5.10-\$12.65) | PA                             |

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                          | Drug Tier               | Requirements/Limits      |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG                                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 tab every 180 days |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG                                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 tab every 180 days |
| <b>Cephalosporins</b>                                                                                              |                         |                          |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefadroxil oral capsule 500 mg</i>                                                                              | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>                                             | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>                           | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>                                        | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>                | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i> | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefdinir oral capsule 300 mg</i>                                                                                | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                               | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefepime hcl injection solution reconstituted 1 gm</i>                                                          | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i>                                                        | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefixime oral capsule 400 mg</i>                                                                                | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                                               | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>                                              | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                       | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>                                    | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                              | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                          |
| <i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                          |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>                                                     | Tier 1 (\$5.10-\$12.65) |                          |
| <i>ceftazidime intravenous solution reconstituted 2 gm</i>                                                         | Tier 1 (\$5.10-\$12.65) |                          |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>                              | Tier 1 (\$5.10-\$12.65) |                          |
| <i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                     | Tier 1 (\$5.10-\$12.65) |                          |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                          |

| Drug Name                                                                                | Drug Tier               | Requirements/Limits |
|------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i>                         | Tier 1 (\$5.10-\$12.65) |                     |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                   | Tier 1 (\$5.10-\$12.65) |                     |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM                                            | Tier 1 (\$5.10-\$12.65) |                     |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM                                    | Tier 1 (\$5.10-\$12.65) |                     |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG                                | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Erythromycins/Macrolides</b>                                                          |                         |                     |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                     |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML                                           | Tier 1 (\$5.10-\$12.65) |                     |
| E.E.S. 400 ORAL TABLET 400 MG                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                     |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>fidaxomicin oral tablet 200 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Fluoroquinolones</b>                                                                  |                         |                     |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levofloxacin intravenous solution 25 mg/ml</i>                                        | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                                                                         | Drug Tier               | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>levofloxacin oral solution 25 mg/ml</i>                                                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Penicillins</b>                                                                                                                |                         |                     |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ampicillin oral capsule 500 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>                    | Tier 1 (\$5.10-\$12.65) |                     |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000<br>UNIT/4ML, 600000 UNIT/ML                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>penicillin g sodium injection solution reconstituted 5000000 unit</i>                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| PFIZERPEN INJECTION SOLUTION<br>RECONSTITUTED 20000000 UNIT, 5000000 UNIT                                                         | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                                                                                                         | Drug Tier               | Requirements/Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| <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> | Tier 1 (\$5.10-\$12.65) |                           |
| <b>Tetracyclines</b>                                                                                                                                              |                         |                           |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                                                                                                                | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                                                                                             | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                                                                              | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                                                                         | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                           |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>                                                                                                          | Tier 1 (\$5.10-\$12.65) |                           |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                                                                                                                  | Tier 1 (\$5.10-\$12.65) |                           |
| NUZYRA ORAL TABLET 150 MG                                                                                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 14 days |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                                                                                               | Tier 1 (\$5.10-\$12.65) |                           |
| <i>tigecycline intravenous solution reconstituted 50 mg</i>                                                                                                       | Tier 1 (\$5.10-\$12.65) |                           |
| <b>ANTINEOPLASTIC AGENTS</b>                                                                                                                                      |                         |                           |
| <b>Alkylating Agents</b>                                                                                                                                          |                         |                           |
| <i>bendamustine hcl intravenous solution 100 mg/4ml</i>                                                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                       |
| BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML                                                                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>                                                                                       | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>             | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                                                                                 | Tier 1 (\$5.10-\$12.65) | B/D                       |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                                                                                                                  | Tier 1 (\$5.10-\$12.65) | B/D                       |
| FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML                                                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                       |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                                                                                                                       | Tier 1 (\$5.10-\$12.65) |                           |
| LEUKERAN ORAL TABLET 2 MG                                                                                                                                         | Tier 1 (\$5.10-\$12.65) | PA                        |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>                                                                                                                | Tier 1 (\$5.10-\$12.65) |                           |
| <i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                       |

| Drug Name                                                                                     | Drug Tier               | Requirements/Limits            |
|-----------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>                           | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>vivimusta intravenous solution 100 mg/4ml</i>                                              | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <b>Antimetabolites</b>                                                                        |                         |                                |
| <i>azacitidine injection suspension reconstituted 100 mg</i>                                  | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>cytarabine injection solution 20 mg/ml</i>                                                 | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>      | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>           | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>                  | Tier 1 (\$5.10-\$12.65) | B/D                            |
| INQOVI ORAL TABLET 35-100 MG                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 5 tabs every 28 days   |
| LONSURF ORAL TABLET 15-6.14 MG                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 100 tabs every 28 days |
| LONSURF ORAL TABLET 20-8.19 MG                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 80 tabs every 28 days  |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i>                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <i>mercaptopurine oral tablet 50 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>                              | Tier 1 (\$5.10-\$12.65) | B/D                            |
| ONUREG ORAL TABLET 200 MG, 300 MG                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 14 tabs every 28 days  |
| <i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i> | Tier 1 (\$5.10-\$12.65) | B/D                            |
| TABLOID ORAL TABLET 40 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA                             |
| <b>Hormonal Antineoplastic Agents</b>                                                         |                         |                                |
| <i>abiraterone acetate oral tablet 250 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| <i>abiraterone acetate oral tablet 500 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| ABIRTEGA ORAL TABLET 250 MG                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>anastrozole oral tablet 1 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <i>bicalutamide oral tablet 50 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG                                        | Tier 1 (\$5.10-\$12.65) | PA                             |
| ERLEADA ORAL TABLET 240 MG                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| ERLEADA ORAL TABLET 60 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| EULEXIN ORAL CAPSULE 125 MG                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>exemestane oral tablet 25 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) |                                |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL                        | Tier 1 (\$5.10-\$12.65) | PA                             |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG                                            | Tier 1 (\$5.10-\$12.65) | PA                             |

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                               | Drug Tier               | Requirements/Limits              |
|-------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>  | Tier 1 (\$5.10-\$12.65) | B/D                              |
| INLURIYO ORAL TABLET 200 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days    |
| <i>letrozole oral tablet 2.5 mg</i>                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>                      | Tier 1 (\$5.10-\$12.65) | PA                               |
| LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 18 caps every 28 days    |
| LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 27 caps every 28 days    |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG                       | Tier 1 (\$5.10-\$12.65) | PA                               |
| LYSODREN ORAL TABLET 500 MG                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>nilutamide oral tablet 150 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                                  |
| NUBEQA ORAL TABLET 300 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days   |
| ORGOVYX ORAL TABLET 120 MG                                              | Tier 1 (\$5.10-\$12.65) | PA                               |
| ORSERDU ORAL TABLET 345 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| ORSERDU ORAL TABLET 86 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days    |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML                                        | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>toremifene citrate oral tablet 60 mg</i>                             | Tier 1 (\$5.10-\$12.65) | PA                               |
| XTANDI ORAL CAPSULE 40 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days   |
| XTANDI ORAL TABLET 40 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days   |
| XTANDI ORAL TABLET 80 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| YONSA ORAL TABLET 125 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days   |
| <b>Immunomodulators</b>                                                 |                         |                                  |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>             | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 caps every 28 days    |
| <i>lenalidomide oral capsule 20 mg, 25 mg</i>                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days    |
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days    |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days    |
| THALOMID ORAL CAPSULE 100 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 caps every 28 days   |
| THALOMID ORAL CAPSULE 50 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 caps every 28 days    |
| <b>Miscellaneous</b>                                                    |                         |                                  |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML              | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 28 days |
| <i>bexarotene oral capsule 75 mg</i>                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 caps every 30 days   |
| <i>doxorubicin hcl intravenous solution 2 mg/ml</i>                     | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>         | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>hydroxyurea oral capsule 500 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                                  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                        | Drug Tier               | Requirements/Limits            |
|--------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>       | Tier 1 (\$5.10-\$12.65) | B/D                            |
| IWILFIN ORAL TABLET 192 MG                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days |
| <i>leucovorin calcium injection solution 500 mg/50ml</i>                                         | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                                  | Tier 1 (\$5.10-\$12.65) |                                |
| MATULANE ORAL CAPSULE 50 MG                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>mesna oral tablet 400 mg</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| MODEYSO ORAL CAPSULE 125 MG                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 20 caps every 28 days  |
| <i>tretinoin oral capsule 10 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| WELIREG ORAL TABLET 40 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| <b>Mitotic Inhibitors</b>                                                                        |                         |                                |
| <i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>                         | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>                          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML                                   | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>                         | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>     | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>                 | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>vincristine sulfate intravenous solution 1 mg/ml</i>                                          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>                             | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <b>Molecular Target Agents</b>                                                                   |                         |                                |
| ALECENSA ORAL CAPSULE 150 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 caps every 30 days |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| ALUNBRIG ORAL TABLET 30 MG                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| AUGTYRO ORAL CAPSULE 160 MG                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| AUGTYRO ORAL CAPSULE 40 MG                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 caps every 30 days |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pack every 28 days   |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| BALVERSA ORAL TABLET 3 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days  |
| BALVERSA ORAL TABLET 4 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days  |
| BALVERSA ORAL TABLET 5 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 tabs every 28 days  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                               | Drug Tier               | Requirements/Limits            |
|-------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i> | Tier 1 (\$5.10-\$12.65) | PA                             |
| BOSULIF ORAL CAPSULE 100 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 caps every 30 days |
| BOSULIF ORAL CAPSULE 50 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| BOSULIF ORAL TABLET 100 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| BOSULIF ORAL TABLET 400 MG, 500 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| BRAFTOVI ORAL CAPSULE 75 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days |
| BRUKINSA ORAL CAPSULE 80 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| BRUKINSA ORAL TABLET 160 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| CALQUENCE ORAL TABLET 100 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| CAPRELSA ORAL TABLET 100 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| CAPRELSA ORAL TABLET 300 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 caps every 28 days  |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 caps every 28 days |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 caps every 28 days  |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 caps every 28 days  |
| COTELLIC ORAL TABLET 20 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 63 tabs every 28 days  |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 tabs every 28 days |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>        | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>dasatinib oral tablet 20 mg</i>                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| DAURISMO ORAL TABLET 100 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| DAURISMO ORAL TABLET 25 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| ENSACOVE ORAL CAPSULE 100 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| ENSACOVE ORAL CAPSULE 25 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 270 caps every 30 days |
| ERIVEDGE ORAL CAPSULE 150 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i>                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>erlotinib hcl oral tablet 25 mg</i>                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>everolimus oral tablet soluble 2 mg, 5 mg</i>                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>everolimus oral tablet soluble 3 mg</i>                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days  |
| FRUZAQLA ORAL CAPSULE 1 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 caps every 28 days  |
| FRUZAQLA ORAL CAPSULE 5 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days  |
| GAVRETO ORAL CAPSULE 100 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| <i>gefitinib oral tablet 250 mg</i>                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| GOMEKLI ORAL CAPSULE 1 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 168 caps every 28 days |
| GOMEKLI ORAL CAPSULE 2 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 caps every 28 days  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                    | Drug Tier               | Requirements/Limits            |
|--------------------------------------------------------------|-------------------------|--------------------------------|
| GOMEKLI ORAL TABLET SOLUBLE 1 MG                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 168 tabs every 28 days |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | Tier 1 (\$5.10-\$12.65) | PA                             |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG          | Tier 1 (\$5.10-\$12.65) | PA                             |
| HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG   | Tier 1 (\$5.10-\$12.65) | PA                             |
| HERNEXEOS ORAL TABLET 60 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG    | Tier 1 (\$5.10-\$12.65) | PA                             |
| HYRNUO ORAL TABLET 10 MG                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 caps every 28 days  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 tabs every 28 days  |
| IBTROZI ORAL CAPSULE 200 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>imatinib mesylate oral tablet 100 mg</i>                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| <i>imatinib mesylate oral tablet 400 mg</i>                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| IMBRUVICA ORAL CAPSULE 140 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| IMBRUVICA ORAL CAPSULE 70 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 216 mL every 27 days   |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>imkeldi oral solution 80 mg/ml</i>                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 280 mL every 28 days   |
| INLYTA ORAL TABLET 1 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| INLYTA ORAL TABLET 5 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| INREBIC ORAL CAPSULE 100 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| ITOVEBI ORAL TABLET 3 MG                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days  |
| ITOVEBI ORAL TABLET 9 MG                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 tabs every 28 days  |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| JAYPIRCA ORAL TABLET 100 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| JAYPIRCA ORAL TABLET 50 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG    | Tier 1 (\$5.10-\$12.65) | B/D                            |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG   | Tier 1 (\$5.10-\$12.65) | PA                             |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML                     | Tier 1 (\$5.10-\$12.65) | PA                             |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML   | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 21 days   |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 790-9600 MG -UNT/4.8ML   | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 42 days   |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                             | Drug Tier               | Requirements/Limits            |
|-----------------------------------------------------------------------|-------------------------|--------------------------------|
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 21 tabs every 28 days  |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 42 tabs every 28 days  |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 63 tabs every 28 days  |
| KOMZIFTI ORAL CAPSULE 200 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| KOSELUGO ORAL CAPSULE 10 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 caps every 30 days |
| KOSELUGO ORAL CAPSULE 25 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 caps every 30 days |
| KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 caps every 30 days |
| KRAZATI ORAL TABLET 200 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| <i>lapatinib ditosylate oral tablet 250 mg</i>                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| LAZCLUZE ORAL TABLET 240 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| LAZCLUZE ORAL TABLET 80 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG         | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG              | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| LORBRENA ORAL TABLET 100 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| LORBRENA ORAL TABLET 25 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| LUMAKRAS ORAL TABLET 120 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days |
| LUMAKRAS ORAL TABLET 240 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| LUMAKRAS ORAL TABLET 320 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days  |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 tabs every 28 days |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | Tier 1 (\$5.10-\$12.65) | PA; QL; 140 tabs every 28 days |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 1260 mL every 30 days  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                 | Drug Tier               | Requirements/Limits               |
|---------------------------------------------------------------------------|-------------------------|-----------------------------------|
| MEKINIST ORAL TABLET 0.5 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days     |
| MEKINIST ORAL TABLET 2 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days     |
| MEKTOVI ORAL TABLET 15 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days    |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG                         | Tier 1 (\$5.10-\$12.65) | PA                                |
| NERLYNX ORAL TABLET 40 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days    |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i>                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 caps every 28 days    |
| <i>nilotinib hcl oral capsule 50 mg</i>                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days    |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 caps every 28 days      |
| ODOMZO ORAL CAPSULE 200 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days     |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG                  | Tier 1 (\$5.10-\$12.65) | PA                                |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days     |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 96 mL every 28 days       |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)             | Tier 1 (\$5.10-\$12.65) | PA; QL; 24 tabs every 28 days     |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days     |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG               | Tier 1 (\$5.10-\$12.65) | PA                                |
| <i>pazopanib hcl oral tablet 200 mg</i>                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |
| <i>pazopanib hcl oral tablet 400 mg</i>                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 tabs every 28 days     |
| PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML | Tier 1 (\$5.10-\$12.65) | PA                                |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG                | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 tabs every 28 days     |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG           | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days     |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG            | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days     |
| QINLOCK ORAL TABLET 50 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days     |
| RETEVMO ORAL TABLET 120 MG, 160 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| RETEVMO ORAL TABLET 40 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days     |
| RETEVMO ORAL TABLET 80 MG                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |
| REVUFORJ ORAL TABLET 110 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |
| REVUFORJ ORAL TABLET 160 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| REVUFORJ ORAL TABLET 25 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days    |
| REZLIDHIA ORAL CAPSULE 150 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days     |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 caps every 28 days      |
| ROZLYTREK ORAL CAPSULE 100 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days    |
| ROZLYTREK ORAL CAPSULE 200 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days     |
| ROZLYTREK ORAL PACKET 50 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 336 packets every 28 days |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D

Last Updated: 7/29/2026

| Drug Name                                                           | Drug Tier               | Requirements/Limits            |
|---------------------------------------------------------------------|-------------------------|--------------------------------|
| RYDAPT ORAL CAPSULE 25 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 224 caps every 28 days |
| SCEMBLIX ORAL TABLET 100 MG                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| SCEMBLIX ORAL TABLET 20 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| SCEMBLIX ORAL TABLET 40 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 tabs every 30 days |
| <i>sorafenib tosylate oral tablet 200 mg</i>                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| STIVARGA ORAL TABLET 40 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days  |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 tabs every 28 days |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 840 tabs every 28 days |
| TAGRISSE ORAL TABLET 40 MG, 80 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| TALZENNA ORAL CAPSULE 0.25 MG                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML       | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 21 days   |
| TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML            | Tier 1 (\$5.10-\$12.65) | PA                             |
| TEPMETKO ORAL TABLET 225 MG                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| TIBSOVO ORAL TABLET 250 MG                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG         | Tier 1 (\$5.10-\$12.65) | PA                             |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 64 tabs every 28 days  |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 packs every 28 days  |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML               | Tier 1 (\$5.10-\$12.65) | PA                             |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| TURALIO ORAL CAPSULE 125 MG                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days  |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 tabs every 28 days |
| VENCLEXTA ORAL TABLET 100 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG   | Tier 1 (\$5.10-\$12.65) | PA; QL; 42 tabs every 28 days  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days  |
| VITRAKVI ORAL CAPSULE 100 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days  |
| VITRAKVI ORAL CAPSULE 25 MG                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 mL every 30 days   |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| VONJO ORAL CAPSULE 100 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                  | Drug Tier               | Requirements/Limits            |
|------------------------------------------------------------|-------------------------|--------------------------------|
| VORANIGO ORAL TABLET 10 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| VORANIGO ORAL TABLET 40 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| XOSPATA ORAL TABLET 40 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 tabs every 28 days   |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG  | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 tabs every 28 days  |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG  | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 tabs every 28 days   |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 tabs every 28 days   |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG  | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 tabs every 28 days   |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 24 tabs every 28 days  |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG  | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 tabs every 28 days   |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG  | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 tabs every 28 days   |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 32 tabs every 28 days  |
| YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG          | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| ZELBORAF ORAL TABLET 240 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML       | Tier 1 (\$5.10-\$12.65) | PA                             |
| ZOLINZA ORAL CAPSULE 100 MG                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| ZYKADIA ORAL TABLET 150 MG                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days  |

## CARDIOVASCULAR

### Ace Inhibitor Combinations

|                                                                                                             |                         |                           |
|-------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 (\$5.10-\$12.65) | 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>               | Tier 1 (\$5.10-\$12.65) |                           |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                           |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                                        | Tier 1 (\$5.10-\$12.65) |                           |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                                            | Tier 1 (\$5.10-\$12.65) |                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                        | Drug Tier               | Requirements/Limits        |
|------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                               | Tier 1 (\$5.10-\$12.65) |                            |
| <b>Ace Inhibitors</b>                                                                                            |                         |                            |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) |                            |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) |                            |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                            |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                                           | Tier 1 (\$5.10-\$12.65) |                            |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                            |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                            |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                            |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) |                            |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                            |
| <b>Aldosterone Receptor Antagonists</b>                                                                          |                         |                            |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) |                            |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) |                            |
| <b>Alpha Blockers</b>                                                                                            |                         |                            |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                            |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                            |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) |                            |
| <b>Angiotensin II Receptor Antagonist Combinations</b>                                                           |                         |                            |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                        | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |
| <i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>                                               | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 240 caps every 30 days |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |
| <i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                            |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | Tier 1 (\$5.10-\$12.65) | 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> | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                   | Drug Tier               | Requirements/Limits       |
|-------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>telmisartan-hctz oral tablet 80-12.5 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | 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> | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <b>Angiotensin II Receptor Antagonists</b>                                                                  |                         |                           |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| <i>candesartan cilexetil oral tablet 32 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) |                           |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>olmesartan medoxomil oral tablet 5 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| <i>valsartan oral tablet 320 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <b>Antiarrhythmics</b>                                                                                      |                         |                           |
| <i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>                              | Tier 1 (\$5.10-\$12.65) |                           |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) |                           |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                                    | Tier 1 (\$5.10-\$12.65) |                           |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                           |
| MULTAQ ORAL TABLET 400 MG                                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG                                                                 | Tier 1 (\$5.10-\$12.65) |                           |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                           |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                           |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                                | Tier 1 (\$5.10-\$12.65) |                           |
| <b>Antilipemics, Fibrates</b>                                                                               |                         |                           |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>                                            | Tier 1 (\$5.10-\$12.65) |                           |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                           |
| <i>gemfibrozil oral tablet 600 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) |                           |
| <b>Antilipemics, Hmg-CoA Reductase Inhibitors</b>                                                           |                         |                           |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |

| Drug Name                                                                                  | Drug Tier               | Requirements/Limits                   |
|--------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>                            | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| <b>Antilipemics, Miscellaneous</b>                                                         |                         |                                       |
| <i>cholestyramine light oral packet 4 gm</i>                                               | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>cholestyramine light oral powder 4 gm/dose</i>                                          | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>cholestyramine oral packet 4 gm</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>cholestyramine oral powder 4 gm/dose</i>                                                | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                                 | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>colesevelam hcl oral tablet 625 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>colestipol hcl oral granules 5 gm</i>                                                   | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>colestipol hcl oral packet 5 gm</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>colestipol hcl oral tablet 1 gm</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>ezetimibe oral tablet 10 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>            | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| NEXLETOL ORAL TABLET 180 MG                                                                | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| NEXLIZET ORAL TABLET 180-10 MG                                                             | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days             |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days             |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                                         | Tier 1 (\$5.10-\$12.65) |                                       |
| PREVALITE ORAL PACKET 4 GM                                                                 | Tier 1 (\$5.10-\$12.65) |                                       |
| PREVALITE ORAL POWDER 4 GM/DOSE                                                            | Tier 1 (\$5.10-\$12.65) |                                       |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 syringes every 28 days      |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 autoinjectors every 28 days |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM                                                          | Tier 1 (\$5.10-\$12.65) |                                       |
| <b>Beta-Blocker/Diuretic Combinations</b>                                                  |                         |                                       |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>       | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>           | Tier 1 (\$5.10-\$12.65) |                                       |
| <b>Beta-Blockers</b>                                                                       |                         |                                       |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                          | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                           | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                         | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                            | Tier 1 (\$5.10-\$12.65) |                                       |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                    | Tier 1 (\$5.10-\$12.65) |                                       |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                          | Drug Tier               | Requirements/Limits       |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i>                                                           | Tier 1 (\$5.10-\$12.65) |                           |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                               | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days |
| <i>nebivolol hcl oral tablet 20 mg</i>                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                            | Tier 1 (\$5.10-\$12.65) |                           |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>                       | Tier 1 (\$5.10-\$12.65) |                           |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                                          | Tier 1 (\$5.10-\$12.65) |                           |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                               | Tier 1 (\$5.10-\$12.65) |                           |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) |                           |
| <b>Calcium Channel Blockers</b>                                                                                    |                         |                           |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                           |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG                                     | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                 | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                               | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>                                       | Tier 1 (\$5.10-\$12.65) |                           |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                           |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                        | Tier 1 (\$5.10-\$12.65) |                           |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                           |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                           |
| <i>nimodipine oral capsule 30 mg</i>                                                                               | Tier 1 (\$5.10-\$12.65) |                           |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG                    | Tier 1 (\$5.10-\$12.65) |                           |

| Drug Name                                                                                                            | Drug Tier               | Requirements/Limits            |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 (\$5.10-\$12.65) |                                |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                          | Tier 1 (\$5.10-\$12.65) |                                |
| <i>verapamil hcl intravenous solution 2.5 mg/ml</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Diuretics</b>                                                                                                     |                         |                                |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>amiloride hcl oral tablet 5 mg</i>                                                                                | Tier 1 (\$5.10-\$12.65) |                                |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>bumetanide injection solution 0.25 mg/ml</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>furosemide injection solution 10 mg/ml</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Miscellaneous</b>                                                                                                 |                         |                                |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <b>CORLANOR ORAL SOLUTION 5 MG/5ML</b>                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 450 mL every 30 days       |
| <i>digoxin injection solution 0.25 mg/ml</i>                                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>digoxin oral solution 0.05 mg/ml</i>                                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>droxidopa oral capsule 100 mg</i>                                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days  |
| <i>droxidopa oral capsule 200 mg, 300 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days |
| <i>epinephrine injection solution 1 mg/ml</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>hydralazine hcl injection solution 20 mg/ml</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                                |

| Drug Name                                                                                  | Drug Tier               | Requirements/Limits            |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>                                             | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| <i>metirosine oral capsule 250 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                  | Tier 1 (\$5.10-\$12.65) |                                |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| <b>Nitrates</b>                                                                            |                         |                                |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                          | Tier 1 (\$5.10-\$12.65) |                                |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | Tier 1 (\$5.10-\$12.65) |                                |
| NITRO-BID TRANSDERMAL OINTMENT 2 %                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>nitroglycerin transdermal ointment 2 %</i>                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Pulmonary Arterial Hypertension</b>                                                     |                         |                                |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| ALYQ ORAL TABLET 20 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>bosentan oral tablet soluble 32 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| <i>macitentan oral tablet 10 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| OPSUMIT ORAL TABLET 10 MG                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 tabs every 30 days |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>    | Tier 1 (\$5.10-\$12.65) | PA                             |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG      | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| UPTRAVI ORAL TABLET 200 MCG                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 140 tabs every 28 days |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pack every 28 days   |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 vials every 21 days  |
| YUTREPIA INHALATION CAPSULE 106 MCG                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 224 caps every 28 days |

