



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2021 Formulary: List of covered drugs**

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8AM to 8PM, Monday – Friday; 8AM to 12PM on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. TTY: 711. For more information, visit www.nhpri.org/INTEGRITY. HPMS Approved Formulary File Submission ID: H9576. We have made no changes to this formulary since 11/2021.

Neighborhood INTEGRITY | 2021 *List of Covered Drugs* (Formulary)

Introduction

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

Table of Contents

A. Disclaimers.....	III
B. Frequently Asked Questions (FAQ).....	IV
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	IV
B2. Does the Drug List ever change?	V
B3. What happens when there is a change to the Drug List?.....	V
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	VI
B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?.....	VII
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	VII
B7. How can you find a drug on the Drug List?.....	VII
B8. What if the drug you want to take is not on the Drug List?.....	VIII
B9. What if you are a new Neighborhood INTEGRITY Member and can't find your drug on the Drug List or have a problem getting your drug?	VIII
B10. Can you ask for an exception to cover your drug?.....	IX
B11. How can you ask for an exception?	IX

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



B12. How long does it take to get an exception?	IX
B13. What are generic drugs?	X
B14. What are OTC drugs?	X
B15. What is your copay?	X
B16. What are drug tiers?	X
C. Overview of the <i>List of Covered Drugs</i>	X
C1. Drugs Grouped by Medical Condition	XII
D. Index of Covered Drugs	128



A. Disclaimers

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

- ❖ Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.
- ❖ Benefits as well as the List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Limitations and restrictions may apply. For more information, call Neighborhood INTEGRITY Member Services or read the Neighborhood INTEGRITY Member Handbook.
- ❖ You can always check Neighborhood INTEGRITY's up-to-date List of Covered Drugs online at www.nhpri.org/INTEGRITY.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call 711. The call is free.
- ❖ ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 TTY (711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.
- ❖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។ នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។
ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call 711. The call is free.
- ❖ You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a “standing request”. Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or format. You can change or delete your standing request at any time by calling Member Services.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 13 are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



B2. Does the Drug List ever change?

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

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

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

For more information on these drug rules, see question B4.

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

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

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

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

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Neighborhood INTEGRITY before you fill

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



your prescription. Neighborhood INTEGRITY may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes Neighborhood INTEGRITY limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 13-127. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 13 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 128.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 13. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

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

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

B9. What if you are a new Neighborhood INTEGRITY Member and can't find your drug on the Drug List or have a problem getting your drug?

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

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

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

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

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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

If your level of care changes and you need a supply right away:

- We will cover one 31-day supply of the drug you need if you live in a long term care facility, or
- We will cover one 30-day supply of the drug you need if you **do not** live in a long-term care facility.

B10. Can you ask for an exception to cover your drug?

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

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

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

B11. How can you ask for an exception?

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

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Neighborhood INTEGRITY covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

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

B15. What is your copay?

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

B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are OTC drugs.

All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 128. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Rhode Island Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896 TTY 711. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



C1. Drugs Grouped by Medical Condition

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

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

B/D = This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

DP = The drug is not a Part D drug.

QL = Quantity Limit. For certain drugs, Neighborhood INTEGRITY limits the amount of the drug that Neighborhood INTEGRITY will cover.

ST = Step Therapy. In some cases, Neighborhood INTEGRITY requires you to first try certain drugs to treat your medical condition before we will cover another drug for your condition. For example, if Drug A and Drug B both treat your medical condition, Neighborhood INTEGRITY may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Neighborhood INTEGRITY will then cover Drug B.

PA = Prior Authorization. Neighborhood INTEGRITY requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Neighborhood INTEGRITY before you fill your prescriptions. If you don't get approval, Neighborhood INTEGRITY may not cover the drug.

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

LA = Limited Access. This drug is only available through certain specialty pharmacies.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



LIST OF COVERED DRUGS BY MEDICAL CONDITION

CURRENT AS OF 12/1/2021

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ANALGESICS		
Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0, Tier 1	
<i>colchicine oral tablet 0.6 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0, Tier 1	
MITIGARE ORAL CAPSULE 0.6 MG	\$0, Tier 2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0, Tier 1	
Miscellaneous		
<i>acetaminophen childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>acetaminophen er tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>acetaminophen suppository 120 mg rectal 120 mg</i>	\$0, Tier 3	DP
<i>acetaminophen suppository 650 mg rectal 650 mg</i>	\$0, Tier 3	DP
<i>acetaminophen tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>arthritis pain reliever tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>aspirin ec low dose tablet delayed release 81 mg oral 81 mg</i>	\$0, Tier 3	DP
<i>aspirin ec tablet delayed release 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>aspirin suppository 600 mg rectal 600 mg</i>	\$0, Tier 3	DP
<i>aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>betatemp childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>childrens silapap liquid 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>childrens tactualin tablet chewable 80 mg oral 80 mg</i>	\$0, Tier 3	DP
ECPIRIN TABLET DELAYED RELEASE 325 MG ORAL 325 MG	\$0, Tier 3	DP
<i>ed-apap liquid 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
FEVERALL ADULTS SUPPOSITORY 650 MG RECTAL 650 MG	\$0, Tier 3	DP
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL 120 MG	\$0, Tier 3	DP
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL 80 MG	\$0, Tier 3	DP
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL 325 MG	\$0, Tier 3	DP
<i>gnp 8 hour pain reliever tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>gnp aspirin tablet delayed release 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>gnp infants pain/fever suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp pain & fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp pain relief extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>goodsense arthritis pain tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>goodsense aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>goodsense pain & fever child suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>goodsense pain & fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>goodsense pain relief extra st tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>goodsense pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>hm arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>hm aspirin ec tablet delayed release 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>hm aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>hm pain & fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>hm pain & fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>hm pain relief extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>hm pain reliever tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>mapap arthritis pain tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>mapap capsule 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>mapap tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
MEDI-TABS EXTRA STRENGTH TABLET 500 MG ORAL 500 MG	\$0, Tier 3	DP
<i>non-aspirin childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>non-aspirin extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>non-aspirin pain relief tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>pain & fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pain & fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>pain & fever tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>pain relief extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>pain reliever extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
PHARBETOL EXTRA STRENGTH TABLET 500 MG ORAL 500 MG	\$0, Tier 3	DP
PHARBETOL TABLET 325 MG ORAL 325 MG	\$0, Tier 3	DP
<i>qc arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>qc aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>qc aspirin tablet delayed release 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>qc non-aspirin childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>qc non-aspirin extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sb arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>sb non-aspirin extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sb pain reliever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>sb pain reliever ex st tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm 8 hour pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>sm arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	\$0, Tier 3	DP
<i>sm aspirin ec tablet delayed release 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>sm aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>sm aspirin tri-buffered tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>sm pain & fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>sm pain & fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0, Tier 3	DP
<i>sm pain relief extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm pain reliever ex st tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm pain reliever tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>tactinal extra strength tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>tactinal tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP
<i>tri-buffered aspirin tablet 325 mg oral 325 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Nsaids		
<i>celecoxib oral capsule 100 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>diclofenac potassium oral tablet 50 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0, Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0, Tier 1	
<i>diflunisal oral tablet 500 mg</i>	\$0, Tier 1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	\$0, Tier 1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0, Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0, Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0, Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	\$0, Tier 1	
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
<i>gnp ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen junior st tablet chewable 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>hm ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>hm ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
IBU ORAL TABLET 600 MG, 800 MG	\$0, Tier 1	
<i>ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0, Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
MEDI-PROFEN SUSPENSION 40 MG/ML ORAL 40 MG/ML	\$0, Tier 3	DP
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0, Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0, Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0, Tier 1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	\$0, Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0, Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0, Tier 1	
<i>sb infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
<i>sm childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>sm ibuprofen ib tablet chewable 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>sm ibuprofen jr tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>sm infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0, Tier 3	DP
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0, Tier 1	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	\$0, Tier 1	PA; QL (4 per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0, Tier 1	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 80 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0, Tier 2	PA; QL (30 per 30 days)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0, Tier 1	PA; QL (450 per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0, Tier 2	PA; QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0, Tier 1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0, Tier 1	QL (400 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0, Tier 2	
ENDOCET ORAL TABLET 10-325 MG	\$0, Tier 1	QL (180 per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$0, Tier 1	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0, Tier 1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 600 mcg, 800 mcg</i>	\$0, Tier 2	PA; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0, Tier 1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0, Tier 1	QL (150 per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0, Tier 1	QL (600 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0, Tier 1	QL (180 per 30 days)
<i>morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D
<i>morphine sulfate intravenous solution 1 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0, Tier 1	QL (900 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	\$0, Tier 2	
<i>oxycodone hcl oral capsule 5 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0, Tier 1	QL (900 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0, Tier 1	QL (240 per 30 days)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0, Tier 1	B/D
ANTI-INFECTIVES		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0, Tier 2	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	\$0, Tier 2	B/D; NDS
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0, Tier 1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0, Tier 2	NDS
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0, Tier 1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0, Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0, Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0, Tier 2	NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0, Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0, Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0, Tier 1	
<i>itraconazole oral capsule 100 mg</i>	\$0, Tier 1	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0, Tier 1	PA
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0, Tier 2	NDS
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0, Tier 2	QL (630 per 30 days); NDS
<i>nystatin oral tablet 500000 unit</i>	\$0, Tier 1	
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0, Tier 2	QL (93 per 30 days); NDS
<i>terbinafine hcl oral tablet 250 mg</i>	\$0, Tier 1	QL (90 per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0, Tier 2	PA; NDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0, Tier 2	PA; NDS
<i>voriconazole oral tablet 200 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0, Tier 1	PA; QL (480 per 30 days)
Anti-Infectives - Miscellaneous		
<i>albendazole oral tablet 200 mg</i>	\$0, Tier 2	NDS
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0, Tier 1	
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0, Tier 2	NDS
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0, Tier 2	PA; LA; NDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0, Tier 1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0, Tier 1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0, Tier 2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0, Tier 1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0, Tier 1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0, Tier 1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0, Tier 2	NDS
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0, Tier 2	QL (12 per 365 days); NDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0, Tier 1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0, Tier 1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0, Tier 1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ivermectin oral tablet 3 mg</i>	\$0, Tier 1	PA
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0, Tier 1	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0, Tier 1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0, Tier 2	QL (1800 per 30 days); NDS
<i>linezolid oral tablet 600 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	\$0, Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0, Tier 1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	\$0, Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0, Tier 1	
<i>nitazoxanide oral tablet 500 mg</i>	\$0, Tier 2	QL (6 per 30 days); NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0, Tier 2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0, Tier 2	
<i>paromomycin sulfate oral capsule 250 mg</i>	\$0, Tier 1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0, Tier 1	
<i>praziquantel oral tablet 600 mg</i>	\$0, Tier 1	
<i>reeses pinworm medicine suspension 144 (50 base) mg/ml oral 144 (50 base) mg/ml</i>	\$0, Tier 3	DP
<i>reeses pinworm medicine tablet 180 mg oral 180 mg</i>	\$0, Tier 3	DP
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0, Tier 2	NDS
SIVEXTRO ORAL TABLET 200 MG	\$0, Tier 2	NDS
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0, Tier 2	NDS
<i>sulfadiazine oral tablet 500 mg</i>	\$0, Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0, Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0, Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0, Tier 1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	\$0, Tier 2	NDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0, Tier 2	PA; NDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0, Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	\$0, Tier 1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	\$0, Tier 2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0, Tier 1	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0, Tier 1	QL (80 per 180 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0, Tier 1	QL (160 per 180 days)
Antimalarials		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0, Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
COARTEM ORAL TABLET 20-120 MG	\$0, Tier 2	
<i>mefloquine hcl oral tablet 250 mg</i>	\$0, Tier 1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg</i>	\$0, Tier 1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg</i>	\$0, Tier 2	
<i>quinine sulfate oral capsule 324 mg</i>	\$0, Tier 1	PA

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Antiretroviral Agents		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0, Tier 1	
<i>abacavir sulfate oral tablet 300 mg</i>	\$0, Tier 1	
APTIVUS ORAL CAPSULE 250 MG	\$0, Tier 2	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	\$0, Tier 2	NDS
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0, Tier 1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0, Tier 2	
EDURANT ORAL TABLET 25 MG	\$0, Tier 2	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0, Tier 1	
<i>efavirenz oral tablet 600 mg</i>	\$0, Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	\$0, Tier 1	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0, Tier 2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0, Tier 2	NDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0, Tier 2	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0, Tier 2	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	\$0, Tier 2	NDS
INTELENCE ORAL TABLET 25 MG	\$0, Tier 2	
INVIRASE ORAL TABLET 500 MG	\$0, Tier 2	NDS
ISENTRESS HD ORAL TABLET 600 MG	\$0, Tier 2	NDS
ISENTRESS ORAL PACKET 100 MG	\$0, Tier 2	
ISENTRESS ORAL TABLET 400 MG	\$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0, Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	\$0, Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0, Tier 1	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0, Tier 2	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	\$0, Tier 1	
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0, Tier 1	
<i>nevirapine oral tablet 200 mg</i>	\$0, Tier 1	
NORVIR ORAL PACKET 100 MG	\$0, Tier 2	
NORVIR ORAL SOLUTION 80 MG/ML	\$0, Tier 2	
PIFELTRO ORAL TABLET 100 MG	\$0, Tier 2	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0, Tier 2	QL (400 per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	\$0, Tier 2	QL (240 per 30 days); NDS
PREZISTA ORAL TABLET 600 MG	\$0, Tier 2	QL (60 per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	\$0, Tier 2	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0, Tier 2	QL (30 per 30 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
REYATAZ ORAL PACKET 50 MG	\$0, Tier 2	NDS
<i>ritonavir oral tablet 100 mg</i>	\$0, Tier 1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0, Tier 2	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0, Tier 2	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	\$0, Tier 2	NDS
SELZENTRY ORAL TABLET 25 MG	\$0, Tier 2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0, Tier 1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0, Tier 1	
TIVICAY ORAL TABLET 10 MG	\$0, Tier 2	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0, Tier 2	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0, Tier 2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0, Tier 2	LA; NDS
TYBOST ORAL TABLET 150 MG	\$0, Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0, Tier 2	NDS
VIREAD ORAL POWDER 40 MG/GM	\$0, Tier 2	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0, Tier 2	NDS
<i>zidovudine oral capsule 100 mg</i>	\$0, Tier 1	
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0, Tier 1	
<i>zidovudine oral tablet 300 mg</i>	\$0, Tier 1	
Antiretroviral Combination Agents		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0, Tier 1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0, Tier 2	NDS
BIKTARVY ORAL TABLET 50-200-25 MG	\$0, Tier 2	NDS
CIMDUO ORAL TABLET 300-300 MG	\$0, Tier 2	NDS
COMPLERA ORAL TABLET 200-25-300 MG	\$0, Tier 2	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0, Tier 2	NDS
DESCOVY ORAL TABLET 200-25 MG	\$0, Tier 2	NDS
DOVATO ORAL TABLET 50-300 MG	\$0, Tier 2	NDS
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	\$0, Tier 2	NDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0, Tier 2	NDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0, Tier 2	QL (30 per 30 days); NDS
EVOTAZ ORAL TABLET 300-150 MG	\$0, Tier 2	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0, Tier 2	NDS
JULUCA ORAL TABLET 50-25 MG	\$0, Tier 2	NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KALETRA ORAL TABLET 100-25 MG	\$0, Tier 2	
KALETRA ORAL TABLET 200-50 MG	\$0, Tier 2	NDS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0, Tier 2	NDS
ODEFSEY ORAL TABLET 200-25-25 MG	\$0, Tier 2	NDS
PREZCOBIX ORAL TABLET 800-150 MG	\$0, Tier 2	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0, Tier 2	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0, Tier 2	NDS
TEMIXYS ORAL TABLET 300-300 MG	\$0, Tier 2	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0, Tier 2	NDS
Antitubercular Agents		
<i>cycloserine oral capsule 250 mg</i>	\$0, Tier 2	NDS
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0, Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0, Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0, Tier 1	
PASER ORAL PACKET 4 GM	\$0, Tier 2	
PRIFTIN ORAL TABLET 150 MG	\$0, Tier 2	
<i>pyrazinamide oral tablet 500 mg</i>	\$0, Tier 1	
<i>rifabutin oral capsule 150 mg</i>	\$0, Tier 1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0, Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0, Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0, Tier 2	PA; LA; NDS
TRECTOR ORAL TABLET 250 MG	\$0, Tier 2	
Antivirals		
<i>acyclovir oral capsule 200 mg</i>	\$0, Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0, Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0, Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0, Tier 1	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0, Tier 2	NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0, Tier 2	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0, Tier 2	PA; NDS
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0, Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	\$0, Tier 1	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	\$0, Tier 2	PA; NDS
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0, Tier 2	PA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lamivudine oral tablet 100 mg</i>	\$0, Tier 1	
MAVYRET ORAL TABLET 100-40 MG	\$0, Tier 2	PA; NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0, Tier 1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0, Tier 1	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0, Tier 1	QL (1080 per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0, Tier 2	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0, Tier 2	PA; NDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	\$0, Tier 2	QL (120 per 365 days)
<i>ribavirin oral capsule 200 mg</i>	\$0, Tier 1	
<i>ribavirin oral tablet 200 mg</i>	\$0, Tier 1	
<i>rimantadine hcl oral tablet 100 mg</i>	\$0, Tier 1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0, Tier 1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0, Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0, Tier 1	
VEMLIDY ORAL TABLET 25 MG	\$0, Tier 2	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	\$0, Tier 2	PA; NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	\$0, Tier 2	QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$0, Tier 2	QL (1 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	\$0, Tier 2	QL (2 per 180 days)
Cephalosporins		
<i>cefactor er oral tablet extended release 12 hour 500 mg</i>	\$0, Tier 2	
<i>cefactor oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	
<i>cefactor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	\$0, Tier 1	
<i>cefadroxil oral capsule 500 mg</i>	\$0, Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0, Tier 1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	\$0, Tier 1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0, Tier 1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	\$0, Tier 2	
<i>cefdinir oral capsule 300 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0, Tier 1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0, Tier 1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0, Tier 1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0, Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0, Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0, Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0, Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0, Tier 1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0, Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0, Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0, Tier 1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0, Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0, Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	\$0, Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	\$0, Tier 1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0, Tier 2	NDS
Erythromycins/Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0, Tier 1	
<i>azithromycin oral packet 1 gm</i>	\$0, Tier 1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0, Tier 1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0, Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0, Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0, Tier 2	NDS
DIFICID ORAL TABLET 200 MG	\$0, Tier 2	NDS
E.E.S. 400 ORAL TABLET 400 MG	\$0, Tier 1	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	\$0, Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0, Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	\$0, Tier 1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0, Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0, Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0, Tier 1	
Fluoroquinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	\$0, Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0, Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	\$0, Tier 1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0, Tier 1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0, Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0, Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0, Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0, Tier 1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0, Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0, Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0, Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0, Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0, Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	\$0, Tier 1	
<i>ampicillin oral capsule 500 mg</i>	\$0, Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0, Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0, Tier 1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0, Tier 1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0, Tier 2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0, Tier 2	NDS
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	\$0, Tier 2	NDS
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	\$0, Tier 2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0, Tier 1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	\$0, Tier 2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0, Tier 1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0, Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	\$0, Tier 1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0, Tier 1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0, Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0, Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0, Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0, Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0, Tier 1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0, Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	\$0, Tier 1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	PA
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0, Tier 2	NDS
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0, Tier 2	B/D; NDS
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0, Tier 1	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0, Tier 1	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0, Tier 2	B/D; NDS
<i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>	\$0, Tier 2	B/D; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0, Tier 1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0, Tier 2	B/D
LEUKERAN ORAL TABLET 2 MG	\$0, Tier 2	NDS
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0, Tier 1	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	\$0, Tier 2	B/D; NDS
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	\$0, Tier 1	B/D
Antibiotics		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	\$0, Tier 1	B/D
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0, Tier 1	B/D
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	\$0, Tier 2	B/D; NDS
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	\$0, Tier 2	B/D; NDS
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0, Tier 2	B/D; NDS
<i>cytarabine injection solution 20 mg/ml</i>	\$0, Tier 1	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0, Tier 1	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0, Tier 1	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0, Tier 1	B/D
<i>mercaptopurine oral tablet 50 mg</i>	\$0, Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0, Tier 1	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0, Tier 1	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0, Tier 1	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0, Tier 2	PA; LA; NDS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0, Tier 2	NDS
TABLOID ORAL TABLET 40 MG	\$0, Tier 2	
Hormonal Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	\$0, Tier 2	PA; NDS
<i>anastrozole oral tablet 1 mg</i>	\$0, Tier 1	
<i>bicalutamide oral tablet 50 mg</i>	\$0, Tier 1	
EMCYT ORAL CAPSULE 140 MG	\$0, Tier 2	
ERLEADA ORAL TABLET 60 MG	\$0, Tier 2	PA; LA; NDS
<i>exemestane oral tablet 25 mg</i>	\$0, Tier 1	
<i>flutamide oral capsule 125 mg</i>	\$0, Tier 1	
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	\$0, Tier 2	B/D; NDS
<i>letrozole oral tablet 2.5 mg</i>	\$0, Tier 1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0, Tier 1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0, Tier 2	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0, Tier 2	PA; NDS
LYSODREN ORAL TABLET 500 MG	\$0, Tier 2	NDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0, Tier 2	
<i>nilutamide oral tablet 150 mg</i>	\$0, Tier 2	NDS
NUBEQA ORAL TABLET 300 MG	\$0, Tier 2	PA; LA; NDS
ORGOVYX ORAL TABLET 120 MG	\$0, Tier 2	PA; LA; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0, Tier 2	NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
<i>toremifene citrate oral tablet 60 mg</i>	\$0, Tier 2	NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	\$0, Tier 2	PA; NDS
XTANDI ORAL CAPSULE 40 MG	\$0, Tier 2	PA; LA; NDS
XTANDI ORAL TABLET 40 MG, 80 MG	\$0, Tier 2	PA; LA; NDS
ZYTIGA ORAL TABLET 500 MG	\$0, Tier 2	PA; LA; NDS
Immunomodulators		
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0, Tier 2	PA; LA; QL (21 per 21 days); NDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0, Tier 2	PA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0, Tier 2	PA; QL (56 per 28 days); NDS
Miscellaneous		
<i>bexarotene oral capsule 75 mg</i>	\$0, Tier 2	PA; NDS
<i>hydroxyurea oral capsule 500 mg</i>	\$0, Tier 1	
INQOVI ORAL TABLET 35-100 MG	\$0, Tier 2	PA; LA; NDS
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0, Tier 1	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0, Tier 2	PA; NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0, Tier 2	PA; NDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0, Tier 2	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0, Tier 2	PA; NDS
MATULANE ORAL CAPSULE 50 MG	\$0, Tier 2	LA; NDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0, Tier 2	PA; NDS
<i>tretinoin oral capsule 10 mg</i>	\$0, Tier 2	NDS
WELIREG ORAL TABLET 40 MG	\$0, Tier 2	PA; LA; NDS
Mitotic Inhibitors		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	\$0, Tier 2	B/D; NDS
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0, Tier 2	B/D; NDS
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0, Tier 1	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0, Tier 2	B/D; NDS
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0, Tier 1	B/D
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML	\$0, Tier 1	B/D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0, Tier 1	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0, Tier 1	B/D
Molecular Target Agents		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	\$0, Tier 2	PA; QL (150 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	\$0, Tier 2	PA; QL (90 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
AFINITOR ORAL TABLET 10 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG	\$0, Tier 2	PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0, Tier 2	PA; LA; NDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0, Tier 2	PA; LA; NDS
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0, Tier 2	PA; LA; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0, Tier 2	PA; LA; NDS
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	\$0, Tier 2	PA; NDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0, Tier 2	PA; NDS
BRAFTOVI ORAL CAPSULE 75 MG	\$0, Tier 2	PA; LA; NDS
BRUKINSA ORAL CAPSULE 80 MG	\$0, Tier 2	PA; LA; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; NDS
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0, Tier 2	PA; LA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0, Tier 2	PA; LA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0, Tier 2	PA; LA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0, Tier 2	PA; LA; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0, Tier 2	PA; LA; NDS
COTELLIC ORAL TABLET 20 MG	\$0, Tier 2	PA; LA; NDS
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0, Tier 2	PA; LA; NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0, Tier 2	PA; LA; NDS
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>erlotinib hcl oral tablet 25 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>everolimus oral tablet soluble 2 mg</i>	\$0, Tier 2	PA; QL (150 per 30 days); NDS
<i>everolimus oral tablet soluble 3 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>everolimus oral tablet soluble 5 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days); NDS
EXKIVITY ORAL CAPSULE 40 MG	\$0, Tier 2	PA; LA; NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0, Tier 2	PA; LA; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
GAVRETO ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0, Tier 2	PA; LA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0, Tier 2	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0, Tier 2	PA; NDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0, Tier 2	PA; NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ICLUSIG ORAL TABLET 30 MG, 45 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>imatinib mesylate oral tablet 100 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>imatinib mesylate oral tablet 400 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
IMBRUVICA ORAL TABLET 140 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days); NDS
IMBRUVICA ORAL TABLET 280 MG	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
IMBRUVICA ORAL TABLET 420 MG, 560 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
INLYTA ORAL TABLET 1 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
INREBIC ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; NDS
IRESSA ORAL TABLET 250 MG	\$0, Tier 2	PA; LA; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0, Tier 2	B/D; NDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0, Tier 2	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0, Tier 2	PA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0, Tier 2	PA; NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0, Tier 2	PA; NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0, Tier 2	PA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0, Tier 2	PA; NDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0, Tier 2	PA; LA; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0, Tier 2	PA; LA; NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0, Tier 2	PA; LA; NDS
LUMAKRAS ORAL TABLET 120 MG	\$0, Tier 2	PA; LA; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0, Tier 2	PA; LA; NDS
MEKTOVI ORAL TABLET 15 MG	\$0, Tier 2	PA; LA; NDS
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0, Tier 2	PA; LA; NDS
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0, Tier 2	PA; LA; NDS
NERLYNX ORAL TABLET 40 MG	\$0, Tier 2	PA; LA; NDS
NEXAVAR ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0, Tier 2	PA; NDS
ODOMZO ORAL CAPSULE 200 MG	\$0, Tier 2	PA; LA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0, Tier 2	PA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0, Tier 2	PA; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0, Tier 2	PA; LA; NDS
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0, Tier 2	PA; LA; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0, Tier 2	PA; NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0, Tier 2	PA; NDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0, Tier 2	PA; NDS
QINLOCK ORAL TABLET 50 MG	\$0, Tier 2	PA; LA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0, Tier 2	PA; LA; NDS
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0, Tier 2	PA; LA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG - UT/13.4ML	\$0, Tier 2	PA; LA; NDS
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0, Tier 2	PA; LA; NDS
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0, Tier 2	PA; LA; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0, Tier 2	PA; LA; NDS
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0, Tier 2	PA; NDS
RYDAPT ORAL CAPSULE 25 MG	\$0, Tier 2	PA; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0, Tier 2	PA; NDS
STIVARGA ORAL TABLET 40 MG	\$0, Tier 2	PA; LA; NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0, Tier 2	PA; NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0, Tier 2	PA; LA; NDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	\$0, Tier 2	PA; LA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0, Tier 2	PA; NDS
TAZVERIK ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0, Tier 2	PA; LA; NDS
TEPMETKO ORAL TABLET 225 MG	\$0, Tier 2	PA; LA; NDS
TIBSOVO ORAL TABLET 250 MG	\$0, Tier 2	PA; LA; NDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0, Tier 2	PA; NDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0, Tier 2	PA; LA; NDS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0, Tier 2	PA; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0, Tier 2	PA; LA; NDS
TURALIO ORAL CAPSULE 200 MG	\$0, Tier 2	PA; LA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
UKONIQ ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	\$0, Tier 2	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days); NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0, Tier 2	PA; LA; QL (42 per 28 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0, Tier 2	PA; LA; NDS
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0, Tier 2	PA; LA; NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0, Tier 2	PA; LA; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0, Tier 2	PA; LA; NDS
VOTRIENT ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0, Tier 2	PA; LA; NDS
XOSPATA ORAL TABLET 40 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0, Tier 2	PA; LA; NDS
ZEJULA ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; NDS
ZELBORAF ORAL TABLET 240 MG	\$0, Tier 2	PA; LA; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0, Tier 2	PA; NDS
ZOLINZA ORAL CAPSULE 100 MG	\$0, Tier 2	PA; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0, Tier 2	PA; LA; NDS
ZYKADIA ORAL TABLET 150 MG	\$0, Tier 2	PA; LA; NDS
Protective Agents		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0, Tier 1	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0, Tier 1	B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0, Tier 1	

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

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

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0, Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0, Tier 1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0, Tier 1	QL (30 per 30 days)
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	\$0, Tier 1	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0, Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0, Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0, Tier 1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0, Tier 1	
MULTAQ ORAL TABLET 400 MG	\$0, Tier 2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0, Tier 2	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0, Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0, Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0, Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0, Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	\$0, Tier 1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0, Tier 1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0, Tier 1	
Antilipemics, Fibrates		
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	\$0, Tier 1	
<i>fenofibrate oral capsule 134 mg</i>	\$0, Tier 1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0, Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	\$0, Tier 1	
Antilipemics, Hmg-CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
Antilipemics, Miscellaneous		
<i>cholestyramine light oral packet 4 gm</i>	\$0, Tier 1	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0, Tier 1	
<i>cholestyramine oral packet 4 gm</i>	\$0, Tier 1	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0, Tier 1	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0, Tier 1	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0, Tier 1	
<i>colestipol hcl oral granules 5 gm</i>	\$0, Tier 1	
<i>colestipol hcl oral packet 5 gm</i>	\$0, Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	\$0, Tier 1	
<i>ezetimibe oral tablet 10 mg</i>	\$0, Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	\$0, Tier 2	PA; LA; NDS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0, Tier 1	QL (60 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0, Tier 2	PA
PREVALITE ORAL PACKET 4 GM	\$0, Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	\$0, Tier 1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0, Tier 2	
Beta-Blocker/Diuretic Combinations		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0, Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0, Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0, Tier 1	
Beta-Blockers		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0, Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0, Tier 2	QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0, Tier 2	QL (60 per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0, Tier 1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0, Tier 1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0, Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0, Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0, Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0, Tier 1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0, Tier 1	
Calcium Channel Blockers		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0, Tier 1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0, Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0, Tier 1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	\$0, Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0, Tier 1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0, Tier 1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0, Tier 1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0, Tier 1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0, Tier 1	
<i>nimodipine oral capsule 30 mg</i>	\$0, Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0, Tier 2	NDS
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0, Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0, Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0, Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0, Tier 1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0, Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0, Tier 1	
Diuretics		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0, Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0, Tier 1	
<i>amiloride hcl oral tablet 5 mg</i>	\$0, Tier 1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0, Tier 1	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0, Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0, Tier 1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	\$0, Tier 1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0, Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0, Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0, Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0, Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0, Tier 1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0, Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0, Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0, Tier 1	
Miscellaneous		
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$0, Tier 2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0, Tier 1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0, Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0, Tier 1	
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0, Tier 2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0, Tier 2	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	\$0, Tier 1	QL (30 per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	\$0, Tier 1	QL (30 per 30 days)
<i>digoxin injection solution 0.25 mg/ml</i>	\$0, Tier 1	
<i>digoxin oral solution 0.05 mg/ml</i>	\$0, Tier 1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0, Tier 2	PA; QL (180 per 30 days); NDS
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0, Tier 2	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0, Tier 1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	\$0, Tier 2	PA
<i>metyrosine oral capsule 250 mg</i>	\$0, Tier 2	PA; NDS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0, Tier 1	
NORTHERA ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0, Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0, Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0, Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0, Tier 2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0, Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0, Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0, Tier 1	
Pulmonary Arterial Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>bosentan oral tablet 125 mg</i>	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
<i>bosentan oral tablet 62.5 mg</i>	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>sildenafil citrate oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0, Tier 2	PA; LA; NDS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0, Tier 2	PA; NDS
CENTRAL NERVOUS SYSTEM		
Antianxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0, Tier 1	QL (150 per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0, Tier 1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0, Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	\$0, Tier 1	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0, Tier 1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0, Tier 1	QL (150 per 30 days)
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0, Tier 2	QL (60 per 30 days); NDS
BANZEL ORAL TABLET 200 MG, 400 MG	\$0, Tier 2	PA; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0, Tier 2	PA

