



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2023 Formulary: List of covered drugs**

For more recent information or other questions, contact us at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays or visit www.nhpri.org/INTEGRITY. We have made no changes to this formulary since 9/19/2023.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Neighborhood INTEGRITY| 2023 *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	4
B. Frequently Asked Questions (FAQ)	5
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.).....	5
B2. Does the Drug List ever change?.....	5
B3. What happens when there is a change to the Drug List?	6
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	7
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	8
B6. What happens if Neighborhood INTEGRITY changes their rules about some drugs (for example, PA (approval), quantity limits, and/or step therapy restrictions)?	8
B7. How can I find a drug on the Drug List?	8
B8. What if the drug I want to take is not on the Drug List?	8
B9. What if I am a new Neighborhood INTEGRITY Member and can’t find my drug on the Drug List or have a problem getting my drug?	9
B10. Can I ask for an exception to cover my drug?	10
B11. How can I ask for an exception?	10



B12. How long does it take to get an exception?	10
B13. What are generic drugs?	10
B14. What are OTC drugs?	10
B15. Does Neighborhood INTEGRITY cover non-drug OTC products?	11
B16. What is my copay?	11
B17. What are drug tiers?	11
C. Overview of the <i>List of Covered Drugs</i>	11
C1. Drugs Grouped by Medical Condition	12
D. Index of Covered Drugs	161



A. Disclaimers

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

- ❖ Neighborhood INTEGRITY is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-812-6896 (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. 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។ ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។ ការទូរស័ព្ទគឺឥតគិតថ្លៃ។
- ❖ You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at www.nhpri.org/INTEGRITY.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. 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

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



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 (refer to question B4 below).

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

B2. Does the Drug List ever change?

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

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

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

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

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



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.
 - 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 refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or 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 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.

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



- 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. They can help you decide:

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages **13-160**. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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



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

The table of drugs on page 13 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 161.

To search **by medical condition**, find the section labeled “Drugs Grouped 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 I want to take is not on the Drug List?

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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

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

B11. How can I ask for an exception?

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

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

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

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

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 find out what OTC drugs are covered.



B15. Does Neighborhood INTEGRITY cover non-drug OTC products?

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

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

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

B16. What is my copay?

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

B17. 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 Non-Medicare prescription drugs and OTC drugs or items.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page **161**. 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).

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

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



- 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.

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:

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

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

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

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

DP = This drug is not a Part D drug.

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

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

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



LIST OF COVERED DRUGS BY MEDICAL CONDITION

CURRENT AS OF 10/1/2023

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 3)	DP
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 3)	DP
BAYER ASPIRIN ORAL TABLET 325 MG	\$0 (Tier 3)	DP
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 3)	DP
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>childrens apap oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>childrens silapap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 3)	DP
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0 (Tier 3)	DP
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0 (Tier 3)	DP
<i>ed-apap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	\$0 (Tier 3)	DP
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	\$0 (Tier 3)	DP
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	\$0 (Tier 3)	DP
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	\$0 (Tier 3)	DP
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp acetaminophen oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>gnp arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0 (Tier 3)	DP
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin adults oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense pain relief extra st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>goodsense pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	\$0 (Tier 3)	DP
<i>hm acetaminophen childrens oral tablet chewable 160 mg</i>	\$0 (Tier 3)	DP
<i>hm adult aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>hm aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>hm aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>hm aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>hm pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>hm pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>hm pain relieve child dye-free oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm pain reliever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm pain reliever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm pain reliever oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>liquid pain relief oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>mapap arthritis pain oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	\$0 (Tier 3)	DP
<i>mapap oral capsule 500 mg</i>	\$0 (Tier 3)	DP
<i>mapap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>m-pap oral liquid 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>non-aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>nortemp infants oral suspension 80 mg/0.8ml</i>	\$0 (Tier 3)	DP
NORTEMP ORAL SUSPENSION 160 MG/5ML	\$0 (Tier 3)	DP
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>pain relief regular strength oral tablet 325 mg</i>	\$0 (Tier 3)	DP
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	\$0 (Tier 3)	DP
PHARBETOL ORAL TABLET 325 MG	\$0 (Tier 3)	DP
<i>px arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>px aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>px childrens pain relief oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>px pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>qc non-aspirin childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc pain relief extra strength oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>qc pain relief oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain & fever infants oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain relief oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm pain reliever ex st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>sm pain reliever ex st oral tablet extended release 650 mg</i>	\$0 (Tier 3)	DP
<i>sm pain reliever oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>tgt acetaminophen childrens oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tgt acetaminophen ex st oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>tgt childrens acetaminophen oral suspension 160 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tri-buffered aspirin oral tablet 325 mg</i>	\$0 (Tier 3)	DP
Nsaids		
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 3)	DP
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 3)	DP
<i>childrens ibuprofen oral suspension 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</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<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 oral suspension 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	\$0 (Tier 3)	DP

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 oral solution 120-12 mg/5ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1)	QL (400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 2)	
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$0 (Tier 1)	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 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 20 mg/ml</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 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate intravenous solution 10 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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
<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
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	PA; NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 2)	NDS
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 2)	PA; QL (630 per 30 days); NDS
<i>nystatin oral tablet 500000 unit</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>posaconazole oral suspension 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (630 per 30 days); NDS
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 2)	PA; QL (93 per 30 days); NDS
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	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 1)	
<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)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0 (Tier 2)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (Tier 1)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)	
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 2)	NDS
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>gnp antibacterial urinary pain oral tablet 162-162.5 mg</i>	\$0 (Tier 3)	DP
<i>imipenem-cilastatin intravenous solution reconstituted 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	PA; QL (12 per 90 days)
<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 intravenous solution 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 2)	QL (6 per 30 days); NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (Tier 2)	
<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
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (Tier 1)	
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	\$0 (Tier 3)	DP
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</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 1)	
<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)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>trimethoprim oral tablet 100 mg</i>	\$0 (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</i>	\$0 (Tier 1)	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0 (Tier 2)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA
Antiretroviral Agents		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	NDS
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 2)	QL (60 per 30 days); NDS
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 2)	QL (30 per 30 days); NDS
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	NDS
<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 25 MG	\$0 (Tier 2)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2)	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier 2)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2)	NDS
<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)	
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
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 25 MG	\$0 (Tier 2)	
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2)	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (Tier 2)	LA; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2)	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (Tier 2)	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)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2)	NDS
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2)	NDS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2)	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2)	NDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (Tier 2)	NDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 2)	NDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 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
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (Tier 1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	NDS
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (Tier 2)	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	NDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (Tier 2)	NDS
TRIZIVIR ORAL TABLET 300-150-300 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)	
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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 PACKET 150-37.5 MG, 200-50 MG	\$0 (Tier 2)	PA; NDS
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0 (Tier 2)	PA; NDS
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
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 1)	
MAVYRET ORAL PACKET 50-20 MG	\$0 (Tier 2)	PA; NDS
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA; NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (Tier 1)	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (Tier 1)	QL (1080 per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (Tier 2)	PA; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (Tier 2)	QL (120 per 365 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 2)	NDS
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2)	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	\$0 (Tier 2)	QL (1 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$0 (Tier 2)	QL (1 per 180 days)
Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	\$0 (Tier 2)	
<i>cefaclor oral capsule 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cefaclor 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, 2 gm, 500 mg</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	\$0 (Tier 2)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	\$0 (Tier 2)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)	
<i>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)	

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)	
<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 PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (Tier 2)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (Tier 2)	NDS
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium intravenous solution reconstituted 10 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)	
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)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	LA; NDS
NUZYRA ORAL TABLET 150 MG	\$0 (Tier 2)	LA; NDS
<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; LA; 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, 2 gm/10ml, 500 mg/2.5ml, 500 mg/ml</i>	\$0 (Tier 2)	B/D; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2)	PA
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2)	NDS
ERLEADA ORAL TABLET 240 MG, 60 MG	\$0 (Tier 2)	PA; LA; NDS
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2)	NDS
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 2)	B/D; NDS
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (Tier 2)	PA; NDS
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	NDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)	
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2)	NDS
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; LA; NDS
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2)	PA; LA; NDS
ORSERDU ORAL TABLET 345 MG, 86 MG	\$0 (Tier 2)	PA; LA; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2)	NDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 2)	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
Immunomodulators		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	PA; LA; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0 (Tier 2)	PA; LA; QL (21 per 28 days); NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 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, 5 MG	\$0 (Tier 2)	PA; LA; QL (28 per 28 days); NDS
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2)	PA; LA; QL (21 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2)	PA; LA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; LA; QL (56 per 28 days); NDS
Miscellaneous		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2)	PA; LA; NDS
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2)	PA; NDS
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0 (Tier 1)	B/D