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                | Drug Tier               | Requirements/Limits            |
|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG, 79.5 MCG                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 140 caps every 28 days |
| <b>CENTRAL NERVOUS SYSTEM</b>                                                                            |                         |                                |
| <b>Antianxiety</b>                                                                                       |                         |                                |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                | Tier 1 (\$5.10-\$12.65) | QL; 150 tabs every 30 days     |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML                                                              | Tier 1 (\$5.10-\$12.65) | QL; 150 mL every 30 days       |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 150 mL every 30 days       |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 150 tabs every 30 days     |
| <b>Antidementia</b>                                                                                      |                         |                                |
| <i>donepezil hcl oral tablet 10 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>donepezil hcl oral tablet 5 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>donepezil hcl oral tablet dispersible 10 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>donepezil hcl oral tablet dispersible 5 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>              | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days      |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 200 mL every 30 days       |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | 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>                  | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>memantine hcl oral solution 2 mg/ml</i>                                                               | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>                                 | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i> | Tier 1 (\$5.10-\$12.65) |                                |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                     | Tier 1 (\$5.10-\$12.65) | 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>                     | Tier 1 (\$5.10-\$12.65) | QL; 30 patches every 30 days   |
| <b>Antidepressants</b>                                                                                   |                         |                                |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                          | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                | Tier 1 (\$5.10-\$12.65) | PA                             |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG                                                          | Tier 1 (\$5.10-\$12.65) | 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>                 | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |

| Drug Name                                                                                    | Drug Tier               | Requirements/Limits              |
|----------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>                     | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days        |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>                     | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                               | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i>                                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                               | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                                     | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                   | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                                 | Tier 1 (\$5.10-\$12.65) | PA                               |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG           | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>             | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days        |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 patches every 30 days |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                           | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year       |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days    |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year       |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                                | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| MARPLAN ORAL TABLET 10 MG                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days       |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                               | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                             | Tier 1 (\$5.10-\$12.65) |                                  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                                         | Drug Tier               | Requirements/Limits            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>paroxetine hcl oral suspension 10 mg/5ml</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 900 mL every 30 days   |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>phenelzine sulfate oral tablet 15 mg</i>                                                                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| RALDESY ORAL SOLUTION 10 MG/ML                                                                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 1800 mL every 30 days  |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>trimipramine maleate oral capsule 100 mg</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days      |
| <i>trimipramine maleate oral capsule 25 mg, 50 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days     |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                                                                         | Tier 1 (\$5.10-\$12.65) | 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>                                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 caps every 14 days  |
| ZURZUVAE ORAL CAPSULE 30 MG                                                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 14 caps every 14 days  |
| <b>Antiparkinsonian Agents</b>                                                                                                                    |                         |                                |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days     |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                                                                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | Tier 1 (\$5.10-\$12.65) |                                |
| <i>benztropine mesylate injection solution 1 mg/ml</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                        | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <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> | Tier 1 (\$5.10-\$12.65) |                                |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| INBRIJA INHALATION CAPSULE 42 MG                                                                                                                  | Tier 1 (\$5.10-\$12.65) | 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>                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | 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>                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                                           | Tier 1 (\$5.10-\$12.65) |                                |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                            | Drug Tier               | Requirements/Limits            |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <i>selegiline hcl oral tablet 5 mg</i>                                                                               | Tier 1 (\$5.10-\$12.65) |                                |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Antipsychotics</b>                                                                                                |                         |                                |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML                                         | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 56 days    |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG                                                      | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 28 days    |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 injection every 28 days  |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 900 mL every 30 days       |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                               | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | ST; QL; 60 tabs every 30 days  |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML                                                               | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 56 days    |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML                                    | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 28 days    |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days      |
| <i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>clozapine oral tablet 100 mg</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 270 tabs every 30 days     |
| <i>clozapine oral tablet 200 mg</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days     |
| <i>clozapine oral tablet 25 mg, 50 mg</i>                                                                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>clozapine oral tablet dispersible 100 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 270 tabs every 30 days |
| <i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>clozapine oral tablet dispersible 150 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days |
| <i>clozapine oral tablet dispersible 200 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days      |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG                                                     | Tier 1 (\$5.10-\$12.65) | QL; 2 packs every year         |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 28 days    |

| Drug Name                                                                                                                             | Drug Tier               | Requirements/Limits            |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 351 MG/2.25ML                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 2 syringes every year      |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG,<br>4 MG, 6 MG, 8 MG                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 &<br>4 & 6 MG                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year     |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 &<br>6 & 8 MG                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year     |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 &<br>6 MG                                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year     |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                         | Tier 1 (\$5.10-\$12.65) |                                |
| <i>haloperidol decanoate intramuscular solution 100<br/>mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20<br/>mg, 5 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                                |
| INVEGA HAFYERA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1092<br>MG/3.5ML, 1560 MG/5ML                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 injection every 180 days |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 117<br>MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39<br>MG/0.25ML, 78 MG/0.5ML | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 28 days    |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 273 MG/0.88ML, 410<br>MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML             | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 90 days    |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg,<br/>50 mg</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60<br/>mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>lurasidone hcl oral tablet 80 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10<br>MG, 5-10 MG                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>                                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| NUPLAZID ORAL CAPSULE 34 MG                                                                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days  |
| NUPLAZID ORAL TABLET 10 MG                                                                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 3 vials every 1 day        |
| <i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| <i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>olanzapine oral tablet dispersible 10 mg</i>                                                                                       | Tier 1 (\$5.10-\$12.65) | ST; QL; 60 tabs every 30 days  |
| <i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) | ST; QL; 30 tabs every 30 days  |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                   | Drug Tier               | Requirements/Limits            |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| OPIPZA ORAL FILM 10 MG                                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 films every 30 days |
| OPIPZA ORAL FILM 2 MG, 5 MG                                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 films every 30 days |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                        | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days      |
| <i>quetiapine fumarate oral tablet 25 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days     |
| <i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG                                                             | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| REXULTI ORAL TABLET 3 MG, 4 MG                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days      |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 (\$5.10-\$12.65) | QL; 2 injections every 28 days |
| <i>risperidone oral solution 1 mg/ml</i>                                                                    | Tier 1 (\$5.10-\$12.65) | 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>                                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) | ST; QL; 90 tabs every 30 days  |
| <i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) | ST; QL; 60 tabs every 30 days  |
| <i>risperidone oral tablet dispersible 4 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | ST; QL; 120 tabs every 30 days |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                                     | Tier 1 (\$5.10-\$12.65) | QL; 30 patches every 30 days   |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                                |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 mL every 30 days   |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 3 MG, 4.5 MG, 6 MG                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days      |
| VRAYLAR ORAL CAPSULE 1.5 MG                                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days      |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                              | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days      |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>                                      | Tier 1 (\$5.10-\$12.65) | QL; 6 injections every 3 days  |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 vials every 28 days  |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 28 days   |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                            | Drug Tier               | Requirements/Limits               |
|--------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| <b>Antiseizure Agents</b>                                                            |                         |                                   |
| APTOM ORAL TABLET 200 MG, 400 MG                                                     | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days         |
| APTOM ORAL TABLET 600 MG, 800 MG                                                     | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days         |
| <i>brivaracetam oral solution 10 mg/ml</i>                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 mL every 30 days      |
| <i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 mL every 30 days      |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>  | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                      | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>carbamazepine oral tablet 200 mg</i>                                              | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 480 mL every 30 days      |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                           | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days         |
| <i>clonazepam oral tablet 2 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) | QL; 300 tabs every 30 days        |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>            | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days         |
| <i>clonazepam oral tablet dispersible 2 mg</i>                                       | Tier 1 (\$5.10-\$12.65) | QL; 300 tabs every 30 days        |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days    |
| DIACOMIT ORAL CAPSULE 250 MG                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 caps every 30 days    |
| DIACOMIT ORAL CAPSULE 500 MG                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days    |
| DIACOMIT ORAL PACKET 250 MG                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 packets every 30 days |
| DIACOMIT ORAL PACKET 500 MG                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 packets every 30 days |
| <i>diazepam injection solution 5 mg/ml</i>                                           | Tier 1 (\$5.10-\$12.65) |                                   |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 mL every 30 days      |
| <i>diazepam oral solution 5 mg/5ml</i>                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 1200 mL every 30 days     |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                                   |
| DILANTIN ORAL CAPSULE 30 MG                                                          | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>      | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>          | Tier 1 (\$5.10-\$12.65) |                                   |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 600 mL every 30 days      |
| <i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>                            | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days         |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                               | Drug Tier               | Requirements/Limits              |
|---------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>                                               | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days        |
| <i>ethosuximide oral capsule 250 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>felbamate oral suspension 600 mg/5ml</i>                                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 mL every 30 days     |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 680 mL every 28 days     |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| FYCOMPA ORAL TABLET 2 MG                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 360 caps every 30 days       |
| <i>gabapentin oral capsule 400 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 270 caps every 30 days       |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                                                  | Tier 1 (\$5.10-\$12.65) | QL; 2160 mL every 30 days        |
| <i>gabapentin oral tablet 600 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days       |
| <i>gabapentin oral tablet 800 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days       |
| <i>lacosamide intravenous solution 200 mg/20ml</i>                                                      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>lacosamide oral solution 10 mg/ml</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 1200 mL every 30 days        |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days        |
| <i>lacosamide oral tablet 50 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | 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> | Tier 1 (\$5.10-\$12.65) | ST                               |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam intravenous solution 500 mg/5ml</i>                                                    | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                        | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levetiracetam oral tablet disintegrating soluble 250 mg</i>                                          | Tier 1 (\$5.10-\$12.65) | QL; 360 tabs every 30 days       |
| <i>levetiracetam oral tablet disintegrating soluble 500 mg</i>                                          | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days       |
| <i>methsuximide oral capsule 300 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) |                                  |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 10 nasal units every 30 days |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                                         | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>perampanel oral suspension 0.5 mg/ml</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 680 mL every 28 days     |
| <i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| <i>perampanel oral tablet 2 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| <i>phenobarbital oral elixir 20 mg/5ml</i>                                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1500 mL every 30 days    |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                        | Drug Tier               | Requirements/Limits                |
|--------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <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> | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days     |
| <i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>                               | Tier 1 (\$5.10-\$12.65) | PA                                 |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                             | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>phenytoin oral suspension 125 mg/5ml</i>                                                      | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>phenytoin oral tablet chewable 50 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>phenytoin sodium injection solution 50 mg/ml</i>                                              | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days     |
| <i>pregabalin oral capsule 200 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 caps every 30 days      |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days      |
| <i>pregabalin oral solution 20 mg/ml</i>                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 900 mL every 30 days       |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>                                               | Tier 1 (\$5.10-\$12.65) |                                    |
| RELGAABI ORAL CAPSULE 300 MG                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 360 caps every 30 days         |
| RELGAABI ORAL CAPSULE 400 MG                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 270 caps every 30 days         |
| ROWEEPRA ORAL TABLET 500 MG                                                                      | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 2400 mL every 30 days      |
| <i>rufinamide oral tablet 200 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 480 tabs every 30 days     |
| <i>rufinamide oral tablet 400 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days     |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG                                               | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days          |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG                                                | Tier 1 (\$5.10-\$12.65) | QL; 360 tabs every 30 days         |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG                                                | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days         |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG                                                | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days         |
| SUBVENITE ORAL SUSPENSION 10 MG/ML                                                               | Tier 1 (\$5.10-\$12.65) | ST                                 |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                                              | Tier 1 (\$5.10-\$12.65) |                                    |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 films every 30 days     |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                        | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>topiramate oral solution 25 mg/ml</i>                                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 480 mL every 30 days       |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>valproate sodium intravenous solution 100 mg/ml</i>                                           | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>valproic acid oral capsule 250 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                    | Tier 1 (\$5.10-\$12.65) |                                    |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML                                                      | Tier 1 (\$5.10-\$12.65) | QL; 10 blister packs every 30 days |

| Drug Name                                                                                                          | Drug Tier               | Requirements/Limits                |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML                                                      | Tier 1 (\$5.10-\$12.65) | QL; 10 blister packs every 30 days |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML                                                       | Tier 1 (\$5.10-\$12.65) | QL; 10 blister packs every 30 days |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 10 blister packs every 30 days |
| <i>vigabatrin oral packet 500 mg</i>                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 packets every 30 days  |
| <i>vigabatrin oral tablet 500 mg</i>                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days     |
| VIGADRONE ORAL PACKET 500 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 packets every 30 days  |
| VIGADRONE ORAL TABLET 500 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days     |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 900 mL every 30 days       |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG                                                   | Tier 1 (\$5.10-\$12.65) | QL; 56 tabs every 28 days          |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG                                                   | Tier 1 (\$5.10-\$12.65) | QL; 56 tabs every 28 days          |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days          |
| XCOPRI ORAL TABLET 150 MG, 200 MG                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days          |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG       | Tier 1 (\$5.10-\$12.65) | QL; 28 tabs every 28 days          |
| ZONISADE ORAL SUSPENSION 100 MG/5ML                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 900 mL every 30 days       |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) |                                    |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 1100 mL every 30 days      |
| <b>Attention Deficit Hyperactivity Disorder</b>                                                                    |                         |                                    |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days      |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days      |
| <i>amphetamine-dextroamphetamine oral tablet 20 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days      |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days         |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days          |
| <i>atomoxetine hcl oral capsule 40 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days          |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days      |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days     |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days      |
| <i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days      |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days      |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 900 mL every 30 days       |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 1800 mL every 30 days      |
| <i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days     |
| <i>methylphenidate hcl oral tablet 20 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days      |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                   | Drug Tier               | Requirements/Limits              |
|-----------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>         | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 tabs every 30 days   |
| <b>Hypnotics</b>                                                            |                         |                                  |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                             | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i>                                   | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| <i>ramelteon oral tablet 8 mg</i>                                           | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>tasimelteon oral capsule 20 mg</i>                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days    |
| <i>temazepam oral capsule 15 mg</i>                                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| <i>temazepam oral capsule 30 mg, 7.5 mg</i>                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days    |
| <i>zaleplon oral capsule 10 mg</i>                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| <i>zaleplon oral capsule 5 mg</i>                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days    |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| <b>Migraine</b>                                                             |                         |                                  |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML             | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 30 days      |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 mL every 30 days       |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML    | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 syringes every 30 days |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 pens every 30 days     |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 30 days |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 40 tabs every 28 days    |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                             | Tier 1 (\$5.10-\$12.65) | QL; 12 tabs every 30 days        |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 tabs every 30 days    |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                         | Tier 1 (\$5.10-\$12.65) | QL; 18 tabs every 30 days        |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>             | Tier 1 (\$5.10-\$12.65) | QL; 18 tabs every 30 days        |
| <i>sumatriptan nasal solution 20 mg/act</i>                                 | Tier 1 (\$5.10-\$12.65) | QL; 12 units every 30 days       |
| <i>sumatriptan nasal solution 5 mg/act</i>                                  | Tier 1 (\$5.10-\$12.65) | QL; 24 units every 30 days       |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>               | Tier 1 (\$5.10-\$12.65) | QL; 12 tabs every 30 days        |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>               | Tier 1 (\$5.10-\$12.65) | QL; 12 injections every 30 days  |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i> | Tier 1 (\$5.10-\$12.65) | QL; 12 injections every 30 days  |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 tabs every 30 days    |
| <b>Miscellaneous</b>                                                        |                         |                                  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days   |
| AUSTEDO ORAL TABLET 6 MG                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days   |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                   | Drug Tier               | Requirements/Limits               |
|---------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days     |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days     |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 packs every year        |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lithium carbonate oral tablet 300 mg</i>                                                 | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lithium oral solution 8 meq/5ml</i>                                                      | Tier 1 (\$5.10-\$12.65) |                                   |
| NUDEXTA ORAL CAPSULE 20-10 MG                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days     |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                             | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>riluzole oral tablet 50 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days     |
| <i>tetrabenazine oral tablet 25 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |
| <b>Multiple Sclerosis Agents</b>                                                            |                         |                                   |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 caps every 30 days    |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 14 kits every 28 days     |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 syringes every 30 days |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 12 syringes every 28 days |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days     |
| <i> fingolimod hcl oral capsule 0.5 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 caps every 30 days     |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 syringes every 30 days |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 12 syringes every 28 days |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 syringes every 30 days |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 12 syringes every 28 days |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 pens every 365 days    |
| <b>Musculoskeletal Therapy Agents</b>                                                       |                         |                                   |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>baclofen oral tablet 5 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days         |
| <i>carisoprodol oral tablet 350 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 tabs every 30 days    |

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                       | Drug Tier               | Requirements/Limits            |
|---------------------------------------------------------------------------------|-------------------------|--------------------------------|
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days  |
| dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg                             | Tier 1 (\$5.10-\$12.65) |                                |
| methocarbamol oral tablet 500 mg                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 tabs every 30 days |
| methocarbamol oral tablet 750 mg                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 240 tabs every 30 days |
| tizanidine hcl oral tablet 2 mg, 4 mg                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Narcolepsy/Cataplexy</b>                                                     |                         |                                |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| armodafinil oral tablet 50 mg                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| modafinil oral tablet 100 mg                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days  |
| modafinil oral tablet 200 mg                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days  |
| sodium oxybate oral solution 500 mg/ml                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 540 mL every 30 days   |
| <b>Psychotherapeutic-Misc</b>                                                   |                         |                                |
| acamprosate calcium oral tablet delayed release 333 mg                          | Tier 1 (\$5.10-\$12.65) |                                |
| buprenorphine hcl sublingual tablet sublingual 2 mg                             | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days     |
| buprenorphine hcl sublingual tablet sublingual 8 mg                             | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days     |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg                  | Tier 1 (\$5.10-\$12.65) | QL; 90 films every 30 days     |
| buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg                         | Tier 1 (\$5.10-\$12.65) | QL; 180 films every 30 days    |
| buprenorphine hcl-naloxone hcl sublingual film 8-2 mg                           | Tier 1 (\$5.10-\$12.65) | QL; 120 films every 30 days    |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg            | Tier 1 (\$5.10-\$12.65) | QL; 180 tabs every 30 days     |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg              | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days     |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg      | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days      |
| disulfiram oral tablet 250 mg, 500 mg                                           | Tier 1 (\$5.10-\$12.65) |                                |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML                                                | Tier 1 (\$5.10-\$12.65) |                                |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml                            | Tier 1 (\$5.10-\$12.65) |                                |
| naloxone hcl injection solution cartridge 0.4 mg/ml                             | Tier 1 (\$5.10-\$12.65) |                                |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml           | Tier 1 (\$5.10-\$12.65) |                                |
| naltrexone hcl oral tablet 50 mg                                                | Tier 1 (\$5.10-\$12.65) |                                |
| NICOTROL NS NASAL SOLUTION 10 MG/ML                                             | Tier 1 (\$5.10-\$12.65) |                                |
| varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42 | Tier 1 (\$5.10-\$12.65) | QL; 2 packs every year         |
| varenicline tartrate oral tablet 0.5 mg, 1 mg                                   | Tier 1 (\$5.10-\$12.65) | QL; 56 tabs every 28 days      |
| varenicline tartrate(continue) oral tablet 1 mg                                 | Tier 1 (\$5.10-\$12.65) | QL; 56 tabs every 28 days      |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG                          | Tier 1 (\$5.10-\$12.65) |                                |
| <b>ENDOCRINE AND METABOLIC</b>                                                  |                         |                                |
| <b>Androgens</b>                                                                |                         |                                |
| danazol oral capsule 100 mg, 200 mg, 50 mg                                      | Tier 1 (\$5.10-\$12.65) |                                |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                   | Drug Tier               | Requirements/Limits              |
|---------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML                               | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>                              | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>      | Tier 1 (\$5.10-\$12.65) | PA; QL; 300 gm every 30 days     |
| <i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 150 gm every 30 days     |
| <b>Antidiabetics, Insulins</b>                                                              |                         |                                  |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML                                                      | Tier 1 (\$5.10-\$12.65) | B/D                              |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                             | Tier 1 (\$5.10-\$12.65) |                                  |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML                                                | Tier 1 (\$5.10-\$12.65) | PA                               |
| CEQUR SIMPLICITY 2U DEVICE                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 10 patches every 30 days |
| CEQUR SIMPLICITY 2U DEVICE                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 patches every 24 days  |
| CEQUR SIMPLICITY INSERTER                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 inserters every year   |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML                                              | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>cvs gauze sterile pad 2"x2"</i>                                                          | Tier 1 (\$5.10-\$12.65) | PA                               |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM                                                    | Tier 1 (\$5.10-\$12.65) | PA                               |
| FIASP FLEXTouch SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                              | Tier 1 (\$5.10-\$12.65) |                                  |
| FIASP INJECTION SOLUTION 100 UNIT/ML                                                        | Tier 1 (\$5.10-\$12.65) | B/D                              |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                  | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>global alcohol prep ease pad 70 %</i>                                                    | Tier 1 (\$5.10-\$12.65) | PA                               |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML                            | Tier 1 (\$5.10-\$12.65) | B/D                              |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML                      | Tier 1 (\$5.10-\$12.65) |                                  |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                              | Tier 1 (\$5.10-\$12.65) |                                  |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                    | Tier 1 (\$5.10-\$12.65) |                                  |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML              | Tier 1 (\$5.10-\$12.65) |                                  |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                          | Tier 1 (\$5.10-\$12.65) |                                  |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                               | Tier 1 (\$5.10-\$12.65) |                                  |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                               | Tier 1 (\$5.10-\$12.65) |                                  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                       | Drug Tier               | Requirements/Limits           |
|-------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML                                                        | Tier 1 (\$5.10-\$12.65) | B/D                           |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                           | Tier 1 (\$5.10-\$12.65) |                               |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                  | Tier 1 (\$5.10-\$12.65) |                               |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML                                                          | Tier 1 (\$5.10-\$12.65) | B/D                           |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML              | Tier 1 (\$5.10-\$12.65) |                               |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                                   | Tier 1 (\$5.10-\$12.65) |                               |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                     | Tier 1 (\$5.10-\$12.65) |                               |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML                                                   | Tier 1 (\$5.10-\$12.65) | B/D                           |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 kit every year      |
| OMNIPOD 5 DEXG7G6 PODS GEN 5                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 15 pods every 30 days |
| OMNIPOD 5 LIBRE INTRO KIT                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 kit every year      |
| OMNIPOD 5 LIBRE PODS                                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 15 pods every 30 days |
| OMNIPOD DASH INTRO (GEN 4) KIT                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 kit every year      |
| OMNIPOD DASH PODS (GEN 4)                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 15 pods every 30 days |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>                                         | Tier 1 (\$5.10-\$12.65) | PA                            |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML                                                              | Tier 1 (\$5.10-\$12.65) | PA                            |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML                                    | Tier 1 (\$5.10-\$12.65) | QL; 5 pens every 25 days      |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                              | Tier 1 (\$5.10-\$12.65) |                               |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                                  | Tier 1 (\$5.10-\$12.65) |                               |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML                                  | Tier 1 (\$5.10-\$12.65) | QL; 5 pens every 30 days      |
| <b>Antidiabetics</b>                                                                            |                         |                               |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                | Tier 1 (\$5.10-\$12.65) |                               |
| <i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i> | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>   | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>dapagliflozin oral tablet 10 mg, 5 mg</i>                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days     |
| <i>glimepiride oral tablet 4 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i>                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>                           | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days     |
| <i>glipizide oral tablet 10 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |
| <i>glipizide oral tablet 5 mg</i>                                                               | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                    | Drug Tier               | Requirements/Limits           |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG                                                        | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG                                                               | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>metformin hcl oral tablet 1000 mg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) | QL; 75 tabs every 30 days     |
| <i>metformin hcl oral tablet 500 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 150 tabs every 30 days    |
| <i>metformin hcl oral tablet 850 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | 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 | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days  |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days   |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML                                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days   |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML                                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days   |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                                                       | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days     |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |
| <i>repaglinide oral tablet 2 mg</i>                                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 240 tabs every 30 days    |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| <i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>                                                                | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                           | Drug Tier               | Requirements/Limits          |
|-----------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| TRADJENTA ORAL TABLET 5 MG                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days    |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG                         | Tier 1 (\$5.10-\$12.65) | 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                    | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days    |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG                                | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days    |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG                     | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days    |
| <b>Calcium Regulators</b>                                                                           |                         |                              |
| <i>alendronate sodium oral solution 70 mg/75ml</i>                                                  | Tier 1 (\$5.10-\$12.65) | ST                           |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>                                           | Tier 1 (\$5.10-\$12.65) |                              |
| BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 180 days |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days  |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                                              | Tier 1 (\$5.10-\$12.65) | B/D                          |
| <i>ibandronate sodium oral tablet 150 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) | B/D                          |
| OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 syringe every 180 days |
| <i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>                    | Tier 1 (\$5.10-\$12.65) | B/D                          |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML                                             | Tier 1 (\$5.10-\$12.65) | 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>          | Tier 1 (\$5.10-\$12.65) |                              |
| <i>risedronate sodium oral tablet delayed release 35 mg</i>                                         | Tier 1 (\$5.10-\$12.65) | ST                           |
| <i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days  |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 30 days  |
| WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML                                                            | Tier 1 (\$5.10-\$12.65) | PA                           |
| XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML                                                          | Tier 1 (\$5.10-\$12.65) | PA                           |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i>                                             | Tier 1 (\$5.10-\$12.65) | B/D                          |
| <i>zoledronic acid intravenous solution 5 mg/100ml</i>                                              | Tier 1 (\$5.10-\$12.65) | B/D                          |
| <b>Chelating Agents</b>                                                                             |                         |                              |
| CHEMET ORAL CAPSULE 100 MG                                                                          | Tier 1 (\$5.10-\$12.65) |                              |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                                                | Tier 1 (\$5.10-\$12.65) | PA                           |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                                       | Tier 1 (\$5.10-\$12.65) | PA                           |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                             | Drug Tier               | Requirements/Limits |
|-----------------------------------------------------------------------|-------------------------|---------------------|
| KIONEX COMBINATION SUSPENSION 15 GM/60ML                              | Tier 1 (\$5.10-\$12.65) |                     |
| LOKELMA ORAL PACKET 10 GM, 5 GM                                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>penicillamine oral tablet 250 mg</i>                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>sodium polystyrene sulfonate oral powder</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML       | Tier 1 (\$5.10-\$12.65) |                     |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>trientine hcl oral capsule 250 mg</i>                              | Tier 1 (\$5.10-\$12.65) | PA                  |
| <b>Contraceptives</b>                                                 |                         |                     |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                   | Tier 1 (\$5.10-\$12.65) |                     |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                 | Tier 1 (\$5.10-\$12.65) |                     |
| AMETHYST ORAL TABLET 90-20 MCG                                        | Tier 1 (\$5.10-\$12.65) |                     |
| APRI ORAL TABLET 0.15-30 MG-MCG                                       | Tier 1 (\$5.10-\$12.65) |                     |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG                              | Tier 1 (\$5.10-\$12.65) |                     |
| ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG                               | Tier 1 (\$5.10-\$12.65) |                     |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                    | Tier 1 (\$5.10-\$12.65) |                     |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG                                 | Tier 1 (\$5.10-\$12.65) |                     |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)                            | Tier 1 (\$5.10-\$12.65) |                     |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                          | Tier 1 (\$5.10-\$12.65) |                     |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG                              | Tier 1 (\$5.10-\$12.65) |                     |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                      | Tier 1 (\$5.10-\$12.65) |                     |
| AYUNA ORAL TABLET 0.15-30 MG-MCG                                      | Tier 1 (\$5.10-\$12.65) |                     |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)                         | Tier 1 (\$5.10-\$12.65) |                     |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG                                     | Tier 1 (\$5.10-\$12.65) |                     |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)                             | Tier 1 (\$5.10-\$12.65) |                     |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                           | Tier 1 (\$5.10-\$12.65) |                     |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                             | Tier 1 (\$5.10-\$12.65) |                     |
| CAMILA ORAL TABLET 0.35 MG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG                             | Tier 1 (\$5.10-\$12.65) |                     |
| CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG                               | Tier 1 (\$5.10-\$12.65) |                     |
| CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG                                 | Tier 1 (\$5.10-\$12.65) |                     |
| CRYSSELLE ORAL TABLET 0.3-30 MG-MCG                                   | Tier 1 (\$5.10-\$12.65) |                     |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG                                   | Tier 1 (\$5.10-\$12.65) |                     |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                             | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                          | Drug Tier               | Requirements/Limits |
|------------------------------------------------------------------------------------|-------------------------|---------------------|
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                     | Tier 1 (\$5.10-\$12.65) |                     |
| DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG                                              | Tier 1 (\$5.10-\$12.65) |                     |
| DEBLITANE ORAL TABLET 0.35 MG                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML      | Tier 1 (\$5.10-\$12.65) |                     |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>          | Tier 1 (\$5.10-\$12.65) |                     |
| DOLISHALE ORAL TABLET 90-20 MCG                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>             | Tier 1 (\$5.10-\$12.65) |                     |
| ELINEST ORAL TABLET 0.3-30 MG-MCG                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR                                            | Tier 1 (\$5.10-\$12.65) |                     |
| EMZAHH ORAL TABLET 0.35 MG                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24HR                                         | Tier 1 (\$5.10-\$12.65) |                     |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ERRIN ORAL TABLET 0.35 MG                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>              | Tier 1 (\$5.10-\$12.65) |                     |
| FALMINA ORAL TABLET 0.1-20 MG-MCG                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG                                                | Tier 1 (\$5.10-\$12.65) |                     |
| FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                                       | Tier 1 (\$5.10-\$12.65) |                     |
| GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG                                       | Tier 1 (\$5.10-\$12.65) |                     |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)                                           | Tier 1 (\$5.10-\$12.65) |                     |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG                                             | Tier 1 (\$5.10-\$12.65) |                     |
| HEATHER ORAL TABLET 0.35 MG                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| ICLEVIA ORAL TABLET 0.15-0.03 MG                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| INCASSIA ORAL TABLET 0.35 MG                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| INTROVALE ORAL TABLET 0.15-0.03 MG                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG                                                | Tier 1 (\$5.10-\$12.65) |                     |
| JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| JASMIEL ORAL TABLET 3-0.02 MG                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| JENCYCLA ORAL TABLET 0.35 MG                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| JOLESSA ORAL TABLET 0.15-0.03 MG                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| JULEBER ORAL TABLET 0.15-30 MG-MCG                                                 | Tier 1 (\$5.10-\$12.65) |                     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                             | Drug Tier               | Requirements/Limits |
|---------------------------------------------------------------------------------------|-------------------------|---------------------|
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                | Tier 1 (\$5.10-\$12.65) |                     |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                             | Tier 1 (\$5.10-\$12.65) |                     |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)                                               | Tier 1 (\$5.10-\$12.65) |                     |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG                                         | Tier 1 (\$5.10-\$12.65) |                     |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                           | Tier 1 (\$5.10-\$12.65) |                     |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| KURVELO ORAL TABLET 0.15-30 MG-MCG                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                | Tier 1 (\$5.10-\$12.65) |                     |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)                                               | Tier 1 (\$5.10-\$12.65) |                     |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                             | Tier 1 (\$5.10-\$12.65) |                     |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 mg</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>              | Tier 1 (\$5.10-\$12.65) |                     |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG                                        | Tier 1 (\$5.10-\$12.65) |                     |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY                         | Tier 1 (\$5.10-\$12.65) |                     |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                        | Tier 1 (\$5.10-\$12.65) |                     |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                          | Tier 1 (\$5.10-\$12.65) |                     |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG                                              | Tier 1 (\$5.10-\$12.65) |                     |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG                                             | Tier 1 (\$5.10-\$12.65) |                     |
| LORYNA ORAL TABLET 3-0.02 MG                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG                                                | Tier 1 (\$5.10-\$12.65) |                     |
| LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                               | Tier 1 (\$5.10-\$12.65) |                     |
| LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| LUTERA ORAL TABLET 0.1-20 MG-MCG                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| LYLEQ ORAL TABLET 0.35 MG                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| LYZA ORAL TABLET 0.35 MG                                                              | Tier 1 (\$5.10-\$12.65) |                     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: **7/29/2026**