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

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

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0, Tier 1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0, Tier 2	PA; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0, Tier 2	PA; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg</i>	\$0, Tier 1	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0, Tier 1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	\$0, Tier 1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0, Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0, Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0, Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0, Tier 1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0, Tier 1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0, Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0, Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0, Tier 1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0, Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0, Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0, Tier 1	
PEGANONE ORAL TABLET 250 MG	\$0, Tier 2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0, Tier 2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0, Tier 2	PA
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0, Tier 2	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0, Tier 2	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0, Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	\$0, Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0, Tier 1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	\$0, Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pregabalin oral capsule 200 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0, Tier 1	PA; QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0, Tier 1	
ROWEEPRA ORAL TABLET 500 MG	\$0, Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0, Tier 2	PA; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i>	\$0, Tier 2	PA; NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	\$0, Tier 2	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	\$0, Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	\$0, Tier 2	PA; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0, Tier 1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0, Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0, Tier 1	
<i>valproic acid oral capsule 250 mg</i>	\$0, Tier 1	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0, Tier 1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0, Tier 2	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0, Tier 2	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0, Tier 2	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0, Tier 2	
<i>vigabatrin oral packet 500 mg</i>	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
<i>vigabatrin oral tablet 500 mg</i>	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIGADRONE ORAL PACKET 500 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	\$0, Tier 2	NDS
VIMPAT ORAL SOLUTION 10 MG/ML	\$0, Tier 2	QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0, Tier 2	QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	\$0, Tier 2	QL (120 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	\$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	\$0, Tier 2	QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	\$0, Tier 2	QL (90 per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0, Tier 2	QL (28 per 28 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	\$0, Tier 2	QL (28 per 28 days); NDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
Antidementia		
<i>donepezil hcl oral tablet 10 mg</i>	\$0, Tier 1	
<i>donepezil hcl oral tablet 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0, Tier 1	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0, Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0, Tier 1	PA
<i>memantine hcl oral solution 2 mg/ml</i>	\$0, Tier 1	PA
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	PA
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	\$0, Tier 2	PA
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0, Tier 2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0, Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0, Tier 1	QL (30 per 30 days)
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0, Tier 2	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0, Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0, Tier 1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0, Tier 1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0, Tier 1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0, Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0, Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0, Tier 2	PA; QL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0, Tier 1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0, Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0, Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0, Tier 2	PA; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0, Tier 2	PA; QL (60 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0, Tier 2	PA
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0, Tier 1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0, Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0, Tier 2	
MARPLAN ORAL TABLET 10 MG	\$0, Tier 2	QL (180 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0, Tier 1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0, Tier 1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0, Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0, Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0, Tier 1	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0, Tier 2	
PAXIL ORAL SUSPENSION 10 MG/5ML	\$0, Tier 2	QL (900 per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0, Tier 1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 2	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0, Tier 1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0, Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0, Tier 1	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0, Tier 2	QL (60 per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	\$0, Tier 2	QL (240 per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	\$0, Tier 2	QL (120 per 30 days)
TRINTELLIX ORAL TABLET 10 MG	\$0, Tier 2	QL (60 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRINTELLIX ORAL TABLET 20 MG	\$0, Tier 2	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0, Tier 2	QL (120 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0, Tier 1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0, Tier 1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0, Tier 2	QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0, Tier 2	
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0, Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	\$0, Tier 1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0, Tier 1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0, Tier 2	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0, Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0, Tier 1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0, Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0, Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0, Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0, Tier 1	
<i>entacapone oral tablet 200 mg</i>	\$0, Tier 1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0, Tier 2	PA; QL (150 per 30 days); NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0, Tier 2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0, Tier 1	
<i>rasagiline mesylate oral tablet 0.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>rasagiline mesylate oral tablet 1 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0, Tier 1	
<i>selegiline hcl oral capsule 5 mg</i>	\$0, Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	\$0, Tier 1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0, Tier 2	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0, Tier 2	PA

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0, Tier 2	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0, Tier 2	QL (1 per 28 days); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	\$0, Tier 2	QL (900 per 30 days); NDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0, Tier 2	QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0, Tier 2	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0, Tier 2	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0, Tier 2	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0, Tier 2	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0, Tier 2	QL (3.2 per 28 days); NDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	\$0, Tier 2	QL (30 per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0, Tier 1	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0, Tier 2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>clozapine oral tablet 100 mg</i>	\$0, Tier 1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0, Tier 1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0, Tier 1	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0, Tier 1	PA; QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0, Tier 1	PA
<i>clozapine oral tablet dispersible 150 mg</i>	\$0, Tier 2	PA; QL (180 per 30 days); NDS
<i>clozapine oral tablet dispersible 200 mg</i>	\$0, Tier 2	PA; QL (135 per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0, Tier 2	PA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0, Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0, Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0, Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0, Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0, Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0, Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0, Tier 1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0, Tier 2	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0, Tier 2	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0, Tier 2	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0, Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0, Tier 2	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	\$0, Tier 2	QL (0.875 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	\$0, Tier 2	QL (1.315 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0, Tier 2	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	\$0, Tier 2	QL (2.625 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0, Tier 2	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0, Tier 2	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0, Tier 1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0, Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0, Tier 1	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0, Tier 2	QL (1 per 30 days); NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0, Tier 1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0, Tier 2	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0, Tier 2	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0, Tier 2	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0, Tier 2	QL (2 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i>	\$0, Tier 1	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0, Tier 1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0, Tier 1	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0, Tier 2	QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0, Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0, Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0, Tier 2	PA; QL (600 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0, Tier 2	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0, Tier 1	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0, Tier 2	PA; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0, Tier 2	PA; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0, Tier 2	PA; QL (1 per 28 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Attention Deficit Hyperactivity Disorder		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0, Tier 1	PA; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0, Tier 1	PA; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	PA; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
Hypnotics		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0, Tier 2	QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0, Tier 2	PA; LA; NDS
<i>temazepam oral capsule 15 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days)
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0, Tier 2	PA; QL (1 per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	\$0, Tier 2	NDS
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0, Tier 2	PA; QL (8 per 30 days); NDS
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0, Tier 1	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0, Tier 1	QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0, Tier 1	QL (18 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan nasal solution 20 mg/act</i>	\$0, Tier 1	QL (12 per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0, Tier 1	QL (24 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	QL (12 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0, Tier 1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0, Tier 1	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0, Tier 2	PA; QL (16 per 30 days); NDS
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (12 per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (12 per 30 days)
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0, Tier 2	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0, Tier 2	PA; QL (28 per 28 days); NDS
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0, Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0, Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	\$0, Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	\$0, Tier 2	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	\$0, Tier 2	PA; QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0, Tier 2	PA; QL (60 per 30 days)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0, Tier 1	
<i>riluzole oral tablet 50 mg</i>	\$0, Tier 1	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	\$0, Tier 2	PA; QL (120 per 30 days); NDS
Multiple Sclerosis Agents		
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0, Tier 2	PA; QL (14 per 28 days); NDS
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0, Tier 1	PA
GILENYA ORAL CAPSULE 0.5 MG	\$0, Tier 2	PA; QL (28 per 28 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0, Tier 2	PA; QL (12 per 28 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0, Tier 2	PA; QL (30 per 30 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0, Tier 2	PA; QL (12 per 28 days); NDS
Musculoskeletal Therapy Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	\$0, Tier 2	PA; QL (120 per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 2	PA
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0, Tier 2	PA
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0, Tier 1	
VANADOM ORAL TABLET 350 MG	\$0, Tier 2	PA; QL (120 per 30 days)
Narcolepsy/Cataplexy		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0, Tier 2	PA; LA; QL (540 per 30 days); NDS
Psychotherapeutic-Misc		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0, Tier 1	
<i>benzphetamine hcl tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0, Tier 1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	\$0, Tier 2	PA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0, Tier 2	PA
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	\$0, Tier 2	PA
<i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral 75 mg</i>	\$0, Tier 3	DP
<i>diethylpropion hcl tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp nicotine mini lozenge 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>goodsense nicotine gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>goodsense nicotine lozenge 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0, Tier 1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0, Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0, Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0, Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML	\$0, Tier 2	
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc) 14 mg/24hr</i>	\$0, Tier 3	DP
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc) 21 mg/24hr</i>	\$0, Tier 3	DP
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc) 7 mg/24hr</i>	\$0, Tier 3	DP
<i>nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
NICOTROL INHALATION INHALER 10 MG	\$0, Tier 2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0, Tier 2	
<i>phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral 105 mg</i>	\$0, Tier 3	DP
<i>phendimetrazine tartrate tablet 35 mg oral 35 mg</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 15 mg oral 15 mg</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 37.5 mg oral 37.5 mg</i>	\$0, Tier 3	DP
<i>phentermine hcl tablet 37.5 mg oral 37.5 mg</i>	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL 11.25-69 MG	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL 15-92 MG	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL 3.75-23 MG	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL 7.5-46 MG	\$0, Tier 3	DP
<i>sm nicotine gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>sm nicotine lozenge 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	\$0, Tier 3	DP
THRIVE GUM 2 MG MOUTH/THROAT 2 MG	\$0, Tier 3	DP
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	PA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0, Tier 2	NDS
ENDOCRINE AND METABOLIC		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	\$0, Tier 2	PA; QL (30 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0, Tier 1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0, Tier 1	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0, Tier 1	PA; QL (300 per 30 days)
Antidiabetics, Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	\$0, Tier 2	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	\$0, Tier 2	
<i>cvs gauze sterile pad 2"x2"</i>	\$0, Tier 2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	\$0, Tier 2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0, Tier 2	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0, Tier 2	
<i>global alcohol prep ease pad 70 %</i>	\$0, Tier 2	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0, Tier 2	B/D; NDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0, Tier 2	NDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0, Tier 2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0, Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0, Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0, Tier 2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0, Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0, Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0, Tier 2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0, Tier 2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0, Tier 2	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0, Tier 2	
OMNIPOD 5 PACK	\$0, Tier 2	PA; QL (10 per 30 days)
OMNIPOD DASH 5 PACK PODS	\$0, Tier 2	PA; QL (10 per 30 days)
OMNIPOD STARTER KIT	\$0, Tier 2	PA; QL (1 per 365 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0, Tier 2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	\$0, Tier 2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0, Tier 2	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0, Tier 2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0, Tier 2	
V-GO 20 KIT	\$0, Tier 2	PA; QL (30 per 30 days)
V-GO 30 KIT	\$0, Tier 2	PA; QL (30 per 30 days)
V-GO 40 KIT	\$0, Tier 2	PA; QL (30 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0, Tier 2	QL (15 per 30 days)
Antidiabetics		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0, Tier 2	QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	\$0, Tier 2	QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0, Tier 2	QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0, Tier 2	QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0, Tier 2	QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0, Tier 1	QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0, Tier 2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0, Tier 2	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0, Tier 2	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0, Tier 2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0, Tier 2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG	\$0, Tier 2	QL (60 per 30 days)
JARDIANCE ORAL TABLET 25 MG	\$0, Tier 2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0, Tier 2	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0, Tier 1	QL (120 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0, Tier 1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0, Tier 1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0, Tier 1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0, Tier 2	QL (1.5 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	\$0, Tier 2	QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0, Tier 1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0, Tier 2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0, Tier 2	QL (120 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0, Tier 2	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0, Tier 2	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0, Tier 2	QL (9 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0, Tier 2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0, Tier 2	QL (60 per 30 days)
Calcium Regulators		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0, Tier 1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0, Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0, Tier 1	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0, Tier 2	PA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ibandronate sodium oral tablet 150 mg</i>	\$0, Tier 1	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0, Tier 2	PA; NDS
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0, Tier 1	B/D
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	\$0, Tier 2	B/D
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	\$0, Tier 1	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0, Tier 2	QL (1 per 180 days)
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0, Tier 1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0, Tier 1	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0, Tier 2	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0, Tier 2	PA; NDS
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0, Tier 1	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	\$0, Tier 1	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	\$0, Tier 2	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0, Tier 2	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0, Tier 2	PA; NDS
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0, Tier 2	
<i>penicillamine oral tablet 250 mg</i>	\$0, Tier 2	NDS
<i>sodium polystyrene sulfonate oral powder</i>	\$0, Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML	\$0, Tier 1	
<i>trientine hcl oral capsule 250 mg</i>	\$0, Tier 2	PA; NDS
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0, Tier 2	PA
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0, Tier 1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0, Tier 1	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0, Tier 1	
APRI ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0, Tier 1	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0, Tier 1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0, Tier 1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0, Tier 1	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0, Tier 1	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0, Tier 1	
CAMILA ORAL TABLET 0.35 MG	\$0, Tier 1	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0, Tier 1	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0, Tier 1	
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0, Tier 1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0, Tier 1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0, Tier 1	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0, Tier 1	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0, Tier 1	
DEBLITANE ORAL TABLET 0.35 MG	\$0, Tier 1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$0, Tier 1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0, Tier 1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0, Tier 1	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0, Tier 1	
ELLA ORAL TABLET 30 MG	\$0, Tier 2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0, Tier 1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0, Tier 1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ERRIN ORAL TABLET 0.35 MG	\$0, Tier 1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0, Tier 1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0, Tier 1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	\$0, Tier 1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
GIANVI ORAL TABLET 3-0.02 MG	\$0, Tier 1	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
HEATHER ORAL TABLET 0.35 MG	\$0, Tier 1	
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0, Tier 1	
INCASSIA ORAL TABLET 0.35 MG	\$0, Tier 1	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0, Tier 1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
JASMIEL ORAL TABLET 3-0.02 MG	\$0, Tier 1	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0, Tier 1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0, Tier 1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0, Tier 1	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	\$0, Tier 1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0, Tier 1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0, Tier 1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0, Tier 1	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	\$0, Tier 1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0, Tier 1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0, Tier 1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0, Tier 1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
LILLOW ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
LORYNA ORAL TABLET 3-0.02 MG	\$0, Tier 1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0, Tier 1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
LYLEQ ORAL TABLET 0.35 MG	\$0, Tier 1	
LYZA ORAL TABLET 0.35 MG	\$0, Tier 1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0, Tier 1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0, Tier 1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0, Tier 1	
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0, Tier 1	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0, Tier 1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0, Tier 1	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0, Tier 1	
NIKKI ORAL TABLET 3-0.02 MG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NORA-BE ORAL TABLET 0.35 MG	\$0, Tier 1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	\$0, Tier 1	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0, Tier 1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0, Tier 1	
<i>norethindrone oral tablet 0.35 mg</i>	\$0, Tier 1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0, Tier 1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0, Tier 1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0, Tier 1	
NORLYROC ORAL TABLET 0.35 MG	\$0, Tier 1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0, Tier 1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0, Tier 1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0, Tier 1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
OCELLA ORAL TABLET 3-0.03 MG	\$0, Tier 1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0, Tier 1	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0, Tier 1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0, Tier 1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0, Tier 1	
SHAROBEL ORAL TABLET 0.35 MG	\$0, Tier 1	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0, Tier 1	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0, Tier 1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
SYEDA ORAL TABLET 3-0.03 MG	\$0, Tier 1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0, Tier 1	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0, Tier 1	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0, Tier 1	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0, Tier 1	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0, Tier 1	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0, Tier 1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0, Tier 1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0, Tier 1	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0, Tier 1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0, Tier 1	
TULANA ORAL TABLET 0.35 MG	\$0, Tier 1	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0, Tier 1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0, Tier 1	
VESTURA ORAL TABLET 3-0.02 MG	\$0, Tier 1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0, Tier 1	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0, Tier 1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0, Tier 1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0, Tier 1	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0, Tier 1	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0, Tier 1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0, Tier 1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0, Tier 1	
ZARAH ORAL TABLET 3-0.03 MG	\$0, Tier 1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0, Tier 1	
Endometriosis		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0, Tier 1	
SYNAREL NASAL SOLUTION 2 MG/ML	\$0, Tier 2	NDS
Estrogens		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	\$0, Tier 2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0, Tier 2	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	\$0, Tier 2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0, Tier 2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0, Tier 2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0, Tier 2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0, Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	\$0, Tier 1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0, Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0, Tier 2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0, Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0, Tier 2	
LOPREEZA ORAL TABLET 1-0.5 MG	\$0, Tier 2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	\$0, Tier 2	
MIMVEY ORAL TABLET 1-0.5 MG	\$0, Tier 2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0, Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	\$0, Tier 1	
Glucocorticoids		
<i>cortisone acetate oral tablet 25 mg</i>	\$0, Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0, Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0, Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0, Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0, Tier 1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0, Tier 1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0, Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0, Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0, Tier 1	B/D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0, Tier 1	B/D
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0, Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	\$0, Tier 1	B/D
<i>prednisolone oral solution 15 mg/5ml</i>	\$0, Tier 1	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0, Tier 1	B/D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0, Tier 2	B/D
<i>prednisone oral solution 5 mg/5ml</i>	\$0, Tier 1	B/D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0, Tier 1	B/D
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0, Tier 1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0, Tier 2	
Glucose Elevating Agents		
<i>diazoxide oral suspension 50 mg/ml</i>	\$0, Tier 2	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0, Tier 2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	\$0, Tier 2	
Miscellaneous		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0, Tier 2	PA; LA; NDS
<i>cabergoline oral tablet 0.5 mg</i>	\$0, Tier 1	
CARBAGLU ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
CERDELGA ORAL CAPSULE 84 MG	\$0, Tier 2	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0, Tier 2	PA; LA; NDS
<i>charcoal powder</i>	\$0, Tier 3	DP
CHEMSTRIP UGK STRIP IN VITRO	\$0, Tier 3	DP
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0, Tier 1	B/D; QL (120 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0, Tier 2	B/D; QL (60 per 30 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0, Tier 2	B/D; QL (120 per 30 days); NDS
CYSTADANE ORAL POWDER	\$0, Tier 2	LA; NDS
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0, Tier 2	PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0, Tier 1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0, Tier 2	NDS
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0, Tier 1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0, Tier 2	NDS
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0, Tier 1	
DIASCREEN 10	\$0, Tier 3	DP
DIASCREEN 1G STRIP	\$0, Tier 3	DP
DIASCREEN 2GK STRIP	\$0, Tier 3	DP
DIASCREEN 3	\$0, Tier 3	DP
DIASCREEN 4OBL	\$0, Tier 3	DP
DIASCREEN 5	\$0, Tier 3	DP
DIASCREEN 6	\$0, Tier 3	DP
DIASCREEN 7	\$0, Tier 3	DP
DIASCREEN 8	\$0, Tier 3	DP
DIASCREEN 9	\$0, Tier 3	DP
DIASTIX STRIP IN VITRO	\$0, Tier 3	DP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0, Tier 2	PA; LA; NDS
GENOTROPIN MINISQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 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	\$0, Tier 2	PA; NDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	\$0, Tier 2	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0, Tier 2	PA; LA; NDS
KETO-DIASTIX STRIP IN VITRO	\$0, Tier 3	DP
KORLYM ORAL TABLET 300 MG	\$0, Tier 2	PA; LA; NDS
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0, Tier 1	B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0, Tier 1	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0, Tier 2	PA; LA; NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0, Tier 2	PA; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	\$0, Tier 2	PA; NDS
<i>miglustat oral capsule 100 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0, Tier 2	PA; LA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0, Tier 2	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0, Tier 1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0, Tier 2	PA; NDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0, Tier 1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0, Tier 2	PA; NDS
OSPHENA ORAL TABLET 60 MG	\$0, Tier 2	PA
<i>raloxifene hcl oral tablet 60 mg</i>	\$0, Tier 1	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0, Tier 2	PA; NDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0, Tier 2	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0, Tier 2	PA; LA; NDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0, Tier 2	PA; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0, Tier 2	PA; NDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	\$0, Tier 2	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0, Tier 2	PA; LA; NDS
STIMATE NASAL SOLUTION 1.5 MG/ML	\$0, Tier 2	NDS
Phosphate Binder Agents		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	\$0, Tier 2	PA; QL (360 per 30 days); NDS
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0, Tier 2	QL (540 per 30 days); NDS
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0, Tier 2	QL (180 per 30 days); NDS
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0, Tier 1	QL (540 per 30 days)
Progestins		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0, Tier 2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0, Tier 2	PA
<i>norethindrone acetate oral tablet 5 mg</i>	\$0, Tier 1	
Thyroid Agents		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0, Tier 1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0, Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0, Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0, Tier 1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	\$0, Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0, Tier 2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0, Tier 1	
Vitamin D Analogs		
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0, Tier 1	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0, Tier 1	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0, Tier 1	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0, Tier 1	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0, Tier 2	NDS
GASTROINTESTINAL		
Antacids		
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL 400-400-40 MG/5ML	\$0, Tier 3	DP
<i>aluminum hydroxide gel suspension 320 mg/5ml oral 320 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid anti-gas max strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid fast relief suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas fast act suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas relief suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas relief suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>antacid suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>antacid/simethicone ds suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>fast acting antacid/anti-gas suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp antacid anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>hm advanced antacid max st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>hm antacid anti-gas ex st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>hm antacid/antigas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>mag-al plus liquid 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>mag-al plus xs liquid 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>magnesium oxide powder (otc)</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 mg oral 400 mg</i>	\$0, Tier 3	DP
MI-ACID SUSPENSION 200-200-20 MG/5ML ORAL 200-200-20 MG/5ML	\$0, Tier 3	DP
<i>milantex extra strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>milantex suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
MINTOX PLUS TABLET CHEWABLE 200-200-25 MG ORAL 200-200-25 MG	\$0, Tier 3	DP
<i>qc antacid suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>qc antacid/anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>qc antacid/anti-gas suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>sb antacid anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>sm antacid advanced max st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0, Tier 3	DP
<i>sm antacid anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>sm antacid/antigas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0, Tier 3	DP
<i>sodium bicarbonate powder oral (otc)</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
URO-MAG CAPSULE 140 MG ORAL 140 MG	\$0, Tier 3	DP
Anti-Diarrheal		
<i>anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>bismatrol suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
<i>bismatrol tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>bismuth tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>gnp anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>gnp k-pec suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
<i>gnp pink bismuth tablet 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>gnp pink bismuth tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>gnp stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
<i>hm anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>hm loperamide hcl capsule 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>hm stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
<i>hm stomach relief tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>medi-bismuth tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>pectin powder (otc)</i>	\$0, Tier 3	DP
<i>peptic relief tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>qc anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>qc diarrhea relief suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
<i>qc pink bismuth tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>sm anti-diarrheal capsule 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>sm anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0, Tier 3	DP
<i>sm stomach relief tablet 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>sm stomach relief tablet chewable 262 mg oral 262 mg</i>	\$0, Tier 3	DP
<i>stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	\$0, Tier 3	DP
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0, Tier 1	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	\$0, Tier 1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	B/D; QL (60 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	\$0, Tier 2	B/D
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0, Tier 1	
<i>granisetron hcl oral tablet 1 mg</i>	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0, Tier 2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0, Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0, Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0, Tier 1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0, Tier 1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0, Tier 1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0, Tier 1	B/D
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0, Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0, Tier 1	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0, Tier 2	PA
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	\$0, Tier 2	PA
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0, Tier 2	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0, Tier 2	PA; QL (10 per 30 days)
Antispasmodics		
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0, Tier 2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0, Tier 2	
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0, Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	
H2-Receptor Antagonists		
<i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	\$0, Tier 1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0, Tier 1	QL (300 per 30 days)
<i>famotidine oral tablet 20 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>famotidine oral tablet 40 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0, Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0, Tier 1	
Inflammatory Bowel Disease		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0, Tier 1	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0, Tier 2	NDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0, Tier 1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0, Tier 1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0, Tier 1	QL (120 per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0, Tier 1	QL (180 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0, Tier 1	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gm</i>	\$0, Tier 1	
<i>mesalamine rectal suppository 1000 mg</i>	\$0, Tier 1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0, Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	\$0, Tier 1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0, Tier 1	
Laxatives		
<i>bisacodyl ec tablet delayed release 5 mg oral 5 mg</i>	\$0, Tier 3	DP
<i>bisacodyl suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>docu liquid 50 mg/5ml oral 50 mg/5ml</i>	\$0, Tier 3	DP
<i>docu soft capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>docusate sodium capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>docusate sodium liquid 50 mg/5ml oral 50 mg/5ml</i>	\$0, Tier 3	DP
DOCUSIL CAPSULE 100 MG ORAL 100 MG	\$0, Tier 3	DP
DOCUSOL MINI ENEMA 283 MG/5ML RECTAL 283 MG/5ML	\$0, Tier 3	DP
<i>ducodyl tablet delayed release 5 mg oral 5 mg</i>	\$0, Tier 3	DP
ENEMEEZ MINI ENEMA 283 MG/5ML RECTAL 283 MG/5ML	\$0, Tier 3	DP
ENEMEEZ PLUS ENEMA 20-283 MG RECTAL 20-283 MG	\$0, Tier 3	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>epsom salt granules oral</i>	\$0, Tier 3	DP
<i>epsom salt powder</i>	\$0, Tier 3	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0, Tier 1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0, Tier 1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0, Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>gentle laxative suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>gentle laxative tablet delayed release 5 mg oral 5 mg</i>	\$0, Tier 3	DP
<i>glycerin (infants & children) suppository 1 gm rectal 1 gm</i>	\$0, Tier 3	DP
GNP BISA-LAX TABLET DELAYED RELEASE 5 MG ORAL 5 MG	\$0, Tier 3	DP
<i>gnp glycerin child suppository 1.2 gm rectal 1.2 gm</i>	\$0, Tier 3	DP
<i>gnp laxative pills tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>gnp laxative suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>gnp laxative tablet delayed release 5 mg oral 5 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp natural fiber powder 28.3 % oral 28.3 %</i>	\$0, Tier 3	DP
<i>gnp senna-lax tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
<i>gnp stool softener capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>gnp stool softener capsule 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>gnp stool softener liquid 50 mg/5ml oral 50 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp stool softener syrup 60 mg/15ml oral 60 mg/15ml</i>	\$0, Tier 3	DP
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	\$0, Tier 2	
<i>hm epsom salt granules oral</i>	\$0, Tier 3	DP
<i>hm stool softener capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>hm stool softener capsule 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>lactulose oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>medi-natural plus tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>medi-natural tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
<i>mineral oil heavy oil (otc)</i>	\$0, Tier 3	DP
<i>mineral oil light oil (otc)</i>	\$0, Tier 3	DP
<i>mineral oil oil (otc)</i>	\$0, Tier 3	DP
<i>natural fiber therapy powder 28.3 % oral 28.3 %</i>	\$0, Tier 3	DP
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	\$0, Tier 2	
PEDIA-LAX LIQUID 50 MG/15ML ORAL 50 MG/15ML	\$0, Tier 3	DP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0, Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0, Tier 1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0, Tier 2	
<i>qc docusate calcium capsule 240 mg oral 240 mg</i>	\$0, Tier 3	DP
<i>qc epsom salt granules oral</i>	\$0, Tier 3	DP
<i>qc gentle laxative suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>qc natural vegetable laxative tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
<i>qc natural vegetable powder 95 % oral 95 %</i>	\$0, Tier 3	DP
<i>qc senna tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
<i>qc senna-s tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>ra epsom salt granules oral</i>	\$0, Tier 3	DP
<i>ra epsom salt lavender granules</i>	\$0, Tier 3	DP
<i>ra glycerin child suppository 80.7 % rectal 80.7 %</i>	\$0, Tier 3	DP
REGULOID POWDER 28.3 % ORAL 28.3 %	\$0, Tier 3	DP
REGULOID POWDER 48.57 % ORAL 48.57 %	\$0, Tier 3	DP
REGULOID POWDER 58.6 % ORAL 58.6 %	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sb docusate sodium capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>sb docusate sodium/senna tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>sb fib lax orange powder 33 % oral 33 %</i>	\$0, Tier 3	DP
<i>sb laxative suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>senna syrup 8.8 mg/5ml oral (otc) 8.8 mg/5ml</i>	\$0, Tier 3	DP
<i>senna-s tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>senna-tabs tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
<i>senna-time s tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>senna-time tablet 8.6 mg oral 8.6 mg</i>	\$0, Tier 3	DP
SENNO TABLET 8.6 MG ORAL 8.6 MG	\$0, Tier 3	DP
<i>sennosides-docusate sodium tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
<i>silace liquid 150 mg/15ml oral 150 mg/15ml</i>	\$0, Tier 3	DP
<i>silace syrup 60 mg/15ml oral 60 mg/15ml</i>	\$0, Tier 3	DP
<i>sm fiber powder 28.3 % oral 28.3 %</i>	\$0, Tier 3	DP
<i>sm fiber powder 48.57 % oral 48.57 %</i>	\$0, Tier 3	DP
<i>sm fiber powder 58.6 % oral 58.6 %</i>	\$0, Tier 3	DP
<i>sm laxative suppository 10 mg rectal 10 mg</i>	\$0, Tier 3	DP
<i>sm stool softener capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>stool softener capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>stool softener laxative tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0, Tier 3	DP
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0, Tier 2	
<i>womans laxative tablet delayed release 5 mg oral 5 mg</i>	\$0, Tier 3	DP
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days); NDS
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0, Tier 1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0, Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0, Tier 2	
GATTEX SUBCUTANEOUS KIT 5 MG	\$0, Tier 2	PA; LA; NDS
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0, Tier 2	QL (30 per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0, Tier 1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0, Tier 1	
MOVANTIK ORAL TABLET 12.5 MG	\$0, Tier 2	QL (60 per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0, Tier 2	QL (30 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0, Tier 2	PA; NDS
<i>sucralfate oral tablet 1 gm</i>	\$0, Tier 1	
TRULANCE ORAL TABLET 3 MG	\$0, Tier 2	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0, Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0, Tier 1	
XIFAXAN ORAL TABLET 550 MG	\$0, Tier 2	PA; NDS
Pancreatic Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0, Tier 2	
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	\$0, Tier 2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	\$0, Tier 2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0, Tier 1	ST; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0, Tier 1	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0, Tier 1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0, Tier 1	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0, Tier 1	QL (30 per 30 days)
GENITOURINARY		
Benign Prostatic Hyperplasia		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0, Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0, Tier 1	
Miscellaneous		
<i>acetic acid irrigation solution 0.25 %</i>	\$0, Tier 1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0, Tier 1	
<i>potassium citrate granules (otc)</i>	\$0, Tier 3	DP
Urinary Antispasmodics		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0, Tier 2	QL (300 per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0, Tier 2	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	\$0, Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0, Tier 1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0, Tier 1	ST; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	ST; QL (60 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	\$0, Tier 2	QL (30 per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0, Tier 1	QL (60 per 30 days)
Vaginal Anti-Infectives		
<i>3 day vaginal cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0, Tier 1	
<i>clotrimazole cream 1 % vaginal 1 %</i>	\$0, Tier 3	DP
<i>gnp clotrimazole 3 cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>gnp miconazole 3 kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0, Tier 3	DP
<i>gnp miconazole 7 cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>metronidazole vaginal gel 0.75 %</i>	\$0, Tier 1	
<i>miconazole 3 applicator kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0, Tier 3	DP
<i>miconazole 3 combo-supp kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0, Tier 3	DP
<i>miconazole 7 cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>miconazole 7 suppository 100 mg vaginal 100 mg</i>	\$0, Tier 3	DP
<i>miconazole nitrate cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>qc miconazole 7 cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>sm 3-day vaginal cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>sm clotrimazole vaginal cream 1 % vaginal 1 %</i>	\$0, Tier 3	DP
<i>sm miconazole 3 applicator kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm miconazole 3 kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0, Tier 3	DP
<i>sm miconazole 7 cream 2 % vaginal 2 %</i>	\$0, Tier 3	DP
<i>sm miconazole 7 suppository 100 mg vaginal 100 mg</i>	\$0, Tier 3	DP
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0, Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	\$0, Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	\$0, Tier 1	
HEMATOLOGIC		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0, Tier 2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0, Tier 2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0, Tier 2	QL (74 per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0, Tier 1	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0, Tier 1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0, Tier 2	NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0, Tier 1	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	\$0, Tier 2	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	\$0, Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0, Tier 1	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0, Tier 1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0, Tier 1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0, Tier 2	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0, Tier 2	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0, Tier 2	QL (51 per 30 days)
Hematopoietic Growth Factors		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0, Tier 2	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0, Tier 2	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0, Tier 2	PA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Iron		
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL 434.8 (200 FE) MG	\$0, Tier 3	DP
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS 510 MG/17ML	\$0, Tier 3	DP
FERATE TABLET 240 (27 FE) MG ORAL 240 (27 FE) MG	\$0, Tier 3	DP
FEROSUL ELIXIR 220 (44 FE) MG/5ML ORAL 220 (44 FE) MG/5ML	\$0, Tier 3	DP
FEROSUL TABLET 325 (65 FE) MG ORAL 325 (65 FE) MG	\$0, Tier 3	DP
<i>ferretts ips solution 40 mg/15ml oral 40 mg/15ml</i>	\$0, Tier 3	DP
<i>ferretts tablet 325 (106 fe) mg oral 325 (106 fe) mg</i>	\$0, Tier 3	DP
FERREX 150 CAPSULE 150 MG ORAL 150 MG	\$0, Tier 3	DP
FERRIMIN 150 TABLET 150 MG ORAL 150 MG	\$0, Tier 3	DP
<i>ferrous fumarate tablet 324 (106 fe) mg oral 324 (106 fe) mg</i>	\$0, Tier 3	DP
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral 324 (37.5 fe) mg</i>	\$0, Tier 3	DP
<i>ferrous gluconate tablet 324 (38 fe) mg oral 324 (38 fe) mg</i>	\$0, Tier 3	DP
<i>ferrous sulfate elixir 220 (44 fe) mg/5ml oral 220 (44 fe) mg/5ml</i>	\$0, Tier 3	DP
<i>ferrous sulfate powder (otc)</i>	\$0, Tier 3	DP
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral 75 (15 fe) mg/ml</i>	\$0, Tier 3	DP
<i>ferrous sulfate syrup 300 (60 fe) mg/5ml oral 300 (60 fe) mg/5ml</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet delayed release 324 (65 fe) mg oral 324 (65 fe) mg</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0, Tier 3	DP
<i>ferrousul tablet 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0, Tier 3	DP
FOLITAB 500 TABLET EXTENDED RELEASE 105-500-0.8 MG ORAL 105-500-0.8 MG	\$0, Tier 3	DP
FUSION CAPSULE 65-65-25-30 MG ORAL 65-65-25-30 MG	\$0, Tier 3	DP
<i>gnp iron tablet 200 (65 fe) mg oral 200 (65 fe) mg</i>	\$0, Tier 3	DP
<i>gnp iron tablet extended release 142 (45 fe) mg oral 142 (45 fe) mg</i>	\$0, Tier 3	DP
<i>gnp slow release iron tablet extended release 47.5 mg oral 47.5 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm iron tablet 200 (65 fe) mg oral 200 (65 fe) mg</i>	\$0, Tier 3	DP
INTEGRA CAPSULE 62.5-62.5-40-3 MG ORAL 62.5-62.5-40-3 MG	\$0, Tier 3	DP
<i>iron 100 plus tablet 100-250-0.025-1 mg oral 100-250-0.025-1 mg</i>	\$0, Tier 3	DP
<i>iron 100/c tablet 100-250 mg oral 100-250 mg</i>	\$0, Tier 3	DP
<i>iron tablet 240 (27 fe) mg oral 240 (27 fe) mg</i>	\$0, Tier 3	DP
<i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous 12.5 mg/ml</i>	\$0, Tier 3	DP
NOVAFERRUM 50 CAPSULE 50 MG ORAL 50 MG	\$0, Tier 3	DP
NOVAFERRUM LIQUID 125 MG/5ML ORAL 125 MG/5ML	\$0, Tier 3	DP
NOVAFERRUM PEDIATRIC DROPS LIQUID 15 MG/ML ORAL 15 MG/ML	\$0, Tier 3	DP
NU-IRON CAPSULE 150 MG ORAL 150 MG	\$0, Tier 3	DP
POLY-IRON 150 CAPSULE 150 MG ORAL 150 MG	\$0, Tier 3	DP
PROFE CAPSULE 391.3 (180 FE) MG ORAL 391.3 (180 FE) MG	\$0, Tier 3	DP
<i>sm iron slow release tablet extended release 160 (50 fe) mg oral 160 (50 fe) mg</i>	\$0, Tier 3	DP
<i>sm iron tablet 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0, Tier 3	DP
<i>sm slow release iron tablet extended release 143 (45 fe) mg oral 143 (45 fe) mg</i>	\$0, Tier 3	DP
VENOFER SOLUTION 20 MG/ML INTRAVENOUS 20 MG/ML	\$0, Tier 3	DP
<i>wee care suspension 15 mg/1.25ml oral 15 mg/1.25ml</i>	\$0, Tier 3	DP
Miscellaneous		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0, Tier 1	
BERINERT INTRAVENOUS KIT 500 UNIT	\$0, Tier 2	PA; LA; QL (24 per 30 days); NDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0, Tier 1	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0, Tier 2	PA; LA; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0, Tier 2	
ENDARI ORAL PACKET 5 GM	\$0, Tier 2	PA; LA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0, Tier 2	PA; LA; QL (20 per 30 days); NDS
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	\$0, Tier 2	PA; QL (27 per 30 days); NDS
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0, Tier 1	
PROMACTA ORAL PACKET 12.5 MG	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
PROMACTA ORAL PACKET 25 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	\$0, Tier 2	PA; QL (27 per 30 days); NDS
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0, Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	\$0, Tier 1	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0, Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0, Tier 2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0, Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0, Tier 2	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0, Tier 2	PA; QL (8.16 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0, Tier 2	PA; QL (16 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0, Tier 2	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0, Tier 2	PA; QL (6 per 28 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0, Tier 2	PA; QL (4 per 28 days); NDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0, Tier 2	PA; NDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0, Tier 2	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0, Tier 2	PA; NDS
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0, Tier 2	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0, Tier 2	PA; QL (2 per 28 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0, Tier 2	PA; QL (6 per 28 days); NDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0, Tier 2	PA; NDS
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0, Tier 2	PA; LA; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	\$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0, Tier 2	PA; QL (7 per 365 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0, Tier 2	PA; LA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0, Tier 2	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0, Tier 2	PA; QL (1 per 28 days); NDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0, Tier 2	PA; LA; QL (3 per 28 days); NDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0, Tier 2	PA; LA; QL (3 per 28 days); NDS
XELJANZ ORAL SOLUTION 1 MG/ML	\$0, Tier 2	PA; QL (240 per 24 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0, Tier 1	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	\$0, Tier 1	
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0, Tier 2	B/D
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	\$0, Tier 2	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0, Tier 2	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0, Tier 2	PA; NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0, Tier 2	PA; LA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0, Tier 2	PA; NDS
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	\$0, Tier 2	B/D; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0, Tier 2	B/D; NDS
Immunosuppressants		
<i>azathioprine oral tablet 50 mg</i>	\$0, Tier 1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0, Tier 2	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0, Tier 2	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0, Tier 2	PA; NDS
<i>cyclosporine intravenous solution 50 mg/ml</i>	\$0, Tier 1	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0, Tier 1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0, Tier 1	B/D
<i>everolimus oral tablet 0.25 mg</i>	\$0, Tier 1	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	\$0, Tier 2	B/D; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0, Tier 1	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	\$0, Tier 1	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0, Tier 1	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0, Tier 2	B/D; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0, Tier 1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0, Tier 1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0, Tier 2	B/D; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0, Tier 2	B/D
REZUROCK ORAL TABLET 200 MG	\$0, Tier 2	PA; LA; NDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0, Tier 2	B/D
<i>sirolimus oral solution 1 mg/ml</i>	\$0, Tier 2	B/D; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	B/D
<i>sirolimus oral tablet 2 mg</i>	\$0, Tier 2	B/D; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0, Tier 1	B/D
ZORTRESS ORAL TABLET 1 MG	\$0, Tier 2	B/D; NDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0, Tier 2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0, Tier 2	
<i>bcg vaccine injection injectable</i>	\$0, Tier 2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0, Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0, Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0, Tier 2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0, Tier 2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	\$0, Tier 2	B/D
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0, Tier 2	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0, Tier 2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0, Tier 2	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0, Tier 2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	\$0, Tier 2	B/D