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (49 per 28 days); NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (70 per 28 days); NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (91 per 28 days); NDS
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		
<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 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	\$0 (Tier 1)	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0 (Tier 1)	B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	\$0 (Tier 2)	B/D; NDS
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0 (Tier 1)	B/D
Molecular Target Agents		
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; 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
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 injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	\$0 (Tier 2)	PA; 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; QL (60 per 30 days); NDS
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2)	PA; LA; 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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
<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
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
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 2)	PA; 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; LA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2)	PA; LA; NDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; LA; 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, 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 (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2)	PA; LA; QL (216 per 27 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2)	B/D; LA; NDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; LA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2)	PA; LA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (21 per 28 days); NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (42 per 28 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (63 per 28 days); NDS
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2)	PA; LA; NDS
<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; QL (30 per 30 days); NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2)	PA; LA; NDS
LUMAKRAS ORAL TABLET 120 MG, 320 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
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA; LA; NDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA; LA; NDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2)	PA; LA; 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; QL (120 per 30 days); NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (3 per 28 days); NDS
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; LA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; LA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2)	PA; LA; 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
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 2)	PA; LA; NDS
REZLIDHIA ORAL CAPSULE 150 MG	\$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; QL (120 per 30 days); NDS
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; NDS
SCSEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
SCSEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (300 per 30 days); NDS
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
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
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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2)	PA; LA; NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); 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 125 MG, 200 MG	\$0 (Tier 2)	PA; LA; 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; QL (56 per 28 days); 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
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; LA; QL (120 per 30 days); 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 50 MG	\$0 (Tier 2)	PA; LA; QL (8 per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; LA; QL (4 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; LA; QL (8 per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2)	PA; LA; QL (4 per 28 days); NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; LA; QL (24 per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; LA; QL (8 per 28 days); NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; LA; QL (32 per 28 days); NDS
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); 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; LA; 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)	
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2)	NDS
CARDIOVASCULAR		
Ace Inhibitor Combinations		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Aldosterone Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Alpha Blockers		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Angiotensin II Receptor Antagonist Combinations		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 li 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)	
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 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
Antilipemics, Hmg-CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
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)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium Channel Blockers		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
Diuretics		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<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>toremide 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)	
<i>digoxin injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>digoxin oral solution 0.05 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2)	PA; NDS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	
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)	
<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, 62.5 mg</i>	\$0 (Tier 2)	PA; LA; QL (60 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 (360 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; LA; 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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	\$0 (Tier 2)	QL (30 per 30 days); NDS
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (Tier 2)	PA
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	\$0 (Tier 2)	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2)	PA; LA; QL (180 per 30 days); NDS
DIACOMIT ORAL PACKET 250 MG	\$0 (Tier 2)	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2)	PA; LA; QL (180 per 30 days); NDS
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1)	PA; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)	PA; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 2)	NDS
<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, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (Tier 2)	NDS
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>methsuximide 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)	
oxcarbazepine oral suspension 300 mg/5ml	\$0 (Tier 1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	\$0 (Tier 1)	
phenobarbital oral elixir 20 mg/5ml	\$0 (Tier 2)	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (Tier 2)	PA
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	\$0 (Tier 2)	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 2)	
phenytoin oral suspension 125 mg/5ml	\$0 (Tier 1)	
phenytoin oral tablet chewable 50 mg	\$0 (Tier 1)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	\$0 (Tier 1)	
phenytoin sodium injection solution 50 mg/ml	\$0 (Tier 1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 1)	PA; QL (120 per 30 days)
pregabalin oral capsule 200 mg	\$0 (Tier 1)	PA; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	\$0 (Tier 1)	PA; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	\$0 (Tier 1)	PA; QL (900 per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	\$0 (Tier 1)	
ROWEEPRA ORAL TABLET 500 MG	\$0 (Tier 1)	
rufinamide oral suspension 40 mg/ml	\$0 (Tier 2)	PA; QL (2400 per 30 days); NDS
rufinamide oral tablet 200 mg	\$0 (Tier 1)	PA; QL (480 per 30 days)
rufinamide oral tablet 400 mg	\$0 (Tier 2)	PA; QL (240 per 30 days); NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2)	QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2)	QL (360 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2)	QL (180 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2)	QL (120 per 30 days)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	\$0 (Tier 1)	
topiramate oral capsule sprinkle 15 mg, 25 mg	\$0 (Tier 1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)	
valproate sodium intravenous solution 100 mg/ml	\$0 (Tier 1)	
valproic acid oral capsule 250 mg	\$0 (Tier 1)	
valproic acid oral solution 250 mg/5ml	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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
VIGADRONE ORAL TABLET 500 MG	\$0 (Tier 2)	PA; LA; QL (180 per 30 days); NDS
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	QL (1200 per 30 days); NDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2)	QL (56 per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2)	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (Tier 2)	QL (28 per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0 (Tier 2)	QL (28 per 28 days); NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 2)	PA; QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; LA; QL (1100 per 30 days); NDS
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (Tier 1)	QL (30 per 30 days)
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<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)
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 2)	PA; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)	
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	
<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>tranlycypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (Tier 2)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
INBRIJA INHALATION CAPSULE 42 MG	\$0 (Tier 2)	PA; LA; QL (300 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, 1 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (Tier 2)	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2)	PA
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2)	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2)	QL (1 per 28 days); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (Tier 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 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0 (Tier 1)	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (Tier 1)	PA; QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 2)	PA; QL (120 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)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (Tier 2)	QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (Tier 2)	QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2)	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2)	QL (1.32 per 90 days); NDS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2)	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2)	QL (2.63 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
LATUDA ORAL TABLET 80 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<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)	
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, 150 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); NDS
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 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</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (Tier 2)	QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; QL (600 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 2)	QL (60 per 30 days); NDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0 (Tier 2)	
<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
Attention Deficit Hyperactivity Disorder		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0 (Tier 1)	PA; QL (90 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2)	PA; QL (1 per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 2)	NDS
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (Tier 2)	PA; QL (8 per 30 days); NDS
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	PA; QL (40 per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (Tier 2)	PA; QL (16 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<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; LA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (Tier 2)	PA; QL (120 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	\$0 (Tier 2)	PA; QL (84 per 365 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; LA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (Tier 2)	PA; LA; 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)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	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		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	\$0 (Tier 2)	PA; LA; QL (120 per 30 days); NDS
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
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0 (Tier 2)	PA; QL (28 per 28 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 2)	PA; QL (12 per 28 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier 2)	PA; QL (12 per 28 days); NDS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	\$0 (Tier 2)	PA; LA; QL (6.4 per 365 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 (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0 (Tier 2)	PA; LA; QL (540 per 30 days); NDS
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)	
ADIPEX-P ORAL CAPSULE 37.5 MG	\$0 (Tier 3)	DP
ADIPEX-P ORAL TABLET 37.5 MG	\$0 (Tier 3)	DP
<i>benzphetamine hcl oral tablet 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)	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp pain relief nighttime oral tablet 250-250-38 mg</i>	\$0 (Tier 3)	DP
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
LOMAIRA ORAL TABLET 8 MG	\$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>naloxone hcl nasal liquid 4 mg/0.1ml</i>	\$0 (Tier 1)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (Tier 1)	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	\$0 (Tier 3)	DP
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0 (Tier 3)	DP
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 3)	DP
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0 (Tier 3)	DP
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	\$0 (Tier 3)	DP
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	\$0 (Tier 3)	DP
<i>phendimetrazine tartrate oral tablet 35 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl oral tablet 37.5 mg</i>	\$0 (Tier 3)	DP
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0 (Tier 3)	DP
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	\$0 (Tier 3)	DP
<i>sm nicotine mouth/throat gum 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine mouth/throat lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>tgt nicotine polacrilex mouth/throat gum 2 mg</i>	\$0 (Tier 3)	DP
<i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0 (Tier 3)	DP
<i>tgt nicotine step one transdermal patch 24 hour 21 mg/24hr</i>	\$0 (Tier 3)	DP
<i>tgt nicotine step three transdermal patch 24 hour 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>tgt nicotine step two transdermal patch 24 hour 14 mg/24hr</i>	\$0 (Tier 3)	DP
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0 (Tier 1)	PA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	PA; QL (56 per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2)	NDS
ENDOCRINE AND METABOLIC		
Androgens		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	\$0 (Tier 1)	PA
<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)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	\$0 (Tier 1)	PA; QL (150 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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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 INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	
<i>global alcohol prep ease pad 70 %</i>	\$0 (Tier 2)	
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
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
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 INJECTION SOLUTION 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)	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (Tier 2)	PA; QL (1 per 365 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
OMNIPOD 5 G6 POD (GEN 5)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2)	PA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2)	PA; QL (15 per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2)	PA; QL (15 per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0 (Tier 2)	
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 (15 per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
V-GO 20 KIT 20 UNIT/24HR	\$0 (Tier 2)	PA; QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR	\$0 (Tier 2)	PA; QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR	\$0 (Tier 2)	PA; QL (30 per 30 days)
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)	PA; QL (3.4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (Tier 2)	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (Tier 2)	PA; 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG	\$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)
<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)	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2)	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2)	PA; 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 600 MCG/2.4ML	\$0 (Tier 2)	PA; NDS
<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; LA; 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
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)	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	\$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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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</i>	\$0 (Tier 2)	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 2)	PA
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)	
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 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)	
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)	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (Tier 1)	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0 (Tier 1)	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
CRYSSELLE-28 ORAL TABLET 0.3-30 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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 3-0.03-0.451 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)	
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)	
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)	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0 (Tier 1)	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (Tier 1)	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	\$0 (Tier 1)	
HEATHER ORAL TABLET 0.35 MG	\$0 (Tier 1)	
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0 (Tier 1)	
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)	
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)	
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)	
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 24 FE 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)	
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>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</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 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (Tier 1)	
NYMYO ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
OCELLA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (Tier 1)	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
PORTIA-28 ORAL TABLET 0.15-30 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)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0 (Tier 1)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (Tier 1)	
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)	
TYDEMY ORAL TABLET 3-0.03-0.451 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
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 10 mg/ml, 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)	
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MIMVEY ORAL TABLET 1-0.5 MG	\$0 (Tier 2)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0 (Tier 1)	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (Tier 2)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>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>cvs glucose oral gel 40 %</i>	\$0 (Tier 3)	DP
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2)	NDS
GLUCO BURST ORAL GEL 40 %	\$0 (Tier 3)	DP
GLUTOSE 5 ORAL GEL 40 %	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (Tier 2)	
GVOKE KIT SUBCUTANEOUS SOLUTION 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)	
<i>value plus glucose oral gel 40 %</i>	\$0 (Tier 3)	DP
Miscellaneous		
ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (Tier 2)	PA; LA; NDS
<i>betaine oral powder</i>	\$0 (Tier 2)	LA; NDS
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 2)	PA; LA; NDS
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	PA; LA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0 (Tier 2)	PA; LA; NDS
<i>charcoal powder</i>	\$0 (Tier 3)	DP
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0 (Tier 1)	B/D; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0 (Tier 2)	B/D; QL (60 per 30 days); NDS
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 2)	B/D; QL (120 per 30 days); NDS
CVS KETONE CARE IN VITRO STRIP	\$0 (Tier 3)	DP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA; 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
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2)	PA; LA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2)	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2)	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2)	PA; LA; NDS
JAVYGTOR ORAL PACKET 100 MG, 500 MG	\$0 (Tier 2)	PA; LA; NDS
JAVYGTOR ORAL TABLET 100 MG	\$0 (Tier 2)	PA; LA; NDS
KETO-DIASTIX IN VITRO STRIP	\$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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	\$0 (Tier 2)	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$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
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 2)	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2)	PA; NDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0 (Tier 2)	PA; NDS
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 2)	PA; NDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 2)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA; LA; NDS
<i>sodium phenylbutyrate oral powder 3 gml/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; LA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA; LA; NDS
XENICAL ORAL CAPSULE 120 MG	\$0 (Tier 3)	DP
Phosphate Binder Agents		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>calcium acetate 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)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 2)	QL (180 per 30 days); NDS
Progestins		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	\$0 (Tier 3)	DP
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	\$0 (Tier 3)	DP
<i>antacid plus anti-gas relief oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	\$0 (Tier 3)	DP
<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eqi antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-lanta oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm advanced antacid max st oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>magnesium oxide oral tablet 420 mg</i>	\$0 (Tier 3)	DP
<i>magnesium oxide tablet 400 mg oral</i>	\$0 (Tier 3)	DP
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	\$0 (Tier 3)	DP
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	\$0 (Tier 3)	DP
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	\$0 (Tier 3)	DP
<i>px antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>px antacid regular strength oral suspension 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	\$0 (Tier 3)	DP
<i>sm antacid/antigas oral suspension 200-200-20 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sodium bicarbonate oral powder</i>	\$0 (Tier 3)	DP
Anti-Diarrheal		
<i>anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>bismatrol oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>diamode oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>geri-pectate oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>gnp anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>gnp k-pec oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp pink bismuth oral tablet 262 mg</i>	\$0 (Tier 3)	DP
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>gnp stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>goodsense stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>goodsense stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>hm anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>hm anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>hm stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>hm stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>loperamide hcl oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>px stomach relief oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>px stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>qc anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>qc anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	\$0 (Tier 3)	DP
<i>qc pink bismuth oral tablet chewable 262 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RESTORA RX ORAL CAPSULE 60-1.25 MG	\$0 (Tier 3)	DP
<i>sm anti-diarrheal oral capsule 2 mg</i>	\$0 (Tier 3)	DP
<i>sm anti-diarrheal oral tablet 2 mg</i>	\$0 (Tier 3)	DP
<i>sm stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>sm stomach relief oral tablet 262 mg</i>	\$0 (Tier 3)	DP
<i>sm stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>stomach relief oral suspension 525 mg/30ml</i>	\$0 (Tier 3)	DP
<i>stomach relief oral tablet chewable 262 mg</i>	\$0 (Tier 3)	DP
<i>tgt stomach relief oral tablet 262 mg</i>	\$0 (Tier 3)	DP
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier 1)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	B/D; QL (60 per 30 days)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2)	PA
<i>promethazine hcl oral 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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
H2-Receptor Antagonists		
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	\$0 (Tier 1)	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (Tier 1)	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)	PA; QL (30 per 30 days); NDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)	
<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 oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>bisacodyl laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>bisacodyl rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	\$0 (Tier 3)	DP
COLACE ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
DOCU LIQUID ORAL LIQUID 100 MG/10ML	\$0 (Tier 3)	DP
<i>docu oral liquid 50 mg/5ml</i>	\$0 (Tier 3)	DP
<i>docusate calcium oral capsule 240 mg</i>	\$0 (Tier 3)	DP
<i>docusate mini rectal enema 283 mg/5ml</i>	\$0 (Tier 3)	DP
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML	\$0 (Tier 3)	DP
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG	\$0 (Tier 3)	DP
DOK ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
<i>dss oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	\$0 (Tier 3)	DP
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	\$0 (Tier 3)	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>epsom salt oral granules</i>	\$0 (Tier 3)	DP
EVAC-U-GEN ORAL TABLET 8.6 MG	\$0 (Tier 3)	DP
<i>fiber laxative + calcium oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber laxative oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber oral powder 28.3 %</i>	\$0 (Tier 3)	DP
<i>fiber oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>fiber-lax oral tablet 625 mg</i>	\$0 (Tier 3)	DP
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML	\$0 (Tier 3)	DP
<i>gavilax oral packet 17 gm</i>	\$0 (Tier 3)	DP
<i>gavilax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0 (Tier 1)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>gentlelax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>geri-kot oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>glycerin (adult) rectal suppository 2 gm</i>	\$0 (Tier 3)	DP
<i>glycerin (infants & children) rectal suppository 1 gm</i>	\$0 (Tier 3)	DP
<i>glycerin adult rectal suppository 2 gm</i>	\$0 (Tier 3)	DP
<i>glycerin childrens rectal suppository 1 gm</i>	\$0 (Tier 3)	DP
GLYCOLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
GNP CLEARLAX ORAL PACKET 17 GM	\$0 (Tier 3)	DP
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>gnp epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>gnp fiber-caps oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	\$0 (Tier 3)	DP
<i>gnp glycerin child rectal suppository 1.2 gm</i>	\$0 (Tier 3)	DP
<i>gnp laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp natural fiber oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>gnp natural fiber oral powder 28.3 %, 48.57 %</i>	\$0 (Tier 3)	DP
<i>gnp senna lax oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>gnp senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener ex st oral capsule 250 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>gnp stool softener oral liquid 50 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp stool softener oral syrup 60 mg/15ml</i>	\$0 (Tier 3)	DP
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)	
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>goodsense epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>goodsense senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>goodsense stimulant laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
HEALTHYLAX ORAL PACKET 17 GM	\$0 (Tier 3)	DP
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>hm enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>hm gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>hm laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>hm senna oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>hm stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>konsyl daily fiber oral powder 28.3 %</i>	\$0 (Tier 3)	DP
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>kp senna oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>laxacin oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>laxative max str oral tablet 25 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	\$0 (Tier 3)	DP
MIRALAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0 (Tier 1)	
<i>natural fiber laxative oral powder 58.6 %</i>	\$0 (Tier 3)	DP
<i>natural senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
ONELAX RECTAL SUPPOSITORY 10 MG	\$0 (Tier 3)	DP
PEDIA-LAX ORAL LIQUID 50 MG/15ML	\$0 (Tier 3)	DP
PEDIA-LAX RECTAL SUPPOSITORY 1 GM	\$0 (Tier 3)	DP
<i>peg 3350 oral packet 17 gm</i>	\$0 (Tier 3)	DP
<i>peg 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (Tier 2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0 (Tier 3)	DP
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>psyllium fiber oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>px docusate sodium oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>px fiber oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>px fiber oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>px laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>px milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>qc enema rectal enema 16-6 gm/133ml</i>	\$0 (Tier 3)	DP
<i>qc epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>qc fiber laxative oral capsule 0.52 gm</i>	\$0 (Tier 3)	DP
<i>qc gentle laxative rectal suppository 10 mg</i>	\$0 (Tier 3)	DP
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc natural vegetable oral powder 95 %</i>	\$0 (Tier 3)	DP
<i>qc natura-lax oral powder 17 gm/scoop</i>	\$0 (Tier 3)	DP
<i>qc psyllium fiber oral powder 43 %</i>	\$0 (Tier 3)	DP
<i>qc stool softener oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>qc stool softener pls laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
REGULOID ORAL CAPSULE 0.52 GM	\$0 (Tier 3)	DP
REGULOID ORAL POWDER 28.3 %, 48.57 %, 58.6 %	\$0 (Tier 3)	DP
<i>senexon oral liquid 8.8 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SENEXON-S ORAL TABLET 8.6-50 MG	\$0 (Tier 3)	DP
<i>senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna oral capsule 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna oral liquid 8.8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>senna oral syrup 8.8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>senna oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-lax oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-plus oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>senna-tabs oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-time oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>senna-time s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
SENOKOT ORAL TABLET 8.6 MG	\$0 (Tier 3)	DP
SENOKOT S ORAL TABLET 8.6-50 MG	\$0 (Tier 3)	DP
<i>silace oral liquid 150 mg/15ml</i>	\$0 (Tier 3)	DP
<i>silace oral syrup 60 mg/15ml</i>	\$0 (Tier 3)	DP
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	\$0 (Tier 3)	DP
<i>sm enema rectal enema 7-19 gm/118ml</i>	\$0 (Tier 3)	DP
<i>sm epsom salt oral granules</i>	\$0 (Tier 3)	DP
<i>sm fiber oral powder 28.3 %, 48.57 %, 58.6 %</i>	\$0 (Tier 3)	DP
<i>sm fiber oral tablet 625 mg</i>	\$0 (Tier 3)	DP
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	\$0 (Tier 3)	DP
<i>sm senna laxative oral tablet 8.6 mg</i>	\$0 (Tier 3)	DP
<i>sm senna-s oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>sm stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stimulant laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stool softener laxative oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 3)	DP
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	\$0 (Tier 3)	DP
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (Tier 2)	
<i>tgt fiber therapy oral powder 28.3 %, 58.6 %</i>	\$0 (Tier 3)	DP
<i>tgt gentle laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
TGT POWDERLAX ORAL POWDER 17 GM/SCOOP	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tgt psyllium fiber oral capsule 520 mg</i>	\$0 (Tier 3)	DP
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	\$0 (Tier 3)	DP
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	\$0 (Tier 3)	DP
<i>womans laxative oral tablet delayed release 5 mg</i>	\$0 (Tier 3)	DP
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg, 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)	
<i>gas relief drops infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>gas relief oral capsule 250 mg</i>	\$0 (Tier 3)	DP
<i>gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	\$0 (Tier 3)	DP
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG	\$0 (Tier 3)	DP
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	\$0 (Tier 3)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA; LA; NDS
<i>gnp anti-gas oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	\$0 (Tier 3)	DP
<i>gnp gas relief oral tablet chewable 80 mg</i>	\$0 (Tier 3)	DP
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>hm gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>hm gas relief infants drops oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>hm gas relief oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 3)	DP
<i>infants gas relief oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>infants simethicone oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2)	QL (30 per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
MOVANTI ^K ORAL TABLET 12.5 MG, 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	\$0 (Tier 3)	DP
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	\$0 (Tier 3)	DP
<i>px gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>px gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>px gas relief ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>qc anti-gas oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>qc gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (Tier 2)	PA; NDS
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>simethicone oral capsule 125 mg, 180 mg</i>	\$0 (Tier 3)	DP
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 3)	DP
<i>simethicone ultra strength oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief antiflatulent oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	\$0 (Tier 3)	DP
<i>sm gas relief oral capsule 180 mg</i>	\$0 (Tier 3)	DP
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	\$0 (Tier 3)	DP
<i>sucralfate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>tgt gas relief extra strength oral capsule 125 mg</i>	\$0 (Tier 3)	DP
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2)	PA; LA; QL (90 per 30 days); NDS
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		
<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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)	
Urinary Antispasmodics		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
GEMTESA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2)	QL (300 per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2)	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>oxybutynin chloride oral 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)	QL (60 per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
Vaginal Anti-Infectives		
<i>3 day vaginal vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>clindamycin phosphate vaginal cream 2 %</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole vaginal cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>gnp miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>miconazole 3 combo-suppl vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>miconazole 7 vaginal suppository 100 mg</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate vaginal cream 2 %</i>	\$0 (Tier 3)	DP
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 3)	DP
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM)	\$0 (Tier 3)	DP
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	\$0 (Tier 3)	DP
<i>px miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>qc miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm 3-day vaginal vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	\$0 (Tier 3)	DP
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	DP
<i>sm miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm miconazole 7 vaginal suppository 100 mg</i>	\$0 (Tier 3)	DP
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>tgt miconazole 7 vaginal cream 2 %</i>	\$0 (Tier 3)	DP
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 injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 12500-0.45 ut/250ml-%, 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 SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (Tier 2)	QL (620 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2)	QL (51 per 30 days)
Hematopoietic Growth Factors		
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
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA; NDS
Iron		
<i>active fe oral tablet 75-1.25 mg</i>	\$0 (Tier 3)	DP
CENTRATEx ORAL CAPSULE 106-1 MG	\$0 (Tier 3)	DP
CHROMAGEN ORAL CAPSULE	\$0 (Tier 3)	DP
CORVITA 150 ORAL TABLET 150-1.25 MG	\$0 (Tier 3)	DP
CORVITE 150 ORAL TABLET	\$0 (Tier 3)	DP
<i>corvite fe oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>eqi iron supplement therapy oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>eqi slow release iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	\$0 (Tier 3)	DP
FERATE ORAL TABLET 240 (27 FE) MG	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FERGON ORAL TABLET 240 (27 FE) MG	\$0 (Tier 3)	DP
FERIVA 21/7 ORAL TABLET 75-1 MG	\$0 (Tier 3)	DP
FERIVAFA ORAL CAPSULE 110-1 MG	\$0 (Tier 3)	DP
<i>ferocon oral capsule</i>	\$0 (Tier 3)	DP
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML	\$0 (Tier 3)	DP
FEROSUL ORAL TABLET 325 (65 FE) MG	\$0 (Tier 3)	DP
FERRALET 90 ORAL TABLET 90-1 MG	\$0 (Tier 3)	DP
<i>ferretts oral tablet 325 (106 fe) mg</i>	\$0 (Tier 3)	DP
FERREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
<i>ferric x-150 oral capsule 150 mg</i>	\$0 (Tier 3)	DP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	\$0 (Tier 3)	DP
<i>ferrous fumarate oral tablet 324 (106 fe) mg</i>	\$0 (Tier 3)	DP
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG	\$0 (Tier 3)	DP
FOLIVANE-F ORAL CAPSULE 125-1 MG	\$0 (Tier 3)	DP
FOLIVANE-PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
FUSION ORAL CAPSULE 65-65-25-30 MG	\$0 (Tier 3)	DP
FUSION PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>gnp iron oral tablet extended release 142 (45 fe) mg</i>	\$0 (Tier 3)	DP
<i>hematinic/folic acid oral tablet 324-1 mg</i>	\$0 (Tier 3)	DP
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	\$0 (Tier 3)	DP
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	\$0 (Tier 3)	DP
HEMATOGEN ORAL CAPSULE	\$0 (Tier 3)	DP
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	\$0 (Tier 3)	DP
HEMOCYTE-F ORAL TABLET 324-1 MG	\$0 (Tier 3)	DP
ICAR ORAL SUSPENSION 15 MG/1.25ML	\$0 (Tier 3)	DP
IFEREX 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
INFED INJECTION SOLUTION 50 MG/ML	\$0 (Tier 3)	DP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	\$0 (Tier 3)	DP
INTEGRA F ORAL CAPSULE 125-1 MG	\$0 (Tier 3)	DP
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INTEGRA PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>iron 27 oral tablet 240 (27 fe) mg</i>	\$0 (Tier 3)	DP
<i>iron chews pediatric oral tablet chewable 15 mg</i>	\$0 (Tier 3)	DP
<i>iron high-potency oral tablet 325 mg</i>	\$0 (Tier 3)	DP
<i>iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>iron supplement oral elixir 220 (44 fe) mg/5ml</i>	\$0 (Tier 3)	DP
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	\$0 (Tier 3)	DP
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	\$0 (Tier 3)	DP
MULTIGEN ORAL TABLET 70 MG	\$0 (Tier 3)	DP
MULTIGEN PLUS ORAL TABLET 50-101-1 MG	\$0 (Tier 3)	DP
<i>myferon 150 oral capsule 150 mg</i>	\$0 (Tier 3)	DP
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	\$0 (Tier 3)	DP
NEPHRON FA ORAL TABLET	\$0 (Tier 3)	DP
NIFEREX ORAL TABLET	\$0 (Tier 3)	DP
NOVAFERRUM 50 ORAL CAPSULE 50 MG	\$0 (Tier 3)	DP
NOVAFERRUM ORAL LIQUID 125 MG/5ML	\$0 (Tier 3)	DP
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML	\$0 (Tier 3)	DP
NUFERA ORAL TABLET	\$0 (Tier 3)	DP
NU-IRON ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
POLY-IRON 150 ORAL CAPSULE 150 MG	\$0 (Tier 3)	DP
<i>polysaccharide iron complex oral capsule 150 mg</i>	\$0 (Tier 3)	DP
<i>polysaccharide-iron complex oral capsule 150 mg</i>	\$0 (Tier 3)	DP
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 3)	DP
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>ra iron oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	\$0 (Tier 3)	DP
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG	\$0 (Tier 3)	DP
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 47.5 mg</i>	\$0 (Tier 3)	DP
<i>sm iron oral tablet 325 (65 fe) mg</i>	\$0 (Tier 3)	DP
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>	\$0 (Tier 3)	DP
<i>sm slow release iron oral tablet extended release 142 (45 fe) mg</i>	\$0 (Tier 3)	DP
TRICON ORAL CAPSULE	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRIFERIC HEMODIALYSIS PACKET 272 MG	\$0 (Tier 3)	DP
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	\$0 (Tier 3)	DP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 3)	DP
<i>virt-fefa plus oral capsule</i>	\$0 (Tier 3)	DP
<i>wee care oral suspension 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 prefilled syringe 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
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	\$0 (Tier 2)	PA; LA; 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		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0 (Tier 2)	PA; NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2)	PA; QL (8 per 28 days); NDS
ENBREL 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
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 per 28 days); NDS
<i>infliximab intravenous solution reconstituted 100 mg</i>	\$0 (Tier 2)	PA; LA; NDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 per 28 days); NDS
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (Tier 2)	PA; QL (110 per 365 days); NDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; LA; NDS
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; LA; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (Tier 2)	PA; 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (Tier 2)	PA; QL (168 per 365 days); NDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2)	PA; QL (60 per 365 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (Tier 2)	PA; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2)	PA; QL (2.4 per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (6 per 365 days); NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA; LA; 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 (480 per 24 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2)	PA; QL (30 per 30 days); NDS
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 sodium 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 10 GM/100ML, 5 GM/50ML	\$0 (Tier 2)	PA; LA; 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; LA
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	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; LA; 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; LA; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (Tier 2)	B/D; LA; 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; LA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2)	PA; LA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2)	PA; LA; QL (8 per 28 days); 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, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2)	B/D; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 2)	B/D; NDS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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, 2 mg</i>	\$0 (Tier 1)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	B/D
Vaccines		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	
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)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	
<i>bcg vaccine injection solution reconstituted 50 mg</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)	
DENGVAIXA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$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 20 MCG/ML	\$0 (Tier 2)	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 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)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2)	B/D
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	\$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2)	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	\$0 (Tier 2)	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
ROTARIX ORAL SUSPENSION	\$0 (Tier 2)	
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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2)	
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	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$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 , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2)	
MISCELLANEOUS		
Miscellaneous		
<i>1st base external cream</i>	\$0 (Tier 3)	DP
ARBEM H-COSMETIC EXTERNAL CREAM	\$0 (Tier 3)	DP
ARBEM LIOPEN EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>az cream external cream</i>	\$0 (Tier 3)	DP
BASE PCCA CLARIFYING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>cream base external cream</i>	\$0 (Tier 3)	DP
<i>emollient base external cream</i>	\$0 (Tier 3)	DP
<i>gnp petroleum jelly gel</i>	\$0 (Tier 3)	DP
<i>grape flavor liquid</i>	\$0 (Tier 3)	DP
<i>hm petroleum jelly gel</i>	\$0 (Tier 3)	DP
<i>hydrous emulsified base external cream</i>	\$0 (Tier 3)	DP
<i>melatonin oral liquid 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>microderm base external cream</i>	\$0 (Tier 3)	DP
MICROSOME BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>oral suspend oral liquid</i>	\$0 (Tier 3)	DP
ORA-PLUS ORAL LIQUID	\$0 (Tier 3)	DP
PCCA BASE 7542 EXTERNAL CREAM	\$0 (Tier 3)	DP
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>petrolatum gel</i>	\$0 (Tier 3)	DP
PFCB EXTERNAL CREAM	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE COSMETIC EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE LIGHT EXTERNAL CREAM	\$0 (Tier 3)	DP
PHARMABASE VAGINAL EXTERNAL CREAM	\$0 (Tier 3)	DP
PHYTOBASE EXTERNAL CREAM	\$0 (Tier 3)	DP
PICODERM EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>pna-hrt base external cream</i>	\$0 (Tier 3)	DP
<i>polyethylene glycol 3350 powder</i>	\$0 (Tier 3)	DP
<i>q-derm external cream</i>	\$0 (Tier 3)	DP
<i>rejuvacare plus external cream</i>	\$0 (Tier 3)	DP