| Drug Name                                                                                              | Drug Tier               | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>marlissa oral tablet 0.15-30 mg-mcg</i>                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>                | Tier 1 (\$5.10-\$12.65) |                     |
| MELEYA ORAL TABLET 0.35 MG                                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| MILI ORAL TABLET 0.25-35 MG-MCG                                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG                                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| NIKKI ORAL TABLET 3-0.02 MG                                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| NORA-BE ORAL TABLET 0.35 MG                                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>                                              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethindrone oral tablet 0.35 mg</i>                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>                                | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <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> | Tier 1 (\$5.10-\$12.65) |                     |
| NORLYROC ORAL TABLET 0.35 MG                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG                                                              | Tier 1 (\$5.10-\$12.65) |                     |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                              | Tier 1 (\$5.10-\$12.65) |                     |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG                                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| ORQUIDEA ORAL TABLET 0.35 MG                                                                           | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                              | Drug Tier               | Requirements/Limits |
|--------------------------------------------------------|-------------------------|---------------------|
| PHILITH ORAL TABLET 0.4-35 MG-MCG                      | Tier 1 (\$5.10-\$12.65) |                     |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)           | Tier 1 (\$5.10-\$12.65) |                     |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG                   | Tier 1 (\$5.10-\$12.65) |                     |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG                   | Tier 1 (\$5.10-\$12.65) |                     |
| RIVELSA ORAL TABLET 42-21-21-7 DAYS                    | Tier 1 (\$5.10-\$12.65) |                     |
| ROSYRAH ORAL TABLET 42-21-21-7 DAYS                    | Tier 1 (\$5.10-\$12.65) |                     |
| SETLAKIN ORAL TABLET 0.15-0.03 MG                      | Tier 1 (\$5.10-\$12.65) |                     |
| SHAROBEL ORAL TABLET 0.35 MG                           | Tier 1 (\$5.10-\$12.65) |                     |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)           | Tier 1 (\$5.10-\$12.65) |                     |
| SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG               | Tier 1 (\$5.10-\$12.65) |                     |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG                 | Tier 1 (\$5.10-\$12.65) |                     |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                       | Tier 1 (\$5.10-\$12.65) |                     |
| SYEDA ORAL TABLET 3-0.03 MG                            | Tier 1 (\$5.10-\$12.65) |                     |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)               | Tier 1 (\$5.10-\$12.65) |                     |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG              | Tier 1 (\$5.10-\$12.65) |                     |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG             | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG    | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG        | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG       | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG    | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG      | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG  | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG         | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG     | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG   | Tier 1 (\$5.10-\$12.65) |                     |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG      | Tier 1 (\$5.10-\$12.65) |                     |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG                       | Tier 1 (\$5.10-\$12.65) |                     |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG                     | Tier 1 (\$5.10-\$12.65) |                     |
| VALTYA 1/35 ORAL TABLET 1-35 MG-MCG                    | Tier 1 (\$5.10-\$12.65) |                     |
| VALTYA 1/50 ORAL TABLET 1-50 MG-MCG                    | Tier 1 (\$5.10-\$12.65) |                     |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG           | Tier 1 (\$5.10-\$12.65) |                     |
| VESTURA ORAL TABLET 3-0.02 MG                          | Tier 1 (\$5.10-\$12.65) |                     |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                       | Tier 1 (\$5.10-\$12.65) |                     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: **7/29/2026**

| Drug Name                                                                                                                       | Drug Tier               | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG                                                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG                                                                                              | Tier 1 (\$5.10-\$12.65) |                     |
| WERA ORAL TABLET 0.5-35 MG-MCG                                                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG                                                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR                                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR                                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG                                                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Estrogens</b>                                                                                                                |                         |                     |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG                                                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| ABIGALE ORAL TABLET 1-0.5 MG                                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| 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                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <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>         | Tier 1 (\$5.10-\$12.65) |                     |
| <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> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>estradiol vaginal cream 0.01 %</i>                                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG                                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| JINTELI ORAL TABLET 1-5 MG-MCG                                                                                                  | Tier 1 (\$5.10-\$12.65) |                     |
| 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                  | Tier 1 (\$5.10-\$12.65) |                     |
| MIMVEY ORAL TABLET 1-0.5 MG                                                                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| YUVAFEM VAGINAL TABLET 10 MCG                                                                                                   | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                                                       | Drug Tier               | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <b>Glucocorticoids</b>                                                                                          |                         |                     |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                                                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml</i>                                | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>                              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>                                      | Tier 1 (\$5.10-\$12.65) |                     |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                                       | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                  | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                                         | Tier 1 (\$5.10-\$12.65) |                     |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>           | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                                     | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>                               | Tier 1 (\$5.10-\$12.65) | B/D                 |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                    | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>prednisone oral solution 5 mg/5ml</i>                                                                        | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                           | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>                         | Tier 1 (\$5.10-\$12.65) |                     |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG                                            | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Glucose Elevating Agents</b>                                                                                 |                         |                     |
| <i>diazoxide oral suspension 50 mg/ml</i>                                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML                               | Tier 1 (\$5.10-\$12.65) |                     |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML                               | Tier 1 (\$5.10-\$12.65) |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                       | Drug Tier               | Requirements/Limits             |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML                                                                                      | Tier 1 (\$5.10-\$12.65) |                                 |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML                                                                    | Tier 1 (\$5.10-\$12.65) |                                 |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML                                                                      | Tier 1 (\$5.10-\$12.65) |                                 |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML                                                                  | Tier 1 (\$5.10-\$12.65) |                                 |
| <b>Miscellaneous</b>                                                                                                            |                         |                                 |
| ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5ML                                                                                      | Tier 1 (\$5.10-\$12.65) | PA                              |
| <i>betaine oral powder</i>                                                                                                      | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>carglumic acid oral tablet soluble 200 mg</i>                                                                                | Tier 1 (\$5.10-\$12.65) | PA                              |
| CERDELGA ORAL CAPSULE 84 MG                                                                                                     | Tier 1 (\$5.10-\$12.65) | PA                              |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                                                            | Tier 1 (\$5.10-\$12.65) | PA                              |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | B/D; QL; 60 tabs every 30 days  |
| <i>cinacalcet hcl oral tablet 90 mg</i>                                                                                         | Tier 1 (\$5.10-\$12.65) | B/D; QL; 120 tabs every 30 days |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                                                             | Tier 1 (\$5.10-\$12.65) | PA                              |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>desmopressin acetate injection solution 4 mcg/ml</i>                                                                         | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                                                                          | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>desmopressin acetate pf injection solution 4 mcg/ml</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                 |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                                                                         | Tier 1 (\$5.10-\$12.65) |                                 |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA                              |
| GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 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 | Tier 1 (\$5.10-\$12.65) | PA                              |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG                                                                                   | Tier 1 (\$5.10-\$12.65) | PA                              |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML                                                                                        | Tier 1 (\$5.10-\$12.65) | PA                              |
| JAVYGTOR ORAL PACKET 100 MG, 500 MG                                                                                             | Tier 1 (\$5.10-\$12.65) | PA                              |
| JAVYGTOR ORAL TABLET 100 MG                                                                                                     | Tier 1 (\$5.10-\$12.65) | PA                              |
| <i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>                                                                    | Tier 1 (\$5.10-\$12.65) | PA                              |
| <i>levocarnitine oral solution 1 gm/10ml</i>                                                                                    | Tier 1 (\$5.10-\$12.65) | B/D                             |
| <i>levocarnitine oral tablet 330 mg</i>                                                                                         | Tier 1 (\$5.10-\$12.65) | B/D                             |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG                                                                               | Tier 1 (\$5.10-\$12.65) | PA                              |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG                                                            | Tier 1 (\$5.10-\$12.65) | PA                              |

| Drug Name                                                                                                                 | Drug Tier               | Requirements/Limits           |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| LUPRON DEPOT-PED (3-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG, 30 MG                                                           | Tier 1 (\$5.10-\$12.65) | PA                            |
| LUPRON DEPOT-PED (6-MONTH)<br>INTRAMUSCULAR KIT 45 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>mifepristone oral tablet 300 mg</i>                                                                                    | Tier 1 (\$5.10-\$12.65) | PA                            |
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML                                                                                    | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>                   | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>                       | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                   | Tier 1 (\$5.10-\$12.65) |                               |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML                                                                               | Tier 1 (\$5.10-\$12.65) | PA                            |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) | PA                            |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML                                                            | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>                                                                         | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                                                           | Tier 1 (\$5.10-\$12.65) | PA                            |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML                                                           | Tier 1 (\$5.10-\$12.65) | PA                            |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                            | Tier 1 (\$5.10-\$12.65) | PA                            |
| SYNAREL NASAL SOLUTION 2 MG/ML                                                                                            | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i>                                                                                 | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>tolvaptan oral tablet therapy pack 15 mg, 30 &amp; 15 mg, 45 &amp; 15 mg, 60 &amp; 30 mg, 90 &amp; 30 mg</i>           | Tier 1 (\$5.10-\$12.65) | PA                            |
| ZELVYSIA ORAL PACKET 100 MG, 500 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA                            |
| <b>Progestins</b>                                                                                                         |                         |                               |
| GALLIFREY ORAL TABLET 5 MG                                                                                                | Tier 1 (\$5.10-\$12.65) |                               |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                        | Tier 1 (\$5.10-\$12.65) |                               |
| <i>megestrol acetate oral suspension 40 mg/ml</i>                                                                         | Tier 1 (\$5.10-\$12.65) |                               |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                                                                       | Tier 1 (\$5.10-\$12.65) | PA                            |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                                             | Tier 1 (\$5.10-\$12.65) |                               |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <b>Thyroid Agents</b>                                                                                                     |                         |                               |
| 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 | Tier 1 (\$5.10-\$12.65) |                               |

| Drug Name                                                                                                                                      | Drug Tier               | Requirements/Limits            |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| <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> | Tier 1 (\$5.10-\$12.65) |                                |
| 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                              | Tier 1 (\$5.10-\$12.65) |                                |
| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG                                                                                                       | Tier 1 (\$5.10-\$12.65) |                                |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                   | Tier 1 (\$5.10-\$12.65) |                                |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                     | Tier 1 (\$5.10-\$12.65) |                                |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                      | Tier 1 (\$5.10-\$12.65) |                                |
| 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                   | Tier 1 (\$5.10-\$12.65) |                                |
| 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                   | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Vitamin D Analogs</b>                                                                                                                       |                         |                                |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>calcitriol oral solution 1 mcg/ml</i>                                                                                                       | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <b>GASTROINTESTINAL</b>                                                                                                                        |                         |                                |
| <b>Antiemetics</b>                                                                                                                             |                         |                                |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>                                                                                            | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>aprepitant oral capsule therapy pack 80 &amp; 125 mg</i>                                                                                    | Tier 1 (\$5.10-\$12.65) | B/D                            |
| COMPRO RECTAL SUPPOSITORY 25 MG                                                                                                                | Tier 1 (\$5.10-\$12.65) |                                |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | B/D; QL; 60 caps every 30 days |
| <i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>granisetron hcl oral tablet 1 mg</i>                                                                                                        | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                                                                                                | Tier 1 (\$5.10-\$12.65) | PA                             |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                                                                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>                                                                                               | Tier 1 (\$5.10-\$12.65) |                                |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                                                                              | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>                                                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                            |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i>                                                                                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                                                                                        | Tier 1 (\$5.10-\$12.65) |                                |
| <i>prochlorperazine rectal suppository 25 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) |                                |

| Drug Name                                                           | Drug Tier               | Requirements/Limits                |
|---------------------------------------------------------------------|-------------------------|------------------------------------|
| <i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>       | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>                   | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>           | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>             | Tier 1 (\$5.10-\$12.65) | QL; 10 patches every 30 days       |
| <b>Antispasmodics</b>                                               |                         |                                    |
| <i>dicyclomine hcl oral capsule 10 mg</i>                           | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                      | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>dicyclomine hcl oral tablet 20 mg</i>                            | Tier 1 (\$5.10-\$12.65) | PA                                 |
| <i>glycopyrrolate oral tablet 1 mg</i>                              | Tier 1 (\$5.10-\$12.65) | QL; 90 tabs every 30 days          |
| <i>glycopyrrolate oral tablet 2 mg</i>                              | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days         |
| <b>H2-Receptor Antagonists</b>                                      |                         |                                    |
| <i>famotidine (pf) intravenous solution 20 mg/2ml</i>               | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>       | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>           | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                          | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>    | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                       | Tier 1 (\$5.10-\$12.65) |                                    |
| <b>Inflammatory Bowel Disease</b>                                   |                         |                                    |
| <i>balsalazide disodium oral capsule 750 mg</i>                     | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>      | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days      |
| <i>budesonide oral capsule delayed release particles 3 mg</i>       | Tier 1 (\$5.10-\$12.65) | QL; 90 caps every 30 days          |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                      | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days         |
| <i>mesalamine oral capsule delayed release 400 mg</i>               | Tier 1 (\$5.10-\$12.65) | QL; 180 caps every 30 days         |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>                | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days         |
| <i>mesalamine rectal enema 4 gm</i>                                 | Tier 1 (\$5.10-\$12.65) | QL; 1680 mL every 28 days          |
| <i>mesalamine rectal suppository 1000 mg</i>                        | Tier 1 (\$5.10-\$12.65) | QL; 30 suppositories every 30 days |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                          | Tier 1 (\$5.10-\$12.65) | QL; 28 bottles every 28 days       |
| <i>sulfasalazine oral tablet 500 mg</i>                             | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>             | Tier 1 (\$5.10-\$12.65) |                                    |
| <b>Laxatives</b>                                                    |                         |                                    |
| <i>constulose oral solution 10 gm/15ml</i>                          | Tier 1 (\$5.10-\$12.65) |                                    |
| <i>enulose oral solution 10 gm/15ml</i>                             | Tier 1 (\$5.10-\$12.65) |                                    |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM                       | Tier 1 (\$5.10-\$12.65) |                                    |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM                       | Tier 1 (\$5.10-\$12.65) |                                    |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                           | Drug Tier               | Requirements/Limits               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM                                                                      | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>generlac oral solution 10 gm/15ml</i>                                                                                            | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>                                                                            | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lactulose oral solution 10 gm/15ml</i>                                                                                           | Tier 1 (\$5.10-\$12.65) |                                   |
| <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>                     | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>                                                               | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>                                                                     | Tier 1 (\$5.10-\$12.65) |                                   |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM                                                                                           | Tier 1 (\$5.10-\$12.65) |                                   |
| <b>Miscellaneous</b>                                                                                                                |                         |                                   |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                                                                                       | Tier 1 (\$5.10-\$12.65) | 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 | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                                                              | Tier 1 (\$5.10-\$12.65) |                                   |
| GATTEX SUBCUTANEOUS KIT 5 MG                                                                                                        | Tier 1 (\$5.10-\$12.65) | PA                                |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days         |
| <i>loperamide hcl oral capsule 2 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days         |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                                                     | Tier 1 (\$5.10-\$12.65) |                                   |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days         |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML                                                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 vials every 28 days    |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 syringes every 28 days |
| <i>sucralate oral tablet 1 gm</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                 | Tier 1 (\$5.10-\$12.65) |                                   |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                          | Tier 1 (\$5.10-\$12.65) |                                   |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 kits every year         |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG                                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 kits every year         |
| VOWST ORAL CAPSULE                                                                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 12 caps every 30 days     |
| XERMELO ORAL TABLET 250 MG                                                                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days     |
| XIFAXAN ORAL TABLET 550 MG                                                                                                          | Tier 1 (\$5.10-\$12.65) | PA                                |