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0, Tier 2	
IPOL INJECTION INJECTABLE	\$0, Tier 2	
IXIARO INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0, Tier 2	
MENACTRA INTRAMUSCULAR SOLUTION	\$0, Tier 2	
MENQUADFI INTRAMUSCULAR SOLUTION	\$0, Tier 2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0, Tier 2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0, Tier 2	
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0, Tier 2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0, Tier 2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0, Tier 2	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0, Tier 2	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	\$0, Tier 2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0, Tier 2	
ROTATEQ ORAL SOLUTION	\$0, Tier 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0, Tier 2	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0, Tier 2	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0, Tier 2	B/D
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0, Tier 2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0, Tier 2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	\$0, Tier 2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0, Tier 2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0, Tier 2	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0, Tier 2	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	\$0, Tier 2	QL (1 per 999 days)
MISCELLANEOUS		
Miscellaneous		
<i>acacia powder (otc)</i>	\$0, Tier 3	DP
<i>acesulfame potassium powder (otc)</i>	\$0, Tier 3	DP
<i>acetic acid glacial solution 99 % (otc) 99 %</i>	\$0, Tier 3	DP
<i>acetic acid solution 3 % 3 %</i>	\$0, Tier 3	DP
<i>acetyl-L-carnitine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>almond oil (sweet) oil (otc)</i>	\$0, Tier 3	DP
<i>aloe vera powder (otc)</i>	\$0, Tier 3	DP
<i>alum ammonium powder</i>	\$0, Tier 3	DP
<i>ascorbyl palmitate powder (otc)</i>	\$0, Tier 3	DP
<i>banana concentrate liquid (otc)</i>	\$0, Tier 3	DP
<i>benzyl alcohol liquid (otc)</i>	\$0, Tier 3	DP
<i>betaine anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>bioflavonoid citrus powder</i>	\$0, Tier 3	DP
<i>biotin-d powder</i>	\$0, Tier 3	DP
<i>bismuth subcarbonate powder (otc)</i>	\$0, Tier 3	DP
<i>boric acid topical powder</i>	\$0, Tier 3	DP
BUFFER CREAM POWDER	\$0, Tier 3	DP
<i>butylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>calcium citrate tetrahydrate powder (otc)</i>	\$0, Tier 3	DP
<i>calcium hydroxide powder (otc)</i>	\$0, Tier 3	DP
<i>calcium saccharate powder</i>	\$0, Tier 3	DP
CARBOGEL 940 GEL (OTC)	\$0, Tier 3	DP
CARBOHOL 940 GEL (OTC)	\$0, Tier 3	DP
<i>carbomer homopolymer type c powder</i>	\$0, Tier 3	DP
<i>carboxymethylcellulose sodium powder (otc)</i>	\$0, Tier 3	DP
<i>cetyl alcohol flakes (otc)</i>	\$0, Tier 3	DP
<i>cherry concentrate concentrate oral</i>	\$0, Tier 3	DP
<i>cherry concentrate syrup oral</i>	\$0, Tier 3	DP
<i>cherry syrup oral (otc)</i>	\$0, Tier 3	DP
<i>chloroform solution (otc)</i>	\$0, Tier 3	DP
<i>chocolate concentrate concentrate</i>	\$0, Tier 3	DP
<i>cholesterol powder (otc)</i>	\$0, Tier 3	DP
<i>chrysin powder (otc)</i>	\$0, Tier 3	DP
<i>citric acid anhydrous granules (otc)</i>	\$0, Tier 3	DP
<i>citric acid anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>clove oil oil (otc)</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>coal tar solution 20 % (otc) 20 %</i>	\$0, Tier 3	DP
<i>cocoa butter (otc)</i>	\$0, Tier 3	DP
<i>coconut oil oil (otc)</i>	\$0, Tier 3	DP
<i>coenzyme q10 powder (otc)</i>	\$0, Tier 3	DP
<i>collodion flexible liquid external (otc)</i>	\$0, Tier 3	DP
<i>collodion liquid (otc)</i>	\$0, Tier 3	DP
<i>corn starch powder (otc)</i>	\$0, Tier 3	DP
<i>cottonseed oil oil (otc)</i>	\$0, Tier 3	DP
<i>creatine monohydrate powder (otc)</i>	\$0, Tier 3	DP
<i>croton oil oil (otc)</i>	\$0, Tier 3	DP
<i>distilled water liquid oral</i>	\$0, Tier 3	DP
<i>ethoxy ethoxy ethanol reagent liquid</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 100 % (otc) 100 %</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 95 % (otc) 95 %</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 95 % external 95 %</i>	\$0, Tier 3	DP
<i>ethyl oleate liquid (otc)</i>	\$0, Tier 3	DP
FATTYBLEND	\$0, Tier 3	DP
<i>fd&c red #40 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fd&c yellow #5 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc blue 1 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fdc blue 1 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc blue 2 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc green #3 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc red #3 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc red 40 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc yellow 5 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fdc yellow 6 powder (otc)</i>	\$0, Tier 3	DP
<i>ferric subsulfate powder (otc)</i>	\$0, Tier 3	DP
<i>ferric subsulfate solution (otc)</i>	\$0, Tier 3	DP
FLAVORX LIQUID	\$0, Tier 3	DP
<i>fullers earth powder (otc)</i>	\$0, Tier 3	DP
<i>glucosamine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>glucosamine sulfate powder (otc)</i>	\$0, Tier 3	DP
<i>glycerin liquid (otc)</i>	\$0, Tier 3	DP
<i>glycolic acid crystals (otc)</i>	\$0, Tier 3	DP
<i>gnp boric acid powder</i>	\$0, Tier 3	DP
<i>grape flavor liquid (otc)</i>	\$0, Tier 3	DP
<i>grape seed oil (otc)</i>	\$0, Tier 3	DP
<i>grape syrup syrup oral</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>green tea extract liquid 90 % 90 %</i>	\$0, Tier 3	DP
<i>hrt base cream (otc)</i>	\$0, Tier 3	DP
<i>hydrochloric acid liquid 37 % (otc) 37 %</i>	\$0, Tier 3	DP
<i>hydrophilic ointment external</i>	\$0, Tier 3	DP
<i>hydrous emulsified base cream external</i>	\$0, Tier 3	DP
<i>indole-3-carbinol powder (otc)</i>	\$0, Tier 3	DP
<i>inositol hexanicotinate powder (otc)</i>	\$0, Tier 3	DP
<i>isopropyl palmitate liquid (otc)</i>	\$0, Tier 3	DP
JELENE OINTMENT	\$0, Tier 3	DP
<i>karaya gum gum (otc)</i>	\$0, Tier 3	DP
<i>kojic acid powder (otc)</i>	\$0, Tier 3	DP
<i>lactic acid solution (otc)</i>	\$0, Tier 3	DP
<i>lactose anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>lactose hydrous powder</i>	\$0, Tier 3	DP
<i>lactose monohydrate powder (otc)</i>	\$0, Tier 3	DP
<i>lactose powder (otc)</i>	\$0, Tier 3	DP
<i>l-citrulline powder (otc)</i>	\$0, Tier 3	DP
<i>lemon bioflavanoid powder</i>	\$0, Tier 3	DP
<i>lip balm base natural ointment</i>	\$0, Tier 3	DP
<i>lip balm base ointment external</i>	\$0, Tier 3	DP
LIPOBASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>lipoic acid powder (otc)</i>	\$0, Tier 3	DP
LIPOIL OIL	\$0, Tier 3	DP
<i>lipovan base cream external</i>	\$0, Tier 3	DP
LOLLIBASE POWDER	\$0, Tier 3	DP
<i>lozibase</i>	\$0, Tier 3	DP
<i>magnesium citrate powder (otc)</i>	\$0, Tier 3	DP
<i>malic acid powder (otc)</i>	\$0, Tier 3	DP
<i>methyl sulfone crystals (otc)</i>	\$0, Tier 3	DP
<i>methylcellulose gel 2 % 2 %</i>	\$0, Tier 3	DP
<i>methylcellulose gel 3 % 3 %</i>	\$0, Tier 3	DP
<i>methylcellulose powder (otc)</i>	\$0, Tier 3	DP
<i>methylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>microderm base cream external</i>	\$0, Tier 3	DP
MICROSOME BASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>natural bitterness powder</i>	\$0, Tier 3	DP
NICE DISTILLED WATER LIQUID ORAL	\$0, Tier 3	DP
ORA-BLEND SF SUSPENSION ORAL (OTC)	\$0, Tier 3	DP
ORA-BLEND SUSPENSION ORAL (OTC)	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ORA-HESIVE BASE PASTE	\$0, Tier 3	DP
<i>orange concentrate liquid</i>	\$0, Tier 3	DP
ORA-PLUS LIQUID ORAL (OTC)	\$0, Tier 3	DP
ORA-SWEET SF SYRUP ORAL (OTC)	\$0, Tier 3	DP
ORA-SWEET SYRUP ORAL (OTC)	\$0, Tier 3	DP
<i>ornithine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>oxalic acid crystals</i>	\$0, Tier 3	DP
PCCA BASE 7542 CREAM EXTERNAL	\$0, Tier 3	DP
PCCA MBK (FATTY ACID) BASE	\$0, Tier 3	DP
<i>peg 300 liquid (otc)</i>	\$0, Tier 3	DP
<i>peg blend ointment external</i>	\$0, Tier 3	DP
<i>peruvian balsam liquid</i>	\$0, Tier 3	DP
PFCB CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE ANTIOXIDANT CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE COSMETIC CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PHARMABASE COSMETIC NATURAL CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PHARMABASE LIGHT CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE VAGINAL CREAM EXTERNAL	\$0, Tier 3	DP
<i>phosphatidylserine powder (otc)</i>	\$0, Tier 3	DP
PHYTOBASE CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PLO20 FLOWABLE GEL EXTERNAL (OTC)	\$0, Tier 3	DP
<i>pna-hrt base cream external</i>	\$0, Tier 3	DP
POLOX GEL 20 % 20 %	\$0, Tier 3	DP
POLOX GEL 30 % 30 %	\$0, Tier 3	DP
<i>poloxamer 407 powder (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 1000 liquid</i>	\$0, Tier 3	DP
<i>polyethylene glycol 1450 liquid (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 3350 powder (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 400 liquid (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 8000 powder (otc)</i>	\$0, Tier 3	DP
<i>polyoxyl 40 stearate powder (otc)</i>	\$0, Tier 3	DP
<i>polysorbate 20 solution (otc)</i>	\$0, Tier 3	DP
<i>potassium bromide crystals (otc)</i>	\$0, Tier 3	DP
<i>potassium hydroxide pellet (otc)</i>	\$0, Tier 3	DP
<i>potassium hydroxide solution 10 % 10 %</i>	\$0, Tier 3	DP
<i>potassium hydroxide solution 20 % 20 %</i>	\$0, Tier 3	DP
<i>potassium nitrate granules</i>	\$0, Tier 3	DP
<i>potassium sorbate crystals (otc)</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>propylene glycol liquid (otc)</i>	\$0, Tier 3	DP
<i>propylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>pyruvic acid liquid (otc)</i>	\$0, Tier 3	DP
<i>qc boric acid powder</i>	\$0, Tier 3	DP
<i>q-derm cream external</i>	\$0, Tier 3	DP
<i>ra boric acid powder</i>	\$0, Tier 3	DP
<i>raspberry flavor liquid (otc)</i>	\$0, Tier 3	DP
<i>rdt base powder</i>	\$0, Tier 3	DP
<i>red yeast rice extract powder</i>	\$0, Tier 3	DP
<i>safflower oil oil (otc)</i>	\$0, Tier 3	DP
SALTSTABLE LO CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
<i>shea butter (otc)</i>	\$0, Tier 3	DP
<i>simple syrup syrup oral (otc)</i>	\$0, Tier 3	DP
<i>sm boric acid powder</i>	\$0, Tier 3	DP
<i>sodium benzoate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium bicarbonate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium bromide granules (otc)</i>	\$0, Tier 3	DP
<i>sodium hydroxide pellet (otc)</i>	\$0, Tier 3	DP
<i>sodium metabisulfite granules (otc)</i>	\$0, Tier 3	DP
<i>sodium perborate crystals</i>	\$0, Tier 3	DP
<i>sodium phosphate dibasic granules (otc)</i>	\$0, Tier 3	DP
<i>sodium phosphate monobasic powder (otc)</i>	\$0, Tier 3	DP
<i>sodium propionate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium sulfite powder (otc)</i>	\$0, Tier 3	DP
<i>sorbic acid powder (otc)</i>	\$0, Tier 3	DP
<i>sorbitol solution 70 % (otc) 70 %</i>	\$0, Tier 3	DP
<i>soybean oil oil (otc)</i>	\$0, Tier 3	DP
<i>stevia extract powder 90 % (otc) 90 %</i>	\$0, Tier 3	DP
<i>strawberry flavor liquid (otc)</i>	\$0, Tier 3	DP
SUPPOSIBLEND PELLET (OTC)	\$0, Tier 3	DP
SUSPENDIT GEL	\$0, Tier 3	DP
SYRSPEND SF ALKA SUSPENSION RECONSTITUTED ORAL	\$0, Tier 3	DP
<i>talco powder (otc)</i>	\$0, Tier 3	DP
<i>tangerine flavor powder (otc)</i>	\$0, Tier 3	DP
<i>tartaric acid granules (otc)</i>	\$0, Tier 3	DP
TROCHIBASE FLAKES	\$0, Tier 3	DP
TROCHIBASE S CLASSIC FLAKES	\$0, Tier 3	DP
<i>trochibase s flakes</i>	\$0, Tier 3	DP
<i>turpentine liquid (otc)</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tutti frutti concentrate concentrate</i>	\$0, Tier 3	DP
U-BASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>unibase cream external</i>	\$0, Tier 3	DP
VANIBASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>veegum</i>	\$0, Tier 3	DP
<i>versatile cream base cream external (otc)</i>	\$0, Tier 3	DP
VERSIGEL CREAM EXTERNAL	\$0, Tier 3	DP
<i>vitamin e succinate powder (otc)</i>	\$0, Tier 3	DP
<i>vitamin k1 powder</i>	\$0, Tier 3	DP
<i>v-max cream external</i>	\$0, Tier 3	DP
<i>white petrolatum gel (otc)</i>	\$0, Tier 3	DP
WITEPSOL PELLET (OTC)	\$0, Tier 3	DP
<i>xanthan gum powder (otc)</i>	\$0, Tier 3	DP
<i>xylitol powder (otc)</i>	\$0, Tier 3	DP
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	\$0, Tier 2	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0, Tier 1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 5-0.3 %</i>	\$0, Tier 2	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0, Tier 1	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %</i>	\$0, Tier 1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0, Tier 2	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0, Tier 2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/lI-%-%, 20-5-0.2 meq/lI-%-%, 20-5-0.45 meq/lI-%-%, 20-5-0.9 meq/lI-%-%, 30-5-0.45 meq/lI-%-%, 40-5-0.45 meq/lI-%-%</i>	\$0, Tier 1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/lI-%-%, 40-5-0.9 meq/lI-%-%</i>	\$0, Tier 2	
<i>lactated ringers intravenous solution</i>	\$0, Tier 1	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0, Tier 2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0, Tier 2	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0, Tier 2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0, Tier 2	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0, Tier 2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/lI-%</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	\$0, Tier 1	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	\$0, Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0, Tier 1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0, Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0, Tier 1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0, Tier 2	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0, Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0, Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	\$0, Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	\$0, Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	\$0, Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0, Tier 1	
<i>m-natal plus oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0, Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0, Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0, Tier 1	
<i>potassium chloride oral packet 20 meq</i>	\$0, Tier 1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0, Tier 1	
<i>prenatal oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>prenatal plus oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0, Tier 1	
TRICARE ORAL TABLET	\$0, Tier 2	
Electrolytes		
<i>gnp pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
ORALYTE FREEZER POPS SOLUTION ORAL	\$0, Tier 3	DP
ORALYTE SOLUTION ORAL	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ped electrolyte freezer pops solution oral</i>	\$0, Tier 3	DP
<i>pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
<i>sm pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
Iv Nutrition		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	\$0, Tier 2	B/D
<i>chromic chloride solution 40 mcg/10ml intravenous 40 mcg/10ml</i>	\$0, Tier 3	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0, Tier 2	B/D
<i>clinimix/dextrose (6/5) intravenous solution 6 %</i>	\$0, Tier 2	B/D
<i>clinimix/dextrose (8/10) intravenous solution 8 %</i>	\$0, Tier 2	B/D
<i>clinimix/dextrose (8/14) intravenous solution 8 %</i>	\$0, Tier 2	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	\$0, Tier 1	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0, Tier 2	B/D
<i>copper sulfate crystals</i>	\$0, Tier 3	DP
<i>cupric chloride solution 0.4 mg/ml intravenous 0.4 mg/ml</i>	\$0, Tier 3	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0, Tier 1	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0, Tier 1	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	\$0, Tier 2	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0, Tier 2	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0, Tier 2	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	\$0, Tier 1	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	\$0, Tier 2	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	\$0, Tier 2	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
<i>zinc chloride solution 1 mg/ml intravenous 1 mg/ml</i>	\$0, Tier 3	DP
Minerals		
BEELITH TABLET 362-20 MG ORAL 362-20 MG	\$0, Tier 3	DP
<i>ca phosphate dibasic dihyd powder</i>	\$0, Tier 3	DP
CALCET PETITES TABLET 200-250 MG-UNIT ORAL 200-250 MG-UNIT	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CALCI-CHEW TABLET CHEWABLE 1250 (500 CA) MG ORAL 1250 (500 CA) MG	\$0, Tier 3	DP
CALCITRATE TABLET 315-250 MG-UNIT ORAL 315-250 MG-UNIT	\$0, Tier 3	DP
CALCITRATE TABLET 950 (200 CA) MG ORAL 950 (200 CA) MG	\$0, Tier 3	DP
<i>calcium 500/d tablet 500-200 mg-unit oral 500-200 mg-unit</i>	\$0, Tier 3	DP
<i>calcium 500/d tablet chewable 500-400 mg-unit oral 500-400 mg-unit</i>	\$0, Tier 3	DP
<i>calcium 600 tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0, Tier 3	DP
<i>calcium 600 tablet 600 mg oral 600 mg</i>	\$0, Tier 3	DP
<i>calcium 600+d tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>calcium 600-d tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 250-125 mg-unit oral 250-125 mg-unit</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 600-200 mg-unit oral 600-200 mg-unit</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>calcium carbonate antacid suspension 1250 mg/5ml oral 1250 mg/5ml</i>	\$0, Tier 3	DP
<i>calcium carbonate extra light powder</i>	\$0, Tier 3	DP
<i>calcium carbonate powder (otc)</i>	\$0, Tier 3	DP
<i>calcium carbonate tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0, Tier 3	DP
<i>calcium gluconate anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>calcium high potency tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0, Tier 3	DP
<i>calcium high potency/vitamin d tablet 600-200 mg-unit oral 600-200 mg-unit</i>	\$0, Tier 3	DP
<i>calcium lactate tablet 648 mg oral 648 mg</i>	\$0, Tier 3	DP
<i>calcium phosphate tribasic powder (otc)</i>	\$0, Tier 3	DP
<i>calcium tablet chewable 500-100 mg-unit oral 500-100 mg-unit</i>	\$0, Tier 3	DP
<i>calcium-magnesium-zinc tablet 333-133-5 mg oral 333-133-5 mg</i>	\$0, Tier 3	DP
<i>calcium-magnesium-zinc tablet 334-134-5 mg oral 334-134-5 mg</i>	\$0, Tier 3	DP
<i>calcium-vitamin d3 tablet 250-125 mg-unit oral 250-125 mg-unit</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>calcium-vitamin d-minerals tablet chewable 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>citrus calcium +d tablet 315-250 mg-unit oral 315-250 mg-unit</i>	\$0, Tier 3	DP
<i>citrus calcium/vitamin d tablet 200-250 mg-unit oral 200-250 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium 500 +d3 tablet 500-600 mg-unit oral 500-600 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium 500/d tablet 500-200 mg-unit oral 500-200 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium 600 +d3/minerals tablet chewable 600-800 mg-unit oral 600-800 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium 600/d tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium citrate +d3 tablet 315-250 mg-unit oral 315-250 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium citrate+d maximum tablet 315-250 mg-unit oral 315-250 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium plus 600 +d tablet 600-200 mg-unit oral 600-200 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0, Tier 3	DP
<i>gnp calcium/vitamin d/minerals tablet chewable 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>gnp calcium-magnesium-zinc tablet 333-133-5 mg oral 333-133-5 mg</i>	\$0, Tier 3	DP
<i>gnp magnesium tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>gnp zinc tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
HIGH POTENCY CALCIUM TABLET 600 MG ORAL 600 MG	\$0, Tier 3	DP
<i>magdelay tablet delayed release 70 mg oral 70 mg</i>	\$0, Tier 3	DP
<i>mag-g tablet 500 (27 mg) mg oral 500 (27 mg) mg</i>	\$0, Tier 3	DP
MAGNEBIND 300 TABLET 250-300 MG ORAL 250-300 MG	\$0, Tier 3	DP
<i>magnesium 27 tablet 500 (27 mg) mg oral 500 (27 mg) mg</i>	\$0, Tier 3	DP
<i>magnesium carbonate heavy powder (otc)</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 (240 mg) mg oral 400 (240 mg) mg</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 (241.3 mg) mg oral 400 (241.3 mg) mg</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>magnesium tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
MAGONATE LIQUID 54 (MAG EQUIV) MG/5ML ORAL 54 (MAG EQUIV) MG/5ML	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>manganese chloride solution 0.1 mg/ml intravenous 0.1 mg/ml</i>	\$0, Tier 3	DP
OYSCO 500 TABLET 500 MG ORAL 500 MG	\$0, Tier 3	DP
OYSCO 500+D TABLET 500-200 MG-UNIT ORAL 500-200 MG-UNIT	\$0, Tier 3	DP
OYSCO 500+D TABLET CHEWABLE 500-600 MG-UNIT ORAL 500-600 MG-UNIT	\$0, Tier 3	DP
<i>oyster calcium + d tablet 500-125 mg-unit oral 500-125 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell calcium tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>oyster shell calcium tablet 500-400 mg-unit oral 500-400 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell calcium w/d tablet 500-200 mg-unit oral 500-200 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell calcium/d tablet 500-200 mg-unit oral 500-200 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell calcium/d tablet 500-400 mg-unit oral 500-400 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell calcium/vitamin d tablet 500-200 mg-unit oral 500-200 mg-unit</i>	\$0, Tier 3	DP
<i>oyster shell/vitamin d tablet 600-125 mg-unit oral 600-125 mg-unit</i>	\$0, Tier 3	DP
<i>phosphorus supplement packet 280-160-250 mg oral 280-160-250 mg</i>	\$0, Tier 3	DP
<i>risacal-d tablet 105-81-120 mg-mg-unit oral 105-81-120 mg-mg-unit</i>	\$0, Tier 3	DP
<i>sb oyster shell calcium tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm calcium 600/vitamin d tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0, Tier 3	DP
<i>sm calcium citrate w/vit d3 tablet 315-250 mg-unit oral 315-250 mg-unit</i>	\$0, Tier 3	DP
<i>sm calcium soft chews tablet chewable 500-100-40 oral 500-100-40</i>	\$0, Tier 3	DP
<i>sm calcium soft chews tablet chewable 500-200-40 mg-unt-mcg oral 500-200-40 mg-unt-mcg</i>	\$0, Tier 3	DP
<i>sm calcium-magnesium-zinc tablet 333-133-5 mg oral 333-133-5 mg</i>	\$0, Tier 3	DP
SM CORAL CALCIUM TABLET 1000 (390 CA) MG ORAL 1000 (390 CA) MG	\$0, Tier 3	DP
<i>sm magnesium tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>sm oyster shell calcium/vit d3 tablet 500-400 mg-unit oral 500-400 mg-unit</i>	\$0, Tier 3	DP
<i>sm zinc gluconate tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>sodium acetate powder (otc)</i>	\$0, Tier 3	DP
<i>zinc gluconate tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>zinc sulfate capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>zinc sulfate tablet 220 (50 zn) mg oral 220 (50 zn) mg</i>	\$0, Tier 3	DP
<i>zinc tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
Miscellaneous		
<i>aspartame powder (otc)</i>	\$0, Tier 3	DP
<i>co q 10 capsule 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>co q 10 capsule 60 mg oral 60 mg</i>	\$0, Tier 3	DP
<i>co q-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>co q10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>co q-10 capsule 150 mg oral 150 mg</i>	\$0, Tier 3	DP
<i>co q10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>co q-10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>co q-10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>co q10 capsule 60 mg oral 60 mg</i>	\$0, Tier 3	DP
<i>co q-10 capsule 75 mg oral 75 mg</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>coenzyme q-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>co-enzyme q10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>co-enzyme q-10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>co-enzyme q-10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>coenzyme q-10 capsule 60 mg oral 60 mg</i>	\$0, Tier 3	DP
<i>coenzyme q10 liquid 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>coenzyme q10 tablet 200 mg oral 200 mg</i>	\$0, Tier 3	DP
<i>coq10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>coq-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>coq10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>coq-10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>coq10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>coq-10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>coq-10 capsule extended release 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>dhea capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
DIABETISWEET POWDER ORAL	\$0, Tier 3	DP
<i>eq1 coq10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>fructose granules (otc)</i>	\$0, Tier 3	DP
<i>gnp co q10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>gnp co q10 capsule 60 mg oral 60 mg</i>	\$0, Tier 3	DP
<i>gnp coenzyme q-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gowey tincture external</i>	\$0, Tier 3	DP
H2Q CAPSULE 100 MG ORAL 100 MG	\$0, Tier 3	DP
<i>hm coq10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>hm coq10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>l-arginine powder oral</i>	\$0, Tier 3	DP
<i>l-cystine powder (otc)</i>	\$0, Tier 3	DP
<i>lecithin granules (otc)</i>	\$0, Tier 3	DP
<i>l-glutamine powder (otc)</i>	\$0, Tier 3	DP
<i>l-glutathione crystals</i>	\$0, Tier 3	DP
<i>l-isoleucine powder (otc)</i>	\$0, Tier 3	DP
<i>l-isoleucine powder oral</i>	\$0, Tier 3	DP
<i>l-tyrosine powder (otc)</i>	\$0, Tier 3	DP
<i>l-tyrosine powder oral</i>	\$0, Tier 3	DP
<i>l-valine powder oral</i>	\$0, Tier 3	DP
Q-SORB CAPSULE 150 MG ORAL 150 MG	\$0, Tier 3	DP
Q-SORB CAPSULE 30 MG ORAL 30 MG	\$0, Tier 3	DP
Q-SORB CAPSULE 75 MG ORAL 75 MG	\$0, Tier 3	DP
Q-SORB CO Q-10 CAPSULE 100 MG ORAL 100 MG	\$0, Tier 3	DP
<i>ra coenzyme q-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>saccharin powder (otc)</i>	\$0, Tier 3	DP
<i>sm coenzyme q-10 capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>sm coq-10 capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>sodium saccharin granules (otc)</i>	\$0, Tier 3	DP
<i>sodium saccharin powder (otc)</i>	\$0, Tier 3	DP
<i>threonine powder (otc)</i>	\$0, Tier 3	DP
<i>yl coenzyme q10 capsule 30 mg oral 30 mg</i>	\$0, Tier 3	DP
Vitamins		
ANIMAL SHAPES TABLET CHEWABLE WITH C & FA ORAL WITH C & FA	\$0, Tier 3	DP
<i>animal shapes/iron tablet chewable 18 mg oral 18 mg</i>	\$0, Tier 3	DP
<i>antioxidant formula tablet oral</i>	\$0, Tier 3	DP
<i>antioxidant vitamins tablet oral</i>	\$0, Tier 3	DP
AQUADEKS LIQUID ORAL	\$0, Tier 3	DP
AQUADEKS TABLET CHEWABLE ORAL	\$0, Tier 3	DP
AQUASOL A SOLUTION 15 MG/ML INTRAMUSCULAR 15 MG/ML	\$0, Tier 3	DP
<i>aqueous vitamin d liquid 10 mcg/ml oral 10 mcg/ml</i>	\$0, Tier 3	DP
<i>aqueous vitamin e solution 15 mg/0.67ml oral 15 mg/0.67ml</i>	\$0, Tier 3	DP
<i>ascorbic acid tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>b complex capsule oral</i>	\$0, Tier 3	DP
<i>b complex-c tablet oral</i>	\$0, Tier 3	DP
B-12 DOTS TABLET DISPERSIBLE 500 MCG ORAL 500 MCG	\$0, Tier 3	DP
<i>b-complex/b-12 tablet oral</i>	\$0, Tier 3	DP
<i>b-complex/vitamin c (w/ ca) tablet oral</i>	\$0, Tier 3	DP
<i>biotin capsule 5 mg oral 5 mg</i>	\$0, Tier 3	DP
<i>biotin capsule 5000 mcg oral 5000 mcg</i>	\$0, Tier 3	DP
<i>biotin tablet 300 mcg oral 300 mcg</i>	\$0, Tier 3	DP
<i>biotin tablet 5 mg oral 5 mg</i>	\$0, Tier 3	DP
BPROTECTED PEDIA POLY-VITE/FE SOLUTION 10 MG/ML ORAL 10 MG/ML	\$0, Tier 3	DP
<i>c 250 tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>c 500/rose hips tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>c-1000/rose hips tablet 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>c-500 tablet chewable 500 mg oral 500 mg</i>	\$0, Tier 3	DP
CALCIFEROL SOLUTION 200 MCG/ML ORAL 200 MCG/ML	\$0, Tier 3	DP
<i>calcium citrate + tablet oral</i>	\$0, Tier 3	DP
<i>centamin liquid oral</i>	\$0, Tier 3	DP
<i>centavite liquid oral</i>	\$0, Tier 3	DP
<i>century mature tablet oral</i>	\$0, Tier 3	DP
<i>century tablet oral</i>	\$0, Tier 3	DP
CEROVITE ADVANCED FORMULA TABLET ORAL	\$0, Tier 3	DP
CEROVITE JR TABLET CHEWABLE 18 MG ORAL 18 MG	\$0, Tier 3	DP
CEROVITE SENIOR TABLET ORAL	\$0, Tier 3	DP
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	\$0, Tier 3	DP
CERTAVITE/ANTIOXIDANTS TABLET ORAL	\$0, Tier 3	DP
<i>chewable vite childrens tablet chewable oral</i>	\$0, Tier 3	DP
<i>chewable viteliron childrens tablet chewable 15 mg oral 15 mg</i>	\$0, Tier 3	DP
<i>child chewable vitamins/iron tablet chewable oral</i>	\$0, Tier 3	DP
<i>childrens animal shapes tablet chewable 18 mg oral 18 mg</i>	\$0, Tier 3	DP
<i>childrens chewable vitamins tablet chewable oral</i>	\$0, Tier 3	DP
<i>classic prenatal tablet 28-0.8 mg oral 28-0.8 mg</i>	\$0, Tier 3	DP
<i>cod liver oil capsule oral</i>	\$0, Tier 3	DP
COMPETE TABLET ORAL	\$0, Tier 3	DP
<i>complete senior tablet oral</i>	\$0, Tier 3	DP
<i>complete tablet oral</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml</i>	\$0, Tier 3	DP
<i>d 1000 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>d 400 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0, Tier 3	DP
<i>d 5000 tablet 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0, Tier 3	DP
<i>d3 high potency capsule 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>d3 super strength capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0, Tier 3	DP
<i>daily vitamins tablet oral</i>	\$0, Tier 3	DP
<i>daily-vite tablet oral</i>	\$0, Tier 3	DP
<i>daily-vite/iron/beta-carotene tablet oral</i>	\$0, Tier 3	DP
DIALYVITE 800 TABLET 0.8 MG ORAL 0.8 MG	\$0, Tier 3	DP
<i>dialyvite 800/ultra d tablet oral</i>	\$0, Tier 3	DP
DIALYVITE 800/ZINC TABLET 0.8 MG ORAL 0.8 MG	\$0, Tier 3	DP
DIALYVITE 800-ZINC 15 TABLET 0.8 MG ORAL 0.8 MG	\$0, Tier 3	DP
DIALYVITE VITAMIN D 5000 CAPSULE 125 MCG (5000 UT) ORAL 125 MCG (5000 UT)	\$0, Tier 3	DP
DIALYVITE VITAMIN D3 MAX TABLET 1.25 MG (50000 UT) ORAL 1.25 MG (50000 UT)	\$0, Tier 3	DP
<i>e-400 capsule 400 unit oral 400 unit</i>	\$0, Tier 3	DP
<i>ecee plus tablet oral</i>	\$0, Tier 3	DP
ELDERTONIC LIQUID ORAL	\$0, Tier 3	DP
<i>ergocalciferol solution 200 mcg/ml oral 200 mcg/ml</i>	\$0, Tier 3	DP
ESTER-C TABLET ORAL	\$0, Tier 3	DP
<i>ezfe forte capsule 155-1 mg oral 155-1 mg</i>	\$0, Tier 3	DP
<i>folic acid solution 5 mg/ml injection 5 mg/ml</i>	\$0, Tier 3	DP
<i>folic acid tablet 1 mg oral (rx) 1 mg</i>	\$0, Tier 3	DP
<i>folic acid tablet 400 mcg oral 400 mcg</i>	\$0, Tier 3	DP
<i>folic acid tablet 800 mcg oral 800 mcg</i>	\$0, Tier 3	DP
<i>geriaton liquid oral</i>	\$0, Tier 3	DP
<i>geriatric vitamin liquid 100-1-10 oral 100-1-10</i>	\$0, Tier 3	DP
<i>gnp b-100 balanced tr tablet extended release oral</i>	\$0, Tier 3	DP
<i>gnp b-50 balanced tablet oral</i>	\$0, Tier 3	DP
<i>gnp cal mag zinc +d3 tablet oral</i>	\$0, Tier 3	DP
<i>gnp century adults 50+ senior tablet oral</i>	\$0, Tier 3	DP
<i>gnp century cardio health tablet oral</i>	\$0, Tier 3	DP
<i>gnp century energy metabolism tablet oral</i>	\$0, Tier 3	DP
<i>gnp century mature tablet oral</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp century tablet oral</i>	\$0, Tier 3	DP
<i>gnp century ultimate mens tablet oral</i>	\$0, Tier 3	DP
<i>gnp century ultimate womens tablet oral</i>	\$0, Tier 3	DP
<i>gnp childrens chewables/lex c tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp childrens chewables/iron tablet chewable 15 mg oral 15 mg</i>	\$0, Tier 3	DP
<i>gnp childrens complete tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp cod liver oil capsule 1250-135 unit oral 1250-135 unit</i>	\$0, Tier 3	DP
<i>gnp essential one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp folic acid tablet 400 mcg oral 400 mcg</i>	\$0, Tier 3	DP
<i>gnp healthy eyes supervision capsule oral</i>	\$0, Tier 3	DP
<i>gnp healthy eyes tablet oral</i>	\$0, Tier 3	DP
<i>gnp little ones childrens tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp maximum one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp mega multi for men tablet oral</i>	\$0, Tier 3	DP
<i>gnp mega multi for women tablet oral</i>	\$0, Tier 3	DP
<i>gnp niacin tr tablet extended release 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>gnp one daily maximum tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens 50+advanced tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens health 50+ tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens/lycopene tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily plus iron tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily womens 50+ tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily womens health tablet oral</i>	\$0, Tier 3	DP
<i>gnp opti-vitamins tablet oral</i>	\$0, Tier 3	DP
<i>gnp prenatal tablet 28-0.8 mg oral 28-0.8 mg</i>	\$0, Tier 3	DP
<i>gnp therapeutic-m tablet oral</i>	\$0, Tier 3	DP
<i>gnp vitamin a capsule 2400 mcg (8000 ut) oral 2400 mcg (8000 ut)</i>	\$0, Tier 3	DP
<i>gnp vitamin b1 tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin b-12 tablet 500 mcg oral 500 mcg</i>	\$0, Tier 3	DP
<i>gnp vitamin b-12 tr tablet extended release 1000 mcg oral 1000 mcg</i>	\$0, Tier 3	DP
<i>gnp vitamin b-6 tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c cr tablet extended release 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c drops lozenge 60 mg mouth/throat 60 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp vitamin c tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet chewable 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c w/rose hips tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin c/rose hips tr tablet extended release 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>gnp vitamin d tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>gnp vitamin d-400 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 180 mg (400 unit) oral 180 mg (400 unit)</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 400 unit oral 400 unit</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 450 mg (1000 ut) oral 450 mg (1000 ut)</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 90 mg (200 unit) oral 90 mg (200 unit)</i>	\$0, Tier 3	DP
<i>gnp womens one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp zoochews gummies tablet chewable oral</i>	\$0, Tier 3	DP
<i>healthy eyes tablet oral</i>	\$0, Tier 3	DP
<i>hm niacin tablet extended release 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>hm vitamin b1 tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>hm vitamin b12 tablet extended release 1000 mcg oral 1000 mcg</i>	\$0, Tier 3	DP
<i>hm vitamin e capsule 450 mg (1000 ut) oral 450 mg (1000 ut)</i>	\$0, Tier 3	DP
<i>hm vitamin e capsule 90 mg (200 unit) oral 90 mg (200 unit)</i>	\$0, Tier 3	DP
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular 1000 mcg/ml</i>	\$0, Tier 3	DP
ICAPS AREDS FORMULA TABLET ORAL	\$0, Tier 3	DP
ICAPS CAPSULE ORAL	\$0, Tier 3	DP
ICAPS LUTEIN & OMEGA-3 CAPSULE ORAL	\$0, Tier 3	DP
ICAPS LUTEIN & ZEAXANTHIN TABLET DELAYED RELEASE ORAL	\$0, Tier 3	DP
ICAPS MV TABLET ORAL	\$0, Tier 3	DP
INFUVITE ADULT INJECTABLE INTRAVENOUS	\$0, Tier 3	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0, Tier 3	DP
<i>i-vite protect tablet oral</i>	\$0, Tier 3	DP
<i>i-vite tablet oral</i>	\$0, Tier 3	DP
M.V.I. PEDIATRIC SOLUTION RECONSTITUTED INTRAVENOUS	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MAXIMUM D3 CAPSULE 325 MCG (13000 UT) ORAL 325 MCG (13000 UT)	\$0, Tier 3	DP
<i>mega multivitamin for men tablet oral</i>	\$0, Tier 3	DP
<i>mega multivitamin for women tablet oral</i>	\$0, Tier 3	DP
<i>multi vitamin mens tablet oral</i>	\$0, Tier 3	DP
<i>multi-delyn liquid oral</i>	\$0, Tier 3	DP
<i>multi-delyn/iron liquid oral</i>	\$0, Tier 3	DP
<i>multilex tablet oral</i>	\$0, Tier 3	DP
<i>multiple vitamins essential tablet oral</i>	\$0, Tier 3	DP
<i>multiple vitamins/womens tablet oral</i>	\$0, Tier 3	DP
<i>multi-vitamins tablet oral</i>	\$0, Tier 3	DP
NAIL-EX TABLET 2.5 MG ORAL 2.5 MG	\$0, Tier 3	DP
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL 500 MCG/0.1ML	\$0, Tier 3	DP
NEPHRONEX LIQUID 0.9 MG/5ML ORAL 0.9 MG/5ML	\$0, Tier 3	DP
<i>niacin er capsule extended release 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>niacin er capsule extended release 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 750 mg oral 750 mg</i>	\$0, Tier 3	DP
<i>niacin flush free capsule 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>niacin tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>niacin tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>niacinamide powder (otc)</i>	\$0, Tier 3	DP
<i>niacinamide tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
NUTR-E-SOL LIQUID 400 UNIT/15ML ORAL 400 UNIT/15ML	\$0, Tier 3	DP
OCUVITE ADULT 50+ CAPSULE ORAL	\$0, Tier 3	DP
OCUVITE ADULT FORMULA CAPSULE ORAL	\$0, Tier 3	DP
OCUVITE EXTRA TABLET ORAL	\$0, Tier 3	DP
OCUVITE-LUTEIN TABLET ORAL	\$0, Tier 3	DP
<i>once daily tablet oral</i>	\$0, Tier 3	DP
<i>once daily/iron tablet oral</i>	\$0, Tier 3	DP
ONCOVITE TABLET ORAL	\$0, Tier 3	DP
<i>one daily mens tablet oral</i>	\$0, Tier 3	DP
<i>one daily tablet oral</i>	\$0, Tier 3	DP
<i>phytonadione tablet 5 mg oral 5 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>poly vitamin tablet chewable oral</i>	\$0, Tier 3	DP
<i>polyvitamin/iron tablet chewable oral</i>	\$0, Tier 3	DP
<i>prenatal low iron tablet 27-0.8 mg oral 27-0.8 mg</i>	\$0, Tier 3	DP
<i>prenatal tablet 27-0.8 mg oral (otc) 27-0.8 mg</i>	\$0, Tier 3	DP
<i>prenatal tablet 28-0.8 mg oral 28-0.8 mg</i>	\$0, Tier 3	DP
<i>prenatal vitamins tablet 28-0.8 mg oral 28-0.8 mg</i>	\$0, Tier 3	DP
PRESERVISION AREDS 2 CAPSULE ORAL	\$0, Tier 3	DP
PRESERVISION AREDS CAPSULE ORAL	\$0, Tier 3	DP
PRESERVISION AREDS TABLET ORAL	\$0, Tier 3	DP
PRESERVISION/LUTEIN CAPSULE ORAL	\$0, Tier 3	DP
PROSIGHT TABLET ORAL	\$0, Tier 3	DP
<i>pyridoxine hcl solution 100 mg/ml injection 100 mg/ml</i>	\$0, Tier 3	DP
<i>qc cod liver oil oil oral</i>	\$0, Tier 3	DP
<i>qc therin-m tablet oral</i>	\$0, Tier 3	DP
<i>rena-vite tablet oral (otc)</i>	\$0, Tier 3	DP
<i>sb vitamin c tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sentry senior tablet oral</i>	\$0, Tier 3	DP
<i>sentry tablet oral</i>	\$0, Tier 3	DP
<i>sm animal shapes kids first tablet chewable oral</i>	\$0, Tier 3	DP
<i>sm balanced b-100 tablet oral</i>	\$0, Tier 3	DP
<i>sm balanced b-50 tablet oral</i>	\$0, Tier 3	DP
<i>sm chewable c tablet chewable 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm cod liver oil capsule oral</i>	\$0, Tier 3	DP
<i>sm complete advanced formula tablet oral</i>	\$0, Tier 3	DP
<i>sm complete senior formula tablet oral</i>	\$0, Tier 3	DP
<i>sm complete tablet oral</i>	\$0, Tier 3	DP
<i>sm folic acid tablet 400 mcg oral 400 mcg</i>	\$0, Tier 3	DP
<i>sm multiple vitamins essential tablet oral</i>	\$0, Tier 3	DP
<i>sm multiple vitamins/iron tablet oral</i>	\$0, Tier 3	DP
<i>sm opti-vitamins tablet oral</i>	\$0, Tier 3	DP
<i>sm prenatal vitamins tablet 28-0.8 mg oral 28-0.8 mg</i>	\$0, Tier 3	DP
<i>sm super b complex/c tablet oral</i>	\$0, Tier 3	DP
<i>sm vit c/rose hips tablet 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>sm vitamin b-12 tablet 100 mcg oral 100 mcg</i>	\$0, Tier 3	DP
<i>sm vitamin b-12 tablet 500 mcg oral 500 mcg</i>	\$0, Tier 3	DP
<i>sm vitamin b-6 tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet chewable 500 mg oral 500 mg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm vitamin c/rose hips tablet 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>sm vitamin d3 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 1000 unit oral 1000 unit</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 200 unit oral 200 unit</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 400 unit oral 400 unit</i>	\$0, Tier 3	DP
<i>stress formula tablet oral</i>	\$0, Tier 3	DP
<i>stress formula/iron tablet oral</i>	\$0, Tier 3	DP
<i>stress formula/zinc (b-compl) tablet oral</i>	\$0, Tier 3	DP
STUART ONE CAPSULE 27-0.8-200 MG ORAL 27-0.8-200 MG	\$0, Tier 3	DP
SUPER NU-THERA LIQUID ORAL	\$0, Tier 3	DP
SUPER NU-THERA POWDER ORAL	\$0, Tier 3	DP
SUPER NU-THERA TABLET ORAL	\$0, Tier 3	DP
<i>super vikaps tablet oral</i>	\$0, Tier 3	DP
<i>superplex-t tablet oral</i>	\$0, Tier 3	DP
TAB-A-VITE TABLET ORAL	\$0, Tier 3	DP
TAB-A-VITE/BETA CAROTENE TABLET ORAL	\$0, Tier 3	DP
<i>tab-a-viteliron tablet oral</i>	\$0, Tier 3	DP
THERA M PLUS TABLET ORAL	\$0, Tier 3	DP
THERA TABLET ORAL	\$0, Tier 3	DP
<i>thera-m tablet oral</i>	\$0, Tier 3	DP
THEREMS TABLET ORAL	\$0, Tier 3	DP
THEREMS-H TABLET ORAL	\$0, Tier 3	DP
THEREMS-M TABLET ORAL	\$0, Tier 3	DP
<i>thiamine hcl solution 100 mg/ml injection 100 mg/ml</i>	\$0, Tier 3	DP
<i>thiamine hcl tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>total b/c tablet oral</i>	\$0, Tier 3	DP
<i>unicomplex-m tablet oral</i>	\$0, Tier 3	DP
<i>vita-bee/c tablet oral</i>	\$0, Tier 3	DP
<i>vitamin a capsule 3 mg (10000 ut) oral 3 mg (10000 ut)</i>	\$0, Tier 3	DP
<i>vitamin b-1 tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>vitamin b-12 er tablet extended release 1000 mcg oral 1000 mcg</i>	\$0, Tier 3	DP
<i>vitamin b-12 er tablet extended release 2000 mcg oral 2000 mcg</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 100 mcg oral 100 mcg</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 1000 mcg oral 1000 mcg</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 250 mcg oral 250 mcg</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 500 mcg oral 500 mcg</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitamin b-6 tablet 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>vitamin b-6 tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>vitamin b-6 tablet 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>vitamin c er capsule extended release 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>vitamin c tablet 1000 mg oral 1000 mg</i>	\$0, Tier 3	DP
<i>vitamin c tablet 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>vitamin c tablet chewable 250 mg oral 250 mg</i>	\$0, Tier 3	DP
<i>vitamin c tablet chewable 500 mg oral 500 mg</i>	\$0, Tier 3	DP
<i>vitamin d (cholecalciferol) capsule 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0, Tier 3	DP
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d liquid 10 mcg/ml oral 10 mcg/ml</i>	\$0, Tier 3	DP
<i>vitamin d tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d tablet 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 250 mcg (10000 ut) oral 250 mcg (10000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0, Tier 3	DP
<i>vitamin e capsule 100 unit oral 100 unit</i>	\$0, Tier 3	DP
<i>vitamin e capsule 200 unit oral 200 unit</i>	\$0, Tier 3	DP
<i>vitamin e capsule 400 unit oral 400 unit</i>	\$0, Tier 3	DP
<i>vitamin e capsule 450 mg (1000 ut) oral 450 mg (1000 ut)</i>	\$0, Tier 3	DP
<i>vitamin k1 solution 1 mg/0.5ml injection 1 mg/0.5ml</i>	\$0, Tier 3	DP
<i>vitamin k1 solution 10 mg/ml injection 10 mg/ml</i>	\$0, Tier 3	DP
<i>vitamins/minerals tablet oral</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
womens one daily tablet oral	\$0, Tier 3	DP
zoo friends complete tablet chewable oral	\$0, Tier 3	DP
zoo friends gummies tablet chewable oral	\$0, Tier 3	DP
zoo friends plus extra c tablet chewable oral	\$0, Tier 3	DP
zoo friends tablet chewable oral	\$0, Tier 3	DP
OPHTHALMIC		
Antiallergics		
azelastine hcl ophthalmic solution 0.05 %	\$0, Tier 1	
bepotastine besilate ophthalmic solution 1.5 %	\$0, Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	\$0, Tier 2	
cromolyn sodium ophthalmic solution 4 %	\$0, Tier 1	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	\$0, Tier 2	
NAPHCN-A SOLUTION 0.025-0.3 % OPHTHALMIC 0.025-0.3 %	\$0, Tier 3	DP
olopatadine hcl ophthalmic solution 0.2 %	\$0, Tier 1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	\$0, Tier 2	
ra eye allergy relief solution 0.027-0.315 % ophthalmic 0.027-0.315 %	\$0, Tier 3	DP
tgt eye allergy relief solution 0.027-0.315 % ophthalmic 0.027-0.315 %	\$0, Tier 3	DP
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0, Tier 2	
Antiglaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0, Tier 2	
AZOPT OPHTHALMIC SUSPENSION 1 %	\$0, Tier 2	
betaxolol hcl ophthalmic solution 0.5 %	\$0, Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0, Tier 2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	\$0, Tier 1	
brinzolamide ophthalmic suspension 1 %	\$0, Tier 1	
carteolol hcl ophthalmic solution 1 %	\$0, Tier 1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0, Tier 2	
dorzolamide hcl ophthalmic solution 2 %	\$0, Tier 1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	\$0, Tier 1	
latanoprost ophthalmic solution 0.005 %	\$0, Tier 1	
levobunolol hcl ophthalmic solution 0.5 %	\$0, Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0, Tier 2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	\$0, Tier 1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0, Tier 2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0, Tier 2	
timolol maleate (once-daily) ophthalmic solution 0.5 %	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i> , 0.5 %	\$0, Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %</i> , 0.5 %	\$0, Tier 1	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0, Tier 2	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0, Tier 1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	\$0, Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0, Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0, Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0, Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0, Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0, Tier 2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	\$0, Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0, Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0, Tier 2	
Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0, Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0, Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0, Tier 2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0, Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0, Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0, Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0, Tier 1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	\$0, Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0, Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0, Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0, Tier 2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0, Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0, Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0, Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0, Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0, Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0, Tier 1	
<i>trifluridine ophthalmic solution 1 %</i>	\$0, Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0, Tier 2	
Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	\$0, Tier 2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0, Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	\$0, Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0, Tier 1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0, Tier 1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0, Tier 1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	\$0, Tier 2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	\$0, Tier 2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0, Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0, Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	\$0, Tier 2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0, Tier 1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0, Tier 2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0, Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0, Tier 2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	\$0, Tier 2	
Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0, Tier 2	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0, Tier 2	PA; LA; NDS
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0, Tier 2	PA; LA; NDS
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	\$0, Tier 2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0, Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0, Tier 2	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0, Tier 2	
XIIDRA OPHTHALMIC SOLUTION 5 %	\$0, Tier 2	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	\$0, Tier 2	QL (60 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	\$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	\$0, Tier 2	QL (23.6 per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0, Tier 2	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0, Tier 1	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	\$0, Tier 2	QL (60 per 30 days)
Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0, Tier 2	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	\$0, Tier 2	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0, Tier 1	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0, Tier 1	
Antihistamines		
<i>all day allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>aller-chlor tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>aller-ease tablet 60 mg oral 60 mg</i>	\$0, Tier 3	DP
<i>allergy childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0, Tier 3	DP
<i>allergy relief capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>allergy relief childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0, Tier 3	DP
<i>allergy relief tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>allergy relief tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>allergy tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>allergy-time tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0, Tier 1	
BANOPHEN CAPSULE 25 MG ORAL 25 MG	\$0, Tier 3	DP
BANOPHEN CAPSULE 50 MG ORAL 50 MG	\$0, Tier 3	DP
BANOPHEN TABLET 25 MG ORAL 25 MG	\$0, Tier 3	DP
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc) 5 mg/5ml</i>	\$0, Tier 3	DP
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral 1 mg/ml</i>	\$0, Tier 3	DP
<i>cetirizine hcl hives relief solution 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0, Tier 1	
<i>cetirizine hcl tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet 5 mg oral 5 mg</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet chewable 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet chewable 5 mg oral 5 mg</i>	\$0, Tier 3	DP
<i>childrens loratadine solution 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>childrens loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>complete allergy medicine capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0, Tier 2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0, Tier 2	PA
DAYHIST ALLERGY 12 HOUR RELIEF TABLET 1.34 MG ORAL 1.34 MG	\$0, Tier 3	DP
<i>diphenhist capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl capsule 25 mg oral (otc) 25 mg</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl capsule 50 mg oral (otc) 50 mg</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0, Tier 1	
<i>diphenhydramine hcl tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>ed chlorped jr syrup 2 mg/5ml oral 2 mg/5ml</i>	\$0, Tier 3	DP
<i>fexofenadine hcl tablet 180 mg oral (otc) 180 mg</i>	\$0, Tier 3	DP
<i>fexofenadine hcl tablet 60 mg oral (otc) 60 mg</i>	\$0, Tier 3	DP
<i>gnp all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp all day allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>gnp allergy capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>gnp allergy relief tablet dispersible 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>gnp allergy tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>gnp allergy tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>gnp childrens allergy liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp dayhist allergy tablet 1.34 mg oral 1.34 mg</i>	\$0, Tier 3	DP
<i>gnp loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp loratadine tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>goodsense all day allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>hm allergy relief tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>hm allergy tablet 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>hm cetirizine hcl childrens solution 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>hm loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0, Tier 2	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0, Tier 2	PA