SALTSTABLE LO EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>scar care external cream</i>	\$0 (Tier 3)	DP
SYRSPEND SF ORAL LIQUID	\$0 (Tier 3)	DP
U-BASE EXTERNAL CREAM	\$0 (Tier 3)	DP
VANIBASE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>vanishing cream botanical base external cream</i>	\$0 (Tier 3)	DP
<i>versatile cream base external cream</i>	\$0 (Tier 3)	DP
VERSIGEL EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>v-max external cream</i>	\$0 (Tier 3)	DP
<i>wound care external cream</i>	\$0 (Tier 3)	DP
XCEL 100 EXTERNAL CREAM	\$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 %, 2.5-0.45 %</i>	\$0 (Tier 2)	
<i>dextrose-nacl intravenous solution 10-0.45 %, 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)	
ISOLYTE-S PH 7.4 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 solution 40-5-0.9 meq/lI-%- intravenous</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l--% intravenous</i>	\$0 (Tier 2)	
<i>lactated ringers intravenous solution</i>	\$0 (Tier 1)	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0 (Tier 2)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 2)	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0 (Tier 2)	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	\$0 (Tier 1)	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	\$0 (Tier 1)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0 (Tier 2)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	\$0 (Tier 2)	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 10 meq/50ml</i>	\$0 (Tier 2)	
<i>potassium chloride solution 20 meq/50ml intravenous</i>	\$0 (Tier 1)	
<i>potassium chloride solution 20 meq/50ml intravenous</i>	\$0 (Tier 2)	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	\$0 (Tier 1)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (Tier 1)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (Tier 1)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (Tier 2)	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
<i>m-natal plus oral tablet 27-1 mg</i>	\$0 (Tier 2)	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)	
<i>prenatal oral tablet 27-1 mg</i>	\$0 (Tier 2)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)	
TRICARE ORAL TABLET	\$0 (Tier 2)	
Electrolytes		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	\$0 (Tier 3)	DP
BIOLYTE ORAL SOLUTION	\$0 (Tier 3)	DP
CERALYTE 70 ORAL SOLUTION	\$0 (Tier 3)	DP
CERASPORT EX1 ORAL SOLUTION	\$0 (Tier 3)	DP
CERASPORT ORAL SOLUTION	\$0 (Tier 3)	DP
<i>cvs electrolyte solution oral solution</i>	\$0 (Tier 3)	DP
<i>cvs ped electrolyte freeze pop oral solution</i>	\$0 (Tier 3)	DP
<i>cvs pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
ENFAMIL ENFALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
<i>gnp electrolyte solution oral solution</i>	\$0 (Tier 3)	DP
<i>gnp pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>h-e-b oral electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>hm pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
HYDRALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
KINDERLYTE ORAL SOLUTION	\$0 (Tier 3)	DP
KINDERLYTE PREMAX ORAL SOLUTION	\$0 (Tier 3)	DP
<i>oral electrolytes oral solution</i>	\$0 (Tier 3)	DP
ORALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 3)	DP
ORALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
<i>ped electrolyte freeze pops oral solution</i>	\$0 (Tier 3)	DP
<i>ped electrolyte freezer pops oral solution</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PEDIA VANCE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE ADVANCED CARE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
PEDIALYTE SINGLES ORAL SOLUTION	\$0 (Tier 3)	DP
<i>pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
<i>pediatric electrolyte-zinc oral solution</i>	\$0 (Tier 3)	DP
<i>ra ped electrolyte freezer pop oral solution</i>	\$0 (Tier 3)	DP
<i>ra pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
REHYDRALYTE ORAL SOLUTION	\$0 (Tier 3)	DP
<i>sm pediatric electrolyte oral solution</i>	\$0 (Tier 3)	DP
Iv Nutrition		
<i>chromic chloride intravenous solution 40 mcg/10ml</i>	\$0 (Tier 3)	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (6/5) intravenous solution 6 %</i>	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (8/10) intravenous solution 8 %</i>	\$0 (Tier 2)	B/D
<i>clanimix/dextrose (8/14) intravenous solution 8 %</i>	\$0 (Tier 2)	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	\$0 (Tier 1)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	\$0 (Tier 3)	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (Tier 1)	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (Tier 1)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	\$0 (Tier 1)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D; NDS
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (Tier 2)	B/D
<i>selenious acid intravenous solution 60 mcg/ml</i>	\$0 (Tier 3)	DP
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	\$0 (Tier 3)	DP
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	B/D
<i>zinc chloride intravenous solution 1 mg/ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Minerals		
CALCI-CHEW ORAL TABLET CHEWABLE 1250 (500 CA) MG	\$0 (Tier 3)	DP
CALCITRATE ORAL TABLET 315-6.25 MG-MCG, 950 (200 CA) MG	\$0 (Tier 3)	DP
<i>calcium + d oral tablet 250-125 mg-unit</i>	\$0 (Tier 3)	DP
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium + vitamin d3 oral tablet chewable 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500 +d oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500/d oral tablet chewable 500-400 mg-unit</i>	\$0 (Tier 3)	DP
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600 high potency oral tablet 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-200 mg-unit</i>	\$0 (Tier 3)	DP
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium 600-d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium carb-cholecalciferol oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium carbonate powder</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate +d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate-vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium extra d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 3)	DP
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 3)	DP
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	\$0 (Tier 3)	DP
CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG	\$0 (Tier 3)	DP
<i>citrus calcium +d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>	\$0 (Tier 3)	DP
<i>cvs calcium citrate +d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium citrate +d3 mini oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs magnesium oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>cvs magnesium oxide oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>cvs oyster shell calcium+vit d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	\$0 (Tier 3)	DP
<i>cvs zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>eqi calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eqi calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>eqi calcium/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>hm calcium citrate+vitamin d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>hm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium 600+d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	\$0 (Tier 3)	DP
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 3)	DP
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	\$0 (Tier 3)	DP
<i>magdelay oral tablet delayed release 70 mg</i>	\$0 (Tier 3)	DP
<i>mag-g oral tablet 500 (27 mg) mg</i>	\$0 (Tier 3)	DP
MAGNEBIND 300 ORAL TABLET 250-300 MG	\$0 (Tier 3)	DP
MAGNEBIND 400 ORAL TABLET 80-115 MG	\$0 (Tier 3)	DP
<i>magnesium gluconate oral tablet 500 (27 mg) mg</i>	\$0 (Tier 3)	DP
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>magnesium oxide tablet 400 mg oral</i>	\$0 (Tier 3)	DP
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	\$0 (Tier 3)	DP
MAGOX 400 ORAL TABLET 400 (240 MG) MG	\$0 (Tier 3)	DP
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	\$0 (Tier 3)	DP
<i>mgo oral tablet 400 (240 mg) mg</i>	\$0 (Tier 3)	DP
NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	\$0 (Tier 3)	DP
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	\$0 (Tier 3)	DP
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	\$0 (Tier 3)	DP
OS-CAL ORAL TABLET CHEWABLE 500-15 MCG	\$0 (Tier 3)	DP
OYSCO 500 ORAL TABLET 500 MG	\$0 (Tier 3)	DP
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	\$0 (Tier 3)	DP
<i>oyster calcium oral tablet 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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate w/vit d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium citrate+vital d3 max oral tablet 315-6.25 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>sm zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>super calcium 600 + d3 oral tablet 600-10 mg-mcg</i>	\$0 (Tier 3)	DP
<i>super calcium oral tablet 1500 (600 ca) mg</i>	\$0 (Tier 3)	DP
<i>zinc gluconate oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>zinc oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	\$0 (Tier 3)	DP
Miscellaneous		
<i>co q 10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>co q10 oral capsule 100 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>co q-10 oral capsule 100 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>coenzyme q10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>co-enzyme q10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>co-enzyme q-10 oral capsule 30 mg</i>	\$0 (Tier 3)	DP
<i>coq10 oral capsule 100 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>coq-10 oral capsule 100 mg, 30 mg</i>	\$0 (Tier 3)	DP
<i>coq-10 oral capsule extended release 100 mg</i>	\$0 (Tier 3)	DP
<i>cvs coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>eql coq10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp co q10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>gnp melatonin oral tablet 3 mg</i>	\$0 (Tier 3)	DP
H2Q ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
<i>hm coq10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>kp melatonin oral tablet 3 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>melatonin maximum strength oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml</i>	\$0 (Tier 3)	DP
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>qc melatonin max st oral tablet 5 mg</i>	\$0 (Tier 3)	DP
Q-GEL FORTE ORAL CAPSULE 30 MG	\$0 (Tier 3)	DP
Q-GEL MEGA ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
Q-SORB CO Q-10 ORAL CAPSULE 100 MG	\$0 (Tier 3)	DP
<i>ra coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>sm co q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>sm coenzyme q-10 oral capsule 100 mg</i>	\$0 (Tier 3)	DP
<i>yl coenzyme q10 oral capsule 30 mg</i>	\$0 (Tier 3)	DP
Vitamins		
<i>50+ adult eye health oral capsule</i>	\$0 (Tier 3)	DP
<i>a thru z advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z high potency oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select 50+ advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select 50+ mens oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z select oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>a thru z select ultimate women oral tablet</i>	\$0 (Tier 3)	DP
<i>a thru z ultimate mens oral tablet</i>	\$0 (Tier 3)	DP
<i>a-10000 oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>abc complete senior womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>abc plus oral tablet</i>	\$0 (Tier 3)	DP
ABC PLUS SENIOR ADULTS 50+ ORAL TABLET	\$0 (Tier 3)	DP
<i>acerola c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>actical oral capsule</i>	\$0 (Tier 3)	DP
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>adult one daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
ADVANCED MULTI EA ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE+GOOD REST ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
AIRBORNE+NATURAL ENERGY ORAL LIQUID	\$0 (Tier 3)	DP
AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>algae based calcium oral tablet</i>	\$0 (Tier 3)	DP
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS 50+ ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALIVE WOMENS ENERGY ORAL TABLET	\$0 (Tier 3)	DP
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ALLBEE/C ORAL TABLET	\$0 (Tier 3)	DP
AMLADEX ORAL TABLET	\$0 (Tier 3)	DP
<i>animal chews oral tablet chewable , with c & fa</i>	\$0 (Tier 3)	DP
ANIMAL SHAPES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>animal shapes/iron oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
ANIMI-3 ORAL CAPSULE 1 MG	\$0 (Tier 3)	DP
<i>antioxidant a/c/e/selenium oral tablet</i>	\$0 (Tier 3)	DP
<i>antioxidant formula oral tablet</i>	\$0 (Tier 3)	DP
<i>antioxidant oral capsule</i>	\$0 (Tier 3)	DP
<i>anti-oxidant oral tablet</i>	\$0 (Tier 3)	DP
AQUADEKS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>ascorbic acid injection solution 500 mg/ml</i>	\$0 (Tier 3)	DP
<i>ascorbic acid oral tablet 500 mg</i>	\$0 (Tier 3)	DP
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	\$0 (Tier 3)	DP
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	\$0 (Tier 3)	DP
<i>b complex (folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>b complex oral capsule</i>	\$0 (Tier 3)	DP
<i>b complex vitamins oral capsule</i>	\$0 (Tier 3)	DP
<i>b complex-b12 oral tablet</i>	\$0 (Tier 3)	DP
<i>b complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>b complex-c-folic acid oral tablet</i>	\$0 (Tier 3)	DP
<i>b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	\$0 (Tier 3)	DP
<i>b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>b-12 tr oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 3)	DP
<i>b6 natural oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
BACMIN ORAL TABLET	\$0 (Tier 3)	DP
<i>balance b-50 oral tablet</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>bariatric multivitamins/iron oral capsule</i>	\$0 (Tier 3)	DP
<i>b-complex (folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex balanced oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex/b-12 oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex-c (w/folic acid) oral tablet</i>	\$0 (Tier 3)	DP
<i>b-complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>better b complex oral tablet</i>	\$0 (Tier 3)	DP
BIO-35 GLUTEN-FREE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>biocal oral capsule</i>	\$0 (Tier 3)	DP
<i>biosupp oral liquid</i>	\$0 (Tier 3)	DP
BIOTECT PLUS ORAL LIQUID	\$0 (Tier 3)	DP
<i>biotin 5000 oral capsule 5 mg</i>	\$0 (Tier 3)	DP
<i>biotin maximum strength oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>biotin oral capsule 5 mg, 5000 mcg</i>	\$0 (Tier 3)	DP
<i>biotin oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>biotin plus/calcium/vit d3 oral tablet</i>	\$0 (Tier 3)	DP
<i>body/hair/skin/nails oral capsule</i>	\$0 (Tier 3)	DP
<i>bp vit 3 oral capsule 1 mg</i>	\$0 (Tier 3)	DP
BPROTECTED MULTI-VITE ORAL LIQUID	\$0 (Tier 3)	DP
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	\$0 (Tier 3)	DP
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML	\$0 (Tier 3)	DP
<i>c 1000 oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c 500 oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>c-1000 oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-1000 oral tablet extended release 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-1000/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>c-250 oral tablet 250 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500 oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>c-500/rose hips oral tablet 500 mg</i>	\$0 (Tier 3)	DP
CALCIDOL ORAL SOLUTION 200 MCG/ML	\$0 (Tier 3)	DP
CARDIOTEK RX ORAL TABLET	\$0 (Tier 3)	DP
<i>c-chewable oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>centavite a-z complete-mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>centravites 50 plus oral tablet</i>	\$0 (Tier 3)	DP
<i>centravites adults oral tablet</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>centravites oral tablet</i>	\$0 (Tier 3)	DP
CENTRUM ADULTS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM CARDIO ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM KIDS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM MEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM MULTIGUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM ORAL LIQUID	\$0 (Tier 3)	DP
CENTRUM ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM SILVER 50+MEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER 50+WOMEN ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ADULT 50+ ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SILVER ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SPECIALIST HEART ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM SPECIALIST VISION ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM ULTRA WOMENS ORAL TABLET	\$0 (Tier 3)	DP
CENTRUM WOMEN ORAL TABLET	\$0 (Tier 3)	DP
<i>century mature oral tablet</i>	\$0 (Tier 3)	DP
<i>century oral tablet</i>	\$0 (Tier 3)	DP
CEREFOLIN ORAL TABLET 6-1-50-5 MG	\$0 (Tier 3)	DP
CEROVITE ADVANCED FORMULA ORAL TABLET	\$0 (Tier 3)	DP
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
CEROVITE SENIOR ORAL TABLET	\$0 (Tier 3)	DP
<i>certa plus oral tablet</i>	\$0 (Tier 3)	DP
CERTA-VITE ORAL LIQUID	\$0 (Tier 3)	DP
CERTAVITE SENIOR ORAL TABLET	\$0 (Tier 3)	DP
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	\$0 (Tier 3)	DP
CERTAVITE/ANTIOXIDANTS ORAL TABLET	\$0 (Tier 3)	DP
<i>chewable vite childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens animal shapes oral tablet chewable 18 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>childrens chew multivitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens chewable multi vits oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens chewable vitamins oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>childrens multivitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>classic prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>cod liver oil oral capsule 4000-200 unit</i>	\$0 (Tier 3)	DP
<i>companion oral tablet</i>	\$0 (Tier 3)	DP
COMPETE ORAL TABLET	\$0 (Tier 3)	DP
<i>complete multivitamin/mineral oral liquid</i>	\$0 (Tier 3)	DP
<i>complete oral tablet</i>	\$0 (Tier 3)	DP
<i>complete senior oral tablet</i>	\$0 (Tier 3)	DP
CORVITA ORAL TABLET	\$0 (Tier 3)	DP
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
CVS AIRSHIELD ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>cvs b complex plus c oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>cvs b6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>cvs biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>cvs childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>cvs daily gummies adult oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cvs daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cvs daily multiple for men oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs daily multiple for women oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs daily multiple women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs e oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>cvs eye health & lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>cvs eye health adult 50+ oral capsule</i>	\$0 (Tier 3)	DP
<i>cvs folic acid oral tablet 800 mcg</i>	\$0 (Tier 3)	DP
<i>cvs gummy dinos oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cvs gummy multivitamin kids oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cvs mens daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cvx one daily essential oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx one daily mens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx one daily mens formula oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx one daily womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx one daily womens formula oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite adult 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite adult 50+ oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cvx spectravite adults oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite men oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite senior oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite ultra men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite ultra mens oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite ultra women oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite women oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx spectravite womens senior oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx super b complex/c oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx vision health oral capsule</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin b-12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>cvx vitamin d3 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>cvx vitamin e oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>cvx womens active daily oral tablet</i>	\$0 (Tier 3)	DP
<i>cvx womens daily gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	\$0 (Tier 3)	DP
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>d 2000 oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d 400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>d3 vitamin oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
<i>d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>daily multi oral tablet</i>	\$0 (Tier 3)	DP
<i>daily multiple vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>daily multiple vitamins/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>daily multivitamin oral capsule</i>	\$0 (Tier 3)	DP
<i>daily value multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamin formula oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamin formula+iron oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamin formula+minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vite multivitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vite oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vites oral tablet</i>	\$0 (Tier 3)	DP
<i>daily vites/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>daily-vite multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>daily-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>daily-vite/iron/beta-carotene oral tablet</i>	\$0 (Tier 3)	DP
<i>dayavite oral tablet</i>	\$0 (Tier 3)	DP
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	\$0 (Tier 3)	DP
DECUBI-VITE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>dekas bariatric oral tablet chewable</i>	\$0 (Tier 3)	DP
DEKAS PLUS OCEAN ORAL CAPSULE	\$0 (Tier 3)	DP
DEKAS PLUS ORAL CAPSULE	\$0 (Tier 3)	DP
DEKAS PLUS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	\$0 (Tier 3)	DP
DERMACINRX RIBOTIN-E ORAL TABLET	\$0 (Tier 3)	DP
DERMACINRX ZINTREXYL-C ORAL TABLET	\$0 (Tier 3)	DP
<i>diabetes health formula oral tablet</i>	\$0 (Tier 3)	DP
DIALYVITE 3000 ORAL TABLET 3 MG	\$0 (Tier 3)	DP
DIALYVITE 5000 ORAL TABLET 5 MG	\$0 (Tier 3)	DP
DIALYVITE 800 ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
<i>dialyvite 800/ultra d oral tablet</i>	\$0 (Tier 3)	DP
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
DIALYVITE ORAL TABLET	\$0 (Tier 3)	DP
DIALYVITE SUPREME D ORAL TABLET	\$0 (Tier 3)	DP
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	\$0 (Tier 3)	DP
DIALYVITE/ZINC ORAL TABLET	\$0 (Tier 3)	DP
DINO-LIFE ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>disney cars gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>disney princess gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
D-VI-SOL ORAL LIQUID 10 MCG/ML	\$0 (Tier 3)	DP
<i>e 1000 oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>e200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>e-200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>e-400 oral capsule 400 unit</i>	\$0 (Tier 3)	DP
ELDERTONIC ORAL LIQUID	\$0 (Tier 3)	DP
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	\$0 (Tier 3)	DP
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG	\$0 (Tier 3)	DP
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	\$0 (Tier 3)	DP
<i>eq complete multivit adult 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>eq complete multivitamin-adult oral tablet</i>	\$0 (Tier 3)	DP
<i>eq multivitamin gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>eq one daily mens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eq one daily mens health oral tablet</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>eq one daily womens health oral tablet</i>	\$0 (Tier 3)	DP
<i>eq b complex 50 oral tablet</i>	\$0 (Tier 3)	DP
<i>eq b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>eq century mature adults 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>eq century mature oral tablet</i>	\$0 (Tier 3)	DP
<i>eq century mens oral tablet</i>	\$0 (Tier 3)	DP
<i>eq century oral tablet</i>	\$0 (Tier 3)	DP
<i>eq child multivit/minerals oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>eq one daily mens 50+ advance oral tablet</i>	\$0 (Tier 3)	DP
<i>eq one daily mens health oral tablet</i>	\$0 (Tier 3)	DP
<i>eq one daily womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>eq super b complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>eq vision formula oral tablet</i>	\$0 (Tier 3)	DP
<i>eq vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>eq vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>eq vitamin c oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>eq vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>eq vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>eq vitamin e oral capsule 1000 unit, 400 unit</i>	\$0 (Tier 3)	DP
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	\$0 (Tier 3)	DP
<i>ergocalciferol oral solution 200 mcg/ml</i>	\$0 (Tier 3)	DP
ESSENTIA ORAL TABLET	\$0 (Tier 3)	DP
<i>essential balance oral tablet</i>	\$0 (Tier 3)	DP
ESTER-C ORAL TABLET	\$0 (Tier 3)	DP
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET	\$0 (Tier 3)	DP
<i>eye health + lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>eye multivitamin/lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>eye multivitamin/sodium oral tablet</i>	\$0 (Tier 3)	DP
<i>eyeprotect oral tablet</i>	\$0 (Tier 3)	DP
<i>fabb oral tablet 2.2-25-1 mg</i>	\$0 (Tier 3)	DP
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	\$0 (Tier 3)	DP
<i>folate oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>folbee oral tablet 2.5-25-1 mg</i>	\$0 (Tier 3)	DP
<i>folbee plus oral tablet</i>	\$0 (Tier 3)	DP
FOLBIC ORAL TABLET 2.5-25-2 MG	\$0 (Tier 3)	DP
<i>folic acid injection solution 5 mg/ml</i>	\$0 (Tier 3)	DP
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	\$0 (Tier 3)	DP
FOLIFLEX ORAL TABLET	\$0 (Tier 3)	DP
<i>folika-mg oral tablet</i>	\$0 (Tier 3)	DP
<i>folite oral tablet</i>	\$0 (Tier 3)	DP
FOLITIN-Z ORAL TABLET	\$0 (Tier 3)	DP
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	\$0 (Tier 3)	DP
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	\$0 (Tier 3)	DP
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	\$0 (Tier 3)	DP
FOLTANX ORAL TABLET 3-35-2 MG	\$0 (Tier 3)	DP
FOLTRATE ORAL TABLET 500-1 MCG-MG	\$0 (Tier 3)	DP
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	\$0 (Tier 3)	DP
FORTAVIT ORAL CAPSULE	\$0 (Tier 3)	DP
FOSFREE ORAL TABLET	\$0 (Tier 3)	DP
<i>freedavite oral tablet</i>	\$0 (Tier 3)	DP
<i>fruit c 500 oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>fruity c oral tablet chewable 250 mg</i>	\$0 (Tier 3)	DP
<i>fruity chews oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>full spectrum bl/vitamin c oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
<i>genadek step 1 oral capsule</i>	\$0 (Tier 3)	DP
<i>genadek step 2 oral capsule</i>	\$0 (Tier 3)	DP
GERBER GROW MIGHTY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>gerivite complete oral tablet</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>glucoten oral capsule</i>	\$0 (Tier 3)	DP
<i>gnp biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>gnp century adults 50+ senior oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp century cardio health oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp century mature oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp century oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp century ultimate mens oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp century ultimate womens oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp childrens complete oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp diabetic support formula oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp essential one daily oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>gnp hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp healthy eyes oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp healthy eyes supervision oral capsule</i>	\$0 (Tier 3)	DP
<i>gnp little ones childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>gnp mega multi for men oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp mega multi for women oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily maximum oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily mens health 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily mens/lycopene oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily plus iron oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>gnp therapeutic-m oral tablet</i>	\$0 (Tier 3)	DP
<i>gnp vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i>	\$0 (Tier 3)	DP
<i>gnp vitamin c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>gnp vitamin e oral capsule 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>hair formula extra strength oral tablet</i>	\$0 (Tier 3)	DP
<i>hair skin & nails advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>hair skin nails oral capsule</i>	\$0 (Tier 3)	DP
<i>hair/skin/nails oral capsule</i>	\$0 (Tier 3)	DP
<i>hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>hair/skin/nails/biotin oral tablet</i>	\$0 (Tier 3)	DP
HALLS DEFENSE VITAMIN C DROPS MOUTH/THROAT LOZENGE 60 MG	\$0 (Tier 3)	DP
<i>healthy eyes oral tablet</i>	\$0 (Tier 3)	DP
<i>healthy eyes supervision 2 oral capsule</i>	\$0 (Tier 3)	DP
<i>healthy eyes/lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	\$0 (Tier 3)	DP
<i>healthy hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>healthy kids gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>high pot multivitamin/beta-car oral tablet</i>	\$0 (Tier 3)	DP
<i>high potency multivit/la oral tablet</i>	\$0 (Tier 3)	DP
<i>high potency multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>hm animal shapes oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>hm antioxidant vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>hm biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>hm complete 50+ mens ultimate oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete 50+ women ultimate oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete men oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete oral tablet</i>	\$0 (Tier 3)	DP
<i>hm complete women oral tablet</i>	\$0 (Tier 3)	DP
<i>hm folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>hm hair/skin/nails oral tablet</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm mens 50+ advanced one daily oral tablet</i>	\$0 (Tier 3)	DP
<i>hm niacin oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>hm niacin tr oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>hm one daily mens oral tablet</i>	\$0 (Tier 3)	DP
<i>hm one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>hm super vitamin b complex/c oral tablet</i>	\$0 (Tier 3)	DP
<i>hm vitamin b-12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>hm vitamin b6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>hm vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>hm vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>hm vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>hm vitamin d3 oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>hm vitamin e oral capsule 400 unit, 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>hm womens 50+ advanced daily oral tablet</i>	\$0 (Tier 3)	DP
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	\$0 (Tier 3)	DP
<i>hylazinc oral tablet</i>	\$0 (Tier 3)	DP
ICAPS AREDS FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	\$0 (Tier 3)	DP
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE	\$0 (Tier 3)	DP
ICAPS MV ORAL TABLET	\$0 (Tier 3)	DP
ICAPS ORAL CAPSULE	\$0 (Tier 3)	DP
<i>immune support oral tablet chewable</i>	\$0 (Tier 3)	DP
IMMUNERX ORAL CAPSULE	\$0 (Tier 3)	DP
INFUVITE ADULT INTRAVENOUS INJECTABLE	\$0 (Tier 3)	DP
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	\$0 (Tier 3)	DP
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	\$0 (Tier 3)	DP
<i>i-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>i-vite protect oral tablet</i>	\$0 (Tier 3)	DP
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	\$0 (Tier 3)	DP
JUST D ORAL LIQUID 10 MCG/ML	\$0 (Tier 3)	DP
<i>kobee oral tablet</i>	\$0 (Tier 3)	DP
<i>kp adults 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp adults daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp b complex-c oral tablet</i>	\$0 (Tier 3)	DP
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	\$0 (Tier 3)	DP
<i>kp mens 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp mens daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
KP VISION FORMULA ORAL TABLET	\$0 (Tier 3)	DP
KP VISION FORMULA/LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	\$0 (Tier 3)	DP
<i>kp vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>kp womens 50+ daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>kp womens daily formula oral tablet</i>	\$0 (Tier 3)	DP
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	\$0 (Tier 3)	DP
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 3)	DP
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	\$0 (Tier 3)	DP
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	\$0 (Tier 3)	DP
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	\$0 (Tier 3)	DP
LYSIPLEX PLUS ORAL LIQUID	\$0 (Tier 3)	DP
MACULAR HEALTH FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
MACUVITE EYE CARE ORAL TABLET	\$0 (Tier 3)	DP
MACUVITE ORAL TABLET	\$0 (Tier 3)	DP
MACUVITE/LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	\$0 (Tier 3)	DP
<i>maximum daily green oral tablet</i>	\$0 (Tier 3)	DP
MEGA MULTI MEN ORAL TABLET	\$0 (Tier 3)	DP
<i>mega vm-80 oral tablet</i>	\$0 (Tier 3)	DP
<i>megavite fruits & veggies oral tablet</i>	\$0 (Tier 3)	DP
<i>megavite golden years 55+ oral tablet</i>	\$0 (Tier 3)	DP
<i>mens 50+ advanced oral capsule</i>	\$0 (Tier 3)	DP
<i>mens daily formulalycopene oral capsule</i>	\$0 (Tier 3)	DP
<i>mens multi vitamin & mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>mens multivitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
MEPHYTON ORAL TABLET 5 MG	\$0 (Tier 3)	DP
MERIBIN ORAL CAPSULE 5 MG	\$0 (Tier 3)	DP
METAFOLBIC ORAL TABLET 6-1-50-5 MG	\$0 (Tier 3)	DP
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	\$0 (Tier 3)	DP
MILLTRIUM SENIOR ORAL TABLET	\$0 (Tier 3)	DP
MTX SUPPORT ORAL TABLET	\$0 (Tier 3)	DP
<i>multi + omega-3 adult gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi adult gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi complete/iron oral tablet</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>multi for her 50+ oral capsule</i>	\$0 (Tier 3)	DP
<i>multi for her 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multi for her oral capsule</i>	\$0 (Tier 3)	DP
<i>multi for her oral tablet</i>	\$0 (Tier 3)	DP
<i>multi for him 50+ oral tablet</i>	\$0 (Tier 3)	DP
MULTI FOR HIM ORAL TABLET	\$0 (Tier 3)	DP
<i>multi vitamin daily oral tablet</i>	\$0 (Tier 3)	DP
<i>multi vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multi vitamin w/d-3 oral tablet</i>	\$0 (Tier 3)	DP
<i>multi vitamin/minerals oral tablet</i>	\$0 (Tier 3)	DP
MULTI-BETIC DIABETES ORAL TABLET	\$0 (Tier 3)	DP
<i>multi-day oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-day plus iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-day plus minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multilex oral tablet</i>	\$0 (Tier 3)	DP
<i>multilex-t&m oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vit/minerals/no iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>multiple vitamins/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multipro oral capsule</i>	\$0 (Tier 3)	DP
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivitamin & mineral oral liquid</i>	\$0 (Tier 3)	DP
<i>multivitamin adult (minerals) oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adult extra c oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin adult oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adult oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin adults 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin adults oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi-vitamin daily oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin gummies adult oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin gummies mens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multi-vitamin gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin gummies womens oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin men 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin men oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin monocaps oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin oral liquid</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin women 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin women oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin womens 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin/extra vitamin d3 oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	\$0 (Tier 3)	DP
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin/zinc stress oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamin-minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>multi-vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>multivitamins/minerals adult oral liquid</i>	\$0 (Tier 3)	DP
<i>multi-vite oral liquid</i>	\$0 (Tier 3)	DP
<i>multivit-min gummies childrens oral tablet chewable</i>	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION ORAL CAPSULE	\$0 (Tier 3)	DP
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>myamulti oral tablet</i>	\$0 (Tier 3)	DP
<i>mynephrocaps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
MYNEPHRON ORAL CAPSULE 1 MG	\$0 (Tier 3)	DP
<i>my-vitalife oral capsule</i>	\$0 (Tier 3)	DP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	\$0 (Tier 3)	DP
<i>natural c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>neovite oral tablet</i>	\$0 (Tier 3)	DP
NEPHPLEX RX ORAL TABLET	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NEPHRO-VITE ORAL TABLET 0.8 MG	\$0 (Tier 3)	DP
NEPHRO-VITE RX ORAL TABLET 1 MG	\$0 (Tier 3)	DP
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>niacin er oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>niacinamide oral tablet 500 mg</i>	\$0 (Tier 3)	DP
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	\$0 (Tier 3)	DP
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	\$0 (Tier 3)	DP
NIVA-FOL ORAL TABLET 2.5-25-2 MG	\$0 (Tier 3)	DP
<i>no iron mult vitamin-minerals oral tablet</i>	\$0 (Tier 3)	DP
<i>norwegian cod liver oil oral capsule</i>	\$0 (Tier 3)	DP
NOVAFERRUM PED MULTI VIT-IRON ORAL SOLUTION 10 MG/ML	\$0 (Tier 3)	DP
<i>ocular vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>ocutabs oral tablet</i>	\$0 (Tier 3)	DP
<i>ocutabs-lutein oral tablet</i>	\$0 (Tier 3)	DP
OCUVITE ADULT 50+ ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE ADULT FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE EXTRA ORAL TABLET	\$0 (Tier 3)	DP
OCUVITE EYE + MULTI ORAL TABLET	\$0 (Tier 3)	DP
OCUVITE EYE HEATLH GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OCUVITE-LUTEIN ORAL CAPSULE	\$0 (Tier 3)	DP
OCUVITE-LUTEIN ORAL TABLET	\$0 (Tier 3)	DP
<i>omnicap oral tablet</i>	\$0 (Tier 3)	DP
<i>once daily oral tablet</i>	\$0 (Tier 3)	DP
<i>once daily/iron oral tablet</i>	\$0 (Tier 3)	DP
ONCOVITE ORAL TABLET	\$0 (Tier 3)	DP
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>one daily adults 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily calcium/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily complete oral tablet</i>	\$0 (Tier 3)	DP
ONE DAILY ESSENTIAL ORAL TABLET	\$0 (Tier 3)	DP
<i>one daily for men 50+ advanced oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for men/lycopene oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for women 50+ adv oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily for women oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily healthy weight adv oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily maximum oral tablet</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>one daily mens 50+ multivit oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily mens health oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily multivitamin adult oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily multivitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily womens 50 plus oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily womens 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>one daily/minerals oral tablet</i>	\$0 (Tier 3)	DP
ONE-A-DAY ENERGY ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY ESSENTIAL ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS (MINERALS) ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY SCOOPY-DOO GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS PETITES ORAL TABLET	\$0 (Tier 3)	DP
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>one-daily multi caps oral capsule</i>	\$0 (Tier 3)	DP
<i>one-daily multi vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vit/mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily multi-vitamin/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>one-daily/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>optic-vites oral tablet</i>	\$0 (Tier 3)	DP
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
<i>optimum pms oral tablet</i>	\$0 (Tier 3)	DP
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
OPTIVITE P.M.T. ORAL TABLET	\$0 (Tier 3)	DP
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>pan-c 500/bioflavonoids oral tablet</i>	\$0 (Tier 3)	DP
<i>parvlex oral tablet</i>	\$0 (Tier 3)	DP
<i>pc pediatric poly-vital/fe drop oral solution 10 mg/ml</i>	\$0 (Tier 3)	DP
PERIDIN-C ORAL TABLET 200-50-150 MG	\$0 (Tier 3)	DP
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	\$0 (Tier 3)	DP
PHYTOMULTI ORAL TABLET	\$0 (Tier 3)	DP
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>phytonadione oral tablet 5 mg</i>	\$0 (Tier 3)	DP
<i>plain niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>poly vitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>poly-vital/iron oral solution 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>polyvitamin/iron oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>prenatal 19 oral tablet</i>	\$0 (Tier 3)	DP
<i>prenatal one daily oral tablet 27-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal vitamin oral tablet 27-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>prenatal iron oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
PRESERVISION AREDS 2 ORAL CAPSULE	\$0 (Tier 3)	DP
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
PRESERVISION AREDS ORAL CAPSULE	\$0 (Tier 3)	DP
PRESERVISION AREDS ORAL TABLET	\$0 (Tier 3)	DP
PRESERVISION/LUTEIN ORAL CAPSULE	\$0 (Tier 3)	DP
<i>prevent oral capsule</i>	\$0 (Tier 3)	DP
PRO-CAL ORAL TABLET	\$0 (Tier 3)	DP
PROCERV HP ORAL TABLET	\$0 (Tier 3)	DP
<i>profola oral tablet</i>	\$0 (Tier 3)	DP
PRORENAL + D ORAL TABLET	\$0 (Tier 3)	DP
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	\$0 (Tier 3)	DP
PROSIGHT ORAL CAPSULE	\$0 (Tier 3)	DP
PROSIGHT ORAL TABLET	\$0 (Tier 3)	DP
PROTECT CARDIO AF ORAL CAPSULE	\$0 (Tier 3)	DP
PROTECT PLUS SO ORAL CAPSULE	\$0 (Tier 3)	DP
PROTEGRA ORAL CAPSULE	\$0 (Tier 3)	DP
<i>pure c 500 oral capsule extended release 500 mg</i>	\$0 (Tier 3)	DP
PUREWAY-C ORAL TABLET 500 MG	\$0 (Tier 3)	DP
<i>px advanced formula multivits oral tablet</i>	\$0 (Tier 3)	DP
<i>px b complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
<i>px complete senior multivits oral tablet</i>	\$0 (Tier 3)	DP
<i>px folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>px mens multivitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>px vitamin c oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>px vitamin e oral capsule 400 unit</i>	\$0 (Tier 3)	DP
<i>pyridoxine hcl injection solution 100 mg/ml</i>	\$0 (Tier 3)	DP
<i>pyridoxine hcl oral tablet 50 mg</i>	\$0 (Tier 3)	DP
<i>qc childrens complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>qc daily multivit/multimineral oral tablet</i>	\$0 (Tier 3)	DP
<i>qc daily multivitamins/iron oral tablet</i>	\$0 (Tier 3)	DP
<i>qc mens daily multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>qc multi-vite 50 & over oral tablet</i>	\$0 (Tier 3)	DP
<i>qc multi-vite oral tablet</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc prenatal oral tablet 28-0.8 mg</i>	\$0 (Tier 3)	DP
<i>qc therin-m oral tablet</i>	\$0 (Tier 3)	DP
<i>qc womens daily multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>quin b strong oral tablet</i>	\$0 (Tier 3)	DP
<i>quintabs oral tablet</i>	\$0 (Tier 3)	DP
<i>quintabs-m oral tablet</i>	\$0 (Tier 3)	DP
<i>ra balanced b-100 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra balanced b-50 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra b-complex oral tablet</i>	\$0 (Tier 3)	DP
<i>ra b-complex with b-12 oral tablet</i>	\$0 (Tier 3)	DP
RA CENTRAL-VITE ORAL TABLET	\$0 (Tier 3)	DP
<i>ra central-vite womens mature oral tablet</i>	\$0 (Tier 3)	DP
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 (Tier 3)	DP
<i>ra niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>ra no flush niacin oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>ra one daily energy formula oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily essential oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily maximum oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily mens/vit d-3 oral tablet</i>	\$0 (Tier 3)	DP
<i>ra one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>ra vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-1 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-12 oral tablet 100 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b12 oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c cr oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c oral tablet 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>ra vitamins complete childrens oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	\$0 (Tier 3)	DP
RENAL MULTIVITAMIN FORMULA ORAL TABLET	\$0 (Tier 3)	DP
RENAL ORAL CAPSULE 1 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>renal vitamin oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
<i>renal-vite oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
RENAPLEX ORAL TABLET	\$0 (Tier 3)	DP
RENAPLEX-D ORAL TABLET	\$0 (Tier 3)	DP
<i>rena-vite oral tablet</i>	\$0 (Tier 3)	DP
<i>rena-vite rx oral tablet 1 mg</i>	\$0 (Tier 3)	DP
<i>reno caps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
REQ 49+ ORAL TABLET	\$0 (Tier 3)	DP
SAVISION ORAL TABLET	\$0 (Tier 3)	DP
<i>sb vitamin c oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>senior tabs oral tablet</i>	\$0 (Tier 3)	DP
<i>sentry oral tablet</i>	\$0 (Tier 3)	DP
<i>sentry senior oral tablet</i>	\$0 (Tier 3)	DP
SIDEROL ORAL TABLET	\$0 (Tier 3)	DP
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	\$0 (Tier 3)	DP
<i>sm animal shapes kids first oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>sm antioxidant vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b super vitamin complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b100 complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b-complex oral tablet</i>	\$0 (Tier 3)	DP
<i>sm b-complex/vitamin c oral tablet</i>	\$0 (Tier 3)	DP
<i>sm biotin oral capsule 5000 mcg</i>	\$0 (Tier 3)	DP
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ ultimate mens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete 50+ ultimate women oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete advanced formula oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete oral tablet</i>	\$0 (Tier 3)	DP
<i>sm complete senior formula oral tablet</i>	\$0 (Tier 3)	DP
<i>sm folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>sm hair/skin/nails oral tablet</i>	\$0 (Tier 3)	DP
<i>sm multiple vitamins essential oral tablet</i>	\$0 (Tier 3)	DP
<i>sm multiple vitaminsliron oral tablet</i>	\$0 (Tier 3)	DP
<i>sm niacin cr oral tablet extended release 250 mg</i>	\$0 (Tier 3)	DP
<i>sm one daily mens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm one daily womens oral tablet</i>	\$0 (Tier 3)	DP
<i>sm opti-vitamins oral tablet</i>	\$0 (Tier 3)	DP
<i>sm super b complex/c oral tablet</i>	\$0 (Tier 3)	DP
<i>sm vit c/rose hips oral tablet 1000 mg</i>	\$0 (Tier 3)	DP