| Drug Name                                                                                                                                                                                    | Drug Tier               | Requirements/Limits           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| 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 | Tier 1 (\$5.10-\$12.65) |                               |
| <b>Proton Pump Inhibitors</b>                                                                                                                                                                |                         |                               |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>                                                                                                                      | Tier 1 (\$5.10-\$12.65) | ST; QL; 30 caps every 30 days |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                                                                                                                                | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days     |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>                                                                                                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>                                                                                                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                                                                                                                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                                                                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <b>GENITOURINARY</b>                                                                                                                                                                         |                         |                               |
| <b>Benign Prostatic Hyperplasia</b>                                                                                                                                                          |                         |                               |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>                                                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>dutasteride oral capsule 0.5 mg</i>                                                                                                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days     |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                                                                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days     |
| <i>finasteride oral tablet 5 mg</i>                                                                                                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>tadalafil oral tablet 5 mg</i>                                                                                                                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                                                                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days     |
| <b>Miscellaneous</b>                                                                                                                                                                         |                         |                               |
| <i>acetic acid irrigation solution 0.25 %</i>                                                                                                                                                | Tier 1 (\$5.10-\$12.65) |                               |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                                                                                                                            | Tier 1 (\$5.10-\$12.65) |                               |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>                                                                                  | Tier 1 (\$5.10-\$12.65) |                               |
| <b>Urinary Antispasmodics</b>                                                                                                                                                                |                         |                               |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>                                                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| GEMTESA ORAL TABLET 75 MG                                                                                                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML                                                                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 300 mL every 28 days      |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG                                                                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>                                                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days     |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>                                                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days     |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                                                                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 600 mL every 30 days      |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                                                                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 120 tabs every 30 days    |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                                            | Drug Tier               | Requirements/Limits        |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 30 caps every 30 days  |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |
| <i>trospium chloride oral tablet 20 mg</i>                                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |
| <b>Vaginal Anti-Infectives</b>                                                                                                                       |                         |                            |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                                                                                       | Tier 1 (\$5.10-\$12.65) |                            |
| <i>metronidazole vaginal gel 0.75 %</i>                                                                                                              | Tier 1 (\$5.10-\$12.65) |                            |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                                                                                        | Tier 1 (\$5.10-\$12.65) |                            |
| <i>terconazole vaginal suppository 80 mg</i>                                                                                                         | Tier 1 (\$5.10-\$12.65) |                            |
| <b>HEMATOLOGIC</b>                                                                                                                                   |                         |                            |
| <b>Anticoagulants</b>                                                                                                                                |                         |                            |
| <i>dabigatran etexilate mesylate oral capsule 110 mg</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 120 caps every 30 days |
| <i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 60 caps every 30 days  |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG                                                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 591 tabs every 29 days |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG                                                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 592 tabs every 30 days |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG                                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 74 tabs every 30 days  |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG                                                                                                                | Tier 1 (\$5.10-\$12.65) | QL; 56 caps every 21 days  |
| ELIQUIS ORAL TABLET 2.5 MG                                                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |
| ELIQUIS ORAL TABLET 5 MG                                                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 74 tabs every 30 days  |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG                                                                                                                   | Tier 1 (\$5.10-\$12.65) | QL; 588 tabs every 29 days |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                                                                               | Tier 1 (\$5.10-\$12.65) |                            |
| <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> | Tier 1 (\$5.10-\$12.65) |                            |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                 | Tier 1 (\$5.10-\$12.65) |                            |
| <i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/500ml-%</i>                                                                          | Tier 1 (\$5.10-\$12.65) |                            |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                                          | Tier 1 (\$5.10-\$12.65) | B/D                        |
| <i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>                                                                                   | Tier 1 (\$5.10-\$12.65) | 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                                                                       | Tier 1 (\$5.10-\$12.65) |                            |
| <i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 620 mL every 30 days   |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                                                                                | Tier 1 (\$5.10-\$12.65) | 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>                                                         | Tier 1 (\$5.10-\$12.65) |                            |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG                                                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days  |
| XARELTO ORAL TABLET 2.5 MG                                                                                                                           | Tier 1 (\$5.10-\$12.65) | QL; 60 tabs every 30 days  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                        | Drug Tier               | Requirements/Limits              |
|------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                                                         | Tier 1 (\$5.10-\$12.65) | QL; 51 tabs every 30 days        |
| <b>Hematopoietic Growth Factors</b>                                                                              |                         |                                  |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 28 days |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 1 (\$5.10-\$12.65) | PA                               |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML                                         | Tier 1 (\$5.10-\$12.65) | PA                               |
| <b>Miscellaneous</b>                                                                                             |                         |                                  |
| ALVAIZ ORAL TABLET 18 MG, 36 MG                                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days    |
| ALVAIZ ORAL TABLET 54 MG, 9 MG                                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                  | Tier 1 (\$5.10-\$12.65) |                                  |
| BERINERT INTRAVENOUS KIT 500 UNIT                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 24 boxes every 30 days   |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                      | Tier 1 (\$5.10-\$12.65) |                                  |
| DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)                                                      | Tier 1 (\$5.10-\$12.65) | PA                               |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG                                                                    | Tier 1 (\$5.10-\$12.65) | PA                               |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                                                       | Tier 1 (\$5.10-\$12.65) |                                  |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 vials every 30 days   |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 20 vials every 30 days   |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 9 syringes every 30 days |
| <i>L-glutamine oral packet 5 gm</i>                                                                              | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML                                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 9 syringes every 30 days |
| SIKLOS ORAL TABLET 100 MG, 1000 MG                                                                               | Tier 1 (\$5.10-\$12.65) |                                  |
| TAVNEOS ORAL CAPSULE 10 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 caps every 30 days   |
| <i>tranexamic acid intravenous solution 1000 mg/10ml</i>                                                         | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                        | Tier 1 (\$5.10-\$12.65) |                                  |
| <b>Platelet Aggregation Inhibitors</b>                                                                           |                         |                                  |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>                                                                   | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>                                                                       | Tier 1 (\$5.10-\$12.65) |                                  |

| Drug Name                                                                              | Drug Tier               | Requirements/Limits                   |
|----------------------------------------------------------------------------------------|-------------------------|---------------------------------------|
| <b>IMMUNOLOGIC AGENTS</b>                                                              |                         |                                       |
| <b>Autoimmune Agents</b>                                                               |                         |                                       |
| <i>adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml</i>                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 autoinjectors every 28 days |
| <i>adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml</i>             | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 syringes every 28 days      |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 pens every 28 days          |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 28 days      |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days          |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML             | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 syringes every 28 days      |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 cartridges every 28 days    |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 vials every 28 days        |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 16 syringes every 28 days     |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 syringes every 28 days      |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 pens every 28 days          |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML         | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 autoinjectors every 28 days |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML               | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 syringes every 28 days      |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 pens every 28 days          |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days          |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 28 days      |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 syringes every 28 days      |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML         | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 syringes every 28 days      |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 pens every 28 days          |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 pens every 28 days          |
| <i>infliximab intravenous solution reconstituted 100 mg</i>                            | Tier 1 (\$5.10-\$12.65) | PA                                    |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 28 syringes every 28 days     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                              | Drug Tier               | Requirements/Limits               |
|------------------------------------------------------------------------|-------------------------|-----------------------------------|
| PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML                              | Tier 1 (\$5.10-\$12.65) | PA                                |
| PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 28 days      |
| PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML     | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days       |
| PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days   |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                     | Tier 1 (\$5.10-\$12.65) | PA                                |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                    | Tier 1 (\$5.10-\$12.65) | PA                                |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 360 mL every 30 days      |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days     |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 168 tabs every year       |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML                               | Tier 1 (\$5.10-\$12.65) | PA                                |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML              | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 pens every 365 days     |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML     | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 cartridge every 56 days |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML              | Tier 1 (\$5.10-\$12.65) | PA; QL; 6 syringes every 365 days |
| SOTYKTU ORAL TABLET 6 MG                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days     |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML                               | Tier 1 (\$5.10-\$12.65) | PA                                |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 28 days      |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML  | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days   |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML                               | Tier 1 (\$5.10-\$12.65) | PA                                |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML         | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days       |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days       |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML             | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 pens every 28 days      |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML              | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days   |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML             | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 syringes every 28 days  |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 1 (\$5.10-\$12.65) | PA; QL; 2 pens every 28 days      |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML        | Tier 1 (\$5.10-\$12.65) | PA                                |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                | Drug Tier               | Requirements/Limits              |
|----------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days     |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 syringes every 28 days |
| <i>ustekinumab intravenous solution 130 mg/26ml</i>                                                      | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 28 days     |
| <i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                         | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days  |
| VELSIPITY ORAL TABLET 2 MG                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| XELJANZ ORAL SOLUTION 1 MG/ML                                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 480 mL every 24 days     |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML                                                                | Tier 1 (\$5.10-\$12.65) | PA                               |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 vial every 28 days     |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days  |
| <b>Disease-Modifying Anti-Rheumatic Drugs (Dmards)</b>                                                   |                         |                                  |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                                            | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <b>Immunoglobulins</b>                                                                                   |                         |                                  |
| ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML                                          | Tier 1 (\$5.10-\$12.65) | PA                               |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML                                                      | Tier 1 (\$5.10-\$12.65) | PA                               |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML                                 | Tier 1 (\$5.10-\$12.65) | PA                               |
| GAMASTAN INTRAMUSCULAR SOLUTION                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                              |
| GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML                                                  | Tier 1 (\$5.10-\$12.65) | PA                               |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML    | Tier 1 (\$5.10-\$12.65) | PA                               |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM                                    | Tier 1 (\$5.10-\$12.65) | PA                               |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML                               | Tier 1 (\$5.10-\$12.65) | PA                               |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | Tier 1 (\$5.10-\$12.65) | PA                               |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                                 | Drug Tier               | Requirements/Limits              |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML                                     | Tier 1 (\$5.10-\$12.65) | 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 | Tier 1 (\$5.10-\$12.65) | PA                               |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML                                     | Tier 1 (\$5.10-\$12.65) | PA                               |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML                                                            | Tier 1 (\$5.10-\$12.65) | PA                               |
| <b>Immunomodulators</b>                                                                                                                   |                         |                                  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML                                                                                             | Tier 1 (\$5.10-\$12.65) | PA                               |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG                                                                                       | Tier 1 (\$5.10-\$12.65) | PA                               |
| <b>Immunosuppressants</b>                                                                                                                 |                         |                                  |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>azathioprine oral tablet 50 mg</i>                                                                                                     | Tier 1 (\$5.10-\$12.65) | B/D                              |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG                                                                                | Tier 1 (\$5.10-\$12.65) | PA                               |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML                                                                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 pens every 28 days     |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML                                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 syringes every 28 days |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                                                                            | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                                                                            | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                                                                              | Tier 1 (\$5.10-\$12.65) | B/D                              |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                                                                                        | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>                                                                      | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>                                                                    | Tier 1 (\$5.10-\$12.65) | B/D                              |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG                                                                                         | Tier 1 (\$5.10-\$12.65) | B/D                              |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG                                                                                                          | Tier 1 (\$5.10-\$12.65) | B/D                              |
| REZUROCK ORAL TABLET 200 MG                                                                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 30 tabs every 30 days    |
| <i>sirolimus oral solution 1 mg/ml</i>                                                                                                    | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | B/D                              |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                      | Drug Tier               | Requirements/Limits |
|--------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>  | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                              | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <b>Vaccines</b>                                                                |                         |                     |
| ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML                     | Tier 1 (\$5.10-\$12.65) | PA                  |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                                    | Tier 1 (\$5.10-\$12.65) |                     |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5                            | Tier 1 (\$5.10-\$12.65) |                     |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5          | Tier 1 (\$5.10-\$12.65) |                     |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML                    | Tier 1 (\$5.10-\$12.65) | PA                  |
| <i>bcg vaccine injection solution reconstituted 50 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                     |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                      | Tier 1 (\$5.10-\$12.65) |                     |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5                        | Tier 1 (\$5.10-\$12.65) |                     |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5      | Tier 1 (\$5.10-\$12.65) |                     |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                                      | Tier 1 (\$5.10-\$12.65) |                     |
| DENGAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ENGRIX-B INJECTION SUSPENSION 20 MCG/ML                                        | Tier 1 (\$5.10-\$12.65) | B/D                 |
| ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML        | Tier 1 (\$5.10-\$12.65) | B/D                 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML                                     | Tier 1 (\$5.10-\$12.65) |                     |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                   | Tier 1 (\$5.10-\$12.65) |                     |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML | Tier 1 (\$5.10-\$12.65) |                     |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML               | Tier 1 (\$5.10-\$12.65) | B/D                 |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG                                | Tier 1 (\$5.10-\$12.65) |                     |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML               | Tier 1 (\$5.10-\$12.65) | B/D                 |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10                                     | Tier 1 (\$5.10-\$12.65) |                     |
| IPOX INJECTION SUSPENSION                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| IXIARO INTRAMUSCULAR SUSPENSION                                                | Tier 1 (\$5.10-\$12.65) |                     |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML                                         | Tier 1 (\$5.10-\$12.65) | B/D                 |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                              | Drug Tier               | Requirements/Limits         |
|----------------------------------------------------------------------------------------|-------------------------|-----------------------------|
| KINRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                            | Tier 1 (\$5.10-\$12.65) |                             |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML                                                | Tier 1 (\$5.10-\$12.65) |                             |
| MENVEO INTRAMUSCULAR SOLUTION                                                          | Tier 1 (\$5.10-\$12.65) |                             |
| MENVEO INTRAMUSCULAR SOLUTION<br>RECONSTITUTED                                         | Tier 1 (\$5.10-\$12.65) |                             |
| M-M-R II INJECTION SOLUTION RECONSTITUTED                                              | Tier 1 (\$5.10-\$12.65) |                             |
| MRESVIA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 50 MCG/0.5ML                     | Tier 1 (\$5.10-\$12.65) | PA                          |
| PEDIARIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE                                 | Tier 1 (\$5.10-\$12.65) |                             |
| PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5<br>MCG/0.5ML                                    | Tier 1 (\$5.10-\$12.65) |                             |
| PENBRAYA INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED                                     | Tier 1 (\$5.10-\$12.65) |                             |
| <i>penmenvy intramuscular suspension reconstituted</i>                                 | Tier 1 (\$5.10-\$12.65) |                             |
| PENTACEL INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED                                     | Tier 1 (\$5.10-\$12.65) |                             |
| PRIORIX SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                       | Tier 1 (\$5.10-\$12.65) |                             |
| PROQUAD SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                       | Tier 1 (\$5.10-\$12.65) |                             |
| QUADRACEL INTRAMUSCULAR SUSPENSION                                                     | Tier 1 (\$5.10-\$12.65) |                             |
| QUADRACEL INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                         | Tier 1 (\$5.10-\$12.65) |                             |
| RABAVERT INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED                                     | Tier 1 (\$5.10-\$12.65) | B/D                         |
| RECOMBIVAX HB INJECTION SUSPENSION 10<br>MCG/ML, 40 MCG/ML, 5 MCG/0.5ML                | Tier 1 (\$5.10-\$12.65) | B/D                         |
| RECOMBIVAX HB INJECTION SUSPENSION<br>PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML         | Tier 1 (\$5.10-\$12.65) | B/D                         |
| ROTARIX ORAL SUSPENSION                                                                | Tier 1 (\$5.10-\$12.65) |                             |
| ROTATEQ ORAL SOLUTION                                                                  | Tier 1 (\$5.10-\$12.65) |                             |
| SHINGRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 50 MCG/0.5ML                    | Tier 1 (\$5.10-\$12.65) | QL; 2 syringes per lifetime |
| SHINGRIX INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 50 MCG/0.5ML                        | Tier 1 (\$5.10-\$12.65) | QL; 2 vials per lifetime    |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU,<br>5-2 LFU (INJECTION)                       | Tier 1 (\$5.10-\$12.65) | B/D                         |
| TICOVAC INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4<br>MCG/0.5ML | Tier 1 (\$5.10-\$12.65) |                             |
| TRUMENBA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                          | Tier 1 (\$5.10-\$12.65) |                             |
| TWINRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 720-20 ELU-MCG/ML                | Tier 1 (\$5.10-\$12.65) |                             |

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                                                                                                       | Drug Tier               | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML                                                                                                                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML                                                                                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML                                                                                                                                        | Tier 1 (\$5.10-\$12.65) |                     |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML                                                                                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML                                                                                                                                       | Tier 1 (\$5.10-\$12.65) |                     |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED                                                                                                                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML                                                                                                                                | Tier 1 (\$5.10-\$12.65) |                     |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE                                                                                                                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED                                                                                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <b>NUTRITIONAL/SUPPLEMENTS</b>                                                                                                                                                                  |                         |                     |
| <b>Electrolytes/Minerals, Injectable</b>                                                                                                                                                        |                         |                     |
| <i>dextrose in lactated ringers intravenous solution 5 %</i>                                                                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>                                                            | Tier 1 (\$5.10-\$12.65) |                     |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION                                                                                                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION                                                                                                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>                                                                                                                | Tier 1 (\$5.10-\$12.65) |                     |
| <i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>                                                                                                                                 | Tier 1 (\$5.10-\$12.65) |                     |
| <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-%-%, 40-5-0.9 meq/l-%-%</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>lactated ringers intravenous solution</i>                                                                                                                                                    | Tier 1 (\$5.10-\$12.65) |                     |
| <i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>                                                                                                                             | Tier 1 (\$5.10-\$12.65) |                     |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>                                                                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>multiple electro type 1 ph 7.4 intravenous solution</i>                                                                                                                                      | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>                                                                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <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>                                                   | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                             | Drug Tier               | Requirements/Limits |
|---------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>                      | Tier 1 (\$5.10-\$12.65) |                     |
| <i>sodium chloride injection solution 2.5 meq/ml</i>                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>                   | Tier 1 (\$5.10-\$12.65) |                     |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE                                              | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <b>Electrolytes/Minerals/Vitamins, Oral</b>                                           |                         |                     |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                       | Tier 1 (\$5.10-\$12.65) |                     |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                      | Tier 1 (\$5.10-\$12.65) |                     |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ                                      | Tier 1 (\$5.10-\$12.65) |                     |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ                                      | Tier 1 (\$5.10-\$12.65) |                     |
| KLOR-CON ORAL PACKET 20 MEQ                                                           | Tier 1 (\$5.10-\$12.65) |                     |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ                                           | Tier 1 (\$5.10-\$12.65) |                     |
| <i>m-natal plus oral tablet 27-1 mg</i>                                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride oral packet 20 meq</i>                                          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>          | Tier 1 (\$5.10-\$12.65) |                     |
| <i>prenatal oral tablet 27-1 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>westab plus oral tablet 27-1 mg</i>                                                | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Iv Nutrition</b>                                                                   |                         |                     |
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %                                           | Tier 1 (\$5.10-\$12.65) | B/D                 |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 %                                                 | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %                               | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %                                | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %                                     | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %                                     | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>clanimix/dextrose (6/5) intravenous solution 6 %</i>                               | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>clanimix/dextrose (8/10) intravenous solution 8 %</i>                              | Tier 1 (\$5.10-\$12.65) | B/D                 |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **B/D** - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                            | Drug Tier               | Requirements/Limits |
|----------------------------------------------------------------------|-------------------------|---------------------|
| <i>clinimix/dextrose (8/14) intravenous solution 8 %</i>             | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINISOL SF INTRAVENOUS SOLUTION 15 %                                | Tier 1 (\$5.10-\$12.65) | B/D                 |
| CLINOLIPID INTRAVENOUS EMULSION 20 %                                 | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <i>dextrose intravenous solution 10 %, 5 %</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dextrose intravenous solution 50 %, 70 %</i>                      | Tier 1 (\$5.10-\$12.65) | B/D                 |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                           | Tier 1 (\$5.10-\$12.65) | B/D                 |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                 | Tier 1 (\$5.10-\$12.65) | B/D                 |
| PLENAMINE INTRAVENOUS SOLUTION 15 %                                  | Tier 1 (\$5.10-\$12.65) | B/D                 |
| PREMASOL INTRAVENOUS SOLUTION 10 %                                   | Tier 1 (\$5.10-\$12.65) | B/D                 |
| PROSOL INTRAVENOUS SOLUTION 20 %                                     | Tier 1 (\$5.10-\$12.65) | B/D                 |
| TRAVASOL INTRAVENOUS SOLUTION 10 %                                   | Tier 1 (\$5.10-\$12.65) | B/D                 |
| TROPHAMINE INTRAVENOUS SOLUTION 10 %                                 | Tier 1 (\$5.10-\$12.65) | B/D                 |
| <b>OPHTHALMIC</b>                                                    |                         |                     |
| <b>Antiallergics</b>                                                 |                         |                     |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                     | Tier 1 (\$5.10-\$12.65) |                     |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| ZERVIAE OPHTHALMIC SOLUTION 0.24 %                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Antiglaucoma</b>                                                  |                         |                     |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>                | Tier 1 (\$5.10-\$12.65) |                     |
| <i>brinzolamide ophthalmic suspension 1 %</i>                        | Tier 1 (\$5.10-\$12.65) | ST                  |
| <i>carteolol hcl ophthalmic solution 1 %</i>                         | Tier 1 (\$5.10-\$12.65) |                     |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %                               | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>latanoprost ophthalmic solution 0.005 %</i>                       | Tier 1 (\$5.10-\$12.65) |                     |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                     | Tier 1 (\$5.10-\$12.65) |                     |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                   | Tier 1 (\$5.10-\$12.65) |                     |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>             | Tier 1 (\$5.10-\$12.65) |                     |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 %                                 | Tier 1 (\$5.10-\$12.65) |                     |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %                           | Tier 1 (\$5.10-\$12.65) |                     |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %                              | Tier 1 (\$5.10-\$12.65) |                     |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | Tier 1 (\$5.10-\$12.65) |                     |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>             | Tier 1 (\$5.10-\$12.65) |                     |
| VYZULTA OPHTHALMIC SOLUTION 0.024 %                                  | Tier 1 (\$5.10-\$12.65) |                     |
| <b>Anti-Infective/Anti-Inflammatory</b>                              |                         |                     |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>         | Tier 1 (\$5.10-\$12.65) |                     |

| Drug Name                                                                | Drug Tier               | Requirements/Limits     |
|--------------------------------------------------------------------------|-------------------------|-------------------------|
| <i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>            | Tier 1 (\$5.10-\$12.65) |                         |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>     | Tier 1 (\$5.10-\$12.65) |                         |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | Tier 1 (\$5.10-\$12.65) |                         |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>           | Tier 1 (\$5.10-\$12.65) |                         |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>          | Tier 1 (\$5.10-\$12.65) |                         |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %                                   | Tier 1 (\$5.10-\$12.65) |                         |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>          | Tier 1 (\$5.10-\$12.65) |                         |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %                                    | Tier 1 (\$5.10-\$12.65) |                         |
| <b>Anti-Infectives</b>                                                   |                         |                         |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>      | Tier 1 (\$5.10-\$12.65) |                         |
| <i>besifloxacin hcl ophthalmic suspension 0.6 %</i>                      | Tier 1 (\$5.10-\$12.65) |                         |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %                                    | Tier 1 (\$5.10-\$12.65) |                         |
| CILOXAN OPHTHALMIC OINTMENT 0.3 %                                        | Tier 1 (\$5.10-\$12.65) |                         |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                       | Tier 1 (\$5.10-\$12.65) |                         |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                          | Tier 1 (\$5.10-\$12.65) |                         |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                            | Tier 1 (\$5.10-\$12.65) |                         |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                      | Tier 1 (\$5.10-\$12.65) |                         |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                        | Tier 1 (\$5.10-\$12.65) | QL; 12 mL every 30 days |
| NATACYN OPHTHALMIC SUSPENSION 5 %                                        | Tier 1 (\$5.10-\$12.65) |                         |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | Tier 1 (\$5.10-\$12.65) |                         |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier 1 (\$5.10-\$12.65) |                         |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                               | Tier 1 (\$5.10-\$12.65) |                         |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>  | Tier 1 (\$5.10-\$12.65) |                         |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                     | Tier 1 (\$5.10-\$12.65) |                         |
| <i>tobramycin ophthalmic solution 0.3 %</i>                              | Tier 1 (\$5.10-\$12.65) |                         |
| <i>trifluridine ophthalmic solution 1 %</i>                              | Tier 1 (\$5.10-\$12.65) |                         |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 %                                       | Tier 1 (\$5.10-\$12.65) | PA                      |
| ZIRGAN OPHTHALMIC GEL 0.15 %                                             | Tier 1 (\$5.10-\$12.65) |                         |
| <b>Anti-Inflammatories</b>                                               |                         |                         |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>          | Tier 1 (\$5.10-\$12.65) |                         |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                       | Tier 1 (\$5.10-\$12.65) |                         |
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                          | Tier 1 (\$5.10-\$12.65) |                         |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                       | Tier 1 (\$5.10-\$12.65) |                         |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                | Drug Tier               | Requirements/Limits           |
|--------------------------------------------------------------------------|-------------------------|-------------------------------|
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>           | Tier 1 (\$5.10-\$12.65) |                               |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 %                                        | Tier 1 (\$5.10-\$12.65) |                               |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>             | Tier 1 (\$5.10-\$12.65) |                               |
| <b>Miscellaneous</b>                                                     |                         |                               |
| <i>atropine sulfate ophthalmic solution 1 %</i>                          | Tier 1 (\$5.10-\$12.65) |                               |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 %                                    | Tier 1 (\$5.10-\$12.65) | PA                            |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 %                                      | Tier 1 (\$5.10-\$12.65) | PA                            |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 %                                     | Tier 1 (\$5.10-\$12.65) |                               |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML                                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                        | Tier 1 (\$5.10-\$12.65) |                               |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %                            | Tier 1 (\$5.10-\$12.65) |                               |
| RESTASIS OPHTHALMIC EMULSION 0.05 %                                      | Tier 1 (\$5.10-\$12.65) |                               |
| XIIDRA OPHTHALMIC SOLUTION 5 %                                           | Tier 1 (\$5.10-\$12.65) |                               |
| <b>OTIC</b>                                                              |                         |                               |
| <b>Otic Agents</b>                                                       |                         |                               |
| <i>acetic acid otic solution 2 %</i>                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>             | Tier 1 (\$5.10-\$12.65) |                               |
| FLAC OTIC OIL 0.01 %                                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                            | Tier 1 (\$5.10-\$12.65) |                               |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>neomycin-polymyxin-hc otic solution 1 %</i>                           | Tier 1 (\$5.10-\$12.65) |                               |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                 | Tier 1 (\$5.10-\$12.65) |                               |
| <i>ofloxacin otic solution 0.3 %</i>                                     | Tier 1 (\$5.10-\$12.65) |                               |
| <b>RESPIRATORY</b>                                                       |                         |                               |
| <b>Anticholinergic/Beta Agonist Combinations</b>                         |                         |                               |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | Tier 1 (\$5.10-\$12.65) | QL; 60 blisters every 30 days |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT                      | Tier 1 (\$5.10-\$12.65) | QL; 1 inhaler every 30 days   |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION                  | Tier 1 (\$5.10-\$12.65) | QL; 1 inhaler every 30 days   |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION                  | Tier 1 (\$5.10-\$12.65) | QL; 4 inhalers every 28 days  |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT            | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days  |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>      | Tier 1 (\$5.10-\$12.65) | B/D                           |

| Drug Name                                                                                                                                            | Drug Tier               | Requirements/Limits              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT                                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 blisters every 30 days    |
| <b>Anticholinergics</b>                                                                                                                              |                         |                                  |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT                                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days     |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 30 blisters every 30 days    |
| <i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>                                                                                | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days     |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                                | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                                                                             | Tier 1 (\$5.10-\$12.65) |                                  |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT                                                                                            | Tier 1 (\$5.10-\$12.65) | QL; 1 inhaler every 30 days      |
| <b>Antihistamines</b>                                                                                                                                |                         |                                  |
| <i>azelastine hcl nasal solution 0.1 %</i>                                                                                                           | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>cetirizine hcl oral solution 5 mg/5ml</i>                                                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 300 mL every 30 days         |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                                                                                                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                                                                                                           | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                                                                                               | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>                                                                                     | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                                                                                          | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>                                                                                                 | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>                                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 300 mL every 30 days         |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| <b>Beta Agonists</b>                                                                                                                                 |                         |                                  |
| <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> | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days     |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>                                | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                                                         | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                                      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>                                        | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>                                                                                           | Tier 1 (\$5.10-\$12.65) | ST; QL; 2 inhalers every 30 days |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                                                                | Tier 1 (\$5.10-\$12.65) | QL; 60 inhalations every 30 days |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                  |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION                                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days     |