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0, Tier 2	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0, Tier 2	PA
KLS ALLERCLEAR TABLET 10 MG ORAL 10 MG	\$0, Tier 3	DP
KLS ALLER-TEC TABLET 10 MG ORAL 10 MG	\$0, Tier 3	DP
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0, Tier 1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0, Tier 1	
<i>loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>loratadine tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
MEDI-PHEDRYL CAPSULE 25 MG ORAL 25 MG	\$0, Tier 3	DP
<i>pharbechlor tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>pharbedryl capsule 25 mg oral 25 mg</i>	\$0, Tier 3	DP
<i>pharbedryl capsule 50 mg oral 50 mg</i>	\$0, Tier 3	DP
<i>qc all day allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>qc chlor-pheniramine tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>qc loratadine allergy relief tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>sb loratadine allergy relief tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>siladryl allergy liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0, Tier 3	DP
<i>sm all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>sm all day allergy tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>sm allergy 4 hour tablet 4 mg oral 4 mg</i>	\$0, Tier 3	DP
<i>sm allergy relief liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0, Tier 3	DP
<i>sm allergy relief tablet dispersible 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>sm childrens loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
<i>sm fexofenadine hcl tablet 180 mg oral 180 mg</i>	\$0, Tier 3	DP
<i>sm loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0, Tier 3	DP
Beta Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0, Tier 1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0, Tier 1	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0, Tier 1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0, Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0, Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0, Tier 1	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0, Tier 1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	\$0, Tier 2	QL (60 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0, Tier 1	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	\$0, Tier 2	QL (36 per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	\$0, Tier 2	QL (48 per 30 days)
Cough And Cold		
<i>12 hour decongestant tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0, Tier 3	DP
<i>all day allergy d tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>all day allergy-d tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>allergy d-12 tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>ambi 10peh/400gfn tablet 10-400 mg oral 10-400 mg</i>	\$0, Tier 3	DP
<i>ambi 10peh/400gfn/20dm tablet 10-400-20 mg oral 10-400-20 mg</i>	\$0, Tier 3	DP
<i>ambi 40pse/400gfn tablet 40-400 mg oral 40-400 mg</i>	\$0, Tier 3	DP
<i>benzonatate capsule 100 mg oral 100 mg</i>	\$0, Tier 3	DP
<i>benzonatate capsule 200 mg oral 200 mg</i>	\$0, Tier 3	DP
BROMFED DM SYRUP 30-2-10 MG/5ML ORAL 30-2-10 MG/5ML	\$0, Tier 3	DP
<i>capcof syrup 5-2-10 mg/5ml oral 5-2-10 mg/5ml</i>	\$0, Tier 3	DP
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>childrens mucus relief expect liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>childrens silfedrine liquid 15 mg/5ml oral 15 mg/5ml</i>	\$0, Tier 3	DP
<i>cough dm suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>cvs cough dm suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
DIABETIC TUSSIN DM LIQUID 100-10 MG/5ML ORAL 100-10 MG/5ML	\$0, Tier 3	DP
DIABETIC TUSSIN LIQUID 100 MG/5ML ORAL 100 MG/5ML	\$0, Tier 3	DP
DIABETIC TUSSIN MAX ST LIQUID 10-200 MG/5ML ORAL 10-200 MG/5ML	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>eq cough dm suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp all day allergy-d tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>gnp allergy & congestion tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>gnp cough dm er suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp mucus relief childrens liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp nasal decongestant pe tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>gnp nasal decongestant tablet 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>gnp pseudoephedrine hcl 12 hr tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0, Tier 3	DP
<i>gnp suphedrin liquid 15 mg/5ml oral 15 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp tussin cf cough & cold syrup 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp tussin dm cough liquid 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>gnp tussin dm liquid 20-200 mg/10ml oral 20-200 mg/10ml</i>	\$0, Tier 3	DP
<i>gnp tussin dm max liquid 10-200 mg/5ml oral 10-200 mg/5ml</i>	\$0, Tier 3	DP
<i>guaiaatussin ac syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>guaifenesin ac syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>guaifenesin solution 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>guaifenesin solution 200 mg/10ml oral 200 mg/10ml</i>	\$0, Tier 3	DP
<i>guaifenesin solution 300 mg/15ml oral 300 mg/15ml</i>	\$0, Tier 3	DP
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc) 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>guaifenesin-dm syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>hm allergy complete-d tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>hm allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>hm cough dm suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
<i>hm nasal decongestant pe tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>hm tussin adult dm liquid 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>hm tussin adult liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm tussin adult multi-symptom liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral 10-8 mg/5ml</i>	\$0, Tier 3	DP
<i>hydrocodone-homatropine syrup 5-1.5 mg/5ml oral 5-1.5 mg/5ml</i>	\$0, Tier 3	DP
<i>hydrocodone-homatropine tablet 5-1.5 mg oral 5-1.5 mg</i>	\$0, Tier 3	DP
<i>hydromet syrup 5-1.5 mg/5ml oral 5-1.5 mg/5ml</i>	\$0, Tier 3	DP
<i>lohist-dm syrup 5-2-10 mg/5ml oral 5-2-10 mg/5ml</i>	\$0, Tier 3	DP
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
LORTUSS EX LIQUID 30-10-100 MG/5ML ORAL 30-10-100 MG/5ML	\$0, Tier 3	DP
<i>m-clear wc solution 100-6.3 mg/5ml oral 100-6.3 mg/5ml</i>	\$0, Tier 3	DP
<i>medi-tussin dm syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>mucus relief chest congestion liquid 400 mg/20ml oral 400 mg/20ml</i>	\$0, Tier 3	DP
<i>nasal decongestant pe max st tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>nasal decongestant pe tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>nasal decongestant tablet 30 mg oral 30 mg</i>	\$0, Tier 3	DP
NINJACOF-XG LIQUID 200-8 MG/5ML ORAL 200-8 MG/5ML	\$0, Tier 3	DP
<i>poly-tussin ac liquid 10-4-10 mg/5ml oral 10-4-10 mg/5ml</i>	\$0, Tier 3	DP
<i>promethazine-codeine solution 6.25-10 mg/5ml oral 6.25-10 mg/5ml</i>	\$0, Tier 3	DP
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral 6.25-10 mg/5ml</i>	\$0, Tier 3	DP
<i>promethazine-dm syrup 6.25-15 mg/5ml oral 6.25-15 mg/5ml</i>	\$0, Tier 3	DP
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx) 30-2-10 mg/5ml</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl tablet 30 mg oral (otc) 30 mg</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl tablet 60 mg oral (otc) 60 mg</i>	\$0, Tier 3	DP
<i>qc loratadine-d tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>qc suphedrine maximum strength tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0, Tier 3	DP
<i>qc tussin cf liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ra cough dm suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0, Tier 3	DP
REFENESEN CHEST CONG/PAIN RLF TABLET 650-400 MG ORAL 650-400 MG	\$0, Tier 3	DP
<i>rynex pse liquid 1-15 mg/5ml oral 1-15 mg/5ml</i>	\$0, Tier 3	DP
<i>sb allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>sb cough control dm max liquid 10-200 mg/5ml oral 10-200 mg/5ml</i>	\$0, Tier 3	DP
<i>siltussin das liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>siltussin dm das liquid 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>siltussin sa syrup 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
<i>siltussin-dm alcohol free syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>sm all day allergy-d tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0, Tier 3	DP
<i>sm cold & allergy childrens elixir 1-15 mg/5ml oral 1-15 mg/5ml</i>	\$0, Tier 3	DP
<i>sm lorata-dine d tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0, Tier 3	DP
<i>sm nasal decongestant max st tablet 30 mg oral 30 mg</i>	\$0, Tier 3	DP
<i>sm nasal decongestant pe tablet 10 mg oral 10 mg</i>	\$0, Tier 3	DP
<i>sm tussin cf liquid 30-10-100 mg/5ml oral 30-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>sm tussin cf liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>sm tussin cough/chest congest syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>sm tussin dm syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
SUDOGEST PE TABLET 10 MG ORAL 10 MG	\$0, Tier 3	DP
SUDOGEST TABLET 30 MG ORAL 30 MG	\$0, Tier 3	DP
SUDOGEST TABLET 60 MG ORAL 60 MG	\$0, Tier 3	DP
<i>suphedrine 12hour tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0, Tier 3	DP
<i>trymine cg liquid 225-7.5 mg/5ml oral 225-7.5 mg/5ml</i>	\$0, Tier 3	DP
TUSNEL C SYRUP 30-10-100 MG/5ML ORAL 30-10-100 MG/5ML	\$0, Tier 3	DP
<i>tusnel diabetic liquid 10-100 mg/5ml oral 10-100 mg/5ml</i>	\$0, Tier 3	DP
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL 10-8 MG	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tussin cf cough & cold liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>tussin cf liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0, Tier 3	DP
<i>tussin dm liquid 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>tussin dm max liquid 10-200 mg/5ml oral 10-200 mg/5ml</i>	\$0, Tier 3	DP
<i>tussin dm syrup 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0, Tier 3	DP
<i>tussin mucus+chest congestion syrup 100 mg/5ml oral 100 mg/5ml</i>	\$0, Tier 3	DP
Leukotriene Modulators		
<i>montelukast sodium oral packet 4 mg</i>	\$0, Tier 1	
<i>montelukast sodium oral tablet 10 mg</i>	\$0, Tier 1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0, Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
Miscellaneous		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0, Tier 1	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0, Tier 2	PA; LA; NDS
AYR SALINE NASAL NETI RINSE PACKET 1.57 GM NASAL 1.57 GM	\$0, Tier 3	DP
AYR SALINE NASAL RINSE PACKET 1.57 GM NASAL 1.57 GM	\$0, Tier 3	DP
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal 5.2 mg/act</i>	\$0, Tier 3	DP
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0, Tier 1	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0, Tier 2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0, Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0, Tier 1	
ESBRIET ORAL CAPSULE 267 MG	\$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	\$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	\$0, Tier 2	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0, Tier 2	PA; LA; NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0, Tier 2	PA; LA; NDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	\$0, Tier 2	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	\$0, Tier 2	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0, Tier 2	PA; QL (112 per 28 days); NDS