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SUPER QUINTS B-50 ORAL TABLET	\$0 (Tier 3)	DP
<i>super thera vite m oral tablet</i>	\$0 (Tier 3)	DP
<i>super vita-mins oral tablet</i>	\$0 (Tier 3)	DP
<i>superplex-t oral tablet</i>	\$0 (Tier 3)	DP
<i>support oral liquid</i>	\$0 (Tier 3)	DP
SUPPORT-500 ORAL CAPSULE	\$0 (Tier 3)	DP
<i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i>	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL CAPSULE	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET	\$0 (Tier 3)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
TAB-A-VITE ORAL TABLET	\$0 (Tier 3)	DP
TAB-A-VITE/BETA CAROTENE ORAL TABLET	\$0 (Tier 3)	DP
<i>tab-a-viteliron oral tablet</i>	\$0 (Tier 3)	DP
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	\$0 (Tier 3)	DP
THERA M PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERA ORAL TABLET	\$0 (Tier 3)	DP
<i>thera vital m oral tablet</i>	\$0 (Tier 3)	DP
<i>therabasic-m oral tablet</i>	\$0 (Tier 3)	DP
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 3)	DP
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	\$0 (Tier 3)	DP
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M ADVANCED ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERAGRAN-M PREMIER ORAL TABLET	\$0 (Tier 3)	DP
<i>thera-m oral tablet</i>	\$0 (Tier 3)	DP
THERAMILL FORTE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>therapeutic formula/hematinics oral tablet</i>	\$0 (Tier 3)	DP
<i>therapeutic multivitamin/mineral oral tablet</i>	\$0 (Tier 3)	DP
<i>therapeutic-m oral tablet</i>	\$0 (Tier 3)	DP
<i>therapeutic-m/lutein oral tablet</i>	\$0 (Tier 3)	DP
<i>thera-tabs m oral tablet</i>	\$0 (Tier 3)	DP
<i>thera-tabs oral tablet</i>	\$0 (Tier 3)	DP
THERATRUM COMPLETE 50 PLUS ORAL TABLET	\$0 (Tier 3)	DP
THERATRUM COMPLETE ORAL TABLET	\$0 (Tier 3)	DP
<i>theravim-m oral tablet</i>	\$0 (Tier 3)	DP
THEREMS ORAL TABLET	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
THEREMS-H ORAL TABLET	\$0 (Tier 3)	DP
THEREMS-M ORAL TABLET	\$0 (Tier 3)	DP
<i>thiamine hcl injection solution 100 mg/ml</i>	\$0 (Tier 3)	DP
<i>thiamine hcl oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>thiamine mononitrate oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>thrivite 19 oral tablet</i>	\$0 (Tier 3)	DP
<i>total b/c oral tablet</i>	\$0 (Tier 3)	DP
<i>triphrocaps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>tropical liquid nutrition oral liquid</i>	\$0 (Tier 3)	DP
UDAMIN SP ORAL TABLET	\$0 (Tier 3)	DP
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	\$0 (Tier 3)	DP
<i>ultra freeda oral tablet</i>	\$0 (Tier 3)	DP
<i>ultra freedal/iron oral tablet</i>	\$0 (Tier 3)	DP
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	\$0 (Tier 3)	DP
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	\$0 (Tier 3)	DP
<i>unicomplex-m oral tablet</i>	\$0 (Tier 3)	DP
<i>v-c forte oral capsule</i>	\$0 (Tier 3)	DP
VENEXA FE ORAL TABLET	\$0 (Tier 3)	DP
VENEXA ORAL TABLET	\$0 (Tier 3)	DP
VENTRIXYL FE ORAL TABLET	\$0 (Tier 3)	DP
VENTRIXYL ORAL TABLET	\$0 (Tier 3)	DP
VIC-FORTE ORAL CAPSULE	\$0 (Tier 3)	DP
<i>virt-caps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
VIRT-GARD ORAL TABLET 2.2-25-1 MG	\$0 (Tier 3)	DP
<i>vision formula 2 oral capsule</i>	\$0 (Tier 3)	DP
<i>vision formula eye health oral capsule</i>	\$0 (Tier 3)	DP
<i>vision formulallutein oral tablet</i>	\$0 (Tier 3)	DP
<i>vision vitamins oral tablet</i>	\$0 (Tier 3)	DP
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	\$0 (Tier 3)	DP
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	\$0 (Tier 3)	DP
<i>vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg</i>	\$0 (Tier 3)	DP
<i>vita hair oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabasic complete oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabasic senior oral tablet</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vita-bee/c oral tablet</i>	\$0 (Tier 3)	DP
<i>vitabex plus oral capsule</i>	\$0 (Tier 3)	DP
<i>vitachew multiple vitamin oral tablet chewable</i>	\$0 (Tier 3)	DP
VITAFOL ORAL TABLET	\$0 (Tier 3)	DP
VITAL-D RX ORAL TABLET 1 MG	\$0 (Tier 3)	DP
<i>vitalee oral tablet</i>	\$0 (Tier 3)	DP
VITALETS CHILDRENS ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin b + c complex oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin b 12 oral tablet 500 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b complex oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin b-1 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12 oral tablet 100 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12 tr oral tablet extended release 2000 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	\$0 (Tier 3)	DP
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>vitamin b-complex oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin c drops mouth/throat lozenge 60 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c er oral capsule extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c er oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c oral tablet chewable 250 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c/rose hips oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c/rose hips tr oral tablet extended release 1000 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-acerola oral tablet 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin c-rose hips tr oral tablet extended release 500 mg</i>	\$0 (Tier 3)	DP
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d infant oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>vitamin d oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>vitamin d oral tablet 25 mcg (1000 ut), 400 unit, 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	\$0 (Tier 3)	DP
<i>vitamin d3 complete oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral liquid 10 mcg/ml</i>	\$0 (Tier 3)	DP
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	\$0 (Tier 3)	DP
<i>vitamin e blend oral capsule 400 unit</i>	\$0 (Tier 3)	DP
<i>vitamin e oral capsule 100 unit, 1000 unit, 200 unit, 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>vitamin e water soluble oral capsule 450 mg (1000 ut)</i>	\$0 (Tier 3)	DP
<i>vitamin e-200 oral capsule 90 mg (200 unit)</i>	\$0 (Tier 3)	DP
<i>vitamin e-400 oral capsule 400 unit</i>	\$0 (Tier 3)	DP
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Tier 3)	DP
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	\$0 (Tier 3)	DP
<i>vitamins a-d-e/selenium oral tablet</i>	\$0 (Tier 3)	DP
<i>vitamins for hair oral capsule</i>	\$0 (Tier 3)	DP
<i>vitamins/minerals oral tablet</i>	\$0 (Tier 3)	DP
VITASANA ORAL TABLET	\$0 (Tier 3)	DP
<i>vitasure oral tablet 1 mg</i>	\$0 (Tier 3)	DP
VITATRUM COMPLETE ORAL TABLET	\$0 (Tier 3)	DP
<i>vitatrum oral tablet</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitatrum oral tablet chewable</i>	\$0 (Tier 3)	DP
VITRAMYN ORAL TABLET	\$0 (Tier 3)	DP
VITRANOL FE ORAL TABLET	\$0 (Tier 3)	DP
VITRANOL ORAL TABLET	\$0 (Tier 3)	DP
VITREXATE FE ORAL TABLET	\$0 (Tier 3)	DP
VITREXATE ORAL TABLET	\$0 (Tier 3)	DP
VITREXYL + IRON ORAL TABLET	\$0 (Tier 3)	DP
VITREXYL ORAL TABLET	\$0 (Tier 3)	DP
<i>vitrum 50+ senior multi oral tablet</i>	\$0 (Tier 3)	DP
VITRUM SENIOR ORAL TABLET	\$0 (Tier 3)	DP
<i>vp-vite rx oral tablet 1 mg</i>	\$0 (Tier 3)	DP
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	\$0 (Tier 3)	DP
<i>wescaps oral capsule 1 mg</i>	\$0 (Tier 3)	DP
<i>westab max oral tablet 2.5-25-2 mg</i>	\$0 (Tier 3)	DP
<i>westab mini oral tablet 2.2-25-1 mg</i>	\$0 (Tier 3)	DP
<i>westab one oral tablet 2.5-25-1 mg</i>	\$0 (Tier 3)	DP
<i>west-vite w/folic acid oral tablet 0.8 mg</i>	\$0 (Tier 3)	DP
<i>womens 50+ advanced oral capsule</i>	\$0 (Tier 3)	DP
<i>womens daily form/fal/calfe oral tablet</i>	\$0 (Tier 3)	DP
<i>womens daily formula oral tablet</i>	\$0 (Tier 3)	DP
<i>womens multi gummies oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>womens multi oral capsule</i>	\$0 (Tier 3)	DP
<i>womens multivitamin oral tablet</i>	\$0 (Tier 3)	DP
<i>xvite oral tablet 1 mg</i>	\$0 (Tier 3)	DP
YELETS TEENAGE FORMULA ORAL TABLET	\$0 (Tier 3)	DP
<i>yl folic acid oral tablet 400 mcg</i>	\$0 (Tier 3)	DP
<i>yl vitamin b-6 oral tablet 100 mg</i>	\$0 (Tier 3)	DP
<i>yl vitamin c oral tablet 1000 mg</i>	\$0 (Tier 3)	DP
<i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 3)	DP
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	\$0 (Tier 3)	DP
<i>zoo friends complete oral tablet chewable</i>	\$0 (Tier 3)	DP
<i>zyvana oral capsule</i>	\$0 (Tier 3)	DP