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                       | Drug Tier               | Requirements/Limits              |
|-------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION                                  | Tier 1 (\$5.10-\$12.65) | QL; 6 inhalers every 30 days     |
| <b>Leukotriene Modulators</b>                                                                   |                         |                                  |
| <i>montelukast sodium oral packet 4 mg</i>                                                      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>montelukast sodium oral tablet 10 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                       | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                     | Tier 1 (\$5.10-\$12.65) |                                  |
| <b>Miscellaneous</b>                                                                            |                         |                                  |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                                            | Tier 1 (\$5.10-\$12.65) | B/D                              |
| ALYFTREK ORAL TABLET 10-50-125 MG                                                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 tabs every 28 days    |
| ALYFTREK ORAL TABLET 4-20-50 MG                                                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days    |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG                                   | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>                               | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i>                                              | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | Tier 1 (\$5.10-\$12.65) |                                  |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML                                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 pen every 28 days      |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 1 syringe every 28 days  |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG                                       | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 packets every 28 days |
| KALYDECO ORAL TABLET 150 MG                                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 tabs every 30 days    |
| <i>nintedanib esylate oral capsule 100 mg, 150 mg</i>                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 caps every 30 days    |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 packets every 28 days |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 112 tabs every 28 days   |
| <i>pirfenidone oral capsule 267 mg</i>                                                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 270 caps every 30 days   |
| <i>pirfenidone oral tablet 267 mg</i>                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 270 tabs every 30 days   |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i>                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 90 tabs every 30 days    |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML                                                   | Tier 1 (\$5.10-\$12.65) | PA                               |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                                                      | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>roflumilast oral tablet 250 mcg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 56 tabs every year           |
| <i>roflumilast oral tablet 500 mcg</i>                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 tabs every 30 days        |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG                                | Tier 1 (\$5.10-\$12.65) | 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>      | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                      | Tier 1 (\$5.10-\$12.65) |                                  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                             | Drug Tier               | Requirements/Limits              |
|-------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>theophylline oral elixir 80 mg/15ml</i>                                                            | Tier 1 (\$5.10-\$12.65) |                                  |
| <i>theophylline oral solution 80 mg/15ml</i>                                                          | Tier 1 (\$5.10-\$12.65) |                                  |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 84 tabs every 28 days    |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 56 packs every 28 days   |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 pens every 28 days     |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 pens every 28 days     |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML                                              | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 syringes every 28 days |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML                                | Tier 1 (\$5.10-\$12.65) | PA; QL; 4 syringes every 28 days |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG                                                     | Tier 1 (\$5.10-\$12.65) | PA; QL; 8 vials every 28 days    |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG                                  | Tier 1 (\$5.10-\$12.65) | PA                               |
| <b>Nasal Steroids</b>                                                                                 |                         |                                  |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                 | Tier 1 (\$5.10-\$12.65) | QL; 3 bottles every 30 days      |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                                             | Tier 1 (\$5.10-\$12.65) | QL; 1 bottle every 30 days       |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT                                                            | Tier 1 (\$5.10-\$12.65) | PA; QL; 32 mL every 30 days      |
| <b>Steroid Inhalants</b>                                                                              |                         |                                  |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT                                                       | Tier 1 (\$5.10-\$12.65) | QL; 2 inhalers every 30 days     |
| ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT                                                        | Tier 1 (\$5.10-\$12.65) | QL; 3 inhalers every 30 days     |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT       | Tier 1 (\$5.10-\$12.65) | QL; 30 inhalations every 30 days |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>                                       | Tier 1 (\$5.10-\$12.65) | B/D                              |
| <b>Steroid/Beta-Agonist Combinations</b>                                                              |                         |                                  |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT                           | Tier 1 (\$5.10-\$12.65) | QL; 1 inhaler every 30 days      |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT                                                             | Tier 1 (\$5.10-\$12.65) | 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 | Tier 1 (\$5.10-\$12.65) | QL; 60 blisters every 30 days    |
| BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT                                             | Tier 1 (\$5.10-\$12.65) | QL; 3 inhalers every 30 days     |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>              | Tier 1 (\$5.10-\$12.65) | QL; 3 inhalers every 30 days     |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT                                  | Tier 1 (\$5.10-\$12.65) | QL; 3 inhalers every 30 days     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                                                                               | Drug Tier               | Requirements/Limits              |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | Tier 1 (\$5.10-\$12.65) | 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                  | Tier 1 (\$5.10-\$12.65) | QL; 60 inhalations every 30 days |
| <b>TOPICAL</b>                                                                                                          |                         |                                  |
| <b>Dermatology, Acne</b>                                                                                                |                         |                                  |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                                                                       | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 46.6 gm every 30 days        |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| <i>clindamycin phos (once-daily) external gel 1 %</i>                                                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 75 mL every 30 days      |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days          |
| <i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>                                                              | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days          |
| <i>clindamycin phosphate external lotion 1 %</i>                                                                        | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days          |
| <i>clindamycin phosphate external solution 1 %</i>                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days          |
| <i>ery external pad 2 %</i>                                                                                             | Tier 1 (\$5.10-\$12.65) | QL; 60 pledgets every 30 days    |
| <i>erythromycin external gel 2 %</i>                                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days          |
| <i>erythromycin external solution 2 %</i>                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days          |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                                             | Tier 1 (\$5.10-\$12.65) | PA                               |
| NEUAC EXTERNAL GEL 1.2-5 %                                                                                              | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days          |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                                                                 | Tier 1 (\$5.10-\$12.65) | QL; 118 mL every 30 days         |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                                                                  | Tier 1 (\$5.10-\$12.65) | PA; QL; 45 gm every 30 days      |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                                                                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 45 gm every 30 days      |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                                                                        | Tier 1 (\$5.10-\$12.65) | PA                               |
| <b>Dermatology, Antibiotics</b>                                                                                         |                         |                                  |
| <i>gentamicin sulfate external cream 0.1 %</i>                                                                          | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days          |
| <i>gentamicin sulfate external ointment 0.1 %</i>                                                                       | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days          |
| <i>mupirocin external ointment 2 %</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 220 gm every 30 days         |
| <i>silver sulfadiazine external cream 1 %</i>                                                                           | Tier 1 (\$5.10-\$12.65) |                                  |
| SSD EXTERNAL CREAM 1 %                                                                                                  | Tier 1 (\$5.10-\$12.65) |                                  |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM                                                                                      | Tier 1 (\$5.10-\$12.65) | QL; 453.6 gm every 30 days       |
| <b>Dermatology, Antifungals</b>                                                                                         |                         |                                  |
| <i>ciclopirox external shampoo 1 %</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 120 mL every 30 days         |
| <i>ciclopirox olamine external cream 0.77 %</i>                                                                         | Tier 1 (\$5.10-\$12.65) | QL; 90 gm every 30 days          |
| <i>ciclopirox olamine external suspension 0.77 %</i>                                                                    | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days          |
| <i>clotrimazole external cream 1 %</i>                                                                                  | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days          |
| <i>clotrimazole external solution 1 %</i>                                                                               | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days          |

| Drug Name                                                      | Drug Tier               | Requirements/Limits          |
|----------------------------------------------------------------|-------------------------|------------------------------|
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>      | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days      |
| <i>econazole nitrate external cream 1 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 85 gm every 30 days      |
| <i>ketoconazole external cream 2 %</i>                         | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| <i>ketoconazole external shampoo 2 %</i>                       | Tier 1 (\$5.10-\$12.65) | QL; 120 mL every 30 days     |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM                        | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM                          | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| <i>nystatin external cream 100000 unit/gm</i>                  | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days      |
| <i>nystatin external ointment 100000 unit/gm</i>               | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days      |
| <i>nystatin external powder 100000 unit/gm</i>                 | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM                          | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| <i>selenium sulfide external lotion 2.5 %</i>                  | Tier 1 (\$5.10-\$12.65) |                              |
| <b>Dermatology, Antipsoriatics</b>                             |                         |                              |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>            | Tier 1 (\$5.10-\$12.65) | PA                           |
| <i>calcipotriene external cream 0.005 %</i>                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 gm every 30 days |
| <i>calcipotriene external ointment 0.005 %</i>                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 gm every 30 days |
| <i>calcipotriene external solution 0.005 %</i>                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 mL every 30 days |
| CALCITRENE EXTERNAL OINTMENT 0.005 %                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 gm every 30 days |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 %                           | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 gm every 30 days |
| <i>tazarotene external cream 0.05 %, 0.1 %</i>                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 gm every 30 days  |
| <b>Dermatology, Corticosteroids</b>                            |                         |                              |
| <i>ala-cort external cream 1 %</i>                             | Tier 1 (\$5.10-\$12.65) |                              |
| <i>alclometasone dipropionate external cream 0.05 %</i>        | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| <i>alclometasone dipropionate external ointment 0.05 %</i>     | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days      |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>    | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>      | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>   | Tier 1 (\$5.10-\$12.65) | QL; 120 mL every 30 days     |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone dipropionate external cream 0.05 %</i>        | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone dipropionate external lotion 0.05 %</i>       | Tier 1 (\$5.10-\$12.65) | QL; 120 mL every 30 days     |
| <i>betamethasone dipropionate external ointment 0.05 %</i>     | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone valerate external cream 0.1 %</i>             | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>betamethasone valerate external lotion 0.1 %</i>            | Tier 1 (\$5.10-\$12.65) | QL; 120 mL every 30 days     |
| <i>betamethasone valerate external ointment 0.1 %</i>          | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>clobetasol propionate e external cream 0.05 %</i>           | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>clobetasol propionate external cream 0.05 %</i>             | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>clobetasol propionate external gel 0.05 %</i>               | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>clobetasol propionate external ointment 0.05 %</i>          | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days     |
| <i>clobetasol propionate external shampoo 0.05 %</i>           | Tier 1 (\$5.10-\$12.65) | QL; 236 mL every 30 days     |
| <i>clobetasol propionate external solution 0.05 %</i>          | Tier 1 (\$5.10-\$12.65) | QL; 100 mL every 30 days     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

| Drug Name                                                              | Drug Tier               | Requirements/Limits           |
|------------------------------------------------------------------------|-------------------------|-------------------------------|
| CLODAN EXTERNAL SHAMPOO 0.05 %                                         | Tier 1 (\$5.10-\$12.65) | QL; 236 mL every 30 days      |
| <i>fluocinolone acetonide body external oil 0.01 %</i>                 | Tier 1 (\$5.10-\$12.65) | QL; 118.28 mL every 30 days   |
| <i>fluocinolone acetonide external cream 0.01 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days       |
| <i>fluocinolone acetonide external cream 0.025 %</i>                   | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days      |
| <i>fluocinolone acetonide external ointment 0.025 %</i>                | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days      |
| <i>fluocinolone acetonide external solution 0.01 %</i>                 | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days       |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>                | Tier 1 (\$5.10-\$12.65) | QL; 118.28 mL every 30 days   |
| <i>fluocinonide emulsified base external cream 0.05 %</i>              | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days      |
| <i>fluocinonide external cream 0.05 %, 0.1 %</i>                       | Tier 1 (\$5.10-\$12.65) | QL; 120 gm every 30 days      |
| <i>fluocinonide external gel 0.05 %</i>                                | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days       |
| <i>fluocinonide external ointment 0.05 %</i>                           | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days       |
| <i>fluocinonide external solution 0.05 %</i>                           | Tier 1 (\$5.10-\$12.65) | QL; 60 mL every 30 days       |
| <i>fluticasone propionate external cream 0.05 %</i>                    | Tier 1 (\$5.10-\$12.65) |                               |
| <i>fluticasone propionate external ointment 0.005 %</i>                | Tier 1 (\$5.10-\$12.65) |                               |
| <i>halobetasol propionate external cream 0.05 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 50 gm every 30 days       |
| <i>halobetasol propionate external ointment 0.05 %</i>                 | Tier 1 (\$5.10-\$12.65) | QL; 50 gm every 30 days       |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>                        | Tier 1 (\$5.10-\$12.65) |                               |
| <i>hydrocortisone external lotion 2.5 %</i>                            | Tier 1 (\$5.10-\$12.65) |                               |
| <i>hydrocortisone external ointment 1 %</i>                            | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days       |
| <i>hydrocortisone external ointment 2.5 %</i>                          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>hydrocortisone valerate external cream 0.2 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days       |
| <i>mometasone furoate external cream 0.1 %</i>                         | Tier 1 (\$5.10-\$12.65) |                               |
| <i>mometasone furoate external ointment 0.1 %</i>                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>mometasone furoate external solution 0.1 %</i>                      | Tier 1 (\$5.10-\$12.65) |                               |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>    | Tier 1 (\$5.10-\$12.65) | QL; 454 gm every 30 days      |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>          | Tier 1 (\$5.10-\$12.65) |                               |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 (\$5.10-\$12.65) |                               |
| TRIDERM EXTERNAL CREAM 0.5 %                                           | Tier 1 (\$5.10-\$12.65) | QL; 454 gm every 30 days      |
| <b>Dermatology, Local Anesthetics</b>                                  |                         |                               |
| GLYDO EXTERNAL PREFILLED SYRINGE 2 %                                   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 mL every 30 days   |
| <i>lidocaine external ointment 5 %</i>                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 50 gm every 30 days   |
| <i>lidocaine external patch 5 %</i>                                    | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 patches every 1 day |
| <i>lidocaine hcl external solution 4 %</i>                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 50 mL every 30 days   |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>   | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 mL every 30 days   |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                   | Tier 1 (\$5.10-\$12.65) | B/D; QL; 30 gm every 30 days  |
| LIDOCAN EXTERNAL PATCH 5 %                                             | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 patches every 1 day |
| TRIDACAINE III EXTERNAL PATCH 5 %                                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 3 patches every 1 day |

| Drug Name                                                   | Drug Tier               | Requirements/Limits            |
|-------------------------------------------------------------|-------------------------|--------------------------------|
| <b>Dermatology, Miscellaneous Skin And Mucous Membrane</b>  |                         |                                |
| <i>ammonium lactate external cream 12 %</i>                 | Tier 1 (\$5.10-\$12.65) |                                |
| <i>ammonium lactate external lotion 12 %</i>                | Tier 1 (\$5.10-\$12.65) |                                |
| <i>bexarotene external gel 1 %</i>                          | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 gm every 30 days    |
| <i>diclofenac sodium external solution 1.5 %</i>            | Tier 1 (\$5.10-\$12.65) | QL; 300 mL every 28 days       |
| EUCRISA EXTERNAL OINTMENT 2 %                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 120 gm every 30 days   |
| <i>fluorouracil external cream 5 %</i>                      | Tier 1 (\$5.10-\$12.65) | QL; 40 gm every 30 days        |
| <i>fluorouracil external solution 2 %, 5 %</i>              | Tier 1 (\$5.10-\$12.65) | QL; 10 mL every 30 days        |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>  | Tier 1 (\$5.10-\$12.65) |                                |
| <i>imiquimod external cream 5 %</i>                         | Tier 1 (\$5.10-\$12.65) | QL; 24 packets every 30 days   |
| <i>metronidazole external cream 0.75 %</i>                  | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days        |
| <i>metronidazole external gel 0.75 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 45 gm every 30 days        |
| <i>metronidazole external lotion 0.75 %</i>                 | Tier 1 (\$5.10-\$12.65) | QL; 59 mL every 30 days        |
| <i>nitroglycerin rectal ointment 0.4 %</i>                  | Tier 1 (\$5.10-\$12.65) | QL; 30 gm every 30 days        |
| PANRETIN EXTERNAL GEL 0.1 %                                 | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 gm every 30 days    |
| <i>pimecrolimus external cream 1 %</i>                      | Tier 1 (\$5.10-\$12.65) | PA; QL; 100 gm every 30 days   |
| <i>podofilox external solution 0.5 %</i>                    | Tier 1 (\$5.10-\$12.65) | QL; 7 mL every 28 days         |
| PROCTOCORT EXTERNAL CREAM 1 %                               | Tier 1 (\$5.10-\$12.65) |                                |
| PROCTO-MED HC EXTERNAL CREAM 2.5 %                          | Tier 1 (\$5.10-\$12.65) |                                |
| PROCTOSOL HC EXTERNAL CREAM 2.5 %                           | Tier 1 (\$5.10-\$12.65) |                                |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 %                          | Tier 1 (\$5.10-\$12.65) |                                |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>           | Tier 1 (\$5.10-\$12.65) | PA; QL; 100 gm every 30 days   |
| VALCHLOR EXTERNAL GEL 0.016 %                               | Tier 1 (\$5.10-\$12.65) | PA; QL; 60 gm every 30 days    |
| <b>Dermatology, Scabicides And Pediculides</b>              |                         |                                |
| <i>malathion external lotion 0.5 %</i>                      | Tier 1 (\$5.10-\$12.65) | QL; 59 mL every 30 days        |
| <i>permethrin external cream 5 %</i>                        | Tier 1 (\$5.10-\$12.65) | QL; 60 gm every 30 days        |
| <b>Dermatology, Wound Care Agents</b>                       |                         |                                |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM                        | Tier 1 (\$5.10-\$12.65) | PA; QL; 180 gm every 30 days   |
| <i>sodium chloride irrigation solution 0.9 %</i>            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>sterile water for irrigation irrigation solution</i>     | Tier 1 (\$5.10-\$12.65) |                                |
| <b>Mouth/Throat/Dental Agents</b>                           |                         |                                |
| <i>cevimeline hcl oral capsule 30 mg</i>                    | Tier 1 (\$5.10-\$12.65) |                                |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | Tier 1 (\$5.10-\$12.65) |                                |
| <i>clotrimazole mouth/throat troche 10 mg</i>               | Tier 1 (\$5.10-\$12.65) | QL; 150 lozenges every 30 days |
| KOURZEQ MOUTH/THROAT PASTE 0.1 %                            | Tier 1 (\$5.10-\$12.65) |                                |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>      | Tier 1 (\$5.10-\$12.65) |                                |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 %                      | Tier 1 (\$5.10-\$12.65) |                                |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>             | Tier 1 (\$5.10-\$12.65) |                                |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>     | Tier 1 (\$5.10-\$12.65) |                                |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D  
Last Updated: 7/29/2026

## Index of Drugs

|                                          |        |                                             |    |                                             |        |
|------------------------------------------|--------|---------------------------------------------|----|---------------------------------------------|--------|
| <i>abacavir sulfate</i> .....            | 12     | AMETHYST.....                               | 52 | AUROVELA 1/20.....                          | 52     |
| <i>abacavir sulfate-lamivudine</i> ..... | 14     | <i>amikacin sulfate</i> .....               | 10 | AUROVELA 24 FE.....                         | 52     |
| ABIGALE.....                             | 57     | <i>amiloride hcl</i> .....                  | 33 | AUROVELA FE 1.5/30.....                     | 52     |
| ABIGALE LO.....                          | 57     | <i>amiloride-hydrochlorothiazide</i> .....  | 33 | AUROVELA FE 1/20.....                       | 52     |
| ABILIFY ASIMTUFII.....                   | 38     | AMINOSYN II.....                            | 74 | AUSTEDO.....                                | 45     |
| ABILIFY MAINTENA.....                    | 38     | AMINOSYN-PF.....                            | 74 | AUSTEDO XR.....                             | 45, 46 |
| <i>abiraterone acetate</i> .....         | 20     | <i>amiodarone hcl</i> .....                 | 30 | AUSTEDO XR PATIENT                          |        |
| ABIRTEGA.....                            | 20     | <i>amitriptyline hcl</i> .....              | 35 | TITRATION.....                              | 46     |
| ABRYSVO.....                             | 71     | <i>amlodipine besy-benazepril hcl</i> ..... | 28 | AUVELITY.....                               | 35     |
| <i>acamprosate calcium</i> .....         | 47     | <i>amlodipine besylate</i> .....            | 32 | AVIANE.....                                 | 52     |
| <i>acarbose</i> .....                    | 49     | <i>amlodipine besylate-valsartan</i> .....  | 29 | AVMAPKI FAKZYNJA CO-PACK....                | 22     |
| AC CUTANE.....                           | 81     | <i>amlodipine-olmesartan</i> .....          | 29 | AYUNA.....                                  | 52     |
| <i>acebutolol hcl</i> .....              | 31     | <i>ammonium lactate</i> .....               | 84 | AYVAKIT.....                                | 22     |
| <i>acetaminophen-codeine</i> .....       | 9      | AMNESTEEM.....                              | 81 | <i>azacitidine</i> .....                    | 20     |
| <i>acetazolamide</i> .....               | 33     | <i>amoxapine</i> .....                      | 35 | <i>azathioprine</i> .....                   | 70     |
| <i>acetazolamide er</i> .....            | 33     | <i>amoxicillin</i> .....                    | 18 | <i>azelastine hcl</i> .....                 | 75, 78 |
| <i>acetic acid</i> .....                 | 64, 77 | <i>amoxicillin-pot clavulanate</i> .....    | 18 | <i>azithromycin</i> .....                   | 17     |
| <i>acetylcysteine</i> .....              | 79     | <i>amphetamine-dextroamphet er</i> .....    | 44 | <i>aztreonam</i> .....                      | 10     |
| <i>acitretin</i> .....                   | 82     | <i>amphetamine-dextroamphetamine</i> ..     | 44 | AZURETTE.....                               | 52     |
| ACTHIB.....                              | 71     | <i>amphotericin b</i> .....                 | 10 | <i>bacitracin-polymyxin b</i> .....         | 76     |
| ACTIMMUNE.....                           | 70     | <i>amphotericin b liposome</i> .....        | 10 | <i>bacitra-neomycin-polymyxin-hc</i> .....  | 75     |
| <i>acyclovir</i> .....                   | 15     | <i>ampicillin</i> .....                     | 18 | <i>baclofen</i> .....                       | 46     |
| <i>acyclovir sodium</i> .....            | 15     | <i>ampicillin sodium</i> .....              | 18 | BAFIERTAM.....                              | 46     |
| ADACEL.....                              | 71     | <i>ampicillin-sulbactam sodium</i> .....    | 18 | <i>balsalazide disodium</i> .....           | 62     |
| <i>adalimumab-bwwd</i> .....             | 67     | <i>anagrelide hcl</i> .....                 | 66 | BALVERSA.....                               | 22     |
| <i>adefovir dipivoxil</i> .....          | 15     | <i>anastrozole</i> .....                    | 20 | BALZIVA.....                                | 52     |
| ADEMPAS.....                             | 34     | ANORO ELLIPTA.....                          | 77 | BARACLUDGE.....                             | 15     |
| ADMELOG.....                             | 48     | <i>aprepitant</i> .....                     | 61 | <i>bcg vaccine</i> .....                    | 71     |
| ADMELOG SOLOSTAR.....                    | 48     | APRI.....                                   | 52 | <i>benazepril hcl</i> .....                 | 29     |
| ADVAIR HFA.....                          | 80     | APTIOM.....                                 | 41 | <i>benazepril-hydrochlorothiazide</i> ..... | 28     |
| AFIRMELLE.....                           | 52     | APTIVUS.....                                | 12 | <i>bendamustine hcl</i> .....               | 19     |
| AIMOVIG.....                             | 45     | ARALAST NP.....                             | 79 | BENDEKA.....                                | 19     |
| AIRSUPRA.....                            | 80     | ARANELLE.....                               | 52 | BENLYSTA.....                               | 70     |
| AKEEGA.....                              | 20     | ARCALYST.....                               | 70 | <i>benzoyl peroxide-erythromycin</i> .....  | 81     |
| <i>ala-cort</i> .....                    | 82     | AREXVY.....                                 | 71 | <i>benztropine mesylate</i> .....           | 37     |
| <i>albendazole</i> .....                 | 10     | ARIKAYCE.....                               | 10 | BERINERT.....                               | 66     |
| <i>albuterol sulfate</i> .....           | 78     | <i>aripiprazole</i> .....                   | 38 | <i>besifloxacin hcl</i> .....               | 76     |
| <i>albuterol sulfate hfa</i> .....       | 78     | ARISTADA.....                               | 38 | BESIVANCE.....                              | 76     |
| <i>alclometasone dipropionate</i> .....  | 82     | ARISTADA INITIO.....                        | 38 | BESREMI.....                                | 21     |
| ALDURAZYME.....                          | 59     | <i>armodafinil</i> .....                    | 47 | <i>betaine</i> .....                        | 59     |
| ALECENSA.....                            | 22     | ARNUITY ELLIPTA.....                        | 80 | <i>betamethasone dipropionate</i> .....     | 82     |
| <i>alendronate sodium</i> .....          | 51     | <i>asenapine maleate</i> .....              | 38 | <i>betamethasone dipropionate aug</i> ....  | 82     |
| <i>alfuzosin hcl er</i> .....            | 64     | ASHLYNA.....                                | 52 | <i>betamethasone valerate</i> .....         | 82     |
| <i>aliskiren fumarate</i> .....          | 33     | <i>aspirin-dipyridamole er</i> .....        | 66 | BETASERON.....                              | 46     |
| <i>allopurinol</i> .....                 | 8      | ASSURE ID INSULIN SAFETY                    |    | <i>betaxolol hcl</i> .....                  | 31, 75 |
| <i>alose tron hcl</i> .....              | 63     | SYR.....                                    | 48 | <i>bethanechol chloride</i> .....           | 64     |
| <i>alprazolam</i> .....                  | 35     | ASTAGRAF XL.....                            | 70 | BEVESPI AEROSPHERE.....                     | 77     |
| ALTAVERA.....                            | 52     | <i>atazanavir sulfate</i> .....             | 12 | <i>bexarotene</i> .....                     | 21, 84 |
| ALUNBRIG.....                            | 22     | <i>atenolol</i> .....                       | 31 | BEXSERO.....                                | 71     |
| ALVAIZ.....                              | 66     | <i>atenolol-chlorthalidone</i> .....        | 31 | <i>bicalutamide</i> .....                   | 20     |
| ALVESCO.....                             | 80     | <i>atomoxetine hcl</i> .....                | 44 | BICILLIN L-A.....                           | 18     |
| <i>alyacen 1/35</i> .....                | 52     | <i>atorvastatin calcium</i> .....           | 30 | BIKTARVY.....                               | 14     |
| <i>alyacen 7/7/7</i> .....               | 52     | <i>atovaquone</i> .....                     | 10 | BILDYOS.....                                | 51     |
| ALYFTREK.....                            | 79     | <i>atovaquone-proguanil hcl</i> .....       | 12 | BIMZELX.....                                | 67     |
| ALYGLO.....                              | 69     | <i>atropine sulfate</i> .....               | 77 | <i>bisoprolol fumarate</i> .....            | 31     |
| ALYQ.....                                | 34     | ATROVENT HFA.....                           | 78 | <i>bisoprolol-hydrochlorothiazide</i> ..... | 31     |
| <i>amantadine hcl</i> .....              | 37     | AUBRA EQ.....                               | 52 | BIVIGAM.....                                | 69     |
| <i>ambrisentan</i> .....                 | 34     | AUGTYRO.....                                | 22 | BLISOVI 24 FE.....                          | 52     |