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0, Tier 2	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0, Tier 2	PA; LA; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0, Tier 2	PA; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	\$0, Tier 2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	\$0, Tier 2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	\$0, Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0, Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	\$0, Tier 1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0, Tier 2	PA; LA; QL (84 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0, Tier 2	PA; LA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0, Tier 2	PA; LA; NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0, Tier 2	PA; LA; NDS
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0, Tier 1	QL (75 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0, Tier 1	QL (16 per 30 days)
Steroid Inhalants		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0, Tier 2	QL (30 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0, Tier 1	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	\$0, Tier 2	QL (240 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	\$0, Tier 2	QL (180 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0, Tier 2	QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0, Tier 2	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0, Tier 2	QL (2 per 30 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0, Tier 2	QL (3 per 30 days)
Steroid/Beta-Agonist Combinations		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0, Tier 2	QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0, Tier 2	QL (12 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	\$0, Tier 2	QL (60 per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0, Tier 2	QL (10.2 per 30 days)
TOPICAL		
Dermatology, Acne		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	\$0, Tier 1	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0, Tier 1	PA
AVITA EXTERNAL CREAM 0.025 %	\$0, Tier 1	PA; QL (45 per 30 days)
AVITA EXTERNAL GEL 0.025 %	\$0, Tier 1	PA; QL (45 per 30 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0, Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0, Tier 1	PA
<i>clindamycin phosphate external gel 1 %</i>	\$0, Tier 1	QL (75 per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>ery external pad 2 %</i>	\$0, Tier 1	
<i>erythromycin external solution 2 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0, Tier 1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0, Tier 1	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0, Tier 1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0, Tier 1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0, Tier 1	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0, Tier 1	PA
Dermatology, Antibiotics		
<i>bacitracin ointment 500 unit/gm external 500 unit/gm</i>	\$0, Tier 3	DP
<i>bacitracin zinc ointment 500 unit/gm external (otc) 500 unit/gm</i>	\$0, Tier 3	DP
<i>gentamicin sulfate external cream 0.1 %</i>	\$0, Tier 1	QL (30 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp bacitracin zinc ointment 500 unit/gm external 500 unit/gm</i>	\$0, Tier 3	DP
<i>gnp triple antibiotic plus ointment 1 % external 1 %</i>	\$0, Tier 3	DP
<i>hm bacitracin zinc ointment 500 unit/gm external 500 unit/gm</i>	\$0, Tier 3	DP
<i>hm triple antibiotic max st ointment 1 % external 1 %</i>	\$0, Tier 3	DP
<i>hm triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	\$0, Tier 3	DP
<i>mupirocin external ointment 2 %</i>	\$0, Tier 1	QL (220 per 30 days)
<i>qc bacitracin ointment 500 unit/gm external 500 unit/gm</i>	\$0, Tier 3	DP
<i>sb triple antibiotic ointment 4 % external 4 %</i>	\$0, Tier 3	DP
<i>silver sulfadiazine external cream 1 %</i>	\$0, Tier 1	
<i>sm antibiotic ointment 500 unit/gm external 500 unit/gm</i>	\$0, Tier 3	DP
<i>sm triple antibiotic max st ointment 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sm triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	\$0, Tier 3	DP
SSD EXTERNAL CREAM 1 %	\$0, Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0, Tier 2	
<i>tri-biozene ointment 1 % external 1 %</i>	\$0, Tier 3	DP
<i>triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	\$0, Tier 3	DP
<i>triple antibiotic ointment 5-400-5000 external 5-400-5000</i>	\$0, Tier 3	DP
<i>triple antibiotic plus ointment 1 % external 1 %</i>	\$0, Tier 3	DP
Dermatology, Antifungals		
<i>antifungal (tolnaftate) cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>anti-fungal cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>antifungal cream 2 % external 2 %</i>	\$0, Tier 3	DP
<i>anti-fungal powder 1 % external 1 %</i>	\$0, Tier 3	DP
<i>baza antifungal cream 2 % external 2 %</i>	\$0, Tier 3	DP
<i>benzoin tincture external (otc)</i>	\$0, Tier 3	DP
CARRINGTON ANTIFUNGAL CREAM 2 % EXTERNAL 2 %	\$0, Tier 3	DP
<i>castellani paint modified liquid 1.5 % external 1.5 %</i>	\$0, Tier 3	DP
<i>ciclopirox olamine external cream 0.77 %</i>	\$0, Tier 1	QL (90 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clotrimazole cream 1 % external (otc) 1 %</i>	\$0, Tier 3	DP
<i>clotrimazole external cream 1 %</i>	\$0, Tier 1	QL (45 per 30 days)
<i>clotrimazole external solution 1 %</i>	\$0, Tier 1	QL (30 per 30 days)
<i>clotrimazole solution 1 % external (otc) 1 %</i>	\$0, Tier 3	DP

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0, Tier 1	QL (45 per 30 days)
FUNGOID-D CREAM 1 % EXTERNAL 1 %	\$0, Tier 3	DP
<i>gnp athletes foot cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>gnp terbinafine hydrochloride cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>gnp tolnaftate cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>jock itch spray aerosol powder 1 % external 1 %</i>	\$0, Tier 3	DP
<i>ketoconazole external cream 2 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>miconazole nitrate cream 2 % external (otc) 2 %</i>	\$0, Tier 3	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	\$0, Tier 1	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0, Tier 1	QL (30 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0, Tier 1	QL (30 per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0, Tier 1	QL (60 per 30 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	\$0, Tier 1	QL (60 per 30 days)
<i>podactin powder 1 % external 1 %</i>	\$0, Tier 3	DP
<i>qc tolnaftate cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sb anti-fungal cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sm antifungal clotrimazole cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sm antifungal miconazole cream 2 % external 2 %</i>	\$0, Tier 3	DP
<i>sm antifungal tolnaftate cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sm athletes foot cream 1 % external 1 %</i>	\$0, Tier 3	DP
SOOTHE & COOL INZO ANTIFUNGAL CREAM 2 % EXTERNAL 2 %	\$0, Tier 3	DP
<i>terbinafine hcl cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>tolnaftate cream 1 % external 1 %</i>	\$0, Tier 3	DP
<i>tolnaftate powder 1 % external 1 %</i>	\$0, Tier 3	DP
Dermatology, Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0, Tier 1	PA
<i>calcipotriene external cream 0.005 %</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0, Tier 1	PA; QL (120 per 30 days)
CALCITRENE EXTERNAL OINTMENT 0.005 %	\$0, Tier 1	PA; QL (120 per 30 days)
<i>tazarotene external cream 0.1 %</i>	\$0, Tier 1	PA; QL (60 per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0, Tier 2	PA; QL (60 per 30 days)
Dermatology, Antiseborrheics		
<i>ketoconazole external shampoo 2 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	\$0, Tier 1	
Dermatology, Corticosteroids		
<i>ala-cort external cream 1 %, 2.5 %</i>	\$0, Tier 1	
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0, Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0, Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0, Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>	\$0, Tier 1	
<i>betamethasone valerate external lotion 0.1 %</i>	\$0, Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	\$0, Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0, Tier 1	QL (50 per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0, Tier 2	PA; QL (120 per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0, Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	\$0, Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0, Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0, Tier 1	QL (90 per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0, Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0, Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0, Tier 1	
<i>halobetasol propionate external cream 0.05 %</i>	\$0, Tier 1	QL (50 per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0, Tier 1	QL (50 per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0, Tier 1	
<i>hydrocortisone external lotion 2.5 %</i>	\$0, Tier 1	
<i>hydrocortisone external ointment 2.5 %</i>	\$0, Tier 1	
<i>mometasone furoate external cream 0.1 %</i>	\$0, Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>	\$0, Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0, Tier 1	
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0, Tier 1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0, Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0, Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	\$0, Tier 1	
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	\$0, Tier 1	PA; QL (60 per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0, Tier 1	PA; QL (50 per 30 days)
<i>lidocaine external patch 5 %</i>	\$0, Tier 1	PA; QL (3 per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0, Tier 1	PA; QL (50 per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0, Tier 1	PA; QL (30 per 30 days)
Dermatology, Miscellaneous Skin And Mucous Membrane		
<i>ammonium lactate cream 12 % external (otc) 12 %</i>	\$0, Tier 3	DP
<i>ammonium lactate external cream 12 %</i>	\$0, Tier 1	
<i>ammonium lactate external lotion 12 %</i>	\$0, Tier 1	
<i>ammonium lactate lotion 12 % external (otc) 12 %</i>	\$0, Tier 3	DP
<i>boric acid granules external (otc)</i>	\$0, Tier 3	DP
<i>calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>calamine powder (otc)</i>	\$0, Tier 3	DP
<i>calamine-zinc oxide lotion 8-8 % external 8-8 %</i>	\$0, Tier 3	DP
<i>camphor crystals (otc)</i>	\$0, Tier 3	DP
<i>capsaicin cream 0.025 % external 0.025 %</i>	\$0, Tier 3	DP
CLORPACTIN POWDER 2 GM 2 GM	\$0, Tier 3	DP
<i>diclofenac sodium external gel 1 %</i>	\$0, Tier 1	PA; QL (1000 per 30 days)
<i>fluorouracil external cream 5 %</i>	\$0, Tier 1	QL (40 per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0, Tier 1	QL (10 per 30 days)
<i>formaldehyde solution 37 % external (otc) 37 %</i>	\$0, Tier 3	DP
FREE & CLEAR SHAMPOO EXTERNAL	\$0, Tier 3	DP
<i>glycolic acid solution 70 % (otc) 70 %</i>	\$0, Tier 3	DP
<i>gnp capsaicin cream 0.1 % external 0.1 %</i>	\$0, Tier 3	DP
<i>gnp capsaicin liquid 0.15 % external 0.15 %</i>	\$0, Tier 3	DP
<i>hydrocortisone (perianal) external cream 2.5 %</i>	\$0, Tier 1	
<i>imiquimod external cream 5 %</i>	\$0, Tier 1	QL (24 per 30 days)
<i>jessners solution external</i>	\$0, Tier 3	DP
<i>metronidazole external cream 0.75 %</i>	\$0, Tier 1	
<i>metronidazole external gel 0.75 %</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>metronidazole external lotion 0.75 %</i>	\$0, Tier 1	
NEW SKIN AEROSOL EXTERNAL	\$0, Tier 3	DP
PANRETIN EXTERNAL GEL 0.1 %	\$0, Tier 2	PA; QL (60 per 30 days); NDS
PENTRAVAN CREAM EXTERNAL	\$0, Tier 3	DP
PENTRAVAN PLUS CREAM EXTERNAL	\$0, Tier 3	DP
PICATO EXTERNAL GEL 0.015 %	\$0, Tier 2	QL (3 per 30 days)
PICATO EXTERNAL GEL 0.05 %	\$0, Tier 2	QL (2 per 30 days)
<i>podofilox external solution 0.5 %</i>	\$0, Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	\$0, Tier 1	
PROCTO-PAK EXTERNAL CREAM 1 %	\$0, Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	\$0, Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	\$0, Tier 1	
<i>px calamine lotion external</i>	\$0, Tier 3	DP
<i>qc calamine lotion external</i>	\$0, Tier 3	DP
<i>ra calamine lotion 6.971-6.971 % external 6.971-6.971 %</i>	\$0, Tier 3	DP
RECTIV RECTAL OINTMENT 0.4 %	\$0, Tier 2	QL (30 per 30 days)
ROSADAN EXTERNAL CREAM 0.75 %	\$0, Tier 1	
<i>sm calamine lotion external</i>	\$0, Tier 3	DP
<i>sm calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0, Tier 1	QL (100 per 30 days)
<i>tannic acid powder (otc)</i>	\$0, Tier 3	DP
TARGRETIN EXTERNAL GEL 1 %	\$0, Tier 2	PA; QL (60 per 30 days); NDS
VALCHLOR EXTERNAL GEL 0.016 %	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ZOSTRIX HP CREAM 0.1 % EXTERNAL 0.1 %	\$0, Tier 3	DP
ZOSTRIX NATURAL PAIN RELIEF CREAM 0.033 % EXTERNAL 0.033 %	\$0, Tier 3	DP
Dermatology, Scabicides And Pediculides		
<i>eq lice killing max st shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>gnp lice treatment liquid 1 % external 1 %</i>	\$0, Tier 3	DP
<i>gnp lice treatment shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>hm lice killing max st shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>lice killing maximum strength shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>lice treatment lotion 1 % external 1 %</i>	\$0, Tier 3	DP
LICIDE SHAMPOO 0.33-4 % EXTERNAL 0.33-4 %	\$0, Tier 3	DP
<i>malathion external lotion 0.5 %</i>	\$0, Tier 1	
<i>permethrin external cream 5 %</i>	\$0, Tier 1	

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ra lice maximum strength shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
RID LICE KILLING SHAMPOO SHAMPOO 0.33-4 % EXTERNAL 0.33-4 %	\$0, Tier 3	DP
<i>sb lice killing max st shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>sb lice treatment liquid 0.3-3 % external 0.3-3 %</i>	\$0, Tier 3	DP
<i>sb lice treatment liquid 1 % external 1 %</i>	\$0, Tier 3	DP
<i>sm lice killing max strength shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
<i>sm lice killing shampoo 0.33-4 % external 0.33-4 %</i>	\$0, Tier 3	DP
Dermatology, Wound Care Agents		
REGRANEX EXTERNAL GEL 0.01 %	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0, Tier 2	
sodium chloride irrigation solution 0.9 %	\$0, Tier 1	
sterile water for irrigation irrigation solution	\$0, Tier 1	
Mouth/Throat/Dental Agents		
cevimeline hcl oral capsule 30 mg	\$0, Tier 1	
chlorhexidine gluconate mouth/throat solution 0.12 %	\$0, Tier 1	
clotrimazole mouth/throat troche 10 mg	\$0, Tier 1	QL (150 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	\$0, Tier 1	
nystatin mouth/throat suspension 100000 unit/ml	\$0, Tier 1	
ORASEP SOLUTION 2-0.5-0.1 % MOUTH/THROAT 2-0.5-0.1 %	\$0, Tier 3	DP
PAROEX MOUTH/THROAT SOLUTION 0.12 %	\$0, Tier 1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	\$0, Tier 1	
PERIOMED CONCENTRATE 0.63 % MOUTH/THROAT 0.63 %	\$0, Tier 3	DP
pilocarpine hcl oral tablet 5 mg, 7.5 mg	\$0, Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	\$0, Tier 1	
Otic		
acetic acid otic solution 2 %	\$0, Tier 1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	\$0, Tier 1	
FLAC OTIC OIL 0.01 %	\$0, Tier 1	
fluocinolone acetonide otic oil 0.01 %	\$0, Tier 1	
neomycin-polymyxin-hc otic solution 1 %	\$0, Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	\$0, Tier 1	
ofloxacin otic solution 0.3 %	\$0, Tier 1	

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

D. Index of Covered Drugs

12 hour decongestant.....	115	allergy childrens.....	112	antacid fast relief.....	71
3 day vaginal.....	79	allergy d-12.....	115	antacid maximum strength.....	71
abacavir sulfate.....	22	allergy relief.....	112	antacid plus anti-gas fast act.....	71
abacavir sulfate-lamivudine.....	23	allergy relief childrens.....	112	antacid plus anti-gas relief.....	71
abacavir-lamivudine-zidovudine.....	23	allergy relief d-24.....	115	antacid/simethicone ds.....	72
ABELCET.....	19	allergy-time.....	112	anti-diarrheal.....	73
ABILIFY MAINTENA.....	50	allopurinol.....	13	antifungal.....	122
abiraterone acetate.....	30	ALMACONE DOUBLE STRENGTH.....	71	anti-fungal.....	122
ABRAXANE.....	31	almond oil (sweet).....	88	antifungal (tolnaftate).....	122
acacia.....	88	aloe vera.....	88	antioxidant formula.....	100
acamprosate calcium.....	55	alosetron hcl.....	77	antioxidant vitamins.....	100
acarbose.....	59	ALPHAGAN P.....	109	APOKYN.....	49
ACCUTANE.....	121	alprazolam.....	43	aprepitant.....	73
acebutolol hcl.....	40	ALREX.....	111	APRI.....	61
acesulfame potassium.....	88	ALTavera.....	61	APTIOm.....	43
acetaminophen.....	13	alum ammonium.....	88	APTIVUS.....	22
acetaminophen childrens.....	13	aluminum hydroxide gel.....	71	AQUADEKS.....	100
acetaminophen er.....	13	ALUNBRIG.....	32	AQUASOL A.....	100
acetaminophen-codeine.....	17, 18	alyacen 1/35.....	61	aqueous vitamin d.....	100
acetaminophen-codeine #3.....	17	alyacen 7/7/7.....	61	aqueous vitamin e.....	100
acetazolamide.....	41	AMABELZ.....	67	ARALAST NP.....	119
acetazolamide er.....	41	amantadine hcl.....	49	ARANELLE.....	61
acetic acid.....	78, 88, 127	ambi 10peh/400gfn.....	115	ARCALYST.....	85
acetic acid glacial.....	88	ambi 10peh/400gfn/20dm.....	115	aripiprazole.....	50
acetylcysteine.....	119	ambi 40pse/400gfn.....	115	ARISTADA.....	50
acetyl-L-carnitine hcl.....	88	AMBISOME.....	19	ARISTADA INITIO.....	50
acitretin.....	123	ambrisentan.....	43	armodafinil.....	55
ACTHIB.....	86	AMETHIA.....	61	ARNUITY ELLIPTA.....	120
ACTIMMUNE.....	85	amikacin sulfate.....	19	arthritis pain relief.....	13
acyclovir.....	24	amiloride hcl.....	41	arthritis pain reliever.....	13
acyclovir sodium.....	24	amiloride-hydrochlorothiazide.....	41	ascorbic acid.....	100
ADACEL.....	86	AMINOSYN-PF.....	95	ascorbyl palmitate.....	88
adefovir dipivoxil.....	24	amiodarone hcl.....	38	asenapine maleate.....	50
ADEMPAS.....	43	amitriptyline hcl.....	47	ASHLYNA.....	61
ADRENALIN.....	42	amlodipine besy-benazepril hcl.....	37	aspartame.....	99
ADRIAMYCIN.....	29	amlodipine besylate.....	40	aspirin.....	13
ADVAIR DISKUS.....	121	amlodipine besylate-valsartan.....	37	aspirin ec.....	13
ADVAIR HFA.....	121	amlodipine-olmesartan.....	37	aspirin ec low dose.....	13
AFINITOR.....	32	amlodipine-valsartan-hctz.....	38	aspirin-dipyridamole er.....	83
AFINITOR DISPERZ.....	32	ammonium lactate.....	125	ASSURE ID INSULIN SAFETY	
AFIRMELLE.....	61	AMNESTEEM.....	121	SYR.....	57
AIMOVIG.....	53	amoxapine.....	47	atazanavir sulfate.....	22
ala-cort.....	123	amoxicillin.....	27	atenolol.....	40
albendazole.....	19	amoxicillin-pot clavulanate.....	27, 28	atenolol-chlorthalidone.....	40
albuterol sulfate.....	114	amoxicillin-pot clavulanate er.....	27	atomoxetine hcl.....	53
albuterol sulfate hfa.....	114	amphetamine-dextroamphet er.....	53	atorvastatin calcium.....	39
alclometasone dipropionate.....	123	amphetamine-dextroamphetamine.....	53	atovaquone.....	19
ALDURAZYME.....	68	amphotericin b.....	19	atovaquone-proguanil hcl.....	21
ALECENSA.....	32	ampicillin.....	28	atropine sulfate.....	111
alendronate sodium.....	60	ampicillin sodium.....	28	ATROVENT HFA.....	112
alfuzosin hcl er.....	78	ampicillin-sulbactam sodium.....	28	AUBRA EQ.....	61
ALIMTA.....	30	anagrelide hcl.....	82	AUROVELA 1/20.....	62
aliskiren fumarate.....	42	anastrozole.....	30	AUROVELA 24 FE.....	62
all day allergy.....	112	ANDRODERM.....	57	AUROVELA FE 1.5/30.....	62
all day allergy d.....	115	ANIMAL SHAPES.....	100	AUROVELA FE 1/20.....	62
all day allergy-d.....	115	animal shapes/iron.....	100	AURYXIA.....	70
aller-chlor.....	112	ANORO ELLIPTA.....	111	AUSTEDO.....	54
aller-ease.....	112	antacid.....	71, 72	AVASTIN.....	32
allergy.....	112	antacid anti-gas max strength.....	71	AVIANE.....	62