OPHTHALMIC

Antiallergics

<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)	
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	\$0 (Tier 3)	DP
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)	
Antiglaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (Tier 2)	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (Tier 1)	
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (Tier 2)	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (Tier 2)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (Tier 2)	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (Tier 2)	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (Tier 2)	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0 (Tier 1)	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	\$0 (Tier 1)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 1)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (Tier 2)	
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	\$0 (Tier 1)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	\$0 (Tier 1)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (Tier 2)	
Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	\$0 (Tier 2)	
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)	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	\$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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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>artificial tears ophthalmic solution 0.2-0.2-1 %, 0.5-0.6 %, 1.4 %</i>	\$0 (Tier 3)	DP
<i>atropine sulfate solution 1 % ophthalmic</i>	\$0 (Tier 1)	
<i>atropine sulfate solution 1 % ophthalmic</i>	\$0 (Tier 2)	
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	\$0 (Tier 3)	DP
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML	\$0 (Tier 3)	DP
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (Tier 2)	PA; LA; NDS
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (Tier 2)	PA; LA; NDS
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 3)	DP
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	\$0 (Tier 3)	DP
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 3)	DP
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 3)	DP
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
GONAK OPHTHALMIC SOLUTION 2.5 %	\$0 (Tier 3)	DP
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	\$0 (Tier 3)	DP
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>hm dry eye relief ophthalmic solution 0.2-0.2-1 %</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm lubricating plus ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>hm lubricating tears ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 2)	
ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.6 %</i>	\$0 (Tier 3)	DP
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>lubricating plus eye drops ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>lubricating tears eye drops ophthalmic solution 0.1-0.3 %</i>	\$0 (Tier 3)	DP
MURO 128 OPHTHALMIC OINTMENT 5 %	\$0 (Tier 3)	DP
MURO 128 OPHTHALMIC SOLUTION 5 %	\$0 (Tier 3)	DP
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	\$0 (Tier 3)	DP
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>px artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 3)	DP
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	\$0 (Tier 3)	DP
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	\$0 (Tier 3)	DP
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	\$0 (Tier 3)	DP
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	\$0 (Tier 3)	DP
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 %	\$0 (Tier 3)	DP
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %	\$0 (Tier 3)	DP
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %	\$0 (Tier 3)	DP
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)	
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	\$0 (Tier 3)	DP
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	\$0 (Tier 3)	DP
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	\$0 (Tier 3)	DP
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	\$0 (Tier 3)	DP
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 3)	DP
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	\$0 (Tier 3)	DP
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE OVERNIGHT THERAPY OPHTHALMIC GEL 0.3 %	\$0 (Tier 3)	DP
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	\$0 (Tier 3)	DP
<i>tgt lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
THERATEARS OPHTHALMIC GEL 1 %	\$0 (Tier 3)	DP
THERATEARS OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 3)	DP
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	\$0 (Tier 2)	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	\$0 (Tier 3)	DP
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	\$0 (Tier 3)	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	\$0 (Tier 2)	
OTIC		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
FLAC OTIC OIL 0.01 %	\$0 (Tier 1)	
<i>fluocinolone acetate otic oil 0.01 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (Tier 1)	