|                                             |        |                                             |            |                                            |            |
|---------------------------------------------|--------|---------------------------------------------|------------|--------------------------------------------|------------|
| BLISOVI FE 1.5/30.....                      | 52     | <i>caspofungin acetate</i> .....            | 10         | CLINIMIX/DEXTROSE (5/20).....              | 74         |
| BLISOVI FE 1/20.....                        | 52     | CAYSTON.....                                | 10         | <i>clinimix/dextrose (6/5)</i> .....       | 74         |
| BLUJEPa.....                                | 10     | <i>cefaclor</i> .....                       | 16         | <i>clinimix/dextrose (8/10)</i> .....      | 74         |
| BONSITY.....                                | 51     | <i>cefadroxil</i> .....                     | 16         | <i>clinimix/dextrose (8/14)</i> .....      | 75         |
| BOOSTRIX.....                               | 71     | <i>cefazolin sodium</i> .....               | 16         | CLINISOL SF.....                           | 75         |
| <i>bortezomib</i> .....                     | 23     | <i>cefazolin sodium-dextrose</i> .....      | 16         | CLINOLIPID.....                            | 75         |
| <i>bosentan</i> .....                       | 34     | <i>cefdinir</i> .....                       | 16         | <i>clobazam</i> .....                      | 41         |
| BOSULIF.....                                | 23     | <i>cefepime hcl</i> .....                   | 16         | <i>clobetasol propionate</i> .....         | 82         |
| BRAFTOVI.....                               | 23     | <i>cefixime</i> .....                       | 16         | <i>clobetasol propionate e</i> .....       | 82         |
| BREO ELLIPTA.....                           | 80     | <i>cefotetan disodium</i> .....             | 16         | CLODAN.....                                | 83         |
| BREYNA.....                                 | 80     | <i>cefoxitin sodium</i> .....               | 16         | <i>clomipramine hcl</i> .....              | 36         |
| BREZTRI AEROSPHERE.....                     | 77     | <i>cefpodoxime proxitil</i> .....           | 16         | <i>clonazepam</i> .....                    | 41         |
| <i>briellyn</i> .....                       | 52     | <i>cefprozil</i> .....                      | 16         | <i>clonidine</i> .....                     | 33         |
| <i>brimonidine tartrate</i> .....           | 75     | <i>ceftaroline fosamil</i> .....            | 16         | <i>clonidine hcl</i> .....                 | 33         |
| <i>brinzolamide</i> .....                   | 75     | <i>ceftazidime</i> .....                    | 16         | <i>clopidogrel bisulfate</i> .....         | 66         |
| <i>brivaracetam</i> .....                   | 41     | <i>ceftriaxone sodium</i> .....             | 16         | <i>clorazepate dipotassium</i> .....       | 41         |
| BRIVIACT.....                               | 41     | <i>cefuroxime axetil</i> .....              | 16         | <i>clotrimazole</i> .....                  | 81, 84     |
| <i>bromocriptine mesylate</i> .....         | 37     | <i>cefuroxime sodium</i> .....              | 17         | <i>clotrimazole-betamethasone</i> .....    | 82         |
| BRUKINSA.....                               | 23     | <i>celecoxib</i> .....                      | 8          | <i>clozapine</i> .....                     | 38         |
| <i>budesonide</i> .....                     | 62, 80 | <i>cephalexin</i> .....                     | 17         | COARTEM.....                               | 12         |
| <i>budesonide er</i> .....                  | 62     | CEQUR SIMPLICITY 2U.....                    | 48         | COBENFY.....                               | 38         |
| <i>budesonide-formoterol fumarate</i> ..... | 80     | CEQUR SIMPLICITY INSERTER.....              | 48         | COBENFY STARTER PACK.....                  | 38         |
| <i>bumetanide</i> .....                     | 33     | CERDELGA.....                               | 59         | <i>colchicine</i> .....                    | 8          |
| <i>buprenorphine</i> .....                  | 8      | CEREZYME.....                               | 59         | <i>colchicine-probenecid</i> .....         | 8          |
| <i>buprenorphine hcl</i> .....              | 47     | <i>cetirizine hcl</i> .....                 | 78         | <i>colesevelam hcl</i> .....               | 31         |
| <i>buprenorphine hcl-naloxone hcl</i> ..... | 47     | <i>cevimeline hcl</i> .....                 | 84         | <i>colestipol hcl</i> .....                | 31         |
| <i>bupropion hcl</i> .....                  | 36     | CHATEAL EQ.....                             | 52         | <i>colistimethate sodium (cba)</i> .....   | 11         |
| <i>bupropion hcl er (smoking det)</i> ..... | 47     | CHEMET.....                                 | 51         | COMBIGAN.....                              | 75         |
| <i>bupropion hcl er (sr)</i> .....          | 35     | <i>chlorhexidine gluconate</i> .....        | 84         | COMBIVENT RESPIMAT.....                    | 77         |
| <i>bupropion hcl er (xl)</i> .....          | 36     | <i>chloroquine phosphate</i> .....          | 12         | COMETRIQ (100 MG DAILY DOSE).....          | 23         |
| <i>buspirone hcl</i> .....                  | 35     | <i>chlorthalidone</i> .....                 | 33         | COMETRIQ (140 MG DAILY DOSE).....          | 23         |
| <i>butorphanol tartrate</i> .....           | 9      | <i>cholestyramine</i> .....                 | 31         | COMETRIQ (60 MG DAILY DOSE).....           | 23         |
| <i>cabergoline</i> .....                    | 59     | <i>cholestyramine light</i> .....           | 31         | COMFORT ASSIST INSULIN SYRINGE.....        | 48         |
| CABOMETYX.....                              | 23     | <i>ciclopirox</i> .....                     | 81         | COMPRO.....                                | 61         |
| <i>calcipotriene</i> .....                  | 82     | <i>ciclopirox olamine</i> .....             | 81         | <i>constulose</i> .....                    | 62         |
| <i>calcitonin (salmon)</i> .....            | 51     | <i>cilostazol</i> .....                     | 66         | COPAXONE.....                              | 46         |
| CALCITRENE.....                             | 82     | CILOXAN.....                                | 76         | COPIKTRA.....                              | 23         |
| <i>calcitriol</i> .....                     | 61     | CIMDUO.....                                 | 14         | CORLANOR.....                              | 33         |
| CALQUENCE.....                              | 23     | <i>cinacalcet hcl</i> .....                 | 59         | COTELLIC.....                              | 23         |
| CAMILA.....                                 | 52     | <i>ciprofloxacin hcl</i> .....              | 17, 76     | CREON.....                                 | 63         |
| CAMRESE.....                                | 52     | <i>ciprofloxacin in d5w</i> .....           | 17         | CRESEMBA.....                              | 10         |
| CAMRESE LO.....                             | 52     | <i>ciprofloxacin-dexamethasone</i> .....    | 77         | <i>cromolyn sodium</i> .....               | 63, 75, 79 |
| <i>candesartan cilexetil</i> .....          | 30     | <i>cisplatin</i> .....                      | 19         | CRYSELLE.....                              | 52         |
| <i>candesartan cilexetil-hctz</i> .....     | 29     | <i>citalopram hydrobromide</i> .....        | 36         | <i>cvs gauze sterile</i> .....             | 48         |
| CAPLYTA.....                                | 38     | CLARAVIS.....                               | 81         | <i>cyclobenzaprine hcl</i> .....           | 47         |
| CAPRELSA.....                               | 23     | <i>clarithromycin</i> .....                 | 17         | <i>cyclophosphamide</i> .....              | 19         |
| <i>captopril</i> .....                      | 29     | <i>clarithromycin er</i> .....              | 17         | <i>cycloserine</i> .....                   | 14         |
| <i>captopril-hydrochlorothiazide</i> .....  | 28     | <i>clindamycin hcl</i> .....                | 10         | <i>cyclosporine</i> .....                  | 70         |
| <i>carbamazepine</i> .....                  | 41     | <i>clindamycin palmitate hcl</i> .....      | 11         | <i>cyclosporine modified</i> .....         | 70         |
| <i>carbamazepine er</i> .....               | 41     | <i>clindamycin phos (once-daily)</i> .....  | 81         | <i>cyproheptadine hcl</i> .....            | 78         |
| <i>carbidopa-levodopa</i> .....             | 37     | <i>clindamycin phos (twice-daily)</i> ..... | 81         | CYRED EQ.....                              | 52         |
| <i>carbidopa-levodopa er</i> .....          | 37     | <i>clindamycin phos-benzoyl perox</i> ..... | 81         | CYSTADROPS.....                            | 77         |
| <i>carbidopa-levodopa-entacapone</i> .....  | 37     | <i>clindamycin phosphate</i> .....          | 11, 65, 81 | CYSTAGON.....                              | 59         |
| <i>carboplatin</i> .....                    | 19     | <i>clindamycin phosphate in d5w</i> .....   | 11         | CYSTARAN.....                              | 77         |
| <i>carglumic acid</i> .....                 | 59     | <i>clindamycin phosphate in nacl</i> .....  | 11         | <i>cytarabine</i> .....                    | 20         |
| <i>carisoprodol</i> .....                   | 46     | CLINIMIX/DEXTROSE (4.25/10).....            | 74         | <i>dabigatran etexilate mesylate</i> ..... | 65         |
| <i>carteolol hcl</i> .....                  | 75     | CLINIMIX/DEXTROSE (4.25/5).....             | 74         |                                            |            |
| CARTIA XT.....                              | 32     | CLINIMIX/DEXTROSE (5/15).....               | 74         |                                            |            |
| <i>carvedilol</i> .....                     | 31     |                                             |            |                                            |            |

|                                                |           |                                             |        |                                             |            |
|------------------------------------------------|-----------|---------------------------------------------|--------|---------------------------------------------|------------|
| <i>dalfampridine er</i> .....                  | 46        | <i>dilt-xr</i> .....                        | 32     | EMZAHH.....                                 | 53         |
| <i>danazol</i> .....                           | 47        | <i>diphenhydramine hcl</i> .....            | 78     | <i>enalapril maleate</i> .....              | 29         |
| <i>dantrolene sodium</i> .....                 | 47        | <i>diphenoxylate-atropine</i> .....         | 63     | <i>enalapril-hydrochlorothiazide</i> .....  | 28         |
| DANZITEN.....                                  | 23        | <i>dipyridamole</i> .....                   | 66     | ENBREL.....                                 | 67         |
| <i>dapaglifloz base-metformin er</i> .....     | 49        | <i>disopyramide phosphate</i> .....         | 30     | ENBREL MINI.....                            | 67         |
| <i>dapagliflozin</i> .....                     | 49        | <i>disulfiram</i> .....                     | 47     | ENBREL SURECLICK.....                       | 67         |
| <i>dapsone</i> .....                           | 11        | <i>divalproex sodium</i> .....              | 41     | ENDOCET.....                                | 9          |
| DAPTACEL.....                                  | 71        | <i>divalproex sodium er</i> .....           | 41     | ENERGIX-B.....                              | 71         |
| <i>daptomycin</i> .....                        | 11        | <i>docetaxel</i> .....                      | 22     | ENILLORING.....                             | 53         |
| <i>darunavir</i> .....                         | 12        | DOCIVYX.....                                | 22     | <i>enoxaparin sodium</i> .....              | 65         |
| <i>dasatinib</i> .....                         | 23        | <i>dofetilide</i> .....                     | 30     | ENSACOVE.....                               | 23         |
| DASETTA 1/35 (28).....                         | 52        | DOLISHALE.....                              | 53     | ENSKYCE.....                                | 53         |
| DASETTA 7/7/7.....                             | 53        | <i>donepezil hcl</i> .....                  | 35     | ENSTILAR.....                               | 82         |
| DAURISMO.....                                  | 23        | DOPTelet.....                               | 66     | <i>entacapone</i> .....                     | 37         |
| DAYSEE.....                                    | 53        | DOPTelet SPRINKLE.....                      | 66     | <i>entecavir</i> .....                      | 15         |
| DAYVIGO.....                                   | 45        | <i>dorzolamide hcl</i> .....                | 75     | ENTRESTO.....                               | 29         |
| DEBLITANE.....                                 | 53        | <i>dorzolamide hcl-timolol mal</i> .....    | 75     | <i>enulose</i> .....                        | 62         |
| <i>deferasirox</i> .....                       | 51        | DOTTI.....                                  | 57     | EPCLUSA.....                                | 15         |
| DELSTRIGO.....                                 | 14        | DOVATO.....                                 | 14     | EPIDIOLEX.....                              | 41         |
| DENGVAxia.....                                 | 71        | <i>doxazosin mesylate</i> .....             | 29     | <i>epinephrine</i> .....                    | 33, 79     |
| DEPO-SUBQ PROVERA 104.....                     | 53        | <i>doxepin hcl</i> .....                    | 36, 45 | <i>eplerenone</i> .....                     | 29         |
| DEPO-TESTOSTERONE.....                         | 48        | <i>doxorubicin hcl</i> .....                | 21     | <i>ergotamine-caffeine</i> .....            | 45         |
| DESCOVY.....                                   | 14        | <i>doxorubicin hcl liposomal</i> .....      | 21     | ERIVEDGE.....                               | 23         |
| <i>desipramine hcl</i> .....                   | 36        | DOXY 100.....                               | 19     | ERLEADA.....                                | 20         |
| <i>desmopressin ace spray refig</i> .....      | 59        | <i>doxycycline hyclate</i> .....            | 19     | <i>erlotinib hcl</i> .....                  | 23         |
| <i>desmopressin acetate</i> .....              | 59        | <i>doxycycline monohydrate</i> .....        | 19     | ERRIN.....                                  | 53         |
| <i>desmopressin acetate pf</i> .....           | 59        | DRIZALMA SPRINKLE.....                      | 36     | <i>ertapenem sodium</i> .....               | 11         |
| <i>desmopressin acetate spray</i> .....        | 59        | <i>dronabinol</i> .....                     | 61     | <i>ery</i> .....                            | 81         |
| <i>desogestrel-ethinyl estradiol</i> .....     | 53        | <i>drospiren-eth estrad-levomefol</i> ..... | 53     | ERYTHROCIN LACTOBIONATE....                 | 17         |
| <i>desvenlafaxine succinate er</i> .....       | 36        | <i>drospirenone-ethinyl estradiol</i> ..... | 53     | <i>erythromycin</i> .....                   | 17, 76, 81 |
| <i>dexamethasone</i> .....                     | 58        | DROXIA.....                                 | 66     | <i>erythromycin base</i> .....              | 17         |
| DEXAMETHASONE INTENSOL.....                    | 58        | <i>droxidopa</i> .....                      | 33     | <i>erythromycin ethylsuccinate</i> .....    | 17         |
| <i>dexamethasone sod phos (pf)</i> .....       | 58        | DULERA.....                                 | 80     | <i>erythromycin lactobionate</i> .....      | 17         |
| <i>dexamethasone sod phosphate pf</i> .....    | 58        | <i>duloxetine hcl</i> .....                 | 36     | ERZOFRI.....                                | 38, 39     |
| <i>dexamethasone sodium phosphate</i><br>..... | 58, 76    | DUPIXENT.....                               | 67     | <i>escitalopram oxalate</i> .....           | 36         |
| <i>dexmethylphenidate hcl</i> .....            | 44        | <i>dutasteride</i> .....                    | 64     | <i>eslicarbazepine acetate</i> .....        | 41, 42     |
| <i>dextrose</i> .....                          | 75        | <i>dutasteride-tamsulosin hcl</i> .....     | 64     | <i>esomeprazole magnesium</i> .....         | 64         |
| <i>dextrose in lactated ringers</i> .....      | 73        | E.E.S. 400.....                             | 17     | ESTARYLLA.....                              | 53         |
| <i>dextrose-sodium chloride</i> .....          | 73        | <i>econazole nitrate</i> .....              | 82     | <i>estradiol</i> .....                      | 57         |
| DIACOMIT.....                                  | 41        | EDURANT.....                                | 13     | <i>estradiol valerate</i> .....             | 57         |
| <i>diazepam</i> .....                          | 41        | EDURANT PED.....                            | 13     | <i>estradiol-norethindrone acet</i> .....   | 57         |
| DIAZEPAM INTENSOL.....                         | 41        | <i>efavirenz</i> .....                      | 13     | <i>eszopiclone</i> .....                    | 45         |
| <i>diazoxide</i> .....                         | 58        | <i>efavirenz-emtricitab-tenofo df</i> ..... | 14     | <i>ethambutol hcl</i> .....                 | 14         |
| <i>diclofenac potassium</i> .....              | 8         | <i>efavirenz-lamivudine-tenofovir</i> ..... | 14     | <i>ethosuximide</i> .....                   | 42         |
| <i>diclofenac sodium</i> .....                 | 8, 76, 84 | ELIGARD.....                                | 20     | <i>ethynodiol diac-eth estradiol</i> .....  | 53         |
| <i>diclofenac sodium er</i> .....              | 8         | ELINEST.....                                | 53     | <i>etodolac</i> .....                       | 8          |
| <i>dicloxacillin sodium</i> .....              | 18        | ELIQUIS.....                                | 65     | <i>etodolac er</i> .....                    | 8          |
| <i>dicyclomine hcl</i> .....                   | 62        | ELIQUIS (1.5 MG PACK).....                  | 65     | <i>etonogestrel-ethinyl estradiol</i> ..... | 53         |
| DIFICID.....                                   | 17        | ELIQUIS (2 MG PACK).....                    | 65     | <i>etoposide</i> .....                      | 22         |
| <i>diflunisal</i> .....                        | 8         | ELIQUIS DVT/PE STARTER PACK.....            | 65     | <i>etravirine</i> .....                     | 13         |
| <i>difluprednate</i> .....                     | 76        | ELURYNG.....                                | 53     | EUCRISA.....                                | 84         |
| <i>digoxin</i> .....                           | 33        | EMGALITY.....                               | 45     | EULEXIN.....                                | 20         |
| <i>dihydroergotamine mesylate</i> .....        | 45        | EMGALITY (300 MG DOSE).....                 | 45     | <i>everolimus</i> .....                     | 23, 70     |
| DILANTIN.....                                  | 41        | EMSAM.....                                  | 36     | EVOTAZ.....                                 | 14         |
| <i>diltiazem hcl</i> .....                     | 32        | <i>emtricitabine</i> .....                  | 13     | EXEL COMFORT POINT PEN.....                 |            |
| <i>diltiazem hcl er</i> .....                  | 32        | <i>emtricitabine-tenofovir df</i> .....     | 14     | NEEDLE.....                                 | 48         |
| <i>diltiazem hcl er beads</i> .....            | 32        | <i>emtricitab-rilpivir-tenofov df</i> ..... | 14     | <i>exemestane</i> .....                     | 20         |
| <i>diltiazem hcl er coated beads</i> .....     | 32        | EMTRIVA.....                                | 13     | EXXUA.....                                  | 36         |
|                                                |           | EMVERM.....                                 | 11     | EXXUA TITRATION PACK.....                   | 36         |

|                                     |        |                                  |            |                                  |            |
|-------------------------------------|--------|----------------------------------|------------|----------------------------------|------------|
| EYSUVIS.....                        | 77     | fluvoxamine maleate.....         | 35         | granisetron hcl.....             | 61         |
| ezetimibe.....                      | 31     | fondaparinux sodium.....         | 65         | griseofulvin microsize.....      | 10         |
| ezetimibe-simvastatin.....          | 31     | fosamprenavir calcium.....       | 13         | griseofulvin ultramicrosize..... | 10         |
| FABRAZYME.....                      | 59     | fosfomycin tromethamine.....     | 11         | guanfacine hcl.....              | 33         |
| FALMINA.....                        | 53     | fosinopril sodium.....           | 29         | guanfacine hcl er.....           | 44         |
| famciclovir.....                    | 15     | fosinopril sodium-hctz.....      | 28         | GVOKE HYPOPEN 1-PACK.....        | 58         |
| famotidine.....                     | 62     | FOTIVDA.....                     | 23         | GVOKE HYPOPEN 2-PACK.....        | 58         |
| famotidine (pf).....                | 62     | FRINDOVYX.....                   | 19         | GVOKE KIT.....                   | 59         |
| famotidine premixed.....            | 62     | FRUZAQLA.....                    | 23         | GVOKE PFS.....                   | 59         |
| FANAPT.....                         | 39     | FULPHILA.....                    | 66         | HADLIMA.....                     | 67         |
| FANAPT TITRATION PACK A.....        | 39     | fulvestrant.....                 | 21         | HADLIMA PUSHTOUCH.....           | 67         |
| FANAPT TITRATION PACK B.....        | 39     | furosemide.....                  | 33         | HAEGARDA.....                    | 66         |
| FANAPT TITRATION PACK C.....        | 39     | FYAVOLV.....                     | 57         | HAILEY 1.5/30.....               | 53         |
| FARXIGA.....                        | 49     | FYCOMPA.....                     | 42         | HAILEY 24 FE.....                | 53         |
| FASENRA.....                        | 79     | gabapentin.....                  | 42         | HAILEY FE 1/20.....              | 53         |
| FASENRA PEN.....                    | 79     | galantamine hydrobromide.....    | 35         | halobetasol propionate.....      | 83         |
| FEIRZA 1.5/30.....                  | 53     | galantamine hydrobromide er..... | 35         | haloperidol.....                 | 39         |
| FEIRZA 1/20.....                    | 53     | GALBRIELA.....                   | 53         | haloperidol decanoate.....       | 39         |
| felbamate.....                      | 42     | GALLIFREY.....                   | 60         | haloperidol lactate.....         | 39         |
| felodipine er.....                  | 32     | GAMASTAN.....                    | 69         | HAVRIX.....                      | 71         |
| fenofibrate.....                    | 30     | GAMMAGARD.....                   | 69         | HEATHER.....                     | 53         |
| fenofibrate micronized.....         | 30     | GAMMAGARD ERC.....               | 69         | heparin (porcine) in nacl.....   | 65         |
| fentanyl.....                       | 8      | GAMMAGARD S/D LESS IGA.....      | 69         | heparin sodium (porcine).....    | 65         |
| fesoterodine fumarate er.....       | 64     | GAMMAKED.....                    | 69         | heparin sodium (porcine) pf..... | 65         |
| FETZIMA.....                        | 36     | GAMMAPLEX.....                   | 69         | HEPLISAV-B.....                  | 71         |
| FETZIMA TITRATION.....              | 36     | GAMUNEX-C.....                   | 70         | HERCEPTIN.....                   | 24         |
| FIASP.....                          | 48     | ganciclovir sodium.....          | 15         | HERCEPTIN HYLECTA.....           | 24         |
| FIASP FLEXTOUCH.....                | 48     | GARDASIL 9.....                  | 71         | HERCESSI.....                    | 24         |
| FIASP PENFILL.....                  | 48     | gatifloxacin.....                | 76         | HERNEXEOS.....                   | 24         |
| FIASP PUMPCART.....                 | 48     | GATTEX.....                      | 63         | HERZUMA.....                     | 24         |
| fidaxomicin.....                    | 17     | GAVILYTE-C.....                  | 62         | HIBERIX.....                     | 71         |
| finasteride.....                    | 64     | GAVILYTE-G.....                  | 62         | HUMIRA (2 PEN).....              | 67         |
| finolimid hcl.....                  | 46     | GAVILYTE-N WITH FLAVOR           |            | HUMIRA (2 SYRINGE).....          | 67         |
| FINTEPLA.....                       | 42     | PACK.....                        | 63         | HUMIRA-CD/UC/HS STARTER.....     | 67         |
| FINZALA.....                        | 53     | GAVRETO.....                     | 23         | HUMIRA-PSORIASIS/UEIT            |            |
| FIRMAGON.....                       | 20     | gefitinib.....                   | 23         | STARTER.....                     | 67         |
| FIRMAGON (240 MG DOSE).....         | 20     | gemcitabine hcl.....             | 20         | HUMULIN R U-500                  |            |
| FLAC.....                           | 77     | gemfibrozil.....                 | 30         | (CONCENTRATED).....              | 48         |
| FLEBOGAMMA DIF.....                 | 69     | GEMTESA.....                     | 64         | HUMULIN R U-500 KWIKPEN.....     | 48         |
| flecainide acetate.....             | 30     | generlac.....                    | 63         | hydralazine hcl.....             | 33, 34     |
| fluconazole.....                    | 10     | GENGRAF.....                     | 70         | hydrochlorothiazide.....         | 33         |
| fluconazole in sodium chloride..... | 10     | GENOTROPIN.....                  | 59         | hydrocodone bitartrate er.....   | 9          |
| flucytosine.....                    | 10     | GENOTROPIN MINIQUICK.....        | 59         | hydrocodone-acetaminophen.....   | 9          |
| fludrocortisone acetate.....        | 58     | gentamicin in saline.....        | 11         | hydrocodone-ibuprofen.....       | 9          |
| flunisolide.....                    | 80     | gentamicin sulfate.....          | 11, 76, 81 | hydrocortisone.....              | 58, 62, 83 |
| fluocinolone acetonide.....         | 77, 83 | GENVOYA.....                     | 14         | hydrocortisone (perianal).....   | 84         |
| fluocinolone acetonide body.....    | 83     | GILOTRIF.....                    | 23         | hydrocortisone sod suc (pf)..... | 58         |
| fluocinolone acetonide scalp.....   | 83     | glatiramer acetate.....          | 46         | hydrocortisone valerate.....     | 83         |
| fluocinonide.....                   | 83     | GLATOPA.....                     | 46         | hydrocortisone-acetic acid.....  | 77         |
| fluocinonide emulsified base.....   | 83     | GLEOSTINE.....                   | 19         | hydromorphone hcl.....           | 9          |
| fluorometholone.....                | 76     | glimepiride.....                 | 49         | hydroxychloroquine sulfate.....  | 69         |
| fluorouracil.....                   | 20, 84 | glipizide.....                   | 49         | hydroxyurea.....                 | 21         |
| fluoxetine hcl.....                 | 36     | glipizide er.....                | 49         | hydroxyzine hcl.....             | 78         |
| fluphenazine decanoate.....         | 39     | glipizide-metformin hcl.....     | 50         | hydroxyzine pamoate.....         | 78         |
| fluphenazine hcl.....               | 39     | global alcohol prep ease.....    | 48         | HYRNUO.....                      | 24         |
| flurbiprofen.....                   | 8      | glycopyrrolate.....              | 62         | ibandronate sodium.....          | 51         |
| flurbiprofen sodium.....            | 77     | GLYDO.....                       | 83         | IBRANCE.....                     | 24         |
| fluticasone propionate.....         | 80, 83 | GLYXAMBI.....                    | 50         | IBTROZI.....                     | 24         |
| fluticasone-salmeterol.....         | 81     | GOMEKLI.....                     | 23, 24     | IBU.....                         | 8          |