AVITA.....	121	BEXSERO.....	86	c-1000/rose hips.....	101
AYR SALINE NASAL NETI RINSE.....	119	bicalutamide.....	30	c-500.....	101
AYR SALINE NASAL RINSE.....	119	BICILLIN L-A.....	28	ca phosphate dibasic dihyd.....	95
AYUNA.....	62	BIKTARVY.....	23	cabergoline.....	68
AYVAKIT.....	32	bioflavonoid citrus.....	88	CABOMETYX.....	32
azacitidine.....	30	biotin.....	101	calamine.....	125
azathioprine.....	85	biotin-d.....	88	calamine phenolated.....	125
azelastine hcl.....	109, 112	bisacodyl.....	75	calamine-zinc oxide.....	125
azithromycin.....	26	bisacodyl ec.....	75	CALCET PETITES.....	95
AZOPT.....	109	bismatrol.....	73	CALCI-CHEW.....	96
aztreonam.....	19	bismuth.....	73	CALCIFEROL.....	101
AZURETTE.....	62	bismuth subcarbonate.....	88	calcipotriene.....	123
b complex.....	101	bisoprolol fumarate.....	40	calcitonin (salmon).....	60
b complex-c.....	101	bisoprolol-hydrochlorothiazide.....	40	CALCITRATE.....	96
B-12 DOTS.....	101	BIVIGAM.....	84	CALCITRENE.....	123
bacitracin.....	110, 121	BLEPHAMIDE S.O.P.....	110	calcitriol.....	71
bacitracin zinc.....	121	BLISOVI 24 FE.....	62	calcium.....	96
bacitracin-polymyxin b.....	110	BLISOVI FE 1.5/30.....	62	calcium 500/d.....	96
bacitra-neomycin-polymyxin-hc.....	110	BOOSTRIX.....	86	calcium 600.....	96
baclofen.....	55	boric acid.....	125	calcium 600+d.....	96
balsalazide disodium.....	74	boric acid topical.....	88	calcium 600-d.....	96
BALVERSA.....	32	bortezomib.....	32	calcium acetate (phos binder).....	70
BALZIVA.....	62	bosentan.....	43	calcium carb-cholecalciferol.....	96
banana concentrate.....	88	BOSULIF.....	32	calcium carbonate.....	96
BANOPHEN.....	112	BPROTECTED PEDIA POLY- VITE/FE.....	101	calcium carbonate antacid.....	96
BANZEL.....	43	BRAFTOVI.....	32	calcium carbonate extra light.....	96
BARACLUDGE.....	24	BREO ELLIPTA.....	121	calcium citrate +.....	101
BASAGLAR KWIKPEN.....	57	BREZTRI AEROSPHERE.....	112	calcium citrate tetrahydrate.....	88
baza antifungal.....	122	briellyn.....	62	calcium gluconate anhydrous.....	96
bcg vaccine.....	86	BRILINTA.....	83	calcium high potency.....	96
b-complex/b-12.....	101	brimonidine tartrate.....	109	calcium high potency/vitamin d.....	96
b-complex/vitamin c (w/ ca).....	101	brinzolamide.....	109	calcium hydroxide.....	88
BEELITH.....	95	BRIVIACT.....	43, 44	calcium lactate.....	96
BEKYREE.....	62	BROMFED DM.....	115	calcium phosphate tribasic.....	96
BELSOMRA.....	53	bromfenac sodium (once-daily).....	111	calcium saccharate.....	88
benazepril hcl.....	37	bromocriptine mesylate.....	49	calcium-magnesium-zinc.....	96
benazepril-hydrochlorothiazide.....	37	BROMSITE.....	111	calcium-vitamin d3.....	96
BENDEKA.....	29	BRUKINSA.....	32	calcium-vitamin d-minerals.....	97
BENLYSTA.....	85	budesonide.....	74, 120	CALQUENCE.....	32
benzoin.....	122	budesonide er.....	74	CAMILA.....	62
benzonatate.....	115	BUFFER CREAM.....	88	camphor.....	125
benzoyl peroxide-erythromycin.....	121	bumetanide.....	41	CAMRESE.....	62
benzphetamine hcl.....	55	buprenorphine.....	17	CAMRESE LO.....	62
benztropine mesylate.....	49	buprenorphine hcl.....	55	candesartan cilexetil.....	38
benzyl alcohol.....	88	buprenorphine hcl-naloxone hcl.....	55	candesartan cilexetil-hctz.....	38
bepotastine besilate.....	109	bupropion hcl.....	47	capcof.....	115
BEPREVE.....	109	bupropion hcl er (smoking det).....	55	CAPLYTA.....	50
BERINERT.....	82	bupropion hcl er (sr).....	47	CAPRELSA.....	32
BESIVANCE.....	110	bupropion hcl er (xl).....	47	capsaicin.....	125
betaine anhydrous.....	88	buspirone hcl.....	43	captopril.....	37
betamethasone dipropionate.....	124	butorphanol tartrate.....	18	CARBAGLU.....	68
betamethasone dipropionate aug..	124	butylparaben.....	88	carbamazepine.....	44
betamethasone valerate.....	124	BYDUREON.....	59	carbamazepine er.....	44
BETASERON.....	54	BYDUREON BCISE.....	59	carbidopa-levodopa.....	49
betatemp childrens.....	13	BYETTA 10 MCG PEN.....	59	carbidopa-levodopa er.....	49
betaxolol hcl.....	40, 109	BYETTA 5 MCG PEN.....	59	carbidopa-levodopa-entacapone.....	49
bethanechol chloride.....	78	BYSTOLIC.....	40	CARBOGEL 940.....	88
BETOPTIC-S.....	109	c 250.....	101	CARBOHOL 940.....	88
BEVESPI AEROSPHERE.....	112	c 500/rose hips.....	101	carbomer homopolymer type c.....	88
bexarotene.....	31			carboplatin.....	29

<i>carboxymethylcellulose sodium</i>	88	<i>chewable vite childrens</i>	101	<i>clonidine hcl</i>	42
<i>carisoprodol</i>	55	<i>chewable viteliron childrens</i>	101	<i>clopidogrel bisulfate</i>	83
CARRINGTON ANTIFUNGAL.....	122	<i>child chewable vitaminsliron</i>	101	<i>clorazepate dipotassium</i>	44
<i>carteolol hcl</i>	109	<i>childrens animal shapes</i>	101	CLORPACTIN.....	125
CARTIA XT.....	40	<i>childrens chewable vitamins</i>	101	<i>clotrimazole</i>	79, 122, 127
<i>carvedilol</i>	40	<i>childrens ibuprofen</i>	16	<i>clotrimazole-betamethasone</i>	123
<i>caspofungin acetate</i>	19	<i>childrens loratadine</i>	113	<i>clove oil</i>	88
<i>castellani paint modified</i>	122	<i>childrens mucus relief expect</i>	115	<i>clozapine</i>	50
CAYSTON.....	19	<i>childrens silapap</i>	13	<i>co q 10</i>	99
CAZIAN.....	62	<i>childrens silfedrine</i>	115	<i>co q10</i>	99
<i>cefaclor</i>	25	<i>childrens tactual</i>	13	<i>co q-10</i>	99
<i>cefaclor er</i>	25	<i>chlorhexidine gluconate</i>	127	<i>coal tar</i>	89
<i>cefadroxil</i>	25	<i>chloroform</i>	88	COARTEM.....	21
<i>cefazolin sodium</i>	25	<i>chloroquine phosphate</i>	21	<i>cocoa butter</i>	89
<i>cefazolin sodium-dextrose</i>	25	<i>chlorpromazine hcl</i>	50	<i>coconut oil</i>	89
<i>cefdinir</i>	25, 26	<i>chlorthalidone</i>	42	<i>cod liver oil</i>	101
<i>cefepime hcl</i>	26	<i>chocolate concentrate</i>	88	<i>coenzyme q10</i>	89, 99
<i>cefexime</i>	26	<i>cholesterol</i>	88	<i>coenzyme q-10</i>	99
<i>cefoxitin sodium</i>	26	<i>cholestyramine</i>	39	<i>co-enzyme q10</i>	99
<i>cefepodoxime proxetil</i>	26	<i>cholestyramine light</i>	39	<i>co-enzyme q-10</i>	99
<i>cefprozil</i>	26	<i>chromic chloride</i>	95	<i>colchicine</i>	13
<i>ceftazidime</i>	26	<i>chrysin</i>	88	<i>colchicine-probenecid</i>	13
<i>ceftazidime and dextrose</i>	26	<i>ciclopirox olamine</i>	122	<i>colesevelam hcl</i>	39
<i>ceftriaxone sodium</i>	26	<i>cilostazol</i>	82	<i>colestipol hcl</i>	39
<i>cefuroxime axetil</i>	26	CILOXAN.....	110	<i>colistimethate sodium (cba)</i>	20
<i>cefuroxime sodium</i>	26	CIMDUO.....	23	<i>collodion</i>	89
<i>celecoxib</i>	16	<i>cinacalcet hcl</i>	68, 69	<i>collodion flexible</i>	89
CELONTIN.....	44	CIPRO.....	27	COMBIGAN.....	109
<i>centamin</i>	101	<i>ciprofloxacin hcl</i>	27, 110	COMBIVENT RESPIMAT.....	112
<i>centavite</i>	101	<i>ciprofloxacin in d5w</i>	27	COMETRIQ (100 MG DAILY DOSE).....	32
<i>century</i>	101	<i>ciprofloxacin-dexamethasone</i>	127	COMETRIQ (140 MG DAILY DOSE).....	32
<i>century mature</i>	101	<i>cisplatin</i>	29	COMETRIQ (60 MG DAILY DOSE).....	32
<i>cephalexin</i>	26	<i>citalopram hydrobromide</i>	47	COMFORT ASSIST INSULIN SYRINGE.....	57
CERDELGA.....	68	<i>citric acid anhydrous</i>	88	COMPETE.....	101
CEREZYME.....	68	<i>citrus calcium +d</i>	97	COMPLERA.....	23
CEROVITE ADVANCED FORMULA.....	101	<i>citrus calcium/vitamin d</i>	97	<i>complete</i>	101
CEROVITE JR.....	101	CLARAVIS.....	121	<i>complete allergy medicine</i>	113
CEROVITE SENIOR.....	101	<i>clarithromycin</i>	27	<i>complete senior</i>	101
CERTAVITE SENIOR/ANTIOXIDANT.....	101	<i>clarithromycin er</i>	27	COMPRO.....	73
CERTAVITE/ANTIOXIDANTS.....	101	<i>classic prenatal</i>	101	<i>constulose</i>	75
<i>cetirizine hcl</i>	113	<i>clindamycin hcl</i>	19	COPIKTRA.....	32
<i>cetirizine hcl allergy child</i>	112	<i>clindamycin palmitate hcl</i>	20	<i>copper sulfate</i>	95
<i>cetirizine hcl childrens alrgy</i>	112	<i>clindamycin phosphate</i>	20, 79, 121	<i>coq10</i>	99
<i>cetirizine hcl hives relief</i>	112	<i>clindamycin phosphate in d5w</i>	20	<i>coq-10</i>	99
<i>cetirizine-pseudoephedrine er</i>	115	<i>clindamycin phosphate in nacl</i>	20	CORLANOR.....	42
<i>cetyl alcohol</i>	88	CLINIMIX/DEXTROSE (4.25/10).....	95	<i>corn starch</i>	89
<i>cevimeline hcl</i>	127	CLINIMIX/DEXTROSE (4.25/5).....	95	<i>cortisone acetate</i>	67
CHANTIX.....	55	CLINIMIX/DEXTROSE (5/15).....	95	COTELLIC.....	32
CHANTIX CONTINUING MONTH PAK.....	55	CLINIMIX/DEXTROSE (5/20).....	95	<i>cottonseed oil</i>	89
CHANTIX STARTING MONTH PAK.....	55	<i>clinimix/dextrose (6/5)</i>	95	<i>cough dm</i>	115
<i>charcoal</i>	68	<i>clinimix/dextrose (8/10)</i>	95	<i>creatine monohydrate</i>	89
CHATEAL.....	62	<i>clinimix/dextrose (8/14)</i>	95	CREON.....	78
CHEMET.....	61	CLINISOL SF.....	95	CRIXIVAN.....	22
CHEMSTRIP UGK.....	68	<i>clonazepam</i>	44	<i>cromolyn sodium</i>	77, 109, 119
<i>cherry</i>	88	<i>clonidine</i>	42	<i>croton oil</i>	89
<i>cherry concentrate</i>	88			CRYSELLE-28.....	62
				<i>cupric chloride</i>	95

<i>cvs cough dm</i>	115	<i>dextrose 5%/electrolyte #48</i>	93	<i>docetaxel</i>	31
<i>cvs gauze sterile</i>	57	<i>dextrose in lactated ringers</i>	93	<i>docu</i>	75
<i>cyanocobalamin</i>	102	<i>dextrose-nacl</i>	93	<i>docu soft</i>	75
CYCLAFEM 1/35.....	62	<i>dextrose-sodium chloride</i>	93	<i>docusate sodium</i>	75
CYCLAFEM 7/7/7.....	62	<i>dhea</i>	99	DOCUSIL.....	75
<i>cyclobenzaprine hcl</i>	55	DIABETIC TUSSIN.....	115	DOCUSOL MINI.....	75
<i>cyclophosphamide</i>	29	DIABETIC TUSSIN DM.....	115	<i>dofetilide</i>	38
<i>cycloserine</i>	24	DIABETIC TUSSIN MAX ST.....	115	<i>donepezil hcl</i>	47
<i>cyclosporine</i>	85	DIABETISWEET.....	99	DOPTelet.....	82
<i>cyclosporine modified</i>	85	DIACOMIT.....	44	<i>dorzolamide hcl</i>	109
<i>cyproheptadine hcl</i>	113	DIALYVITE 800.....	102	<i>dorzolamide hcl-timolol mal</i>	109
CYRED EQ.....	62	<i>dialyvite 800/ultra d</i>	102	DOTTI.....	67
CYSTADANE.....	69	DIALYVITE 800/ZINC.....	102	DOVATO.....	23
CYSTADROPS.....	111	DIALYVITE 800-ZINC 15.....	102	<i>doxazosin mesylate</i>	37
CYSTAGON.....	69	DIALYVITE VITAMIN D 5000.....	102	<i>doxepin hcl</i>	48, 53
CYSTARAN.....	111	DIALYVITE VITAMIN D3 MAX.....	102	<i>doxorubicin hcl</i>	29
<i>cytarabine</i>	30	DIASCREEN 10.....	69	<i>doxorubicin hcl liposomal</i>	29
<i>d 1000</i>	102	DIASCREEN 1G.....	69	DOXY 100.....	29
<i>d 400</i>	102	DIASCREEN 2GK.....	69	<i>doxycycline hyclate</i>	29
<i>d 5000</i>	102	DIASCREEN 3.....	69	<i>doxycycline monohydrate</i>	29
<i>d3 high potency</i>	102	DIASCREEN 4OBL.....	69	DRIZALMA SPRINKLE.....	48
<i>d3 super strength</i>	102	DIASCREEN 5.....	69	<i>dronabinol</i>	73
<i>daily vitamins</i>	102	DIASCREEN 6.....	69	<i>drospiren-eth estrad-levomefol</i>	62
<i>daily-vite</i>	102	DIASCREEN 7.....	69	<i>drospirenone-ethinyl estradiol</i>	62
<i>daily-viteliron/beta-carotene</i>	102	DIASCREEN 8.....	69	DROXIA.....	82
<i>dalfampridine er</i>	54	DIASCREEN 9.....	69	<i>droxidopa</i>	42
DALIRESP.....	119	DIASTIX.....	69	<i>ducodyl</i>	75
<i>danazol</i>	67	<i>diazepam</i>	44	<i>duloxetine hcl</i>	48
<i>dantrolene sodium</i>	55	<i>diazoxide</i>	68	DUREZOL.....	111
<i>dapsone</i>	20	<i>diclofenac potassium</i>	16	<i>dutasteride</i>	78
DAPTACEL.....	86	<i>diclofenac sodium</i>	16, 111, 125	<i>dutasteride-tamsulosin hcl</i>	78
<i>daptomycin</i>	20	<i>diclofenac sodium er</i>	16	E.E.S. 400.....	27
DASETTA 1/35.....	62	<i>dicloxacillin sodium</i>	28	<i>e-400</i>	102
DASETTA 7/7/7.....	62	<i>dicyclomine hcl</i>	74	<i>ecce plus</i>	102
DAURISMO.....	32	<i>diethylpropion hcl</i>	55	<i>ec-naproxen</i>	16
DAYHIST ALLERGY 12 HOUR		<i>diethylpropion hcl er</i>	55	ECPIRIN.....	13
RELIEF.....	113	DIFICID.....	27	<i>ed chlorped jr</i>	113
DAYSEE.....	62	<i>diflunisal</i>	16	<i>ed-apap</i>	13
DEBLITANE.....	62	<i>difluprednate</i>	111	EDURANT.....	22
<i>deferasirox</i>	61	DIGITEK.....	42	<i>efavirenz</i>	22
<i>deferasirox granules</i>	61	DIGOX.....	42	<i>efavirenz-emtricitab-tenofovir</i>	23
DELESTROGEN.....	67	<i>digoxin</i>	42	<i>efavirenz-lamivudine-tenofovir</i>	23
DELSTRIGO.....	23	<i>dihydroergotamine mesylate</i>	53	ELDERTONIC.....	102
DESCOVY.....	23	DILANTIN.....	44	ELINEST.....	62
<i>desipramine hcl</i>	47	DILANTIN INFATABS.....	44	ELIQUIS.....	80
<i>desmopressin ace spray refig</i>	69	<i>diltiazem hcl</i>	41	ELIQUIS DVT/PE STARTER PACK	80
<i>desmopressin acetate</i>	69	<i>diltiazem hcl er</i>	41	ELLA.....	62
<i>desmopressin acetate pf</i>	69	<i>diltiazem hcl er beads</i>	41	ELURYNG.....	62
<i>desmopressin acetate spray</i>	69	<i>diltiazem hcl er coated beads</i>	41	EMCYT.....	30
<i>desogestrel-ethinyl estradiol</i>	62	<i>dilt-xr</i>	41	EMEND.....	73
<i>desvenlafaxine succinate er</i>	47	<i>diphenhist</i>	113	EMOQUETTE.....	62
<i>dexamethasone</i>	67	<i>diphenhydramine hcl</i>	113	EMSAM.....	48
DEXAMETHASONE INTENSOL.....	67	<i>diphenoxylate-atropine</i>	77	<i>emtricitabine</i>	22
<i>dexamethasone sod phosphate pf</i>	67	<i>diphtheria-tetanus toxoids dt</i>	86	<i>emtricitabine-tenofovir df</i>	23
<i>dexamethasone sodium phosphate</i>		<i>dipyridamole</i>	83	EMTRIVA.....	22
.....	68, 111	<i>disopyramide phosphate</i>	38	EMVERM.....	20
DEXILANT.....	78	<i>distilled water</i>	89	<i>enalapril maleate</i>	37
<i>dexmethylphenidate hcl</i>	53	<i>disulfiram</i>	55	<i>enalapril-hydrochlorothiazide</i>	37
<i>dextromethorphan polistirex er</i>	115	<i>divalproex sodium</i>	44	ENBREL.....	83
<i>dextrose</i>	95	<i>divalproex sodium er</i>	44	ENBREL MINI.....	83

ENBREL SURECLICK.....	83	everolimus.....	32, 33, 85	FIASP.....	57
ENDARI.....	82	EVOTAZ.....	23	FIASP FLEXTOUCH.....	57
ENDOCET.....	18	EXEL COMFORT POINT PEN		FIASP PENFILL.....	57
ENEMEEZ MINI.....	75	NEEDLE.....	57	<i>finasteride</i>	78
ENEMEEZ PLUS.....	75	<i>exemestane</i>	30	FINTEPLA.....	45
ENGERIX-B.....	86	EXKIVITY.....	33	FLAC.....	127
<i>enoxaparin sodium</i>	80	<i>ezetimibe</i>	39	FLAREX.....	111
ENPRESSE-28.....	62	<i>ezetimibe-simvastatin</i>	39	FLAVORX.....	89
ENSKYCE.....	62	EZFE 200.....	81	FLEBOGAMMA DIF.....	84
ENSTILAR.....	124	<i>ezfe forte</i>	102	<i>flecainide acetate</i>	38
<i>entacapone</i>	49	FABRAZYME.....	69	FLOVENT DISKUS.....	120
<i>entecavir</i>	24	FALMINA.....	63	FLOVENT HFA.....	120
ENTRESTO.....	38	<i>famciclovir</i>	24	<i>fluconazole</i>	19
<i>enulose</i>	75	<i>famotidine</i>	74	<i>fluconazole in sodium chloride</i>	19
EPCLUSA.....	24	<i>famotidine premixed</i>	74	<i>flucytosine</i>	19
EPIDIOLEX.....	44	FANAPT.....	50	<i>fludrocortisone acetate</i>	68
<i>epinephrine</i>	119	FANAPT TITRATION PACK.....	50	<i>flunisolide</i>	120
<i>epirubicin hcl</i>	29	FARXIGA.....	59	<i>fluocinolone acetonide</i>	124, 127
EPITOL.....	44	FARYDAK.....	33	<i>fluocinolone acetonide body</i>	124
EPIVIR HBV.....	24	FASENRA.....	119	<i>fluocinolone acetonide scalp</i>	124
<i>eplerenone</i>	37	FASENRA PEN.....	119	<i>fluocinonide</i>	124
<i>epsom salt</i>	75	<i>fast acting antacid/anti-gas</i>	72	<i>fluocinonide emulsified base</i>	124
<i>eq cough dm</i>	116	FATTYBLEND.....	89	<i>fluorometholone</i>	111
<i>eq lice killing max st</i>	126	FAYOSIM.....	63	<i>fluorouracil</i>	30, 125
<i>eq1 coq10</i>	99	<i>fd&c red #40 aluminum lake</i>	89	<i>fluoxetine hcl</i>	48
<i>ergocalciferol</i>	102	<i>fd&c yellow #5</i>	89	<i>fluphenazine decanoate</i>	50
<i>ergotamine-caffeine</i>	53	<i>fdc blue 1</i>	89	<i>fluphenazine hcl</i>	50, 51
ERIVEDGE.....	32	<i>fdc blue 1 aluminum lake</i>	89	<i>flurbiprofen</i>	16
ERLEADA.....	30	<i>fdc blue 2</i>	89	<i>flurbiprofen sodium</i>	111
<i>erlotinib hcl</i>	32	<i>fdc green #3</i>	89	<i>flutamide</i>	30
ERRIN.....	63	<i>fdc red #3</i>	89	<i>fluticasone propionate</i>	120, 124
<i>ertapenem sodium</i>	20	<i>fdc red 40</i>	89	<i>fluvoxamine maleate</i>	43
<i>ery</i>	121	<i>fdc yellow 5 aluminum lake</i>	89	<i>folic acid</i>	102
ERY-TAB.....	27	<i>fdc yellow 6</i>	89	FOLITAB 500.....	81
ERYTHROCIN LACTOBIONATE....	27	<i>felbamate</i>	44, 45	<i>fondaparinux sodium</i>	80
ERYTHROCIN STEARATE.....	27	<i>felodipine er</i>	41	<i>formaldehyde</i>	125
<i>erythromycin</i>	110, 121	FEMYNOR.....	63	FORTEO.....	60
<i>erythromycin base</i>	27	<i>fenofibrate</i>	39	<i>fosamprenavir calcium</i>	22
<i>erythromycin ethylsuccinate</i>	27	<i>fenofibrate micronized</i>	39	<i>fosinopril sodium</i>	37
ESBRIET.....	119	<i>fentanyl</i>	17	<i>fosinopril sodium-hctz</i>	37
<i>escitalopram oxalate</i>	48	<i>fentanyl citrate</i>	18	FOTIVDA.....	33
<i>esomeprazole magnesium</i>	78	FERAHEME.....	81	FREAMINE III.....	95
ESTARYLLA.....	63	FERATE.....	81	FREE & CLEAR.....	125
ESTER-C.....	102	FEROSUL.....	81	<i>fructose</i>	99
<i>estradiol</i>	67	<i>ferretts</i>	81	<i>fullers earth</i>	89
<i>estradiol valerate</i>	67	<i>ferretts ips</i>	81	<i>fulvestrant</i>	30
<i>estradiol-norethindrone acet</i>	67	FERREX 150.....	81	FUNGOID-D.....	123
<i>eszopiclone</i>	53	<i>ferric subsulfate</i>	89	<i>furosemide</i>	42
<i>ethambutol hcl</i>	24	FERRIMIN 150.....	81	FUSION.....	81
<i>ethosuximide</i>	44	<i>ferrous fumarate</i>	81	FUZEON.....	22
<i>ethoxy ethoxy ethanol reagent</i>	89	<i>ferrous gluconate</i>	81	FYAVOLV.....	67
<i>ethyl alcohol</i>	89	<i>ferrous sulfate</i>	81	FYCOMPA.....	45
<i>ethyl oleate</i>	89	<i>ferrousul</i>	81	<i>gabapentin</i>	45
<i>ethynodiol diac-eth estradiol</i>	63	FETZIMA.....	48	<i>galantamine hydrobromide</i>	47
<i>etodolac</i>	16	FETZIMA TITRATION.....	48	<i>galantamine hydrobromide er</i>	47
<i>etodolac er</i>	16	FEVERALL ADULTS.....	13	GAMASTAN.....	84
<i>etonogestrel-ethinyl estradiol</i>	63	FEVERALL CHILDRENS.....	13	GAMMAGARD.....	84
<i>etoposide</i>	31	FEVERALL INFANTS.....	13	GAMMAGARD S/D LESS IGA.....	84
<i>etravirine</i>	22	FEVERALL JUNIOR STRENGTH... 13		GAMMAKED.....	85
EUTHYROX.....	70	<i>fexofenadine hcl</i>	113	GAMMAPLEX.....	85

GAMUNEX-C.....	85	gnp calcium.....	97	gnp one daily mens/lycopene.....	103
ganciclovir sodium.....	24	gnp calcium 500 +d3.....	97	gnp one daily plus iron.....	103
GARDASIL 9.....	86	gnp calcium 500/d.....	97	gnp one daily womens 50+.....	103
gatifloxacin.....	110	gnp calcium 600 +d3/minerals.....	97	gnp one daily womens health.....	103
GATTEX.....	77	gnp calcium 600/d.....	97	gnp opti-vitamins.....	103
GAVILYTE-C.....	75	gnp calcium citrate +d3.....	97	gnp pain & fever childrens.....	14
GAVILYTE-G.....	75	gnp calcium citrate+d maximum.....	97	gnp pain relief extra strength.....	14
GAVILYTE-N WITH FLAVOR		gnp calcium plus 600 +d.....	97	gnp pediatric electrolyte.....	94
PACK.....	75	gnp calcium/vitamin d/minerals.....	97	gnp pink bismuth.....	73
GAVRETO.....	33	gnp calcium-magnesium-zinc.....	97	gnp prenatal.....	103
gemcitabine hcl.....	30	gnp capsaicin.....	125	gnp pseudoephedrine hcl 12 hr.....	116
gemfibrozil.....	39	gnp century.....	103	gnp senna-lax.....	76
generlac.....	75	gnp century adults 50+ senior.....	102	gnp slow release iron.....	81
GENGRAF.....	85	gnp century cardio health.....	102	gnp stomach relief.....	73
GENOTROPIN.....	69	gnp century energy metabolism.....	102	gnp stool softener.....	76
GENOTROPIN MINISQUICK.....	69	gnp century mature.....	102	gnp suphedrin.....	116
GENTAK.....	110	gnp century ultimate mens.....	103	gnp terbinafine hydrochloride.....	123
gentamicin in saline.....	20	gnp century ultimate womens.....	103	gnp therapeutic-m.....	103
gentamicin sulfate.....	20, 110, 121	gnp childrens allergy.....	113	gnp tolinaftate.....	123
gentle laxative.....	75	gnp childrens chewables/lex c.....	103	gnp triple antibiotic plus.....	122
GENVOYA.....	23	gnp childrens chewables/liron.....	103	gnp tussin cf cough & cold.....	116
geriaton.....	102	gnp childrens complete.....	103	gnp tussin dm.....	116
geriatric vitamin.....	102	gnp childrens ibuprofen.....	16	gnp tussin dm cough.....	116
GIANVI.....	63	gnp clotrimazole 3.....	79	gnp tussin dm max.....	116
GILENYA.....	54	gnp co q10.....	99	gnp vitamin a.....	103
GILOTRIF.....	33	gnp cod liver oil.....	103	gnp vitamin b1.....	103
glatiramer acetate.....	55	gnp coenzyme q-10.....	99	gnp vitamin b-12.....	103
GLATOPA.....	55	gnp cough dm er.....	116	gnp vitamin b-12 tr.....	103
glimepiride.....	59	gnp dayhist allergy.....	113	gnp vitamin b-6.....	103
glipizide.....	59	gnp essential one daily.....	103	gnp vitamin c.....	103, 104
glipizide er.....	59	gnp folic acid.....	103	gnp vitamin c cr.....	103
glipizide xl.....	59	gnp glycerin child.....	75	gnp vitamin c drops.....	103
glipizide-metformin hcl.....	59	gnp healthy eyes.....	103	gnp vitamin c w/rose hips.....	104
global alcohol prep ease.....	57	gnp healthy eyes supervision.....	103	gnp vitamin c/rose hips tr.....	104
glucosamine hcl.....	89	gnp ibuprofen infants.....	16	gnp vitamin d.....	104
glucosamine sulfate.....	89	gnp ibuprofen junior strength.....	16	gnp vitamin d-400.....	104
glycerin.....	89	gnp infants pain/fever.....	14	gnp vitamin e.....	104
glycerin (infants & children).....	75	gnp iron.....	81	gnp womens one daily.....	104
glycolic acid.....	89, 125	gnp k-pec.....	73	gnp zinc.....	97
glycopyrrolate.....	74	gnp laxative.....	75	gnp zoochews gummies.....	104
GLYDO.....	125	gnp laxative pills.....	75	GOLYTELY.....	76
GLYXAMBI.....	59	gnp lice treatment.....	126	goodsense all day allergy.....	113
gnp 8 hour pain reliever.....	13	gnp little ones childrens.....	103	goodsense arthritis pain.....	14
gnp all day allergy.....	113	gnp loratadine.....	113	goodsense aspirin.....	14
gnp all day allergy childrens.....	113	gnp magnesium.....	97	goodsense ibuprofen childrens.....	16
gnp all day allergy-d.....	116	gnp maximum one daily.....	103	goodsense ibuprofen infants.....	16
gnp allergy.....	113	gnp mega multi for men.....	103	goodsense ibuprofen junior st.....	16
gnp allergy & congestion.....	116	gnp mega multi for women.....	103	goodsense nicotine.....	56
gnp allergy relief.....	113	gnp miconazole 3.....	79	goodsense pain & fever child.....	14
gnp antacid anti-gas.....	72	gnp miconazole 7.....	79	goodsense pain & fever infants.....	14
gnp anti-diarrheal.....	73	gnp mucus relief childrens.....	116	goodsense pain relief.....	14
gnp arthritis pain relief.....	14	gnp nasal decongestant.....	116	goodsense pain relief extra st.....	14
gnp aspirin.....	14	gnp nasal decongestant pe.....	116	gowey.....	100
gnp athletes foot.....	123	gnp natural fiber.....	76	granisetron hcl.....	73
gnp b-100 balanced tr.....	102	gnp niacin tr.....	103	grape flavor.....	89
gnp b-50 balanced.....	102	gnp nicotine mini.....	56	grape seed.....	89
gnp bacitracin zinc.....	122	gnp nicotine polacrilex.....	56	grape syrup.....	89
GNP BISA-LAX.....	75	gnp one daily maximum.....	103	green tea extract.....	90
gnp boric acid.....	89	gnp one daily mens 50+advanced.....	103	griseofulvin microsize.....	19
gnp cal mag zinc +d3.....	102	gnp one daily mens health 50+.....	103	griseofulvin ultramicrosize.....	19