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>allergy relief childrens oral solution 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>allergy relief oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>allergy-time oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0 (Tier 1)	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 3)	DP
BANOPHEN ORAL TABLET 25 MG	\$0 (Tier 3)	DP
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	\$0 (Tier 3)	DP
<i>childrens loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>chlorhist oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>chlorpheniramine maleate oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>complete allergy medicine oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>complete allergy relief oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 2)	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 2)	PA
<i>diphen oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>diphenhist oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eqi all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>geri-dryl oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp allergy oral capsule 25 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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>m-dryl oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pharbechlor oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	\$0 (Tier 3)	DP
<i>px allergy oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>px allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>px allergy oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>px allergy relief cetirizine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>px allergy relief loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>px childrens allergy oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc allergy relief oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>qc allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>qc childrens allergy oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc chlor-pheniramine oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>qc complete allergy medicine oral tablet 25 mg</i>	\$0 (Tier 3)	DP
<i>qc fexofenadine hydrochloride oral tablet 180 mg</i>	\$0 (Tier 3)	DP
<i>qc loratadine allergy relief oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm all day allergy oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm allergy 4 hour oral tablet 4 mg</i>	\$0 (Tier 3)	DP
<i>sm allergy childrens oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm allergy relief oral liquid 12.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm allergy relief oral tablet 25 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	\$0 (Tier 3)	DP
<i>sm loratadine oral solution 5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm loratadine oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>tgt allergy relief oral capsule 25 mg</i>	\$0 (Tier 3)	DP
<i>tgt allergy relief oral tablet 10 mg, 25 mg</i>	\$0 (Tier 3)	DP
<i>total allergy oral tablet 25 mg</i>	\$0 (Tier 3)	DP
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	\$0 (Tier 3)	DP
Beta Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier 1)	QL (17 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier 1)	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0 (Tier 1)	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0 (Tier 1)	ST; QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (60 per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (Tier 2)	QL (36 per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (Tier 2)	QL (48 per 30 days)
Cough And Cold		
<i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>12 hour nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
4-WAY FAST ACTING NASAL SOLUTION 1 %	\$0 (Tier 3)	DP
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 3)	DP
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
BENZEDREX NASAL INHALER	\$0 (Tier 3)	DP
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 3)	DP
<i>capcof oral syrup 5-2-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>chest congestion relief oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cough/chest congestion dm oral syrup 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
<i>dextromethorphan hbr oral capsule 15 mg</i>	\$0 (Tier 3)	DP
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	\$0 (Tier 3)	DP
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>eq allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp cough gels oral capsule 15 mg</i>	\$0 (Tier 3)	DP
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	\$0 (Tier 3)	DP
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>gnp nasal four spray nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray fast acting nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>gnp nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>gnp nose drops extra strength nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>gnp suphedrin oral liquid 15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin dm oral liquid 20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaiaitussin ac oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin oral tablet 200 mg</i>	\$0 (Tier 3)	DP
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML	\$0 (Tier 3)	DP
<i>hm allergy & congestion oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>hm allergy complete-d oral tablet extended release 12 hour 5-120 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>hm mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>hm nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>hm nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>hm nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>hm nose drops nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>hm sinus nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>hm tussin adult dm oral liquid 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm tussin adult multi-symptom oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm tussin adult oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	\$0 (Tier 3)	DP
HYCODAN ORAL TABLET 5-1.5 MG	\$0 (Tier 3)	DP
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	\$0 (Tier 3)	DP
<i>hydromet oral solution 5-1.5 mg/5ml</i>	\$0 (Tier 3)	DP
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	\$0 (Tier 3)	DP
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	\$0 (Tier 3)	DP
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	\$0 (Tier 3)	DP
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>m-clear wc oral solution 100-6.33 mg/5ml</i>	\$0 (Tier 3)	DP
MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 %	\$0 (Tier 3)	DP
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG	\$0 (Tier 3)	DP
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	\$0 (Tier 3)	DP
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	\$0 (Tier 3)	DP
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 3)	DP
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	\$0 (Tier 3)	DP
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	\$0 (Tier 3)	DP
<i>mucus & chest congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant max st oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant pe max st oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>nasal decongestant spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal four nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>nasal relief nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nasal spray no drip nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	\$0 (Tier 3)	DP
<i>no drip nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>phenylephrine hcl oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine vcl/codeine oral syrup 6.25-5-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 3)	DP
<i>px allergy relief d (loratid) oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>px allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>px allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>px nasal decongestant oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>px nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>qc tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 3)	DP
ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5ML	\$0 (Tier 3)	DP
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	\$0 (Tier 3)	DP
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	\$0 (Tier 3)	DP
<i>rynex pse oral liquid 1-15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>siltussin dm das oral liquid 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>siltussin sa oral liquid 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>siltussin-dm alcohol free oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>sinus congestion max strength oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>sinus nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sinus relief extra strength nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>sm cough dm childrens oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm cough dm oral suspension extended release 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	\$0 (Tier 3)	DP
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	\$0 (Tier 3)	DP
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	\$0 (Tier 3)	DP
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal decongestant max st oral tablet 30 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal decongestant pe oral tablet 10 mg</i>	\$0 (Tier 3)	DP
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nasal spray moisturizing nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nasal spray nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nasal spray sinus nasal solution 0.05 %</i>	\$0 (Tier 3)	DP
<i>sm nose drops nasal decongest nasal solution 1 %</i>	\$0 (Tier 3)	DP
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>sodium chloride inhalation nebulization solution 7 %</i>	\$0 (Tier 3)	DP
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	\$0 (Tier 3)	DP
SUDOGEST ORAL TABLET 30 MG, 60 MG	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	\$0 (Tier 3)	DP
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML	\$0 (Tier 3)	DP
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
TUSNEL-EX ORAL LIQUID 100 MG/5ML	\$0 (Tier 3)	DP
<i>tussin cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin cough oral syrup 15 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin dm oral liquid 100-10 mg/5ml, 20-200 mg/10ml</i>	\$0 (Tier 3)	DP
<i>tussin dm oral syrup 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>tussin multi-symptom cold cf oral liquid 5-10-100 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
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	\$0 (Tier 3)	DP
<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)	
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 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; LA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
<i>neti pot sinus wash nasal kit 2300-700 mg</i>	\$0 (Tier 3)	DP
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2)	PA; LA; QL (56 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2)	PA; LA; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 2)	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 2)	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 2)	PA; QL (90 per 30 days); NDS
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
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
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 elixir 80 mg/15ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2)	PA; LA; QL (84 per 28 days); NDS
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2)	PA; LA; QL (56 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)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (Tier 2)	PA; QL (32 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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	\$0 (Tier 2)	QL (240 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$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)
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/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$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/ACT, 200-25 MCG/ACT	\$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 (30.6 per 30 days)
TOPICAL		
Dermatology, Acne		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>adapalene external gel 0.1 %</i>	\$0 (Tier 3)	DP
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA
AVITA EXTERNAL CREAM 0.025 %	\$0 (Tier 1)	PA; QL (45 per 30 days)
BENZEFOAM EXTERNAL FOAM 5.3 %	\$0 (Tier 3)	DP
BENZEPRO EXTERNAL FOAM 5.3 %	\$0 (Tier 3)	DP
BENZEPRO SHORT CONTACT EXTERNAL FOAM 9.8 %	\$0 (Tier 3)	DP
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (Tier 1)	QL (46.6 per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>clindamycin 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)
DIFFERIN EXTERNAL GEL 0.1 %	\$0 (Tier 3)	DP
<i>ery external pad 2 %</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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1)	QL (118 per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
Dermatology, Antibiotics		
<i>bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>first aid antibiotic external ointment 3.5-400-5000 mg-unit</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)	QL (30 per 30 days)
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>gnp triple antibiotic external ointment</i>	\$0 (Tier 3)	DP
<i>gnp triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>hm bacitracin zinc external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>hm triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
<i>hm triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	\$0 (Tier 3)	DP
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1)	QL (220 per 30 days)
<i>px triple external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
<i>qc bacitracin external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>qc triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)	
<i>sm antibiotic external ointment 500 unit/gm</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic max st external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	\$0 (Tier 3)	DP
SSD EXTERNAL CREAM 1 %	\$0 (Tier 1)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (Tier 2)	QL (453.6 per 30 days)
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	\$0 (Tier 3)	DP
<i>triple antibiotic plus external ointment 1 %</i>	\$0 (Tier 3)	DP
<i>triple antibiotic+pain relief external ointment 1 %</i>	\$0 (Tier 3)	DP
Dermatology, Antifungals		
<i>antifungal (clotrimazole) external cream 1 %</i>	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>antifungal (tolnaftate) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>antifungal clotrimazole external cream 1 %</i>	\$0 (Tier 3)	DP
<i>anti-fungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>antifungal external powder 2 %</i>	\$0 (Tier 3)	DP
<i>athletes foot (clotrimazole) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>athletes foot (terbinafine) external cream 1 %</i>	\$0 (Tier 3)	DP
<i>athletes foot powder spray external aerosol powder 1 %</i>	\$0 (Tier 3)	DP
<i>athletes foot spray external aerosol 1 %</i>	\$0 (Tier 3)	DP
<i>butenafine hcl external cream 1 %</i>	\$0 (Tier 3)	DP
CARRINGTON ANTIFUNGAL EXTERNAL CREAM 2 %	\$0 (Tier 3)	DP
<i>castellani paint modified external liquid 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 anti-fungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>clotrimazole cream 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>clotrimazole cream 1 % external (rx)</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>clotrimazole solution 1 % external (rx)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>cvs jock itch external cream 1 %</i>	\$0 (Tier 3)	DP
DERMAFUNGAL EXTERNAL OINTMENT 2 %	\$0 (Tier 3)	DP
DESENEX EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	\$0 (Tier 3)	DP
<i>gnp athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp miconazorb af external powder 2 %</i>	\$0 (Tier 3)	DP
<i>gnp terbinafine hydrochloride external cream 1 %</i>	\$0 (Tier 3)	DP
<i>gnp tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
LAMISIL AT EXTERNAL CREAM 1 %	\$0 (Tier 3)	DP
<i>miconazole antifungal external cream 2 %</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate external cream 2 %</i>	\$0 (Tier 3)	DP
MICOTRIN AC EXTERNAL CREAM 1 %	\$0 (Tier 3)	DP
MICOTRIN AP EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
MYCOZYL AC EXTERNAL CREAM 1 %	\$0 (Tier 3)	DP
MYCOZYL AP EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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>px athletic foot external cream 1 %</i>	\$0 (Tier 3)	DP
<i>qc tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
REMEDY ANTIFUNGAL EXTERNAL CREAM 2 %	\$0 (Tier 3)	DP
REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
<i>sm antifungal clotrimazole external cream 1 %</i>	\$0 (Tier 3)	DP
<i>sm antifungal miconazole external cream 2 %</i>	\$0 (Tier 3)	DP
<i>sm antifungal tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>sm athletes foot external cream 1 %</i>	\$0 (Tier 3)	DP
SOOTHE & COOL INZO ANTIFUNGAL EXTERNAL CREAM 2 %	\$0 (Tier 3)	DP
<i>terbinafine hcl external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tgt antifungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tgt antifungal spray powder external aerosol powder 1 %</i>	\$0 (Tier 3)	DP
TING EXTERNAL CREAM 1 %	\$0 (Tier 3)	DP
<i>tolnaftate antifungal external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tolnaftate external cream 1 %</i>	\$0 (Tier 3)	DP
<i>tolnaftate external powder 1 %</i>	\$0 (Tier 3)	DP
ZEASORB-AF EXTERNAL POWDER 2 %	\$0 (Tier 3)	DP
Dermatology, Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>calcipotriene external 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)	QL (60 per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
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)	QL (118.28 per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<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)	
<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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)	
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
Dermatology, Miscellaneous Skin And Mucous Membrane		
<i>ammonium lactate cream 12 % external (otc)</i>	\$0 (Tier 3)	DP
<i>ammonium lactate cream 12 % external (rx)</i>	\$0 (Tier 1)	
<i>ammonium lactate lotion 12 % external (otc)</i>	\$0 (Tier 3)	DP
<i>ammonium lactate lotion 12 % external (rx)</i>	\$0 (Tier 1)	
<i>anti-itch external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
AQUA GLYCOLIC FACE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>arthritis pain relieving external cream 0.075 %</i>	\$0 (Tier 3)	DP
BANOPHEN EXTERNAL CREAM 2-0.1 %	\$0 (Tier 3)	DP
BASLE EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>benzoin external tincture</i>	\$0 (Tier 3)	DP
<i>beta care external cream</i>	\$0 (Tier 3)	DP
BETA XMA EXTERNAL CREAM	\$0 (Tier 3)	DP
BETADINE EXTERNAL SOLUTION 10 %	\$0 (Tier 3)	DP
<i>bexarotene external gel 1 %</i>	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>calamine external lotion 8-8 %</i>	\$0 (Tier 3)	DP
<i>calamine phenolated external lotion</i>	\$0 (Tier 3)	DP
<i>calamine-zinc oxide external lotion 8-8 %</i>	\$0 (Tier 3)	DP
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	\$0 (Tier 3)	DP
<i>capsaicin external cream 0.025 %, 0.1 %</i>	\$0 (Tier 3)	DP
<i>capsaicin pain relief external cream 0.1 %</i>	\$0 (Tier 3)	DP
CAPZASIN-HP EXTERNAL CREAM 0.1 %	\$0 (Tier 3)	DP
CERAVE EXTERNAL CREAM	\$0 (Tier 3)	DP
CERAVE MOISTURIZING EXTERNAL CREAM	\$0 (Tier 3)	DP
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	\$0 (Tier 3)	DP
CETAPHIL MOISTURIZING EXTERNAL CREAM	\$0 (Tier 3)	DP
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CLORPACTIN POWDER 2 GM	\$0 (Tier 3)	DP
<i>coconut oil beauty external cream</i>	\$0 (Tier 3)	DP
<i>cvs moisturizing external cream</i>	\$0 (Tier 3)	DP
<i>cvs moisturizing extra dry external cream</i>	\$0 (Tier 3)	DP
DERMABASE EXTERNAL CREAM	\$0 (Tier 3)	DP
DIABETIDERM EXTERNAL CREAM	\$0 (Tier 3)	DP
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1)	QL (1000 per 30 days)
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
DML FORTE EXTERNAL CREAM	\$0 (Tier 3)	DP
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	\$0 (Tier 3)	DP
EMOLLIA-CREME EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>eq therapeutic moisturizing external cream</i>	\$0 (Tier 3)	DP
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	\$0 (Tier 3)	DP
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	\$0 (Tier 3)	DP
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	\$0 (Tier 3)	DP
EUCERIN SKIN CALMING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>first aid antiseptic external ointment 10 %</i>	\$0 (Tier 3)	DP
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1)	QL (40 per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1)	QL (10 per 30 days)
<i>gnp anti-itch external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>gnp antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
<i>gnp calamine external lotion 8-8 %</i>	\$0 (Tier 3)	DP
<i>gnp capsaicin external liquid 0.15 %</i>	\$0 (Tier 3)	DP
<i>gnp lidocaine pain relief external patch 4 %</i>	\$0 (Tier 3)	DP
<i>gnp zinc oxide external ointment 20 %</i>	\$0 (Tier 3)	DP
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>hm antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
<i>hm calamine external lotion 8-8 %</i>	\$0 (Tier 3)	DP
<i>hm lidocaine patch external patch 4 %</i>	\$0 (Tier 3)	DP
<i>hm povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
HYDRASYN25 EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>itch relief extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
KERADAN EXTERNAL CREAM	\$0 (Tier 3)	DP
KERR TRIPLE DYE SWABS EXTERNAL SWAB	\$0 (Tier 3)	DP