Last Updated: 7/29/2026

|                                             |    |                                       |        |                                                |        |
|---------------------------------------------|----|---------------------------------------|--------|------------------------------------------------|--------|
| <i>ibuprofen</i> .....                      | 8  | JANUVIA.....                          | 50     | <i>lamivudine</i> .....                        | 13, 15 |
| <i>icatibant acetate</i> .....              | 66 | JARDIANCE.....                        | 50     | <i>lamivudine-zidovudine</i> .....             | 14     |
| ICLEVIA.....                                | 53 | JASMIEL.....                          | 53     | <i>lamotrigine</i> .....                       | 42     |
| ICLUSIG.....                                | 24 | JAVYGTOR.....                         | 59     | <i>lamotrigine er</i> .....                    | 42     |
| IDHIFA.....                                 | 24 | JAYPIRCA.....                         | 24     | <i>lanreotide acetate</i> .....                | 59     |
| IDVYNZO.....                                | 14 | JENCYCLA.....                         | 53     | <i>lansoprazole</i> .....                      | 64     |
| <i>imatinib mesylate</i> .....              | 24 | JENTADUETO.....                       | 50     | LANTUS.....                                    | 48     |
| IMBRUVICA.....                              | 24 | JENTADUETO XR.....                    | 50     | LANTUS SOLOSTAR.....                           | 48     |
| <i>imipenem-cilastatin</i> .....            | 11 | JINTELI.....                          | 57     | <i>lapatinib ditosylate</i> .....              | 25     |
| <i>imipramine hcl</i> .....                 | 36 | JOLESSA.....                          | 53     | LARIN 1.5/30.....                              | 54     |
| <i>imiquimod</i> .....                      | 84 | JOURNAVX.....                         | 8      | LARIN 1/20.....                                | 54     |
| <i>imkeldi</i> .....                        | 24 | JULEBER.....                          | 53     | LARIN 24 FE.....                               | 54     |
| IMOVAX RABIES.....                          | 71 | JULUCA.....                           | 14     | LARIN FE 1.5/30.....                           | 54     |
| IMPAVIDO.....                               | 11 | JUNEL 1.5/30.....                     | 54     | LARIN FE 1/20.....                             | 54     |
| INBRIJA.....                                | 37 | JUNEL 1/20.....                       | 54     | <i>latanoprost</i> .....                       | 75     |
| INCASSIA.....                               | 53 | JUNEL FE 1.5/30.....                  | 54     | LAZCLUZE.....                                  | 25     |
| INCRELEX.....                               | 59 | JUNEL FE 1/20.....                    | 54     | <i>leflunomide</i> .....                       | 69     |
| INCRUSE ELLIPTA.....                        | 78 | JUNEL FE 24.....                      | 54     | <i>lenalidomide</i> .....                      | 21     |
| <i>indapamide</i> .....                     | 33 | JYLAMVO.....                          | 69     | LENVIMA (10 MG DAILY DOSE)....                 | 25     |
| INFANRIX.....                               | 71 | JYNNEOS.....                          | 71     | LENVIMA (12 MG DAILY DOSE)....                 | 25     |
| <i>infliximab</i> .....                     | 67 | KADCYLA.....                          | 24     | LENVIMA (14 MG DAILY DOSE)....                 | 25     |
| INLURIYO.....                               | 21 | KAITLIB FE.....                       | 54     | LENVIMA (18 MG DAILY DOSE)....                 | 25     |
| INLYTA.....                                 | 24 | KALETRA.....                          | 14     | LENVIMA (20 MG DAILY DOSE)....                 | 25     |
| INQOVI.....                                 | 20 | KALYDECO.....                         | 79     | LENVIMA (24 MG DAILY DOSE)....                 | 25     |
| INREBIC.....                                | 24 | KANJINTI.....                         | 24     | LENVIMA (4 MG DAILY DOSE).....                 | 25     |
| INTELENCE.....                              | 13 | KARIVA.....                           | 54     | LENVIMA (8 MG DAILY DOSE).....                 | 25     |
| INTRALIPID.....                             | 75 | <i>kcl (0.149%) in nacl</i> .....     | 73     | LESSINA.....                                   | 54     |
| INTROVALE.....                              | 53 | <i>kcl (0.298%) in nacl</i> .....     | 73     | <i>letrozole</i> .....                         | 21     |
| INVEGA HAFYERA.....                         | 39 | <i>kcl in dextrose-nacl</i> .....     | 73     | <i>leucovorin calcium</i> .....                | 22     |
| INVEGA SUSTENNA.....                        | 39 | KELNOR 1/35.....                      | 54     | LEUKERAN.....                                  | 19     |
| INVEGA TRINZA.....                          | 39 | KERENDIA.....                         | 29     | <i>leuprolide acetate</i> .....                | 21     |
| IPOL.....                                   | 71 | KESIMPTA.....                         | 46     | <i>levalbuterol hcl</i> .....                  | 78     |
| <i>ipratropium bromide</i> .....            | 78 | <i>ketoconazole</i> .....             | 10, 82 | <i>levalbuterol tartrate</i> .....             | 78     |
| <i>ipratropium bromide hfa</i> .....        | 78 | <i>ketorolac tromethamine</i> .....   | 77     | <i>levetiracetam</i> .....                     | 42     |
| <i>ipratropium-albuterol</i> .....          | 77 | KEYTRUDA.....                         | 24     | <i>levetiracetam er</i> .....                  | 42     |
| <i>irbesartan</i> .....                     | 30 | KEYTRUDA QLEX.....                    | 24     | <i>levetiracetam in nacl</i> .....             | 42     |
| <i>irbesartan-hydrochlorothiazide</i> ..... | 29 | KINERET.....                          | 67     | <i>levobunolol hcl</i> .....                   | 75     |
| <i>irinotecan hcl</i> .....                 | 22 | KINRIX.....                           | 72     | <i>levocarnitine</i> .....                     | 59     |
| ISENTRESS.....                              | 13 | KIONEX.....                           | 52     | <i>levocetirizine dihydrochloride</i> .....    | 78     |
| ISENTRESS HD.....                           | 13 | KISQALI (200 MG DOSE).....            | 25     | <i>levofloxacin</i> .....                      | 17, 18 |
| ISIBLOOM.....                               | 53 | KISQALI (400 MG DOSE).....            | 25     | <i>levofloxacin in d5w</i> .....               | 17     |
| ISOLYTE-P IN D5W.....                       | 73 | KISQALI (600 MG DOSE).....            | 25     | LEVONEST.....                                  | 54     |
| ISOLYTE-S PH 7.4.....                       | 73 | KLAYESTA.....                         | 82     | <i>levonorgest-eth est &amp; eth est</i> ..... | 54     |
| <i>isoniazid</i> .....                      | 14 | KLOR-CON.....                         | 74     | <i>levonorgest-eth estrad 91-day</i> .....     | 54     |
| <i>isosorbide dinitrate</i> .....           | 34 | KLOR-CON 10.....                      | 74     | <i>levonorgestrel-ethinyl estrad</i> .....     | 54     |
| <i>isosorbide mononitrate er</i> .....      | 34 | KLOR-CON M10.....                     | 74     | <i>levonorg-eth estrad triphasic</i> .....     | 54     |
| <i>isotretinoin</i> .....                   | 81 | KLOR-CON M15.....                     | 74     | LEVORA 0.15/30 (28).....                       | 54     |
| <i>isradipine</i> .....                     | 32 | KLOR-CON M20.....                     | 74     | LEVO-T.....                                    | 60     |
| ITOVEBI.....                                | 24 | KLOXXADO.....                         | 47     | <i>levothyroxine sodium</i> .....              | 61     |
| <i>itraconazole</i> .....                   | 10 | KOMZIFTI.....                         | 25     | LEVOXYL.....                                   | 61     |
| <i>ivabradine hcl</i> .....                 | 34 | KOSELUGO.....                         | 25     | <i>L-glutamine</i> .....                       | 66     |
| <i>ivermectin</i> .....                     | 11 | KOURZEQ.....                          | 84     | <i>lidocaine</i> .....                         | 83     |
| IWILFIN.....                                | 22 | KRAZATI.....                          | 25     | <i>lidocaine hcl</i> .....                     | 8, 83  |
| IXIARO.....                                 | 71 | KURVELO.....                          | 54     | <i>lidocaine hcl (pf)</i> .....                | 8      |
| JAIMIESS.....                               | 53 | <i>labetalol hcl</i> .....            | 31     | <i>lidocaine hcl urethral/mucosal</i> .....    | 83     |
| JAKAFI.....                                 | 24 | <i>lacosamide</i> .....               | 42     | <i>lidocaine viscous hcl</i> .....             | 84     |
| JANTOVEN.....                               | 65 | <i>lactated ringers</i> .....         | 73     | <i>lidocaine-prilocaine</i> .....              | 83     |
| JANUMET.....                                | 50 | <i>lactulose</i> .....                | 63     | LIDOCAN.....                                   | 83     |
| JANUMET XR.....                             | 50 | <i>lactulose encephalopathy</i> ..... | 63     | LIFYORLI (125 MG DOSE).....                    | 21     |

|                                     |    |                                       |            |                                     |        |
|-------------------------------------|----|---------------------------------------|------------|-------------------------------------|--------|
| LIFYORLI (150 MG DOSE).....         | 21 | malathion.....                        | 84         | minocycline hcl.....                | 19     |
| LILETTA (52 MG).....                | 54 | maraviroc.....                        | 13         | minoxidil.....                      | 34     |
| linezolid.....                      | 11 | marlissa.....                         | 55         | mirtazapine.....                    | 36     |
| linezolid in sodium chloride.....   | 11 | MARPLAN.....                          | 36         | misoprostol.....                    | 63     |
| LINZESS.....                        | 63 | MATULANE.....                         | 22         | M-M-R II.....                       | 72     |
| LIOMNY.....                         | 61 | MAVYRET.....                          | 15         | m-natal plus.....                   | 74     |
| liothyronine sodium.....            | 61 | meclizine hcl.....                    | 61         | modafinil.....                      | 47     |
| lisinopril.....                     | 29 | medroxyprogesterone acetate... 55, 60 |            | MODEYSO.....                        | 22     |
| lisinopril-hydrochlorothiazide..... | 29 | mefloquine hcl.....                   | 12         | moexipril hcl.....                  | 29     |
| lithium.....                        | 46 | megestrol acetate.....                | 21, 60     | molindone hcl.....                  | 39     |
| lithium carbonate.....              | 46 | MEKINIST.....                         | 25, 26     | mometasone furoate.....             | 83     |
| lithium carbonate er.....           | 46 | MEKTOVI.....                          | 26         | MONJUVI.....                        | 26     |
| LIVTENCITY.....                     | 15 | MELEYA.....                           | 55         | MONO-LINYAH.....                    | 55     |
| LOESTRIN 1.5/30 (21).....           | 54 | meloxicam.....                        | 8          | montelukast sodium.....             | 79     |
| LOESTRIN 1/20 (21).....             | 54 | memantine hcl.....                    | 35         | morphine sulfate.....               | 9      |
| LOESTRIN FE 1.5/30.....             | 54 | memantine hcl er.....                 | 35         | morphine sulfate (concentrate)..... | 9      |
| LOESTRIN FE 1/20.....               | 54 | memantine hcl-donepezil hcl er.....   | 35         | morphine sulfate er.....            | 9      |
| LOJAIMIESS.....                     | 54 | MENQUADFI.....                        | 72         | MOUNJARO.....                       | 50     |
| LOKELMA.....                        | 52 | MENVEO.....                           | 72         | MOVANTIK.....                       | 63     |
| lomustine.....                      | 19 | mercaptopurine.....                   | 20         | moxifloxacin hcl.....               | 18, 76 |
| LONSURF.....                        | 20 | meropenem.....                        | 11         | moxifloxacin hcl in nacl.....       | 18     |
| loperamide hcl.....                 | 63 | mesalamine.....                       | 62         | MRESVIA.....                        | 72     |
| lopinavir-ritonavir.....            | 14 | mesalamine er.....                    | 62         | MULTAQ.....                         | 30     |
| lorazepam.....                      | 35 | mesalamine-cleanser.....              | 62         | multiple electro type 1 ph 7.4..... | 73     |
| LORAZEPAM INTENSOL.....             | 35 | mesna.....                            | 22         | mupirocin.....                      | 81     |
| LORBRENA.....                       | 25 | metformin hcl.....                    | 50         | mycophenolate mofetil.....          | 70     |
| LORYNA.....                         | 54 | metformin hcl er.....                 | 50         | mycophenolate sodium.....           | 70     |
| losartan potassium.....             | 30 | methadone hcl.....                    | 9          | MYRBETRIQ.....                      | 64     |
| losartan potassium-hctz.....        | 29 | METHADONE HCL INTENSOL.....           | 9          | na sulfate-k sulfate-mg sulf.....   | 63     |
| LOTEMAX.....                        | 77 | methazolamide.....                    | 33         | nabumetone.....                     | 8      |
| loteprednol-tobramycin.....         | 76 | methenamine hippurate.....            | 11         | nadolol.....                        | 32     |
| lovastatin.....                     | 30 | methimazole.....                      | 61         | nafcilin sodium.....                | 18     |
| LOW-OGESTREL.....                   | 54 | methocarbamol.....                    | 47         | NAGLAZYME.....                      | 60     |
| loxapine succinate.....             | 39 | methotrexate sodium.....              | 20, 69     | naloxone hcl.....                   | 47     |
| lubiprostone.....                   | 63 | methotrexate sodium (pf).....         | 20         | naltrexone hcl.....                 | 47     |
| LUZZA 1.5/30.....                   | 54 | methsuximide.....                     | 42         | NAMZARIC.....                       | 35     |
| LUZZA 1/20.....                     | 54 | methylphenidate hcl.....              | 44, 45     | naproxen.....                       | 8      |
| LUMAKRAS.....                       | 25 | methylphenidate hcl er.....           | 44         | naproxen sodium.....                | 8      |
| LUMIGAN.....                        | 75 | methylprednisolone.....               | 58         | naratriptan hcl.....                | 45     |
| LUMIZYME.....                       | 59 | methylprednisolone acetate.....       | 58         | NATACYN.....                        | 76     |
| LUPRON DEPOT (1-MONTH).....         | 21 | methylprednisolone sodium succ.....   | 58         | nateglinide.....                    | 50     |
| LUPRON DEPOT (3-MONTH).....         | 21 | metoclopramide hcl.....               | 61         | NAYZILAM.....                       | 42     |
| LUPRON DEPOT-PED (1-MONTH).....     | 59 | metolazone.....                       | 33         | nebivolol hcl.....                  | 32     |
| LUPRON DEPOT-PED (3-MONTH).....     | 60 | metoprolol succinate er.....          | 32         | NECON 0.5/35 (28).....              | 55     |
| LUPRON DEPOT-PED (6-MONTH).....     | 60 | metoprolol tartrate.....              | 32         | nefazodone hcl.....                 | 36     |
| lurasidone hcl.....                 | 39 | metoprolol-hydrochlorothiazide.....   | 31         | neomycin sulfate.....               | 11     |
| LUTERA.....                         | 54 | metronidazole.....                    | 11, 65, 84 | neomycin-bacitracin zn-polymyx..... | 76     |
| LYBALVI.....                        | 39 | metryrosine.....                      | 34         | neomycin-polymyxin-dexameth.....    | 76     |
| LYLEQ.....                          | 54 | MIBELAS 24 FE.....                    | 55         | neomycin-polymyxin-gramicidin.....  | 76     |
| LYLLANA.....                        | 57 | micafungin sodium.....                | 10         | neomycin-polymyxin-hc.....          | 76, 77 |
| LYNPARZA.....                       | 25 | MICROGESTIN 1.5/30.....               | 55         | NERLYNX.....                        | 26     |
| LYSODREN.....                       | 21 | MICROGESTIN 1/20.....                 | 55         | NEUAC.....                          | 81     |
| LYTGOBI (12 MG DAILY DOSE).....     | 25 | MICROGESTIN FE 1.5/30.....            | 55         | nevirapine.....                     | 13     |
| LYTGOBI (16 MG DAILY DOSE).....     | 25 | MICROGESTIN FE 1/20.....              | 55         | nevirapine er.....                  | 13     |
| LYTGOBI (20 MG DAILY DOSE).....     | 25 | midodrine hcl.....                    | 34         | NEXLETOL.....                       | 31     |
| LYZA.....                           | 54 | MIEBO.....                            | 77         | NEXLIZET.....                       | 31     |
| macitentan.....                     | 34 | mifepristone.....                     | 60         | NEXPLANON.....                      | 55     |
| magnesium sulfate.....              | 73 | MILI.....                             | 55         | niacin er (antihyperlipidemic)..... | 31     |
| magnesium sulfate in d5w.....       | 73 | MIMVEY.....                           | 57         | nicardipine hcl.....                | 32     |

Last Updated: 7/29/2026

|                                |            |                               |        |                                |        |
|--------------------------------|------------|-------------------------------|--------|--------------------------------|--------|
| NICOTROL NS                    | 47         | octreotide acetate            | 60     | PAXLOVID (300/100)             | 15     |
| nifedipine er                  | 32         | ODEFSEY                       | 14     | pazopanib hcl                  | 26     |
| nifedipine er osmotic release  | 32         | ODOMZO                        | 26     | PEDIARIX                       | 72     |
| NIKKI                          | 55         | OFEV                          | 79     | PEDVAXHIB                      | 72     |
| nilotinib hcl                  | 26         | ofloxacin                     | 76, 77 | peg 3350-kcl-na bicarb-nacl    | 63     |
| nilutamide                     | 21         | OGIVRI                        | 26     | peg-3350/electrolytes          | 63     |
| nimodipine                     | 32         | OGSIVEO                       | 26     | PEGASYS                        | 15     |
| NINLARO                        | 26         | OJEMDA                        | 26     | PEMAZYRE                       | 26     |
| nintedanib esylate             | 79         | OJJAARA                       | 26     | pemetrexed disodium            | 20     |
| nitazoxanide                   | 11         | olanzapine                    | 39     | PENBRAYA                       | 72     |
| nitisinone                     | 60         | olmesartan medoxomil          | 30     | penicillamine                  | 52     |
| NITRO-BID                      | 34         | olmesartan medoxomil-hctz     | 29     | penicillin g potassium         | 18     |
| nitrofurantoin macrocrystal    | 11         | olmesartan-amlodipine-hctz    | 29     | penicillin g sodium            | 18     |
| nitrofurantoin monohyd macro   | 11         | omega-3-acid ethyl esters     | 31     | penicillin v potassium         | 18     |
| nitroglycerin                  | 34, 84     | omeprazole                    | 64     | penmenvy                       | 72     |
| nizatidine                     | 62         | OMNIPOD 5 DEXG7G6 INTRO       |        | PENTACEL                       | 72     |
| NORA-BE                        | 55         | GEN 5                         | 49     | pentamidine isethionate        | 11, 12 |
| norelgestromin-eth estradiol   | 55         | OMNIPOD 5 DEXG7G6 PODS        |        | pentoxifylline er              | 66     |
| norethin ace-eth estrad-fe     | 55         | GEN 5                         | 49     | perampanel                     | 42     |
| norethindrone                  | 55         | OMNIPOD 5 LIBRE INTRO         | 49     | perindopril erbumine           | 29     |
| norethindrone acetate          | 60         | OMNIPOD 5 LIBRE PODS          | 49     | PERIOGARD                      | 84     |
| norethindrone acet-ethinyl est | 55         | OMNIPOD DASH INTRO (GEN 4)    | 49     | permethrin                     | 84     |
| norethindrone-eth estradiol    | 57         | OMNIPOD DASH PODS (GEN 4)     | 49     | perphenazine                   | 40     |
| norethindron-ethinyl estrad-fe | 55         | ondansetron                   | 61     | PFIZERPEN                      | 18     |
| norgestimate-eth estradiol     | 55         | ondansetron hcl               | 61     | phenelzine sulfate             | 37     |
| norgestim-eth estrad triphasic | 55         | ONTRUZANT                     | 26     | phenobarbital                  | 42, 43 |
| NORLYROC                       | 55         | ONUREG                        | 20     | phenobarbital sodium           | 43     |
| NORTREL 0.5/35 (28)            | 55         | OPIPZA                        | 40     | PHENYTEK                       | 43     |
| NORTREL 1/35 (21)              | 55         | OPSUMIT                       | 34     | phenytoin                      | 43     |
| NORTREL 1/35 (28)              | 55         | ORGOVYX                       | 21     | phenytoin sodium               | 43     |
| NORTREL 7/7/7                  | 55         | ORKAMBI                       | 79     | phenytoin sodium extended      | 43     |
| nortriptyline hcl              | 36         | ORQUIDEA                      | 55     | PHESGO                         | 26     |
| NORVIR                         | 13         | ORSERDU                       | 21     | PHILITH                        | 56     |
| NOVOLIN 70/30                  | 48         | oseltamivir phosphate         | 15     | PIFELTRO                       | 13     |
| NOVOLIN 70/30 FLEXPEN          | 48         | OSPOMYV                       | 51     | pilocarpine hcl                | 75, 84 |
| NOVOLIN N                      | 48         | oxacillin sodium              | 18     | pimecrolimus                   | 84     |
| NOVOLIN N FLEXPEN              | 48         | oxaliplatin                   | 19, 20 | pimozide                       | 40     |
| NOVOLIN R                      | 49         | oxcarbazepine                 | 42     | PIMTREA                        | 56     |
| NOVOLIN R FLEXPEN              | 48         | oxybutynin chloride           | 64     | pindolol                       | 32     |
| NOVOLOG                        | 49         | oxybutynin chloride er        | 64     | pioglitazone hcl               | 50     |
| NOVOLOG FLEXPEN                | 49         | oxycodone hcl                 | 9      | pioglitazone hcl-metformin hcl | 50     |
| NOVOLOG FLEXPEN RELION         | 49         | oxycodone-acetaminophen       | 9      | piperacillin sod-tazobactam so | 19     |
| NOVOLOG MIX 70/30              | 49         | OZEMPIC                       | 50     | PIQRAY (200 MG DAILY DOSE)     | 26     |
| NOVOLOG MIX 70/30 FLEXPEN      | 49         | OZEMPIC (0.25 OR 0.5          |        | PIQRAY (250 MG DAILY DOSE)     | 26     |
| NOVOLOG PENFILL                | 49         | MG/DOSE)                      | 50     | PIQRAY (300 MG DAILY DOSE)     | 26     |
| NOVOLOG RELION                 | 49         | OZEMPIC (1 MG/DOSE)           | 50     | pirfenidone                    | 79     |
| NUBEQA                         | 21         | OZEMPIC (2 MG/DOSE)           | 50     | piroxicam                      | 8      |
| NUDEXTA                        | 46         | PACERONE                      | 30     | PLENAMINE                      | 75     |
| NULOJIX                        | 70         | paclitaxel                    | 22     | PLENVU                         | 63     |
| NUPLAZID                       | 39         | paclitaxel protein-bound part | 22     | podofilox                      | 84     |
| NURTEC                         | 45         | paliperidone er               | 40     | polymyxin b sulfate            | 12     |
| NUTRILIPID                     | 75         | pamidronate disodium          | 51     | polymyxin b-trimethoprim       | 76     |
| NUZYRA                         | 19         | PANRETIN                      | 84     | pomalidomide                   | 21     |
| NYAMYC                         | 82         | pantoprazole sodium           | 64     | POMALYST                       | 21     |
| NYLIA 1/35                     | 55         | PANZYGA                       | 70     | PORTIA-28                      | 56     |
| NYLIA 7/7/7                    | 55         | paricalcitol                  | 61     | posaconazole                   | 10     |
| nystatin                       | 10, 82, 84 | paroxetine hcl                | 37     | potassium chloride             | 73, 74 |
| NYSTOP                         | 82         | PAXLOVID (150/100)            | 15     | potassium chloride crys er     | 74     |
| OCTAGAM                        | 70         | PAXLOVID (300/100 & 150/100)  | 15     | potassium chloride er          | 74     |