<i>guaiaatussin ac</i>	116	<i>hm stomach relief</i>	73	IDHIFA.....	33
<i>guaifenesin</i>	116	<i>hm stool softener</i>	76	ILEVRO.....	111
<i>guaifenesin ac</i>	116	<i>hm triple antibiotic</i>	122	<i>imatinib mesylate</i>	33
<i>guaifenesin-codeine</i>	116	<i>hm triple antibiotic max st</i>	122	IMBRUVICA.....	33
<i>guaifenesin-dm</i>	116	<i>hm tussin adult</i>	116	<i>imipenem-cilastatin</i>	20
<i>guanfacine hcl</i>	42	<i>hm tussin adult dm</i>	116	<i>imipramine hcl</i>	48
<i>guanfacine hcl er</i>	53	<i>hm tussin adult multi-symptom</i>	117	<i>imiquimod</i>	125
GVOKE HYPOPEN 2-PACK.....	68	<i>hm vitamin b1</i>	104	IMOVAX RABIES.....	86
GVOKE PFS.....	68	<i>hm vitamin b12</i>	104	INCASSIA.....	63
H2Q.....	100	<i>hm vitamin e</i>	104	INCRELEX.....	69
HAEGARDA.....	82	<i>hrt base</i>	90	INCRUSE ELLIPTA.....	112
HAILEY 1.5/30.....	63	HUMIRA.....	83, 84	<i>indapamide</i>	42
HAILEY 24 FE.....	63	HUMIRA PEDIATRIC CROHNS		<i>indole-3-carbinol</i>	90
<i>halobetasol propionate</i>	124	START.....	83	INFANRIX.....	87
<i>haloperidol</i>	51	HUMIRA PEN.....	83	<i>infants ibuprofen</i>	17
<i>haloperidol decanoate</i>	51	HUMIRA PEN-CD/UC/HS		INFUVITE ADULT.....	104
<i>haloperidol lactate</i>	51	STARTER.....	83	INFUVITE PEDIATRIC.....	104
HARVONI.....	24	HUMIRA PEN-PEDIATRIC UC		INGREZZA.....	54
HAVRIX.....	86	START.....	83	INLYTA.....	33
<i>healthy eyes</i>	104	HUMIRA PEN-PS/UV/ADOL HS		<i>inositol hexanicotinate</i>	90
HEATHER.....	63	START.....	83	INQOVI.....	31
<i>heparin (porcine) in nacl</i>	80	HUMIRA PEN-PSOR/UEIT		INREBIC.....	33
<i>heparin sod (porcine) in d5w</i>	80	STARTER.....	83	INTEGRA.....	82
<i>heparin sodium (porcine)</i>	80	HUMULIN R U-500		INTELENCE.....	22
HEPATAMINE.....	95	(CONCENTRATED).....	58	INTRALIPID.....	95
HERCEPTIN.....	33	HUMULIN R U-500 KWIKPEN.....	58	INTRON A.....	85
HERCEPTIN HYLECTA.....	33	<i>hydralazine hcl</i>	42	INTROVALE.....	63
HERZUMA.....	33	<i>hydrochloric acid</i>	90	INVEGA SUSTENNA.....	51
HETLIOZ.....	53	<i>hydrochlorothiazide</i>	42	INVEGA TRINZA.....	51
HIBERIX.....	86	<i>hydrocod polst-cpm polst er</i>	117	INVIRASE.....	22
HIGH POTENCY CALCIUM.....	97	<i>hydrocodone bitartrate er</i>	17	IPOL.....	87
<i>hm advanced antacid max st</i>	72	<i>hydrocodone-acetaminophen</i>	18	<i>ipratropium bromide</i>	112
<i>hm allergy</i>	113	<i>hydrocodone-homatropine</i>	117	<i>ipratropium-albuterol</i>	112
<i>hm allergy complete-d</i>	116	<i>hydrocodone-ibuprofen</i>	18	<i>irbesartan</i>	38
<i>hm allergy relief</i>	113	<i>hydrocortisone</i>	68, 74, 124	<i>irbesartan-hydrochlorothiazide</i>	38
<i>hm allergy relief/nasal decong</i>	116	<i>hydrocortisone (perianal)</i>	125	IRESSA.....	33
<i>hm antacid anti-gas ex st</i>	72	<i>hydromet</i>	117	<i>irinotecan hcl</i>	31
<i>hm antacid/antigas</i>	72	<i>hydromorphone hcl</i>	18	<i>iron</i>	82
<i>hm anti-diarrheal</i>	73	<i>hydrophilic</i>	90	<i>iron 100 plus</i>	82
<i>hm arthritis pain relief</i>	14	<i>hydrous emulsified base</i>	90	<i>iron 100/c</i>	82
<i>hm aspirin</i>	14	<i>hydroxocobalamin acetate</i>	104	ISENTRESS.....	22
<i>hm aspirin ec</i>	14	<i>hydroxychloroquine sulfate</i>	84	ISENTRESS HD.....	22
<i>hm bacitracin zinc</i>	122	<i>hydroxyurea</i>	31	ISIBLOOM.....	63
<i>hm cetirizine hcl childrens</i>	113	<i>hydroxyzine hcl</i>	113, 114	ISOLYTE-P IN D5W.....	93
<i>hm coq10</i>	100	<i>hydroxyzine pamoate</i>	114	ISOLYTE-S.....	93
<i>hm cough dm</i>	116	HYSINGLA ER.....	17	<i>isoniazid</i>	24
<i>hm epsom salt</i>	76	<i>ibandronate sodium</i>	61	<i>isopropyl palmitate</i>	90
<i>hm ibuprofen childrens</i>	16	IBRANCE.....	33	ISOPTO ATROPINE.....	111
<i>hm ibuprofen infants</i>	16	IBU.....	16	<i>isosorbide dinitrate</i>	43
<i>hm iron</i>	82	<i>ibuprofen</i>	16	<i>isosorbide mononitrate</i>	43
<i>hm lice killing max st</i>	126	<i>ibuprofen childrens</i>	16	<i>isosorbide mononitrate er</i>	43
<i>hm loperamide hcl</i>	73	<i>ibuprofen junior strength</i>	16	<i>isotretinoin</i>	121
<i>hm loratadine childrens</i>	113	ICAPS.....	104	<i>isradipine</i>	41
<i>hm nasal decongestant pe</i>	116	ICAPS AREDS FORMULA.....	104	<i>itraconazole</i>	19
<i>hm niacin</i>	104	ICAPS LUTEIN & OMEGA-3.....	104	<i>ivermectin</i>	20
<i>hm nicotine polacrilex</i>	56	ICAPS LUTEIN & ZEAXANTHIN... ..	104	<i>i-vite</i>	104
<i>hm pain & fever childrens</i>	14	ICAPS MV.....	104	<i>i-vite protect</i>	104
<i>hm pain & fever infants</i>	14	<i>icatibant acetate</i>	82	IXIARO.....	87
<i>hm pain relief extra strength</i>	14	ICLEVIA.....	63	JAKAFI.....	33
<i>hm pain reliever</i>	14	ICLUSIG.....	33	JANTOVEN.....	80

JANUMET.....	59	<i>lactose monohydrate</i>	90	LEXIVA.....	22
JANUMET XR.....	59	<i>lactulose</i>	76	<i>l-glutamine</i>	100
JANUVIA.....	59	<i>lactulose encephalopathy</i>	76	<i>l-glutathione</i>	100
JARDIANCE.....	59	<i>lamivudine</i>	22, 25	<i>lice killing maximum strength</i>	126
JASMIEL.....	63	<i>lamivudine-zidovudine</i>	24	<i>lice treatment</i>	126
JELENE.....	90	<i>lamotrigine</i>	45	LICIDE.....	126
JENTADUETO.....	59	<i>lamotrigine er</i>	45	<i>lidocaine</i>	125
JENTADUETO XR.....	59	<i>lansoprazole</i>	78	<i>lidocaine hcl</i>	19, 125
<i>jessners</i>	125	<i>lapatinib ditosylate</i>	34	<i>lidocaine hcl (pf)</i>	18
JINTELI.....	67	<i>l-arginine</i>	100	<i>lidocaine hcl urethral/mucosal</i>	125
<i>jock itch spray</i>	123	LARIN 1.5/30.....	63	<i>lidocaine viscous hcl</i>	127
JOLESSA.....	63	LARIN 1/20.....	63	<i>lidocaine-prilocaine</i>	125
JULEBER.....	63	LARIN 24 FE.....	63	LILLOW.....	64
JULUCA.....	23	LARIN FE 1.5/30.....	63	<i>linezolid</i>	20
JUNEL 1.5/30.....	63	LARIN FE 1/20.....	63	<i>linezolid in sodium chloride</i>	20
JUNEL 1/20.....	63	LARISSIA.....	63	LINZESS.....	77
JUNEL FE 1.5/30.....	63	LASTACRAFT.....	109	<i>liothyronine sodium</i>	71
JUNEL FE 1/20.....	63	<i>latanoprost</i>	109	<i>lip balm base</i>	90
JUNEL FE 24.....	63	LATUDA.....	51	<i>lip balm base natural</i>	90
JUXTAPID.....	39	LAYOLIS FE.....	63	LIPOBASE.....	90
KADCYLA.....	33	<i>l-citrulline</i>	90	<i>lipoic acid</i>	90
KAITLIB FE.....	63	<i>l-cystine</i>	100	LIPOIL.....	90
KALETRA.....	24	<i>lecithin</i>	100	<i>lipovan base</i>	90
KALYDECO.....	119	LEENA.....	63	<i>lisinopril</i>	37
KANJINTI.....	33	<i>leflunomide</i>	84	<i>lisinopril-hydrochlorothiazide</i>	37
<i>karaya gum</i>	90	<i>lemon bioflavanoid</i>	90	<i>l-isoleucine</i>	100
KARIVA.....	63	LENVIMA (10 MG DAILY DOSE) ...	34	<i>lithium</i>	54
<i>kcl in dextrose-nacl</i>	93	LENVIMA (12 MG DAILY DOSE) ...	34	<i>lithium carbonate</i>	54
KELNOR 1/35.....	63	LENVIMA (14 MG DAILY DOSE) ...	34	<i>lithium carbonate er</i>	54
KELNOR 1/50.....	63	LENVIMA (18 MG DAILY DOSE) ...	34	LOESTRIN 1.5/30 (21).....	64
<i>ketoconazole</i>	19, 123	LENVIMA (20 MG DAILY DOSE) ...	34	LOESTRIN 1/20 (21).....	64
KETO-DIASTIX.....	69	LENVIMA (24 MG DAILY DOSE) ...	34	LOESTRIN FE 1.5/30.....	64
<i>ketorolac tromethamine</i>	111	LENVIMA (4 MG DAILY DOSE).....	34	LOESTRIN FE 1/20.....	64
KEYTRUDA.....	33	LENVIMA (8 MG DAILY DOSE).....	34	<i>lohist-dm</i>	117
KINRIX.....	87	LESSINA.....	63	LOKELMA.....	61
KISQALI (200 MG DOSE).....	33	<i>letrozole</i>	30	LOLLIBASE.....	90
KISQALI (400 MG DOSE).....	33	<i>leucovorin calcium</i>	36	LONSURF.....	31
KISQALI (600 MG DOSE).....	33	LEUKERAN.....	29	<i>loperamide hcl</i>	77
KISQALI FEMARA (400 MG DOSE).....	31	<i>leuprolide acetate</i>	30	<i>lopinavir-ritonavir</i>	24
KISQALI FEMARA (600 MG DOSE).....	31	<i>levalbuterol hcl</i>	114	LOPREEZA.....	67
KISQALI FEMARA(200 MG DOSE).....	31	<i>levalbuterol tartrate</i>	114	<i>loratadine</i>	114
KLOR-CON.....	94	LEVEMIR.....	58	<i>loratadine childrens</i>	114
KLOR-CON 10.....	94	LEVEMIR FLEXTOUCH.....	58	<i>loratadine-d 24hr</i>	117
KLOR-CON M10.....	94	<i>levetiracetam</i>	45	<i>lorazepam</i>	43
KLOR-CON M15.....	94	<i>levetiracetam er</i>	45	LORAZEPAM INTENSOL.....	43
KLOR-CON M20.....	94	<i>levetiracetam in nacl</i>	45	LORBRENA.....	34
KLS ALLERCLEAR.....	114	<i>levobunolol hcl</i>	109	LORTUSS EX.....	117
KLS ALLER-TEC.....	114	<i>levocarnitine</i>	69	LORYNA.....	64
<i>kojic acid</i>	90	<i>levocetirizine dihydrochloride</i>	114	<i>losartan potassium</i>	38
KORLYM.....	69	<i>levofloxacin</i>	27	<i>losartan potassium-hctz</i>	38
KURVELO.....	63	<i>levofloxacin in d5w</i>	27	LOTEMAX.....	111
KYNMOBI.....	49	LEVONEST.....	64	<i>lovastatin</i>	39
<i>labetalol hcl</i>	40	<i>levonorgest-eth est & eth est</i>	64	LOW-OGESTREL.....	64
<i>lactated ringers</i>	93	<i>levonorgest-eth estrad 91-day</i>	64	<i>loxapine succinate</i>	51
<i>lactic acid</i>	90	<i>levonorgestrel-ethinyl estrad</i>	64	<i>lozibase</i>	90
<i>lactose</i>	90	<i>levonorg-eth estrad triphasic</i>	64	<i>l-tyrosine</i>	100
<i>lactose anhydrous</i>	90	LEVORA 0.15/30 (28).....	64	LUMAKRAS.....	34
<i>lactose hydrous</i>	90	LEVO-T.....	71	LUMIGAN.....	109
		<i>levothyroxine sodium</i>	71	LUMIZYME.....	69
		LEVOXYL.....	71	LUPRON DEPOT (1-MONTH).....	30

LUPRON DEPOT (3-MONTH).....	30	<i>mesalamine</i>	74, 75	<i>misoprostol</i>	77
LUPRON DEPOT-PED (1-MONTH).....	69	<i>mesalamine er</i>	74	MITIGARE.....	13
LUPRON DEPOT-PED (3-MONTH).....	69	<i>mesalamine-cleanser</i>	75	M-M-R II.....	87
LUTERA.....	64	MESNEX.....	37	<i>m-natal plus</i>	94
<i>l-valine</i>	100	METADATE ER.....	53	<i>moexipril hcl</i>	37
LYLEQ.....	64	<i>metformin hcl</i>	60	<i>molindone hcl</i>	51
LYLLANA.....	67	<i>metformin hcl er</i>	59, 60	<i>mometasone furoate</i>	124
LYNPARZA.....	34	<i>methadone hcl</i>	17	MONDOXYNE NL.....	29
LYRICA CR.....	54	METHADONE HCL INTENSOL.....	17	MONJUVI.....	34
LYSODREN.....	30	<i>methazolamide</i>	42	MONO-LINYAH.....	64
LYZA.....	64	<i>methenamine hippurate</i>	20	<i>montelukast sodium</i>	119
M.V.I. PEDIATRIC.....	104	<i>methimazole</i>	71	<i>morphine sulfate</i>	18
<i>mag-al plus</i>	72	<i>methocarbamol</i>	55	<i>morphine sulfate (concentrate)</i>	18
<i>mag-al plus xs</i>	72	<i>methotrexate</i>	84	<i>morphine sulfate (pf)</i>	18
<i>magdelay</i>	97	<i>methotrexate sodium</i>	30	<i>morphine sulfate er</i>	17
<i>mag-g</i>	97	<i>methotrexate sodium (pf)</i>	30	MOVANTIK.....	77
MAGNEBIND 300.....	97	<i>methyl sulfone</i>	90	<i>moxifloxacin hcl</i>	27, 110
<i>magnesium</i>	97	<i>methylcellulose</i>	90	<i>mucus relief chest congestion</i>	117
<i>magnesium 27</i>	97	<i>methylidopa</i>	42	MULTAQ.....	38
<i>magnesium carbonate heavy</i>	97	<i>methylparaben</i>	90	<i>multi vitamin mens</i>	105
<i>magnesium citrate</i>	90	<i>methylphenidate hcl</i>	53	<i>multi-delyn</i>	105
<i>magnesium oxide</i>	72, 97	<i>methylphenidate hcl er</i>	53	<i>multi-delyn/iron</i>	105
<i>magnesium sulfate</i>	93	<i>methylprednisolone</i>	68	<i>multilex</i>	105
<i>magnesium sulfate in d5w</i>	93	<i>methylprednisolone acetate</i>	68	<i>multiple vitamins essential</i>	105
MAGONATE.....	97	<i>methylprednisolone sodium succ</i>	68	<i>multiple vitamins/womens</i>	105
<i>malathion</i>	126	<i>metoclopramide hcl</i>	74	<i>multi-vitamins</i>	105
<i>malic acid</i>	90	<i>metolazone</i>	42	<i>mupirocin</i>	122
<i>manganese chloride</i>	98	<i>metoprolol succinate er</i>	40	MVASI.....	34
<i>mapap</i>	14	<i>metoprolol tartrate</i>	40	<i>mycophenolate mofetil</i>	86
<i>mapap arthritis pain</i>	14	<i>metoprolol-hydrochlorothiazide</i>	40	<i>mycophenolate sodium</i>	86
<i>marlissa</i>	64	<i>metronidazole</i>	20, 79, 125, 126	MYORISAN.....	121
MARPLAN.....	48	<i>metronidazole in nacl</i>	20	MYRBETRIQ.....	79
MATULANE.....	31	<i>metirosine</i>	42	<i>na ferric gluc cplx in sucrose</i>	82
MAVYRET.....	25	MI-ACID.....	72	<i>nabumetone</i>	17
MAXIMUM D3.....	105	MIBELAS 24 FE.....	64	<i>nadolol</i>	40
<i>m-clear wc</i>	117	<i>micalfungin sodium</i>	19	<i>nafcillin sodium</i>	28
<i>meclizine hcl</i>	74	<i>miconazole 3 applicator</i>	79	NAGLAZYME.....	69
<i>medi-bismuth</i>	73	<i>miconazole 3 combo-supp</i>	79	NAIL-EX.....	105
<i>medi-natural</i>	76	<i>miconazole 7</i>	79	<i>nalbuphine hcl</i>	18
<i>medi-natural plus</i>	76	<i>miconazole nitrate</i>	79, 123	<i>naloxone hcl</i>	56
MEDI-PHEDRYL.....	114	<i>microderm base</i>	90	<i>naltrexone hcl</i>	56
MEDI-PROFEN.....	17	MICROGESTIN 1.5/30.....	64	NAMZARIC.....	47
MEDI-TABS EXTRA STRENGTH.....	14	MICROGESTIN 1/20.....	64	NAPHCN-A.....	109
<i>medi-tussin dm</i>	117	MICROGESTIN FE 1.5/30.....	64	<i>naproxen</i>	17
<i>medroxyprogesterone acetate</i>	64, 70	MICROGESTIN FE 1/20.....	64	<i>naproxen sodium</i>	17
<i>mefloquine hcl</i>	21	MICROSOME BASE.....	90	<i>naratriptan hcl</i>	53
<i>mega multivitamin for men</i>	105	<i>midodrine hcl</i>	42	NARCAN.....	56
<i>mega multivitamin for women</i>	105	<i>miglustat</i>	69	<i>nasal decongestant</i>	117
<i>megestrol acetate</i>	30, 70	<i>milantex</i>	72	<i>nasal decongestant pe</i>	117
MEKINIST.....	34	<i>milantex extra strength</i>	72	<i>nasal decongestant pe max st</i>	117
MEKTOVI.....	34	MILI.....	64	NASCOBAL.....	105
MELODETTA 24 FE.....	64	MIMVEY.....	67	NATACYN.....	110
<i>meloxicam</i>	17	<i>mineral oil</i>	76	<i>nateglinide</i>	60
<i>memantine hcl</i>	47	<i>mineral oil heavy</i>	76	NATPARA.....	61
<i>memantine hcl er</i>	47	<i>mineral oil light</i>	76	<i>natural bitterness</i>	90
MENACTRA.....	87	<i>minocycline hcl</i>	29	<i>natural fiber therapy</i>	76
MENQUADFI.....	87	<i>minoxidil</i>	42	NAYZILAM.....	45
MENVEO.....	87	<i>mintox maximum strength</i>	72	<i>nebivolol hcl</i>	40
<i>mercaptopurine</i>	30	MINTOX PLUS.....	72	NECON 0.5/35 (28).....	64
<i>meropenem</i>	20	<i>mirtazapine</i>	48	<i>nefazodone hcl</i>	48

<i>neomycin sulfate</i>	20	NOVAFERRUM 50.....	82	ORA-BLEND.....	90
<i>neomycin-bacitracin zn-polymyx</i>	110	NOVAFERRUM PEDIATRIC		ORA-BLEND SF.....	90
<i>neomycin-polymyxin-dexameth</i>	110	DROPS.....	82	ORA-HESIVE BASE.....	91
<i>neomycin-polymyxin-gramicidin</i>	110	NOVOLIN 70/30.....	58	ORALYTE.....	94
<i>neomycin-polymyxin-hc</i>	110, 127	NOVOLIN 70/30 FLEXPEN.....	58	ORALYTE FREEZER POPS.....	94
NEPHRONEX.....	105	NOVOLIN N.....	58	<i>orange concentrate</i>	91
NERLYNX.....	34	NOVOLIN N FLEXPEN.....	58	ORA-PLUS.....	91
NEUPRO.....	49	NOVOLIN R.....	58	ORASEP.....	127
<i>nevirapine</i>	22	NOVOLIN R FLEXPEN.....	58	ORA-SWEET.....	91
<i>nevirapine er</i>	22	NOVOLOG.....	58	ORA-SWEET SF.....	91
NEW SKIN.....	126	NOVOLOG FLEXPEN.....	58	ORGOVYX.....	30
NEXAVAR.....	34	NOVOLOG MIX 70/30.....	58	ORKAMBI.....	119
<i>niacin</i>	105	NOVOLOG MIX 70/30 FLEXPEN....	58	<i>ornithine hcl</i>	91
<i>niacin er</i>	105	NOVOLOG PENFILL.....	58	ORSYTHIA.....	65
<i>niacin er (antihyperlipidemic)</i>	39	NOXAFIL.....	19	<i>oseltamivir phosphate</i>	25
<i>niacin flush free</i>	105	NUBEQA.....	30	OSPHENA.....	70
<i>niacinamide</i>	105	NUEDEXTA.....	54	<i>oxacillin sodium</i>	28
<i>nicardipine hcl</i>	41	NU-IRON.....	82	<i>oxalic acid</i>	91
NICE DISTILLED WATER.....	90	NULOJIX.....	86	<i>oxaliplatin</i>	29
<i>nicotine</i>	56	NULYTELY LEMON-LIME.....	76	<i>oxandrolone</i>	57
<i>nicotine polacrilex</i>	56	NUPLAZID.....	51	<i>oxcarbazepine</i>	45
NICOTROL.....	56	NUTR-E-SOL.....	105	<i>oxybutynin chloride</i>	79
NICOTROL NS.....	56	NUTRILIPID.....	95	<i>oxybutynin chloride er</i>	79
<i>nifedipine er</i>	41	NYAMYC.....	123	<i>oxycodone hcl</i>	18
<i>nifedipine er osmotic release</i>	41	NYLIA 7/7/7.....	65	<i>oxycodone-acetaminophen</i>	18
NIKKI.....	64	NYMALIZE.....	41	OXYCONTIN.....	17
<i>nilutamide</i>	30	NYMYO.....	65	OYSCO 500.....	98
<i>nimodipine</i>	41	<i>nystatin</i>	19, 123, 127	OYSCO 500+D.....	98
NINJACOF-XG.....	117	NYSTOP.....	123	<i>oyster calcium + d</i>	98
NINLARO.....	34	OCELLA.....	65	<i>oyster shell calcium</i>	98
<i>nitazoxanide</i>	20	OCTAGAM.....	85	<i>oyster shell calcium w/d</i>	98
<i>nitisinone</i>	70	<i>octreotide acetate</i>	70	<i>oyster shell calcium/d</i>	98
NITRO-BID.....	43	OCUVITE ADULT 50+.....	105	<i>oyster shell calcium/vitamin d</i>	98
NITRO-DUR.....	43	OCUVITE ADULT FORMULA.....	105	<i>oyster shell/vitamin d</i>	98
<i>nitrofurantoin macrocrystal</i>	20	OCUVITE EXTRA.....	105	OZEMPIC (0.25 OR 0.5	
<i>nitrofurantoin monohyd macro</i>	20	OCUVITE-LUTEIN.....	105	MG/DOSE).....	60
<i>nitroglycerin</i>	43	ODEFSEY.....	24	OZEMPIC (1 MG/DOSE).....	60
<i>nizatidine</i>	74	ODOMZO.....	34	PACERONE.....	39
<i>non-aspirin childrens</i>	14	OFEV.....	119	<i>paclitaxel</i>	32
<i>non-aspirin extra strength</i>	14	<i>ofloxacin</i>	110, 127	<i>pain & fever</i>	15
<i>non-aspirin pain relief</i>	14	OGIVRI.....	34	<i>pain & fever childrens</i>	14
NORA-BE.....	65	<i>olanzapine</i>	51	<i>pain & fever infants</i>	15
<i>norethin ace-eth estrad-fe</i>	65	<i>olmesartan medoxomil</i>	38	<i>pain relief extra strength</i>	15
<i>norethindrone</i>	65	<i>olmesartan medoxomil-hctz</i>	38	<i>pain reliever extra strength</i>	15
<i>norethindrone acetate</i>	70	<i>olmesartan-amlodipine-hctz</i>	38	<i>paliperidone er</i>	51
<i>norethindrone acet-ethinyl est</i>	65	<i>olopatadine hcl</i>	109	<i>pamidronate disodium</i>	61
<i>norethindrone-eth estradiol</i>	67	<i>omeprazole</i>	78	PANRETIN.....	126
<i>norethin-eth estradiol-fe</i>	65	OMNIPOD 5 PACK.....	58	<i>pantoprazole sodium</i>	78
<i>norgestimate-eth estradiol</i>	65	OMNIPOD DASH 5 PACK PODS....	58	PANZYGA.....	85
<i>norgestim-eth estrad triphasic</i>	65	OMNIPOD STARTER.....	58	PARAPLATIN.....	29
NORLYROC.....	65	<i>once daily</i>	105	<i>paricalcitol</i>	71
NORPACE CR.....	38	<i>once daily/iron</i>	105	PAROEX.....	127
NORTHERA.....	42	ONCOVITE.....	105	<i>paromomycin sulfate</i>	20
NORTREL 0.5/35 (28).....	65	<i>ondansetron</i>	74	<i>paroxetine hcl</i>	48
NORTREL 1/35 (21).....	65	<i>ondansetron hcl</i>	74	PASER.....	24
NORTREL 1/35 (28).....	65	<i>one daily</i>	105	PAXIL.....	48
NORTREL 7/7/7.....	65	<i>one daily mens</i>	105	PAZEO.....	109
<i>nortriptyline hcl</i>	48	ONTRUZANT.....	34	PCCA BASE 7542.....	91
NORVIR.....	22	ONUREG.....	30	PCCA MBK (FATTY ACID) BASE...	91
NOVAFERRUM.....	82	OPSUMIT.....	43	<i>pectin</i>	73