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LACTINOL HX EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>leader finger cream external cream</i>	\$0 (Tier 3)	DP
<i>lidocaine pain relief external patch 4 %</i>	\$0 (Tier 3)	DP
<i>lidocaine pain relieving external patch 4 %</i>	\$0 (Tier 3)	DP
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 %	\$0 (Tier 3)	DP
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1)	QL (59 per 30 days)
<i>moisturizing cream external cream</i>	\$0 (Tier 3)	DP
NEUTROGENA HAND EXTERNAL CREAM	\$0 (Tier 3)	DP
NIVEA EXTERNAL CREAM	\$0 (Tier 3)	DP
NIVEA SOFT EXTERNAL CREAM	\$0 (Tier 3)	DP
NUTRADERM EXTERNAL CREAM	\$0 (Tier 3)	DP
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2)	PA; QL (60 per 30 days); NDS
PEN-KERA EXTERNAL CREAM	\$0 (Tier 3)	DP
PENTRAVAN EXTERNAL CREAM	\$0 (Tier 3)	DP
PENTRAVAN PLUS EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1)	QL (7 per 28 days)
<i>povidone-iodine external ointment 10 %</i>	\$0 (Tier 3)	DP
<i>povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
PRETTY FEET/HANDS EXTERNAL CREAM	\$0 (Tier 3)	DP
PROCTO-MED HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	\$0 (Tier 1)	
<i>px calamine external lotion</i>	\$0 (Tier 3)	DP
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>qc calamine external lotion</i>	\$0 (Tier 3)	DP
<i>qc povidone iodine external solution 10 %</i>	\$0 (Tier 3)	DP
RECTIV RECTAL OINTMENT 0.4 %	\$0 (Tier 2)	QL (30 per 30 days)
RISABAL-PH EXTERNAL CREAM	\$0 (Tier 3)	DP
RISAMINE EXTERNAL OINTMENT 0.44-20.625 %	\$0 (Tier 3)	DP
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	\$0 (Tier 3)	DP
<i>sm antiseptic skin cleanser external solution 4 %</i>	\$0 (Tier 3)	DP
<i>sm benzoin tincture external tincture</i>	\$0 (Tier 3)	DP
<i>sm calamine external lotion</i>	\$0 (Tier 3)	DP
<i>sm calamine phenolated external lotion</i>	\$0 (Tier 3)	DP
<i>sm povidone-iodine external solution 10 %</i>	\$0 (Tier 3)	DP
SORBOLENE EXTERNAL CREAM	\$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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	\$0 (Tier 3)	DP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>therapeutic moisturizing external cream</i>	\$0 (Tier 3)	DP
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2)	PA; LA; QL (60 per 30 days); NDS
VANICREAM EXTERNAL CREAM	\$0 (Tier 3)	DP
VELVACHOL EXTERNAL CREAM	\$0 (Tier 3)	DP
XERAC AC EXTERNAL SOLUTION 6.25 %	\$0 (Tier 3)	DP
<i>zinc oxide external ointment 20 %</i>	\$0 (Tier 3)	DP
ZOSTRIX HP EXTERNAL CREAM 0.075 %, 0.1 %	\$0 (Tier 3)	DP
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	\$0 (Tier 3)	DP
Dermatology, Scabicides And Pediculides		
<i>cvs lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>eq lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>gnp lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>gnp lice treatment external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>hm lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>hm lice treatment external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>lice killing external shampoo 0.33-4 %, 4-0.33 %</i>	\$0 (Tier 3)	DP
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>lice treatment creme rinse external liquid 1 %</i>	\$0 (Tier 3)	DP
<i>malathion external lotion 0.5 %</i>	\$0 (Tier 1)	QL (59 per 30 days)
NIX CREME RINSE EXTERNAL LIQUID 1 %	\$0 (Tier 3)	DP
<i>permethrin external cream 5 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	\$0 (Tier 3)	DP
<i>sb lice killing max st external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	\$0 (Tier 3)	DP
<i>sm lice treatment external lotion 1 %</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)	QL (180 per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
<i>sterile water for irrigation irrigation solution</i>	\$0 (Tier 1)	
Mouth/Throat/Dental Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)	
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)	
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	\$0 (Tier 3)	DP
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	\$0 (Tier 1)	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	\$0 (Tier 3)	DP
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (Tier 1)	
Otic		
DEBROX OTIC SOLUTION 6.5 %	\$0 (Tier 3)	DP
<i>ear drops earwax aid otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>ear drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>earwax removal otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>gnp ear drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>gnp earwax removal drops otic solution 6.5 %</i>	\$0 (Tier 3)	DP
<i>gnp earwax removal kit otic solution 6.5 %</i>	\$0 (Tier 3)	DP
MURINE EAR OTIC SOLUTION 6.5 %	\$0 (Tier 3)	DP
<i>sm ear drops otic solution 6.5 %</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

D. Index of Covered Drugs

12 hour decongestant.....	142	adult aspirin regimen.....	13	allergy-time.....	139
12 hour nasal decongestant.....	142	adult one daily gummies.....	105	allopurinol.....	13
12 hour nasal spray.....	142	ADVAIR DISKUS.....	151	ALMACONE DOUBLE STRENGTH.....	73
1st base.....	95	ADVAIR HFA.....	151	alosetron hcl.....	82
24hr allergy relief.....	138	ADVANCED MULTI EA.....	105	ALPHAGAN P.....	133
3 day vaginal.....	84	ADVANTAGE CARE.....		alprazolam.....	44
4-WAY FAST ACTING.....	142	ELECTROLYTE PED.....	98	ALREX.....	134
50+ adult eye health.....	105	ADVIL JUNIOR STRENGTH.....	17	ALTAVERA.....	64
8 hour arthritis pain reliever.....	13	AFIRMELLE.....	64	alum & mag hydroxide-simeth.....	73
8 hr arthritis pain relief.....	13	AIMOVIG.....	55	alumina-magnesia-simethicone.....	73
8hr muscle aches & pain.....	13	AIRBORNE.....	105	aluminum hydroxide gel.....	73
a thru z advanced.....	105	AIRBORNE GUMMIES.....	105	ALUNBRIG.....	33
a thru z high potency.....	105	AIRBORNE KIDS.....	105	alyacen 1/35.....	64
a thru z select.....	105	AIRBORNE+GOOD REST.....	105	alyacen 7/7/7.....	64
a thru z select 50+ advanced.....	105	AIRBORNE+NATURAL ENERGY.....	105	AMABELZ.....	69
a thru z select 50+ mens.....	105	AIRBORNE+PROBIOTIC.....	105	amantadine hcl.....	50
a thru z select advanced.....	105	ala-cort.....	154	ambrisentan.....	44
a thru z select ultimate women.....	105	ALAVERT.....	138	AMETHIA.....	64
a thru z ultimate mens.....	105	ALAVERT ALLERGY/SINUS.....	142	amikacin sulfate.....	21
a-10000.....	105	albendazole.....	21	amiloride hcl.....	43
abacavir sulfate.....	23	albuterol sulfate.....	142	amiloride-hydrochlorothiazide.....	43
abacavir sulfate-lamivudine.....	24	albuterol sulfate hfa.....	141, 142	amiodarone hcl.....	40
abc complete senior womens 50+.....	105	alclometasone dipropionate.....	154	amitriptyline hcl.....	49
abc plus.....	105	ALDURAZyme.....	71	AMLADEX.....	106
ABC PLUS SENIOR ADULTS 50+.....	105	ALECENSA.....	33	amlodipine besy-benazepril hcl.....	38
ABELCET.....	20	alendronate sodium.....	63	amlodipine besylate.....	42
ABILIFY MAINTENA.....	51	aler-cap.....	138	amlodipine besylate-valsartan.....	39
abiraterone acetate.....	31	alfuzosin hcl er.....	84	amlodipine-olmesartan.....	39
ABRYSVO.....	93	algae based calcium.....	106	ammonium lactate.....	156
acamprosate calcium.....	57	aliskiren fumarate.....	43	AMNESTEEM.....	151
acarbose.....	61	ALIVE ULTRA POTENCY.....		amoxapine.....	49
ACCUTANE.....	151	WOMENS 50+.....	106	amoxicillin.....	29
acebutolol hcl.....	41	ALIVE WOMENS 50+.....	106	amoxicillin-pot clavulanate.....	29
acerola c-500.....	105	ALIVE WOMENS ENERGY.....	106	amoxicillin-pot clavulanate er.....	29
acetaminophen.....	13	ALIVE WOMENS GUMMY.....	106	amphetamine-dextroamphet er.....	54
acetaminophen 8 hour.....	13	all day allergy.....	138	amphetamine-dextroamphetamine.....	54
acetaminophen childrens.....	13	all day allergy childrens.....	138	amphotericin b.....	20
acetaminophen er.....	13	all day allergy d.....	142	amphotericin b liposome.....	20
acetaminophen extra strength.....	13	all day allergy-d.....	142	ampicillin.....	29
acetaminophen infants.....	13	ALLBEE/C.....	106	ampicillin sodium.....	29
acetaminophen-codeine.....	19	all-day allergy childrens.....	138	ampicillin-sulbactam sodium.....	29
acetazolamide.....	43	aller-chlor.....	138	anagrelide hcl.....	89
acetazolamide er.....	43	aller-ease.....	138	anastrozole.....	31
acetic acid.....	84, 137	allergy.....	138	animal chews.....	106
acetylcysteine.....	149	allergy (cetirizine).....	138	ANIMAL SHAPES.....	106
acitretin.....	154	allergy 24-hr.....	138	animal shapes/iron.....	106
ACTHIB.....	93	allergy childrens.....	138	ANIMI-3.....	106
actical.....	105	allergy rel child (loratadine).....	138	ANORO ELLIPTA.....	138
ACTIMMUNE.....	92	allergy relief.....	139	antacid.....	74
active fe.....	86	allergy relief (loratadine).....	138	antacid anti-gas max strength.....	73
acyclovir.....	25	allergy relief cetirizine.....	138	antacid anti-gas reg strength.....	73
acyclovir sodium.....	25	allergy relief childrens.....	139	antacid maximum strength.....	74
ADACEL.....	93	allergy relief d.....	142	antacid plus anti-gas relief.....	74
adapalene.....	151	allergy relief d-12.....	142	antacid regular strength.....	74
adefovir dipivoxil.....	26	allergy relief d-24.....	142	antacid/antigas.....	74
ADEK GUMMIES PLUS ZN.....	105	allergy relief indoor/outdoor.....	139	antacid/anti-gas.....	74
ADEMPAS.....	44	allergy relief nasal decongest.....	142	anti-diarrheal.....	75
ADIPEX-P.....	57	allergy relief-d.....	143	antifungal.....	153
ADRENALIN.....	43	allergy/congestion relief.....	143	anti-fungal.....	153

<i>antifungal (clotrimazole)</i>	152	AUSTEDO.....	56	<i>benazepril-hydrochlorothiazide</i>	38
<i>antifungal (tolnaftate)</i>	153	AUSTEDO XR.....	56	BENDEKA.....	30
<i>antifungal clotrimazole</i>	153	AUSTEDO XR PATIENT		BENLYSTA.....	92
<i>anti-itch</i>	156	TITRATION.....	56	BENZEDREX.....	143
<i>antioxidant</i>	106	AUVELITY.....	49	BENZEFOAM.....	151
<i>anti-oxidant</i>	106	AVIANE.....	64	BENZEPRO.....	151
<i>antioxidant a/c/e/selenium</i>	106	AVITA.....	151	BENZEPRO SHORT CONTACT ...	151
<i>antioxidant formula</i>	106	AYUNA.....	64	<i>benzoin</i>	156
<i>antiseptic skin cleanser</i>	156	AYVAKIT.....	33	<i>benzonatate</i>	143
APHEN.....	13	<i>az cream</i>	95	<i>benzoyl peroxide-erythromycin</i>	151
<i>aprepitant</i>	76	<i>azacitidine</i>	31	<i>benzphetamine hcl</i>	57
APRI.....	64	<i>azathioprine</i>	92	<i>benztropine mesylate</i>	50
APTIOM.....	45	<i>azelastine hcl</i>	132, 139	BERINERT.....	89
APTIVUS.....	23	<i>azithromycin</i>	28	BESIVANCE.....	134
AQUA GLYCOLIC FACE.....	156	AZO HORMONAL HEALTH		BESREMI.....	32
AQUADEKS.....	106	CYCLE CARE.....	106	<i>beta care</i>	156
<i>aqueous vitamin d</i>	106	AZO HORMONAL HEALTH		BETA XMA.....	156
ARALAST NP.....	149	HAPPY CYCL.....	106	BETADINE.....	156
ARANELLE.....	64	<i>aztreonam</i>	21	<i>betaine</i>	71
ARBEM H-COSMETIC.....	95	AZURETTE.....	64	<i>betamethasone dipropionate</i>	155
ARBEM LIOPEN.....	95	<i>b complex</i>	106	<i>betamethasone dipropionate aug</i>	
ARCALYST.....	92	<i>b complex (folic acid)</i>	106		154, 155
AREXVY.....	93	<i>b complex vitamins</i>	106	<i>betamethasone valerate</i>	155
<i>aripiprazole</i>	51	<i>b complex-b12</i>	106	BETASERON.....	56
ARISTADA.....	51	<i>b complex-c</i>	106	<i>betaxolol hcl</i>	41, 133
ARISTADA INITIO.....	51	<i>b complex-c-folic acid</i>	106	<i>bethanechol chloride</i>	84
<i>armodafinil</i>	57	<i>b-1</i>	106	BETOPTIC-S.....	133
ARNUITY ELLIPTA.....	150	<i>b-12</i>	106	<i>better b complex</i>	107
<i>arthritis pain relief</i>	13	<i>b-12 tr</i>	106	BEVESPI AEROSPHERE.....	138
<i>arthritis pain relieving</i>	156	<i>b-6</i>	106	<i>bexarotene</i>	32, 156
<i>artificial tears</i>	135	<i>b6 natural</i>	106	BEXSERO.....	93
<i>ascorbic acid</i>	106	<i>bacitracin</i>	134, 152	<i>bicalutamide</i>	31
<i>asenapine maleate</i>	51	<i>bacitracin zinc</i>	152	BICILLIN L-A.....	29
ASHLYNA.....	64	<i>bacitracin zinc-aloe</i>	152	BIKTARVY.....	24
<i>aspirin</i>	14	<i>bacitracin-polymyxin b</i>	134	BIO-35 GLUTEN-FREE.....	107
<i>aspirin adult low strength</i>	13	<i>bacitra-neomycin-polymyxin-hc</i>	133	<i>biocal</i>	107
<i>aspirin ec adult low strength</i>	13	<i>baclofen</i>	57	BIOLYTE.....	98
<i>aspirin ec low strength</i>	14	BACMIN.....	106	<i>biosupp</i>	107
<i>aspirin low dose</i>	14	BAFIERTAM.....	56	BIOTECT PLUS.....	107
<i>aspirin-dipyridamole er</i>	89	<i>balance b-50</i>	106	<i>biotin</i>	107
ASSURE ID INSULIN SAFETY		<i>balsalazide disodium</i>	77	<i>biotin 5000</i>	107
SYR.....	59	BALVERSA.....	33	<i>biotin maximum strength</i>	107
<i>atazanavir sulfate</i>	23	BALZIVA.....	64	<i>biotin plus/calcium/vit d3</i>	107
<i>atenolol</i>	41	BANOPHEN.....	139, 156	<i>bisacodyl</i>	77
<i>atenolol-chlorthalidone</i>	41	BARACLUDE.....	26	<i>bisacodyl ec</i>	77
<i>athletes foot (clotrimazole)</i>	153	<i>bariatric multivitamins/iron</i>	107	<i>bisacodyl laxative</i>	77
<i>athletes foot (terbinafine)</i>	153	BASAGLAR KWIKPEN.....	59	<i>bismatrol</i>	75
<i>athletes foot powder spray</i>	153	BASE PCCA CLARIFYING.....	95	<i>bismuth</i>	75
<i>athletes foot spray</i>	153	BASLE.....	156	<i>bismuth subsalicylate</i>	75
<i>atomoxetine hcl</i>	54	BAYER ASPIRIN.....	14	<i>bisoprolol fumarate</i>	41
<i>atorvastatin calcium</i>	40	BAYER ASPIRIN EC LOW DOSE ...	14	<i>bisoprolol-hydrochlorothiazide</i>	41
<i>atovaquone</i>	21	<i>bcg vaccine</i>	93	BIVIGAM.....	91
<i>atovaquone-proguanil hcl</i>	23	<i>b-complex (folic acid)</i>	107	BLISOVI 24 FE.....	64
<i>atropine sulfate</i>	135	<i>b-complex balanced</i>	107	BLISOVI FE 1.5/30.....	64
ATROVENT HFA.....	138	<i>b-complex/b-12</i>	107	<i>body/hair/skin/nails</i>	107
AUBRA EQ.....	64	<i>b-complex/vitamin c</i>	107	BOOSTRIX.....	93
AUROVELA 1/20.....	64	<i>b-complex-c</i>	107	<i>bortezomib</i>	33
AUROVELA 24 FE.....	64	<i>b-complex-c (w/folic acid)</i>	107	<i>bosentan</i>	44
AUROVELA FE 1.5/30.....	64	BELSOMRA.....	55	BOSULIF.....	33
AUROVELA FE 1/20.....	64	<i>benazepril hcl</i>	38	<i>bp vit 3</i>	107