|                                             |    |                                          |        |                                             |        |
|---------------------------------------------|----|------------------------------------------|--------|---------------------------------------------|--------|
| <i>potassium chloride in nacl</i> .....     | 73 | <i>quinidine sulfate</i> .....           | 30     | ROZLYTREK.....                              | 26     |
| <i>potassium citrate er</i> .....           | 64 | <i>quinine sulfate</i> .....             | 12     | RUBRACA.....                                | 26     |
| <i>potassium cl in dextrose 5%</i> .....    | 74 | QULIPTA.....                             | 45     | <i>rufinamide</i> .....                     | 43     |
| <i>pramipexole dihydrochloride</i> .....    | 37 | RABAVERT.....                            | 72     | RUKOBIA.....                                | 13     |
| <i>prasugrel hcl</i> .....                  | 66 | <i>rabeprazole sodium</i> .....          | 64     | RYBELSUS.....                               | 50     |
| <i>pravastatin sodium</i> .....             | 30 | RALDESY.....                             | 37     | RYDAPT.....                                 | 27     |
| <i>praziquantel</i> .....                   | 12 | <i>raloxifene hcl</i> .....              | 60     | <i>sacubitril-valsartan</i> .....           | 29     |
| <i>prazosin hcl</i> .....                   | 29 | <i>ramelteon</i> .....                   | 45     | SAJAZIR.....                                | 66     |
| <i>prednisolone</i> .....                   | 58 | <i>ramipril</i> .....                    | 29     | SANTYL.....                                 | 84     |
| <i>prednisolone acetate</i> .....           | 77 | <i>ranolazine er</i> .....               | 34     | <i>sapropterin dihydrochloride</i> .....    | 60     |
| <i>prednisolone sodium phosphate 58,</i>    | 77 | <i>rasagiline mesylate</i> .....         | 37     | SCEMBLIX.....                               | 27     |
| <i>prednisone</i> .....                     | 58 | RECLIPSEN.....                           | 56     | <i>scopolamine</i> .....                    | 62     |
| PREDNISONA INTENSOL.....                    | 58 | RECOMBIVAX HB.....                       | 72     | SECUADO.....                                | 40     |
| <i>preferred plus insulin syringe</i> ..... | 49 | RELENZA DISKHALER.....                   | 15     | <i>selegiline hcl</i> .....                 | 37, 38 |
| <i>pregabalin</i> .....                     | 43 | RELGAABI.....                            | 43     | <i>selenium sulfide</i> .....               | 82     |
| PREMASOL.....                               | 75 | RELI-ON INSULIN SYRINGE.....             | 49     | SELZENTRY.....                              | 13     |
| <i>prenatal</i> .....                       | 74 | RELISTOR.....                            | 63     | SEREVENT DISKUS.....                        | 78     |
| PREVALITE.....                              | 31 | REMICADE.....                            | 68     | <i>sertraline hcl</i> .....                 | 37     |
| PREVYMIS.....                               | 15 | RENFLEXIS.....                           | 68     | SETLAKIN.....                               | 56     |
| PREZCOBIX.....                              | 14 | <i>repaglinide</i> .....                 | 50     | SHAROBEL.....                               | 56     |
| PREZISTA.....                               | 13 | REPATHA.....                             | 31     | SHINGRIX.....                               | 72     |
| PRIFTIN.....                                | 14 | REPATHA SURECLICK.....                   | 31     | SIGNIFOR.....                               | 60     |
| <i>primaquine phosphate</i> .....           | 12 | RESTASIS.....                            | 77     | SIKLOS.....                                 | 66     |
| <i>primidone</i> .....                      | 43 | RESTASIS MULTIDOSE.....                  | 77     | <i>sildenafil citrate</i> .....             | 34     |
| PRIORIX.....                                | 72 | RETEVMO.....                             | 26     | <i>silver sulfadiazine</i> .....            | 81     |
| PRIVIGEN.....                               | 70 | REVCovi.....                             | 60     | SIMBRINZA.....                              | 75     |
| <i>probenecid</i> .....                     | 8  | REVUFORJ.....                            | 26     | SIMLIYA.....                                | 56     |
| <i>prochlorperazine</i> .....               | 61 | REXULTI.....                             | 40     | SIMPESSE.....                               | 56     |
| <i>prochlorperazine edisylate</i> .....     | 61 | REYATAZ.....                             | 13     | <i>simvastatin</i> .....                    | 31     |
| <i>prochlorperazine maleate</i> .....       | 61 | REZDIFFRA.....                           | 60     | <i>sirolimus</i> .....                      | 70     |
| PROCRIT.....                                | 66 | REZLIDHIA.....                           | 26     | SIRTURO.....                                | 15     |
| PROCTOCORT.....                             | 84 | REZUROCK.....                            | 70     | <i>sitagliptin phos-metformin hcl</i> ..... | 50     |
| PROCTO-MED HC.....                          | 84 | RHOPRESSA.....                           | 75     | <i>sitagliptin phosphate</i> .....          | 50     |
| PROCTOSOL HC.....                           | 84 | <i>ribavirin</i> .....                   | 15     | SKYRIZI.....                                | 68     |
| PROCTOZONE-HC.....                          | 84 | <i>rifabutin</i> .....                   | 14     | SKYRIZI PEN.....                            | 68     |
| <i>progesterone</i> .....                   | 60 | <i>rifampin</i> .....                    | 14, 15 | <i>sodium chloride</i> .....                | 74, 84 |
| PROGRAF.....                                | 70 | <i>rilpivirine hcl</i> .....             | 13     | <i>sodium fluoride</i> .....                | 74     |
| PROLASTIN-C.....                            | 79 | <i>riluzole</i> .....                    | 46     | <i>sodium oxybate</i> .....                 | 47     |
| PROLIA.....                                 | 51 | <i>rimantadine hcl</i> .....             | 15     | <i>sodium phenylbutyrate</i> .....          | 60     |
| <i>promethazine hcl</i> .....               | 62 | RINVOQ.....                              | 68     | <i>sodium polystyrene sulfonate</i> .....   | 52     |
| <i>propafenone hcl</i> .....                | 30 | RINVOQ LQ.....                           | 68     | <i>solifenacin succinate</i> .....          | 65     |
| <i>propafenone hcl er</i> .....             | 30 | <i>risedronate sodium</i> .....          | 51     | SOLQUA.....                                 | 49     |
| <i>proparacaine hcl</i> .....               | 77 | <i>risperidone</i> .....                 | 40     | SOLTAMOX.....                               | 21     |
| <i>propranolol hcl</i> .....                | 32 | <i>risperidone microspheres er</i> ..... | 40     | SOLU-CORTEF.....                            | 58     |
| <i>propranolol hcl er</i> .....             | 32 | <i>ritonavir</i> .....                   | 13     | SOMATULINE DEPOT.....                       | 60     |
| <i>propylthiouracil</i> .....               | 61 | <i>rivaroxaban</i> .....                 | 65     | SOMAVERT.....                               | 60     |
| PROQUAD.....                                | 72 | <i>rivastigmine</i> .....                | 35     | <i>sorafenib tosylate</i> .....             | 27     |
| PROSOL.....                                 | 75 | <i>rivastigmine tartrate</i> .....       | 35     | <i>sotalol hcl</i> .....                    | 30     |
| <i>protriptyline hcl</i> .....              | 37 | RIVELSA.....                             | 56     | <i>sotalol hcl (af)</i> .....               | 30     |
| PULMOZYME.....                              | 79 | <i>rizatriptan benzoate</i> .....        | 45     | SOTYKTU.....                                | 68     |
| <i>pyrazinamide</i> .....                   | 14 | ROCKLATAN.....                           | 75     | SPIRIVA RESPIMAT.....                       | 78     |
| <i>pyridostigmine bromide</i> .....         | 46 | <i>roflumilast</i> .....                 | 79     | <i>spironolactone</i> .....                 | 29     |
| <i>pyrimethamine</i> .....                  | 12 | ROMVIMZA.....                            | 26     | <i>spironolactone-hctz</i> .....            | 33     |
| PYZCHIVA.....                               | 68 | <i>ropinirole hcl</i> .....              | 37     | SPRINTEC 28.....                            | 56     |
| QINLOCK.....                                | 26 | <i>rosuvastatin calcium</i> .....        | 31     | SPRITAM.....                                | 43     |
| QUADRACEL.....                              | 72 | ROSYRAH.....                             | 56     | SPS (SODIUM POLYSTYRENE                     |        |
| <i>quetiapine fumarate</i> .....            | 40 | ROTARIX.....                             | 72     | SULF).....                                  | 52     |
| <i>quetiapine fumarate er</i> .....         | 40 | ROTATEQ.....                             | 72     | SRONYX.....                                 | 56     |
| <i>quinapril hcl</i> .....                  | 29 | ROWEEPRA.....                            | 43     | SSD.....                                    | 81     |

|                                    |        |                               |        |                                     |        |
|------------------------------------|--------|-------------------------------|--------|-------------------------------------|--------|
| STELARA.....                       | 68     | testosterone enanthate.....   | 48     | trihexyphenidyl hcl.....            | 38     |
| sterile water for irrigation.....  | 84     | tetrabenazine.....            | 46     | TRIJARDY XR.....                    | 51     |
| STIVARGA.....                      | 27     | tetracycline hcl.....         | 19     | TRIKAFTA.....                       | 80     |
| streptomycin sulfate.....          | 12     | THALOMID.....                 | 21     | TRI-LEGEST FE.....                  | 56     |
| STRIBILD.....                      | 14     | theophylline.....             | 80     | TRI-LINYAH.....                     | 56     |
| SUBVENITE.....                     | 43     | theophylline er.....          | 79     | TRI-LO-ESTARYLLA.....               | 56     |
| sucralfate.....                    | 63     | thioridazine hcl.....         | 40     | TRI-LO-MARZIA.....                  | 56     |
| sulfacetamide sodium.....          | 76     | thiothixene.....              | 40     | TRI-LO-MILI.....                    | 56     |
| sulfacetamide sodium (acne).....   | 81     | TIADYLT ER.....               | 32     | TRI-LO-SPRINTEC.....                | 56     |
| sulfacetamide-prednisolone.....    | 76     | tiagabine hcl.....            | 43     | trimethoprim.....                   | 12     |
| sulfadiazine.....                  | 12     | TIBSOVO.....                  | 27     | TRI-MILI.....                       | 56     |
| sulfamethoxazole-trimethoprim..... | 12     | ticagrelor.....               | 66     | trimipramine maleate.....           | 37     |
| SULFAMYLON.....                    | 81     | TICOVAC.....                  | 72     | TRINTELLIX.....                     | 37     |
| sulfasalazine.....                 | 62     | tigecycline.....              | 19     | TRI-SPRINTEC.....                   | 56     |
| sulindac.....                      | 8      | TILIA FE.....                 | 56     | TRIUMEQ.....                        | 14     |
| sumatriptan.....                   | 45     | timolol maleate.....          | 32, 75 | triumeq pd.....                     | 14     |
| sumatriptan succinate.....         | 45     | tinidazole.....               | 12     | TRI-VYLIBRA.....                    | 56     |
| sunitinib malate.....              | 27     | TIVICAY.....                  | 13     | TRI-VYLIBRA LO.....                 | 56     |
| SUNLENCA.....                      | 13     | TIVICAY PD.....               | 13     | TROGARZO.....                       | 13     |
| SYEDA.....                         | 56     | tizanidine hcl.....           | 47     | TROPHAMINE.....                     | 75     |
| SYMDEKO.....                       | 79     | TOBI PODHALER.....            | 12     | trospium chloride.....              | 65     |
| SYMPAZAN.....                      | 43     | TOBRADEX.....                 | 76     | TRULICITY.....                      | 51     |
| SYMTUZA.....                       | 14     | tobramycin.....               | 12, 76 | TRUMENBA.....                       | 72     |
| SYNAREL.....                       | 60     | tobramycin sulfate.....       | 12     | TRUQAP.....                         | 27     |
| SYNTHROID.....                     | 61     | tobramycin-dexamethasone..... | 76     | TRUXIMA.....                        | 27     |
| TABLOID.....                       | 20     | tolterodine tartrate.....     | 65     | TUKYSA.....                         | 27     |
| TABRECTA.....                      | 27     | tolterodine tartrate er.....  | 65     | TURALIO.....                        | 27     |
| tacrolimus.....                    | 71, 84 | tolvaptan.....                | 60     | TURQOZ.....                         | 56     |
| tacrolimus er.....                 | 71     | topiramate.....               | 43     | TWINRIX.....                        | 72     |
| tadalafil.....                     | 64     | toremifene citrate.....       | 21     | TYBOST.....                         | 13     |
| tadalafil (pah).....               | 34     | TORPENZ.....                  | 27     | TYDEMY.....                         | 56     |
| TAFINLAR.....                      | 27     | torsemide.....                | 33     | TYENNE.....                         | 68, 69 |
| TAGRISSO.....                      | 27     | TOUJEO MAX SOLOSTAR.....      | 49     | TYMLOS.....                         | 51     |
| TALZENNA.....                      | 27     | TOUJEO SOLOSTAR.....          | 49     | TYPHIM VI.....                      | 73     |
| tamoxifen citrate.....             | 21     | TPN ELECTROLYTES.....         | 74     | UBRELVY.....                        | 45     |
| tamsulosin hcl.....                | 64     | TRADJENTA.....                | 51     | UNITHROID.....                      | 61     |
| TARINA 24 FE.....                  | 56     | tramadol hcl.....             | 9      | UPTRAVI.....                        | 34     |
| TARINA FE 1/20 EQ.....             | 56     | tramadol-acetaminophen.....   | 9      | UPTRAVI TITRATION.....              | 34     |
| tasimelteon.....                   | 45     | trandolapril.....             | 29     | ursodiol.....                       | 63     |
| TAVNEOS.....                       | 66     | tranexamic acid.....          | 66     | ustekinumab.....                    | 69     |
| tazarotene.....                    | 82     | tranylcypromine sulfate.....  | 37     | valacyclovir hcl.....               | 15     |
| TAZICEF.....                       | 17     | TRAVASOL.....                 | 75     | VALCHLOR.....                       | 84     |
| TECENTRIQ.....                     | 27     | TRAZIMERA.....                | 27     | valganciclovir hcl.....             | 15     |
| TECENTRIQ HYBREZA.....             | 27     | trazodone hcl.....            | 37     | valproate sodium.....               | 43     |
| TEFLARO.....                       | 17     | TRELEGY ELLIPTA.....          | 78     | valproic acid.....                  | 43     |
| telmisartan.....                   | 30     | TREMFYA.....                  | 68     | valsartan.....                      | 30     |
| telmisartan-amlodipine.....        | 30     | TREMFYA ONE-PRESS.....        | 68     | valsartan-hydrochlorothiazide.....  | 30     |
| telmisartan-hctz.....              | 30     | TREMFYA PEN.....              | 68     | VALTOCO 10 MG DOSE.....             | 43     |
| temazepam.....                     | 45     | TREMFYA-CD/UC INDUCTION.....  | 68     | VALTOCO 15 MG DOSE.....             | 44     |
| TENIVAC.....                       | 72     | treprostinil.....             | 34     | VALTOCO 20 MG DOSE.....             | 44     |
| tenofovir disoproxil fumarate..... | 13     | tretinoin.....                | 22, 81 | VALTOCO 5 MG DOSE.....              | 44     |
| TEPMETKO.....                      | 27     | triamcinolone acetonide.....  | 83, 84 | VALTYA 1/35.....                    | 56     |
| terazosin hcl.....                 | 29     | triamterene-hctz.....         | 33     | VALTYA 1/50.....                    | 56     |
| terbinafine hcl.....               | 10     | TRIDACAINE III.....           | 83     | vancomycin hcl.....                 | 12     |
| terbutaline sulfate.....           | 78     | TRIDERM.....                  | 83     | vancomycin hcl in nacl.....         | 12     |
| terconazole.....                   | 65     | trientine hcl.....            | 52     | VANFLYTA.....                       | 27     |
| teriparatide.....                  | 51     | TRI-ESTARYLLA.....            | 56     | VAQTA.....                          | 73     |
| testosterone.....                  | 48     | trifluoperazine hcl.....      | 40     | varenicline tartrate.....           | 47     |
| testosterone cypionate.....        | 48     | trifluridine.....             | 76     | varenicline tartrate (starter)..... | 47     |

|                                             |        |                                      |        |                        |    |
|---------------------------------------------|--------|--------------------------------------|--------|------------------------|----|
| <i>varenicline tartrate(continue)</i> ..... | 47     | XCOPRI (250 MG DAILY DOSE) ....      | 44     | ZYDELIG .....          | 28 |
| VARIVAX.....                                | 73     | XCOPRI (350 MG DAILY DOSE) ....      | 44     | ZYKADIA.....           | 28 |
| VASCEPA.....                                | 31     | XDEMVY .....                         | 76     | ZYLET .....            | 76 |
| VAXCHORA.....                               | 73     | XELJANZ.....                         | 69     | ZYPREXA RELPREVV ..... | 40 |
| VELIVET .....                               | 56     | XELJANZ XR.....                      | 69     |                        |    |
| VELSIPITY .....                             | 69     | XELRIA FE .....                      | 57     |                        |    |
| VENCLEXTA.....                              | 27     | XERMELO .....                        | 63     |                        |    |
| VENCLEXTA STARTING PACK.....                | 27     | XHANCE .....                         | 80     |                        |    |
| <i>venlafaxine hcl</i> .....                | 37     | XIFAXAN .....                        | 63     |                        |    |
| <i>venlafaxine hcl er</i> .....             | 37     | XIGDUO XR.....                       | 51     |                        |    |
| VENTOLIN HFA.....                           | 78, 79 | XIIDRA .....                         | 77     |                        |    |
| <i>verapamil hcl</i> .....                  | 33     | XOFLUZA (40 MG DOSE) .....           | 16     |                        |    |
| <i>verapamil hcl er</i> .....               | 33     | XOFLUZA (80 MG DOSE) .....           | 16     |                        |    |
| VERQUVO .....                               | 34     | XOLAIR.....                          | 80     |                        |    |
| VERSACLOZ.....                              | 40     | XOSPATA.....                         | 28     |                        |    |
| VERZENIO .....                              | 27     | XPOVIO (100 MG ONCE<br>WEEKLY) ..... | 28     |                        |    |
| VESTURA.....                                | 56     | XPOVIO (40 MG ONCE WEEKLY) ..        | 28     |                        |    |
| VIENVA.....                                 | 56     | XPOVIO (40 MG TWICE WEEKLY) ..       | 28     |                        |    |
| <i>vigabatrin</i> .....                     | 44     | XPOVIO (60 MG ONCE WEEKLY) ..        | 28     |                        |    |
| VIGADRONE .....                             | 44     | XPOVIO (60 MG TWICE WEEKLY) ..       | 28     |                        |    |
| VIGAFYDE .....                              | 44     | XPOVIO (80 MG ONCE WEEKLY) ..        | 28     |                        |    |
| <i>vilazodone hcl</i> .....                 | 37     | XPOVIO (80 MG TWICE WEEKLY) ..       | 28     |                        |    |
| VIMKUNYA.....                               | 73     | XTANDI.....                          | 21     |                        |    |
| <i>vincristine sulfate</i> .....            | 22     | XTRENBO .....                        | 51     |                        |    |
| <i>vinorelbine tartrate</i> .....           | 22     | XULANE.....                          | 57     |                        |    |
| <i>viorele</i> .....                        | 57     | XULTOPHY .....                       | 49     |                        |    |
| VIRACEPT .....                              | 13     | YESINTEK.....                        | 69     |                        |    |
| VIREAD.....                                 | 13, 14 | YF-VAX.....                          | 73     |                        |    |
| VITRAKVI .....                              | 27     | YONSA.....                           | 21     |                        |    |
| <i>vivimusta</i> .....                      | 20     | YULITHIRA .....                      | 28     |                        |    |
| VIVITROL.....                               | 47     | YUTREPIA.....                        | 34, 35 |                        |    |
| VIVOTIF .....                               | 73     | YUVAFEM.....                         | 57     |                        |    |
| VIZIMPRO .....                              | 27     | ZAFEMY .....                         | 57     |                        |    |
| VONJO .....                                 | 27     | <i>zafirlukast</i> .....             | 79     |                        |    |
| VOQUEZNA DUAL PAK.....                      | 63     | <i>zaleplon</i> .....                | 45     |                        |    |
| VOQUEZNA TRIPLE PAK.....                    | 63     | ZARXIO .....                         | 66     |                        |    |
| VORANIGO .....                              | 28     | ZEGALOGUE .....                      | 59     |                        |    |
| <i>voriconazole</i> .....                   | 10     | ZEJULA.....                          | 28     |                        |    |
| VOSEVI.....                                 | 15     | ZELBORAF .....                       | 28     |                        |    |
| VOWST .....                                 | 63     | ZELVYSIA.....                        | 60     |                        |    |
| VRAYLAR.....                                | 40     | ZEMAIRA.....                         | 80     |                        |    |
| VYFEMLA.....                                | 57     | ZENATANE.....                        | 81     |                        |    |
| VYLIBRA.....                                | 57     | ZENPEP .....                         | 64     |                        |    |
| VYNDAMAX.....                               | 34     | ZERViate .....                       | 75     |                        |    |
| VYZULTA.....                                | 75     | <i>zidovudine</i> .....              | 14     |                        |    |
| <i>warfarin sodium</i> .....                | 65     | <i>ziprasidone hcl</i> .....         | 40     |                        |    |
| WELIREG .....                               | 22     | <i>ziprasidone mesylate</i> .....    | 40     |                        |    |
| WERA.....                                   | 57     | ZIRABEV .....                        | 28     |                        |    |
| <i>westab plus</i> .....                    | 74     | ZIRGAN .....                         | 76     |                        |    |
| WINREVAIR.....                              | 34     | <i>zoledronic acid</i> .....         | 51     |                        |    |
| WIXELA INHUB.....                           | 81     | ZOLINZA.....                         | 28     |                        |    |
| WYMZYA FE.....                              | 57     | <i>zolpidem tartrate</i> .....       | 45     |                        |    |
| WYOST .....                                 | 51     | ZONISADE .....                       | 44     |                        |    |
| XALKORI.....                                | 28     | <i>zonisamide</i> .....              | 44     |                        |    |
| XARAH FE.....                               | 57     | ZOVIA 1/35 (28).....                 | 57     |                        |    |
| XARELTO .....                               | 65     | ZTALMY .....                         | 44     |                        |    |
| XARELTO STARTER PACK.....                   | 66     | ZUMANDIMINE.....                     | 57     |                        |    |
| XATMEP .....                                | 69     | ZURZUVAE.....                        | 37     |                        |    |
| XCOPRI.....                                 | 44     |                                      |        |                        |    |

Last Updated: 7/29/2026

**Neighborhood Dual CONNECT (HMO D-SNP)  
2026 Formulary  
(List of Covered Drugs or “Drug List”)**

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

**Approved Formulary ID: 00026453**

This formulary was updated on **7/29/2026**. For more recent information or other questions, please contact Neighborhood Dual CONNECT Member Services at 1-844-812-6896 (TTY users should call 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/DualCONNECT](http://www.nhpri.org/DualCONNECT).



## 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](mailto: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](http://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

សេវាជំនួយភាសាភក្តិភាសាខ្មែរមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ

និងសេវាកម្មជំនួយសមស្របដោយឥតគិតថ្លៃក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ 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.