<i>ped electrolyte freezer pops</i>	95	PIFELTRO.....	22	PREDNISONE INTENSOL.....	68
PEDIA-LAX.....	76	<i>pilocarpine hcl</i>	109, 127	<i>preferred plus insulin syringe</i>	58
PEDIARIX.....	87	<i>pimozide</i>	52	<i>pregabalin</i>	45, 46
<i>pediatric electrolyte</i>	95	PIMTREA.....	65	<i>pregabalin er</i>	54
PEDVAX HIB.....	87	<i>pindolol</i>	40	PREMASOL.....	95
<i>peg 300</i>	91	<i>pioglitazone hcl</i>	60	<i>prenatal</i>	94, 106
<i>peg 3350-kcl-na bicarb-nacl</i>	76	<i>piperacillin sod-tazobactam so</i>	28	<i>prenatal low iron</i>	106
<i>peg blend</i>	91	PIQRAY (200 MG DAILY DOSE).....	34	<i>prenatal plus</i>	94
<i>peg-3350/electrolytes</i>	76	PIQRAY (250 MG DAILY DOSE).....	34	<i>prenatal vitamin plus low iron</i>	94
PEGANONE.....	45	PIQRAY (300 MG DAILY DOSE).....	34	<i>prenatal vitamins</i>	106
PEGASYS.....	25	PIRMELLA 1/35.....	65	PRESERVISION AREDS.....	106
PEMAZYRE.....	34	<i>piroxicam</i>	17	PRESERVISION AREDS 2.....	106
<i>penicillamine</i>	61	PLASMA-LYTE 148.....	93	PRESERVISION/LUTEIN.....	106
<i>penicillin g pot in dextrose</i>	28	PLASMA-LYTE A.....	93	PREVALITE.....	40
<i>penicillin g potassium</i>	28	PLENAMINE.....	95	PREVIFEM.....	65
<i>penicillin g procaine</i>	28	PLENVU.....	76	PREZCOBIX.....	24
<i>penicillin g sodium</i>	28	PLO20 FLOWABLE.....	91	PREZISTA.....	22
<i>penicillin v potassium</i>	28	<i>pna-hrt base</i>	91	PRIFTIN.....	24
PENTACEL.....	87	<i>pnv folic acid + iron</i>	94	<i>primaquine phosphate</i>	21
<i>pentamidine isethionate</i>	20, 21	<i>podactin</i>	123	<i>primidone</i>	46
<i>pentoxifylline er</i>	82	<i>podofilox</i>	126	PRIVIGEN.....	85
PENTRAVAN.....	126	POLOX.....	91	<i>probenecid</i>	13
PENTRAVAN PLUS.....	126	<i>poloxamer 407</i>	91	PROCALAMINE.....	95
<i>peptic relief</i>	73	<i>poly vitamin</i>	106	<i>prochlorperazine</i>	74
<i>perindopril erbumine</i>	37	<i>polyethylene glycol 1000</i>	91	<i>prochlorperazine edisylate</i>	74
PERIOGARD.....	127	<i>polyethylene glycol 1450</i>	91	<i>prochlorperazine maleate</i>	74
PERIOMED.....	127	<i>polyethylene glycol 3350</i>	91	PROCRIT.....	80
<i>permethrin</i>	126	<i>polyethylene glycol 400</i>	91	PROCTO-MED HC.....	126
<i>perphenazine</i>	51	<i>polyethylene glycol 8000</i>	91	PROCTO-PAK.....	126
PERSERIS.....	52	POLY-IRON 150.....	82	PROCTOSOL HC.....	126
<i>peruvian balsam</i>	91	<i>polymyxin b-trimethoprim</i>	110	PROCTOZONE-HC.....	126
PFCB.....	91	<i>polyoxyl 40 stearate</i>	91	PROFE.....	82
PFIZERPEN.....	28	<i>polysorbate 20</i>	91	PROGRAF.....	86
<i>pharbechlor</i>	114	<i>poly-tussin ac</i>	117	PROLASTIN-C.....	120
<i>pharbedryl</i>	114	<i>polyvitaminliron</i>	106	PROLENSA.....	111
PHARBETOL.....	15	POMALYST.....	31	PROLIA.....	61
PHARBETOL EXTRA STRENGTH.....	15	PORTIA-28.....	65	PROMACTA.....	82, 83
PHARMABASE ANTIOXIDANT.....	91	<i>posaconazole</i>	19	<i>promethazine hcl</i>	74
PHARMABASE COSMETIC.....	91	<i>potassium bromide</i>	91	<i>promethazine-codeine</i>	117
PHARMABASE COSMETIC		<i>potassium chloride</i>	94	<i>promethazine-dm</i>	117
NATURAL.....	91	<i>potassium chloride crys er</i>	94	<i>propafenone hcl</i>	39
PHARMABASE LIGHT.....	91	<i>potassium chloride er</i>	94	<i>propafenone hcl er</i>	39
PHARMABASE VAGINAL.....	91	<i>potassium chloride in dextrose</i>	93	<i>proparacaine hcl</i>	111
<i>phendimetrazine tartrate</i>	56	<i>potassium chloride in nacl</i>	94	<i>propranolol hcl</i>	40
<i>phendimetrazine tartrate er</i>	56	<i>potassium citrate</i>	79	<i>propranolol hcl er</i>	40
<i>phenelzine sulfate</i>	48	<i>potassium citrate er</i>	79	<i>propylene glycol</i>	92
<i>phenobarbital</i>	45	<i>potassium hydroxide</i>	91	<i>propylparaben</i>	92
<i>phenobarbital sodium</i>	45	<i>potassium nitrate</i>	91	<i>propylthiouracil</i>	71
<i>phentermine hcl</i>	56	<i>potassium sorbate</i>	91	PROQUAD.....	87
PHENYTEK.....	45	PRALUENT.....	40	PROSIGHT.....	106
<i>phenytoin</i>	45	<i>pramipexole dihydrochloride</i>	49	PROSOL.....	95
<i>phenytoin sodium</i>	45	<i>prasugrel hcl</i>	83	<i>protriptyline hcl</i>	48
<i>phenytoin sodium extended</i>	45	<i>pravastatin sodium</i>	39	<i>pseudoeph-bromphen-dm</i>	117
PHESGO.....	34	<i>praziquantel</i>	21	<i>pseudoephedrine hcl</i>	117
PHILITH.....	65	<i>prazosin hcl</i>	37	<i>pseudoephedrine hcl er</i>	117
<i>phosphatidylserine</i>	91	<i>prednisolone</i>	68	PULMICORT FLEXHALER....	120, 121
<i>phosphorus supplement</i>	98	<i>prednisolone acetate</i>	111	PULMOZYME.....	120
PHYTOBASE.....	91	<i>prednisolone sodium phosphate</i>		PURIXAN.....	30
<i>phytonadione</i>	105		68, 111	<i>px calamine</i>	126
PICATO.....	126	<i>prednisone</i>	68	<i>pyrazinamide</i>	24

<i>pyridostigmine bromide</i>	54	RAYALDEE.....	71	<i>safflower oil</i>	92
<i>pyridoxine hcl</i>	106	<i>rdt base</i>	92	SAJAZIR.....	83
<i>pyruvic acid</i>	92	RECLIPSEN.....	65	SALTSTABLE LO.....	92
<i>qc all day allergy</i>	114	RECOMBIVAX HB.....	87	SANDIMMUNE.....	86
<i>qc antacid</i>	72	RECTIV.....	126	SANTYL.....	127
<i>qc antacid/anti-gas</i>	72	<i>red yeast rice extract</i>	92	<i>sapropterin dihydrochloride</i>	70
<i>qc anti-diarrheal</i>	73	<i>reeses pinworm medicine</i>	21	<i>sb allergy relief/nasal decong</i>	118
<i>qc arthritis pain relief</i>	15	REFENESEN CHEST CONG/PAIN		<i>sb antacid anti-gas</i>	72
<i>qc aspirin</i>	15	RLF.....	118	<i>sb anti-fungal</i>	123
<i>qc bacitracin</i>	122	REGRANEX.....	127	<i>sb arthritis pain relief</i>	15
<i>qc boric acid</i>	92	REGULOID.....	76	<i>sb cough control dm max</i>	118
<i>qc calamine</i>	126	RELENZA DISKHALER.....	25	<i>sb docusate sodium</i>	77
<i>qc chlor-pheniramine</i>	114	RELI-ON INSULIN SYRINGE.....	58	<i>sb docusate sodium/senna</i>	77
<i>qc cod liver oil</i>	106	RELISTOR.....	78	<i>sb fib lax orange</i>	77
<i>qc diarrhea relief</i>	73	REMICADE.....	84	<i>sb infants ibuprofen</i>	17
<i>qc docusate calcium</i>	76	<i>rena-vite</i>	106	<i>sb laxative</i>	77
<i>qc epsom salt</i>	76	RENFLEXIS.....	84	<i>sb lice killing max st</i>	127
<i>qc gentle laxative</i>	76	<i>repaglinide</i>	60	<i>sb lice treatment</i>	127
<i>qc loratadine allergy relief</i>	114	RESTASIS.....	111	<i>sb loratadine allergy relief</i>	114
<i>qc loratadine-d</i>	117	RESTASIS MULTIDOSE.....	111	<i>sb non-aspirin extra strength</i>	15
<i>qc miconazole 7</i>	79	RETEVMO.....	35	<i>sb oyster shell calcium</i>	98
<i>qc natural vegetable</i>	76	REVLIMID.....	31	<i>sb pain reliever childrens</i>	15
<i>qc natural vegetable laxative</i>	76	REXULTI.....	52	<i>sb pain reliever ex st</i>	15
<i>qc non-aspirin childrens</i>	15	REYATAZ.....	23	<i>sb triple antibiotic</i>	122
<i>qc non-aspirin extra strength</i>	15	REZUROCK.....	86	<i>sb vitamin c</i>	106
<i>qc pink bismuth</i>	73	RHOPRESSA.....	109	scopolamine.....	74
<i>qc senna</i>	76	RIABNI.....	35	SECUADO.....	52
<i>qc senna-s</i>	76	<i>ribavirin</i>	25	<i>selegiline hcl</i>	49
<i>qc suphedrine maximum strength</i> ..	117	RID LICE KILLING SHAMPOO.....	127	<i>selenium sulfide</i>	123
<i>qc therin-m</i>	106	<i>rifabutin</i>	24	SELZENTRY.....	23
<i>qc tolnaftate</i>	123	<i>rifampin</i>	24	<i>senna</i>	77
<i>qc tussin cf</i>	117	<i>riluzole</i>	54	<i>senna-s</i>	77
<i>q-derm</i>	92	<i>rimantadine hcl</i>	25	<i>senna-tabs</i>	77
QINLOCK.....	34	RINVOQ.....	84	<i>senna-time</i>	77
Q-SORB.....	100	<i>risacal-d</i>	98	<i>senna-time s</i>	77
Q-SORB CO Q-10.....	100	<i>risedronate sodium</i>	61	SENNO.....	77
QSYMIA.....	56, 57	RISPERDAL CONSTA.....	52	<i>sennosides-docusate sodium</i>	77
QUADRACEL.....	87	<i>risperidone</i>	52	<i>senry</i>	106
<i>quetiapine fumarate</i>	52	<i>ritonavir</i>	23	<i>senry senior</i>	106
<i>quetiapine fumarate er</i>	52	RITUXAN.....	35	SEREVENT DISKUS.....	114
<i>quinapril hcl</i>	37	RITUXAN HYCELA.....	35	<i>sertraline hcl</i>	48
<i>quinapril-hydrochlorothiazide</i>	37	<i>rivastigmine</i>	47	SETLAKIN.....	65
<i>quinidine sulfate</i>	39	<i>rivastigmine tartrate</i>	47	<i>sevelamer carbonate</i>	70
<i>quinine sulfate</i>	21	RIVELSA.....	65	SHAROBEL.....	65
<i>ra boric acid</i>	92	<i>rizatriptan benzoate</i>	53	<i>shea butter</i>	92
<i>ra calamine</i>	126	<i>ropinirole hcl</i>	49	SHINGRIX.....	87
<i>ra coenzyme q-10</i>	100	ROSADAN.....	126	SIGNIFOR.....	70
<i>ra cough dm</i>	118	<i>rosuvastatin calcium</i>	39	<i>silace</i>	77
<i>ra epsom salt</i>	76	ROTARIX.....	87	<i>siladryl allergy</i>	114
<i>ra epsom salt lavender</i>	76	ROTATEQ.....	87	<i>sildenafil citrate</i>	43
<i>ra eye allergy relief</i>	109	ROWEEPRA.....	46	<i>siltussin das</i>	118
<i>ra glycerin child</i>	76	ROZLYTREK.....	35	<i>siltussin dm das</i>	118
<i>ra lice maximum strength</i>	127	RUBRACA.....	35	<i>siltussin sa</i>	118
RABAVERT.....	87	<i>rufinamide</i>	46	<i>siltussin-dm alcohol free</i>	118
<i>rabeprazole sodium</i>	78	RUKOBIA.....	23	<i>silver sulfadiazine</i>	122
<i>raloxifene hcl</i>	70	RUXIENCE.....	35	SIMBRINZA.....	109
<i>ramipril</i>	37	RYBELSUS.....	60	SIMLIYA.....	65
<i>ranolazine er</i>	42	RYDAPT.....	35	SIMPESSE.....	65
<i>rasagiline mesylate</i>	49	<i>rynex pse</i>	118	<i>simple syrup</i>	92
<i>raspberry flavor</i>	92	<i>saccharin</i>	100	<i>simvastatin</i>	39

<i>sirolimus</i>	86	<i>sm lorata-dine d</i>	118	SOOTHE & COOL INZO	
SIRTURO.....	24	<i>sm magnesium</i>	98	ANTIFUNGAL.....	123
SIVEXTRO.....	21	<i>sm miconazole 3</i>	80	<i>sorbic acid</i>	92
SKYRIZI.....	84	<i>sm miconazole 3 applicator</i>	79	<i>sorbitol</i>	92
SKYRIZI (150 MG DOSE).....	84	<i>sm miconazole 7</i>	80	SORINE.....	39
SKYRIZI PEN.....	84	<i>sm multiple vitamins essential</i>	106	<i>sotalol hcl</i>	39
<i>sm 3-day vaginal</i>	79	<i>sm multiple vitamins/iron</i>	106	<i>sotalol hcl (af)</i>	39
<i>sm 8 hour pain relief</i>	15	<i>sm nasal decongestant max st</i>	118	<i>soybean oil</i>	92
<i>sm all day allergy</i>	114	<i>sm nasal decongestant pe</i>	118	<i>spironolactone</i>	37
<i>sm all day allergy childrens</i>	114	<i>sm nicotine</i>	57	<i>spironolactone-hctz</i>	42
<i>sm all day allergy-d</i>	118	<i>sm nicotine polacrilex</i>	57	SPRINTEC 28.....	65
<i>sm allergy 4 hour</i>	114	<i>sm opti-vitamins</i>	106	SPRITAM.....	46
<i>sm allergy relief</i>	114	<i>sm oyster shell calcium/vit d3</i>	98	SPRYCEL.....	35
<i>sm animal shapes kids first</i>	106	<i>sm pain & fever childrens</i>	15	SPS.....	61
<i>sm antacid advanced max st</i>	72	<i>sm pain & fever infants</i>	15	SRONYX.....	65
<i>sm antacid anti-gas</i>	72	<i>sm pain relief extra strength</i>	15	SSD.....	122
<i>sm antacid/antigas</i>	72	<i>sm pain reliever</i>	15	<i>stavudine</i>	23
<i>sm antibiotic</i>	122	<i>sm pain reliever ex st</i>	15	STELARA.....	84
<i>sm anti-diarrheal</i>	73	<i>sm pediatric electrolyte</i>	95	<i>sterile water for irrigation</i>	127
<i>sm antifungal clotrimazole</i>	123	<i>sm prenatal vitamins</i>	106	<i>stevia extract</i>	92
<i>sm antifungal miconazole</i>	123	<i>sm slow release iron</i>	82	STIMATE.....	70
<i>sm antifungal tolnaftate</i>	123	<i>sm stomach relief</i>	73	STIVARGA.....	35
<i>sm arthritis pain relief</i>	15	<i>sm stool softener</i>	77	<i>stomach relief</i>	73
<i>sm aspirin</i>	15	<i>sm super b complex/c</i>	106	<i>stool softener</i>	77
<i>sm aspirin ec</i>	15	<i>sm triple antibiotic</i>	122	<i>stool softener laxative</i>	77
<i>sm aspirin tri-buffered</i>	15	<i>sm triple antibiotic max st</i>	122	<i>strawberry flavor</i>	92
<i>sm athletes foot</i>	123	<i>sm tussin cf</i>	118	<i>streptomycin sulfate</i>	21
<i>sm balanced b-100</i>	106	<i>sm tussin cough/chest congest</i>	118	<i>stress formula</i>	107
<i>sm balanced b-50</i>	106	<i>sm tussin dm</i>	118	<i>stress formula/iron</i>	107
<i>sm boric acid</i>	92	<i>sm vit c/rose hips</i>	106	<i>stress formula/zinc (b-compl)</i>	107
<i>sm calamine</i>	126	<i>sm vitamin b-12</i>	106	STRIBILD.....	24
<i>sm calamine phenolated</i>	126	<i>sm vitamin b-6</i>	106	STUART ONE.....	107
<i>sm calcium 600/vitamin d</i>	98	<i>sm vitamin c</i>	106	SUBVENITE.....	46
<i>sm calcium citrate w/vit d3</i>	98	<i>sm vitamin c/rose hips</i>	107	<i>sucralfate</i>	78
<i>sm calcium soft chews</i>	98	<i>sm vitamin d3</i>	107	SUDOGEST.....	118
<i>sm calcium-magnesium-zinc</i>	98	<i>sm vitamin e</i>	107	SUDOGEST PE.....	118
<i>sm chewable c</i>	106	<i>sm zinc gluconate</i>	98	<i>sulfacetamide sodium</i>	111
<i>sm childrens ibuprofen</i>	17	<i>sodium acetate</i>	98	<i>sulfacetamide sodium (acne)</i>	121
<i>sm childrens loratadine</i>	114	<i>sodium benzoate</i>	92	<i>sulfacetamide-prednisolone</i>	110
<i>sm clotrimazole vaginal</i>	79	<i>sodium bicarbonate</i>	72, 92	<i>sulfadiazine</i>	21
<i>sm cod liver oil</i>	106	<i>sodium bromide</i>	92	<i>sulfamethoxazole-trimethoprim</i>	21
<i>sm coenzyme q-10</i>	100	<i>sodium chloride</i>	94, 127	SULFAMYLON.....	122
<i>sm cold & allergy childrens</i>	118	<i>sodium fluoride</i>	94	<i>sulfasalazine</i>	75
<i>sm complete</i>	106	<i>sodium hydroxide</i>	92	<i>sulindac</i>	17
<i>sm complete advanced formula</i>	106	<i>sodium metabisulfite</i>	92	<i>sumatriptan</i>	54
<i>sm complete senior formula</i>	106	<i>sodium perborate</i>	92	<i>sumatriptan succinate</i>	54
<i>sm coq-10</i>	100	<i>sodium phenylbutyrate</i>	70	<i>sumatriptan succinate refill</i>	54
SM CORAL CALCIUM.....	98	<i>sodium phosphate dibasic</i>	92	<i>sunitinib malate</i>	35
<i>sm fexofenadine hcl</i>	114	<i>sodium phosphate monobasic</i>	92	SUPER NU-THERA.....	107
<i>sm fiber</i>	77	<i>sodium polystyrene sulfonate</i>	61	<i>super vikaps</i>	107
<i>sm folic acid</i>	106	<i>sodium propionate</i>	92	<i>superplex-t</i>	107
<i>sm ibuprofen ib</i>	17	<i>sodium saccharin</i>	100	<i>suphedrine 12hour</i>	118
<i>sm ibuprofen jr</i>	17	<i>sodium sulfite</i>	92	SUPPOSIBLEND.....	92
<i>sm infants ibuprofen</i>	17	<i>solifenacin succinate</i>	79	SUPREP BOWEL PREP KIT.....	77
<i>sm iron</i>	82	SOLIQUA.....	58	SUSPENDIT.....	92
<i>sm iron slow release</i>	82	SOLTAMOX.....	30	SUTENT.....	35
<i>sm laxative</i>	77	SOLU-CORTEF.....	68	SYEDA.....	65
<i>sm lice killing</i>	127	SOMATULINE DEPOT.....	70	SYMBICORT.....	121
<i>sm lice killing max strength</i>	127	SOMAVERT.....	70	SYMDEKO.....	120
<i>sm loratadine</i>	114			SYMJEPI.....	120

SYMPAZAN.....	46	theophylline er.....	120	TRI-ESTARYLLA.....	66
SYMTUZA.....	24	THERA.....	107	trifluoperazine hcl.....	52
SYNAREL.....	67	THERA M PLUS.....	107	trifluridine.....	111
SYNERCID.....	21	thera-m.....	107	trihexyphenidyl hcl.....	49
SYNJARDY.....	60	THEREMS.....	107	TRIJARDY XR.....	60
SYNJARDY XR.....	60	THEREMS-H.....	107	TRIKAFTA.....	120
SYNRIBO.....	31	THEREMS-M.....	107	TRI-LEGEST FE.....	66
SYNTHROID.....	71	thiamine hcl.....	107	TRI-LINYAH.....	66
SYRSPEND SF ALKA.....	92	thioridazine hcl.....	52	TRI-LO-ESTARYLLA.....	66
TAB-A-VITE.....	107	thiothixene.....	52	TRI-LO-MARZIA.....	66
TAB-A-VITE/BETA CAROTENE....	107	threonine.....	100	TRI-LO-MILI.....	66
tab-a-vite/iron.....	107	THRIVE.....	57	TRI-LO-SPRINTEC.....	66
TABLOID.....	30	TIADYLT ER.....	41	trimethoprim.....	21
TABRECTA.....	35	tiagabine hcl.....	46	TRI-MILI.....	66
tacrolimus.....	86, 126	TIBSOVO.....	35	trimipramine maleate.....	48
tactinal.....	15	tigecycline.....	29	TRINTELLIX.....	48, 49
tactinal extra strength.....	15	TILIA FE.....	65	TRI-NYMYO.....	66
TAFINLAR.....	35	timolol maleate.....	40, 110	triple antibiotic.....	122
TAGRISSO.....	35	timolol maleate (once-daily).....	109	triple antibiotic plus.....	122
talc.....	92	TIVICAY.....	23	TRI-PREVIFEM.....	66
TALTZ.....	84	TIVICAY PD.....	23	TRI-SPRINTEC.....	66
TALZENNA.....	35	tizanidine hcl.....	55	TRIUMEQ.....	24
tamoxifen citrate.....	31	TOBRADEX.....	110	TRIVORA (28).....	66
tamsulosin hcl.....	78	TOBRADEX ST.....	110	TRI-VYLIBRA.....	66
tangerine flavor.....	92	tobramycin.....	21, 111	TRI-VYLIBRA LO.....	66
tannic acid.....	126	tobramycin sulfate.....	21	TROCHIBASE.....	92
TARGRETIN.....	126	tobramycin-dexamethasone.....	110	trochibase s.....	92
TARINA 24 FE.....	65	tolnaftate.....	123	TROCHIBASE S CLASSIC.....	92
TARINA FE 1/20 EQ.....	65	tolterodine tartrate.....	79	TROGARZO.....	23
tartaric acid.....	92	tolterodine tartrate er.....	79	TROPHAMINE.....	95
TASIGNA.....	35	topiramate.....	46	tropium chloride.....	79
tazarotene.....	123	TOPOSAR.....	32	TRULANCE.....	78
TAZICEF.....	26	toremifene citrate.....	31	TRULICITY.....	60
TAZORAC.....	123	torsemide.....	42	TRUMENBA.....	87
TAZTIA XT.....	41	total b/c.....	107	TRUSELTIQ (100MG DAILY DOSE).....	35
TAZVERIK.....	35	TOVIAZ.....	79	TRUSELTIQ (125MG DAILY DOSE).....	35
TDVAX.....	87	TPN ELECTROLYTES.....	94	TRUSELTIQ (50MG DAILY DOSE).....	35
TECENTRIQ.....	35	TRADJENTA.....	60	TRUSELTIQ (75MG DAILY DOSE).....	35
TEFLARO.....	26	tramadol hcl.....	18	TRUXIMA.....	35
telmisartan.....	38	tramadol-acetaminophen.....	18	trymine cg.....	118
telmisartan-amlodipine.....	38	trandolapril.....	37	TUKYSA.....	35
telmisartan-hctz.....	38	tranexamic acid.....	83	TULANA.....	66
temazepam.....	53	tranylcypromine sulfate.....	48	TURALIO.....	35
TEMIXYS.....	24	TRAVASOL.....	95	turpentine.....	92
TENIVAC.....	87	TRAZIMERA.....	35	TUSNEL C.....	118
tenofovir disoproxil fumarate.....	23	trazodone hcl.....	48	tusnel diabetic.....	118
TEPMETKO.....	35	TRECTOR.....	24	TUSSICAPS.....	118
terazosin hcl.....	37	TRELEGY ELLIPTA.....	112	tussin cf.....	119
terbinafine hcl.....	19, 123	TRELSTAR MIXJECT.....	31	tussin cf cough & cold.....	119
terbutaline sulfate.....	115	treprostinil.....	43	tussin dm.....	119
terconazole.....	80	TRESIBA.....	58	tussin dm max.....	119
testosterone.....	57	TRESIBA FLEXTOUCH.....	58	tussin mucus+chest congestion.....	119
testosterone cypionate.....	57	tretinoin.....	31, 121	tutti frutti concentrate.....	93
testosterone enanthate.....	57	triamcinolone acetonide.....	125, 127	TWINRIX.....	87
tetrabenazine.....	54	triamterene-hctz.....	42	TYBOST.....	23
tetracycline hcl.....	29	tri-biozene.....	122	TYDEMY.....	66
tgt eye allergy relief.....	109	tri-buffered aspirin.....	15	TYMLOS.....	61
THALOMID.....	31	TRICARE.....	94	TYPHIM VI.....	87
THEO-24.....	120	TRIDERM.....	125		
theophylline.....	120	trientine hcl.....	61		

U-BASE.....	93	VIRACEPT.....	23	XPOVIO (60 MG ONCE WEEKLY) ..	36
UBRELVY.....	54	VIREAD.....	23	XPOVIO (60 MG TWICE WEEKLY) ..	36
UKONIQ.....	36	<i>vita-bee/c</i>	107	XPOVIO (80 MG ONCE WEEKLY) ..	36
<i>unibase</i>	93	<i>vitamin a</i>	107	XPOVIO (80 MG TWICE WEEKLY) ..	36
<i>unicomplex-m</i>	107	<i>vitamin b-1</i>	107	XTANDI.....	31
UNITHROID.....	71	<i>vitamin b-12</i>	107	XULANE.....	66
URO-MAG.....	73	<i>vitamin b-12 er</i>	107	XULTOPHY.....	59
<i>ursodiol</i>	78	<i>vitamin b-6</i>	108	<i>xylitol</i>	93
<i>valacyclovir hcl</i>	25	<i>vitamin c</i>	108	XYREM.....	55
VALCHLOR.....	126	<i>vitamin c er</i>	108	YF-VAX.....	87
<i>valganciclovir hcl</i>	25	<i>vitamin d</i>	108	<i>yl coenzyme q10</i>	100
<i>valproate sodium</i>	46	<i>vitamin d (cholecalciferol)</i>	108	YUVAFEM.....	67
<i>valproic acid</i>	46	<i>vitamin d (ergocalciferol)</i>	108	ZAFEMY.....	66
<i>valsartan</i>	38	<i>vitamin d3</i>	108	<i>zafirlukast</i>	119
<i>valsartan-hydrochlorothiazide</i>	38	<i>vitamin e</i>	108	<i>zaleplon</i>	53
VALTOCO 10 MG DOSE.....	46	<i>vitamin e succinate</i>	93	ZARAH.....	66
VALTOCO 15 MG DOSE.....	46	<i>vitamin k1</i>	93, 108	ZARXIO.....	80
VALTOCO 20 MG DOSE.....	46	<i>vitamins/minerals</i>	108	ZEJULA.....	36
VALTOCO 5 MG DOSE.....	46	VITRAKVI.....	36	ZELBORAF.....	36
VANADOM.....	55	VIVITROL.....	57	ZEMAIRA.....	120
<i>vancomycin hcl</i>	21	VIZIMPRO.....	36	ZENATANE.....	121
<i>vancomycin hcl in nacl</i>	21	<i>v-max</i>	93	ZENPEP.....	78
VANDAZOLE.....	80	<i>voriconazole</i>	19	ZERVIAE.....	109
VANIBASE.....	93	VOSEVI.....	25	<i>zidovudine</i>	23
VAQTA.....	87	VOTRIENT.....	36	<i>zinc</i>	99
<i>varenicline tartrate</i>	57	VRAYLAR.....	52	<i>zinc chloride</i>	95
VARIVAX.....	87	VYFEMLA.....	66	<i>zinc gluconate</i>	98
VASCEPA.....	40	VYLIBRA.....	66	<i>zinc sulfate</i>	99
<i>veegum</i>	93	VYZULTA.....	110	<i>ziprasidone hcl</i>	52
VELCADE.....	36	<i>warfarin sodium</i>	80	<i>ziprasidone mesylate</i>	52
VELIVET.....	66	<i>wee care</i>	82	ZIRABEV.....	36
VELTASSA.....	61	WELIREG.....	31	ZIRGAN.....	111
VEMLIDY.....	25	WERA.....	66	<i>zoledronic acid</i>	61
VENCLEXTA.....	36	<i>white petrolatum</i>	93	ZOLINZA.....	36
VENCLEXTA STARTING PACK.....	36	WITEPSOL.....	93	<i>zolmitriptan</i>	54
<i>venlafaxine hcl</i>	49	<i>womans laxative</i>	77	<i>zolpidem tartrate</i>	53
<i>venlafaxine hcl er</i>	49	<i>womens one daily</i>	109	<i>zonisamide</i>	47
VENOFER.....	82	WYMZYA FE.....	66	<i>zoo friends</i>	109
VENTAVIS.....	43	XALKORI.....	36	<i>zoo friends complete</i>	109
VENTOLIN HFA.....	115	<i>xanthan gum</i>	93	<i>zoo friends gummies</i>	109
<i>verapamil hcl</i>	41	XARELTO.....	80	<i>zoo friends plus extra c</i>	109
<i>verapamil hcl er</i>	41	XARELTO STARTER PACK.....	80	ZORTRESS.....	86
VERSACLOZ.....	52	XATMEP.....	84	ZOSTAVAX.....	88
<i>versatile cream base</i>	93	XCOPRI.....	46, 47	ZOSTRIX HP.....	126
VERSIGEL.....	93	XCOPRI (250 MG DAILY DOSE)	46	ZOSTRIX NATURAL PAIN RELIEF	126
VERZENIO.....	36	XCOPRI (350 MG DAILY DOSE)	46	ZOVIA 1/35E (28).....	66
VESTURA.....	66	XELJANZ.....	84	ZUMANDIMINE.....	67
V-GO 20.....	58	XELJANZ XR.....	84	ZYDELIG.....	36
V-GO 30.....	58	XGEVA.....	61	ZYKADIA.....	36
V-GO 40.....	58	XIFAXAN.....	78	ZYLET.....	110
VICTOZA.....	60	XIGDUO XR.....	60	ZYPREXA RELPREVV.....	52
VIENVA.....	66	XIIDRA.....	111	ZYTIGA.....	31
<i>vigabatrin</i>	46	XOFLUZA (40 MG DOSE).....	25		
VIGADRONE.....	46	XOFLUZA (80 MG DOSE).....	25		
VIIBRYD.....	49	XOLAIR.....	120		
VIIBRYD STARTER PACK.....	49	XOSPATA.....	36		
VIMPAT.....	46	XPOVIO (100 MG ONCE WEEKLY)	36		
<i>vincristine sulfate</i>	32	XPOVIO (40 MG ONCE WEEKLY) ..	36		
<i>vinorelbine tartrate</i>	32	XPOVIO (40 MG TWICE WEEKLY) ..	36		
<i>viorele</i>	66				