BPROTECTED MULTI-VITE.....	107	calcium 500+d3.....	100	casprofungin acetate.....	20
BPROTECTED PEDIA D-VITE.....	107	calcium 600.....	100	castellani paint modified.....	153
BPROTECTED PEDIA POLY-		calcium 600 + d.....	100	CAYSTON.....	21
VITE/FE.....	107	calcium 600 high potency.....	100	c-chewable.....	107
BRAFTOVI.....	33	calcium 600/vitamin d.....	100	cefaclor.....	26, 27
BREO ELLIPTA.....	151	calcium 600+d.....	100	cefaclor er.....	26
BREZTRI AEROSPHERE.....	138	calcium 600+d high potency.....	100	cefadroxil.....	27
<i>brillyn</i>	64	calcium 600+d3.....	100	cefazolin sodium.....	27
BRILINTA.....	89	calcium 600-d.....	100	cefazolin sodium-dextrose.....	27
<i>brimonidine tartrate</i>	133	calcium acetate.....	72	cefdinir.....	27
<i>brinzolamide</i>	133	calcium acetate (phos binder).....	72	cefepime hcl.....	27
BRIVIACT.....	45	calcium carb-cholecalciferol.....	100	cefixime.....	27
<i>bromocriptine mesylate</i>	50	calcium carbonate.....	100	cefoxitin sodium.....	27
BROMSITE.....	134	calcium carbonate antacid.....	74	cefpodoxime proxetil.....	27
BRUKINSA.....	33	calcium citrate.....	101	cefprozil.....	27
<i>budesonide</i>	77, 150	calcium citrate + d3.....	101	ceftazidime.....	27
<i>budesonide er</i>	77	calcium citrate + d3 maximum.....	101	ceftazidime and dextrose.....	27
<i>bumetanide</i>	43	calcium citrate +d.....	101	ceftriaxone sodium.....	27
<i>buprenorphine</i>	18	calcium citrate+d3.....	101	cefuroxime axetil.....	27
<i>buprenorphine hcl</i>	57	calcium citrate+d3 petites.....	101	cefuroxime sodium.....	27
<i>buprenorphine hcl-naloxone hcl</i>	57	calcium citrate-vitamin d.....	101	celecoxib.....	17
<i>bupropion hcl</i>	49	calcium citrate-vitamin d3.....	101	CELONTIN.....	45
<i>bupropion hcl er (smoking det)</i>	57	calcium extra d3.....	101	centavite a-z complete-mineral.....	107
<i>bupropion hcl er (sr)</i>	49	calcium high potency.....	101	CENTRATEx.....	86
<i>bupropion hcl er (xl)</i>	49	calcium high potency/vitamin d.....	101	centravites.....	108
<i>buspirone hcl</i>	44	calcium oyster shell.....	101	centravites 50 plus.....	107
<i>butenafine hcl</i>	153	calcium plus vitamin d.....	101	centravites adults.....	107
<i>butorphanol tartrate</i>	19	calcium+d3.....	101	CENTRUM.....	108
BYDUREON BCISE.....	61	calcium-magnesium-zinc.....	101	CENTRUM ADULTS.....	108
BYETTA 10 MCG PEN.....	61	calcium-vitamin d3.....	101	CENTRUM CARDIO.....	108
BYETTA 5 MCG PEN.....	61	CALMOSEPTINE.....	156	CENTRUM FLAVOR BURST	
<i>c 1000</i>	107	CALQUENCE.....	33	ADULT.....	108
<i>c 500</i>	107	CAMILA.....	64	CENTRUM FLAVOR BURST KIDS	
<i>c-1000</i>	107	CAMRESE.....	64		108
<i>c-1000/rose hips</i>	107	CAMRESE LO.....	64	CENTRUM FRESH/FRUITY 50+ ..	108
<i>c-250</i>	107	<i>candesartan cilexetil</i>	40	CENTRUM FRESH/FRUITY	
<i>c-500</i>	107	<i>candesartan cilexetil-hctz</i>	39	ADULT.....	108
<i>c-500/rose hips</i>	107	<i>capcof</i>	143	CENTRUM KIDS.....	108
<i>cabergoline</i>	71	CAPLYTA.....	51	CENTRUM MEN.....	108
CABOMETYX.....	33	CAPRELSA.....	34	CENTRUM MULTIGUMMIES.....	108
<i>calamine</i>	156	<i>capsaicin</i>	156	CENTRUM SILVER.....	108
<i>calamine phenolated</i>	156	<i>capsaicin pain relief</i>	156	CENTRUM SILVER 50+MEN.....	108
<i>calamine-zinc oxide</i>	156	<i>captopril</i>	38	CENTRUM SILVER 50+WOMEN..	108
CALCI-CHEW.....	100	<i>captopril-hydrochlorothiazide</i>	38	CENTRUM SILVER ADULT 50+ ...	108
CALCIDOL.....	107	CAPZASIN-HP.....	156	CENTRUM SILVER ULTRA	
<i>calcipotriene</i>	154	<i>carbamazepine</i>	45	WOMENS.....	108
<i>calcitonin (salmon)</i>	63	<i>carbamazepine er</i>	45	CENTRUM SPECIALIST HEART..	108
CALCITRATE.....	100	<i>carbidopa-levodopa</i>	50	CENTRUM SPECIALIST VISION..	108
CALCITRENE.....	154	<i>carbidopa-levodopa er</i>	50	CENTRUM ULTRA WOMENS.....	108
<i>calcitriol</i>	73	<i>carbidopa-levodopa-entacapone</i>	51	CENTRUM WOMEN.....	108
<i>calcium</i>	101	<i>carboplatin</i>	30	<i>century</i>	108
<i>calcium + d</i>	100	<i>carboxymethylcellulose sod pf</i>	135	<i>century mature</i>	108
<i>calcium + vitamin d3</i>	100	<i>carboxymethylcellulose sodium</i>	135	<i>cephalexin</i>	27, 28
<i>calcium 500 + d</i>	100	CARDIOTEK RX.....	107	CERALYTE 70.....	98
<i>calcium 500 + d3</i>	100	<i>carglumic acid</i>	71	CERASPORT.....	98
<i>calcium 500 +d</i>	100	<i>carisoprodol</i>	57	CERASPORT EX1.....	98
<i>calcium 500/d</i>	100	CARRINGTON ANTIFUNGAL.....	153	CERAVE.....	156
<i>calcium 500/vitamin d</i>	100	<i>carteolol hcl</i>	133	CERAVE MOISTURIZING.....	156
<i>calcium 500+d</i>	100	CARTIA XT.....	42	CERAVE SA ROUGH & BUMPY	
<i>calcium 500+d high potency</i>	100	<i>carvedilol</i>	41	SKIN.....	156

CERDELGA.....	71	CITRACAL MAXIMUM.....	101	COMBIVENT RESPIMAT.....	138
CEREFOLIN.....	108	CITRACAL PETITES/VITAMIN D..	101	COMETRIQ (100 MG DAILY	
CEREZYME.....	71	<i>citrus calcium +d</i>	101	DOSE).....	34
CEROVITE ADVANCED		<i>citrus calcium/vitamin d</i>	101	COMETRIQ (140 MG DAILY	
FORMULA.....	108	CLARAVIS.....	151	DOSE).....	34
CEROVITE JR.....	108	<i>clarithromycin</i>	28	COMETRIQ (60 MG DAILY DOSE).	34
CEROVITE SENIOR.....	108	<i>clarithromycin er</i>	28	COMFORT ASSIST INSULIN	
<i>certa plus</i>	108	<i>classic prenatal</i>	109	SYRINGE.....	60
CERTA-VITE.....	108	CLEAR EYES NATURAL TEARS..	135	<i>companion</i>	109
CERTAVITE SENIOR.....	108	CLEARLAX.....	77	COMPETE.....	109
CERTAVITE		<i>clindamycin hcl</i>	21	COMPLERA.....	25
SENIOR/ANTIOXIDANT.....	108	<i>clindamycin palmitate hcl</i>	21	<i>complete</i>	109
CERTAVITE/ANTIOXIDANTS.....	108	<i>clindamycin phosphate</i>	21, 84, 151	<i>complete allergy medicine</i>	139
CETAPHIL MOISTURIZING.....	156	<i>clindamycin phosphate in d5w</i>	21	<i>complete allergy relief</i>	139
CETAPHIL THERAPEUTIC HAND	156	<i>clindamycin phosphate in nacl</i>	21	<i>complete multivitamin/mineral</i>	109
<i>cetirizine hcl</i>	139	CLINIMIX/DEXTROSE (4.25/10).....	99	<i>complete senior</i>	109
<i>cetirizine hcl allergy child</i>	139	CLINIMIX/DEXTROSE (4.25/5).....	99	COMPRO.....	76
<i>cetirizine hcl childrens</i>	139	CLINIMIX/DEXTROSE (5/15).....	99	<i>constulose</i>	77
<i>cetirizine hcl childrens alrgy</i>	139	CLINIMIX/DEXTROSE (5/20).....	99	COPIKTRA.....	34
<i>cetirizine-pseudoephedrine er</i>	143	<i>clini mix/dextrose (6/5)</i>	99	<i>coq10</i>	104
<i>cevimeline hcl</i>	159	<i>clini mix/dextrose (8/10)</i>	99	<i>coq-10</i>	104
<i>charcoal</i>	71	<i>clini mix/dextrose (8/14)</i>	99	CORLANOR.....	43
CHATEAL.....	64	CLINISOL SF.....	99	CORVITA.....	109
CHEMET.....	64	CLINOLIPID.....	99	CORVITA 150.....	86
<i>chest congestion relief</i>	143	<i>clobazam</i>	45	CORVITA 150.....	86
<i>chest congestion relief dm</i>	143	<i>clobetasol propionate</i>	155	<i>corvite fe</i>	86
<i>chewable vite childrens</i>	108	<i>clobetasol propionate e</i>	155	COTELLIC.....	34
<i>childrens acetaminophen</i>	14	<i>clomipramine hcl</i>	49	<i>cough dm</i>	143
CHILDRENS ADVIL.....	17	<i>clonazepam</i>	45	<i>cough dm childrens</i>	143
<i>childrens animal shapes</i>	108	<i>clonidine</i>	43	<i>cough/chest congestion dm</i>	143
<i>childrens apap</i>	14	<i>clonidine hcl</i>	43	<i>cream base</i>	95
<i>childrens chew multivitamin</i>	109	<i>clopidogrel bisulfate</i>	89	CREON.....	83
<i>childrens chewable multi vits</i>	109	<i>clorazepate dipotassium</i>	45	<i>cromolyn sodium</i>	82, 132, 149
<i>childrens chewable vitamins</i>	109	CLORPACTIN.....	157	CRYSELLE-28.....	64
<i>childrens gummies</i>	109	<i>clotrimazole</i>	85, 153, 159	CULTURELLE PROBIOTICS +	
<i>childrens ibuprofen</i>	17	<i>clotrimazole 3</i>	85	MULTIV.....	109
<i>childrens loratadine</i>	139	<i>clotrimazole anti-fungal</i>	153	<i>cupric chloride</i>	99
<i>childrens multivitamin</i>	109	<i>clotrimazole athletes foot</i>	153	CVS AIRSHIELD.....	109
<i>childrens silapap</i>	14	<i>clotrimazole-betamethasone</i>	153	CVS AIRSHIELD IMMUNITY	
<i>chlorhexidine gluconate</i>	159	<i>clozapine</i>	52	SUPPORT.....	109
<i>chlorhist</i>	139	<i>co q 10</i>	104	<i>cvs b complex plus c</i>	109
<i>chloroquine phosphate</i>	23	<i>co q10</i>	104	<i>cvs b-1</i>	109
<i>chlorpheniramine maleate</i>	139	<i>co q-10</i>	104	<i>cvs b6</i>	109
<i>chlorpromazine hcl</i>	51, 52	COARTEM.....	23	<i>cvs biotin</i>	109
<i>chlorthalidone</i>	43	<i>coconut oil beauty</i>	157	<i>cvs calcium carbonate</i>	101
<i>cholestyramine</i>	41	<i>cod liver oil</i>	109	<i>cvs calcium citrate +d</i>	101
<i>cholestyramine light</i>	41	<i>coditussin ac</i>	143	<i>cvs calcium citrate +d3 mini</i>	101
CHROMAGEN.....	86	<i>coditussin dac</i>	143	<i>cvs calcium citrate+d3</i>	101
<i>chromic chloride</i>	99	<i>coenzyme q10</i>	104	<i>cvs calcium citrate+d3 petites</i>	101
<i>ciclopirox olamine</i>	153	<i>coenzyme q-10</i>	104	<i>cvs chewable c with rose hips</i>	109
<i>cilostazol</i>	89	<i>co-enzyme q10</i>	104	<i>cvs chewable childrens vitamin</i>	109
CILOXAN.....	134	<i>co-enzyme q-10</i>	104	<i>cvs childrens complete</i>	109
CIMDUO.....	24	COLACE.....	77	<i>cvs coenzyme q-10</i>	104
<i>cinacalcet hcl</i>	71	COLACE 2-IN-1.....	77	<i>cvs cough dm</i>	143
CIPRO.....	28	<i>colchicine</i>	13	<i>cvs d3</i>	109
<i>ciprofloxacin hcl</i>	28, 134	<i>colchicine-probenecid</i>	13	<i>cvs daily gummies</i>	109
<i>ciprofloxacin in d5w</i>	29	<i>colesevelam hcl</i>	41	<i>cvs daily gummies adult</i>	109
<i>ciprofloxacin-dexamethasone</i>	137	<i>colestipol hcl</i>	41	<i>cvs daily multiple for men</i>	109
<i>cisplatin</i>	30	<i>colistimethate sodium (cba)</i>	21	<i>cvs daily multiple for women</i>	109
<i>citalopram hydrobromide</i>	49	COMBIGAN.....	133	<i>cvs daily multiple women 50+</i>	109

<i>cvs e</i>	109	CYSTAGON.....	71	DELSTRIGO.....	25
<i>cvs electrolyte solution</i>	98	CYSTARAN.....	135	DELSYM.....	143
<i>cvs eye health & lutein</i>	109	<i>cytarabine</i>	31	DELSYM COUGH CHILDRENS....	143
<i>cvs eye health adult 50+</i>	109	<i>d 1000</i>	110	<i>delta d3</i>	111
<i>cvs folic acid</i>	109	<i>d 10000</i>	110	DENGVAZIA.....	93
<i>cvs gauze sterile</i>	60	<i>d 2000</i>	110	DEPO-TESTOSTERONE.....	59
<i>cvs glucose</i>	70	<i>d 400</i>	110	DERMABASE.....	157
<i>cvs gummy dinos</i>	109	<i>d 5000</i>	110	DERMACINRX FOLTAMIN.....	112
<i>cvs gummy multivitamin kids</i>	109	<i>d-1000 extra strength</i>	110	DERMACINRX RIBOTIN-E.....	112
<i>cvs iron</i>	86	<i>d2000 ultra strength</i>	110	DERMACINRX ZINTREXYL-C.....	112
<i>cvs jock itch</i>	153	<i>d3</i>	111	DERMAFUNGAL.....	153
CVS KETONE CARE.....	71	<i>d3 high potency</i>	111	DESCOVY.....	25
<i>cvs lice treatment</i>	159	<i>d3 maximum strength</i>	111	DESENEX.....	153
<i>cvs magnesium</i>	101	<i>d3 super strength</i>	111	<i>desipramine hcl</i>	49
<i>cvs magnesium oxide</i>	101	<i>d3 vitamin</i>	111	<i>desmopressin ace spray refig</i>	71
<i>cvs mens daily gummies</i>	109	<i>d3-1000</i>	111	<i>desmopressin acetate</i>	71
<i>cvs moisturizing</i>	157	<i>d-3-5</i>	111	<i>desmopressin acetate pf</i>	71
<i>cvs moisturizing extra dry</i>	157	D3-50.....	111	<i>desogestrel-ethinyl estradiol</i>	65
<i>cvs one daily essential</i>	110	<i>d-400</i>	111	<i>desvenlafaxine succinate er</i>	49
<i>cvs one daily mens 50+ adv</i>	110	<i>d-5000</i>	111	<i>dexamethasone</i>	70
<i>cvs one daily mens formula</i>	110	<i>daily multi</i>	111	DEXAMETHASONE INTENSOL....	70
<i>cvs one daily womens 50+ adv</i>	110	<i>daily multiple vitamins</i>	111	<i>dexamethasone sod phosphate pf</i> ...70	
<i>cvs one daily womens formula</i>	110	<i>daily multiple vitamins/iron</i>	111	<i>dexamethasone sodium phosphate</i> 70, 134	
<i>cvs oyster shell calcium+vit d</i>	101	<i>daily multivitamin</i>	111	<i>dexmethylphenidate hcl</i>	54
<i>cvs oyster shell calcium-vit d</i>	101	<i>daily value multivitamin</i>	111	<i>dextromethorphan hbr</i>	143
<i>cvs ped electrolyte freeze pop</i>	98	<i>daily vitamin</i>	111	<i>dextromethorphan polistirex er</i>	143
<i>cvs pediatric electrolyte</i>	98	<i>daily vitamin formula</i>	111	<i>dextromethorphan-guaifenesin</i>	143
<i>cvs pinworm treatment</i>	21	<i>daily vitamin formula+iron</i>	111	<i>dextrose</i>	99
<i>cvs spectravite adult 50+</i>	110	<i>daily vitamin formula+minerals</i>	111	<i>dextrose 5%/electrolyte #48</i>	96
<i>cvs spectravite adults</i>	110	<i>daily vitamins</i>	111	<i>dextrose in lactated ringers</i>	96
<i>cvs spectravite advanced</i>	110	<i>daily vite</i>	111	<i>dextrose-nacl</i>	96
<i>cvs spectravite men</i>	110	<i>daily vite multivitamin/iron</i>	111	<i>dextrose-sodium chloride</i>	96
<i>cvs spectravite men 50+</i>	110	<i>daily vites</i>	111	<i>diabetes health formula</i>	112
<i>cvs spectravite senior</i>	110	<i>daily vites/iron</i>	111	DIABETIC TUSSIN DM.....	143
<i>cvs spectravite ultra men 50+</i>	110	<i>daily-vite</i>	111	DIABETIDERM.....	157
<i>cvs spectravite ultra mens</i>	110	<i>daily-vite multivitamin</i>	111	DIABETIDERM FOOT	
<i>cvs spectravite ultra women</i>	110	<i>daily-vitel/iron/beta-carotene</i>	111	REJUVENATING.....	157
<i>cvs spectravite women</i>	110	<i>dalfampridine er</i>	56	DIACOMIT.....	45
<i>cvs spectravite women 50+</i>	110	<i>danazol</i>	69	DIALYVITE.....	112
<i>cvs spectravite womens senior</i>	110	<i>dantrolene sodium</i>	57	DIALYVITE 3000.....	112
<i>cvs super b complex/c</i>	110	<i>dapsone</i>	21	DIALYVITE 5000.....	112
<i>cvs vision health</i>	110	DAPTACEL.....	93	DIALYVITE 800.....	112
<i>cvs vitamin b12</i>	110	<i>daptomycin</i>	21	<i>dialyvite 800/ultra d</i>	112
<i>cvs vitamin b-12</i>	110	<i>darunavir</i>	23	DIALYVITE 800/ZINC.....	112
<i>cvs vitamin c</i>	110	DASETTA 1/35.....	65	DIALYVITE 800-ZINC 15.....	112
<i>cvs vitamin c-rose hips</i>	110	DASETTA 7/7/7.....	65	DIALYVITE SUPREME D.....	112
<i>cvs vitamin d3</i>	110	DAURISMO.....	34	DIALYVITE VITAMIN D 5000.....	112
<i>cvs vitamin e</i>	110	<i>dayavite</i>	111	DIALYVITE/ZINC.....	112
<i>cvs womens active daily</i>	110	DAYSEE.....	65	<i>diamode</i>	75
<i>cvs womens daily gummies</i>	110	DAYVIGO.....	55	<i>diazepam</i>	45
<i>cvs zinc gluconate</i>	101	DEBLITANE.....	65	DIAZEPAM INTENSOL.....	45
<i>cyanocobalamin</i>	110	DEBROX.....	160	<i>diazoxide</i>	70
<i>cyclobenzaprine hcl</i>	57	DECARA.....	111	<i>diclofenac potassium</i>	17
<i>cyclophosphamide</i>	30, 31	DECUBI-VITE.....	111	<i>diclofenac sodium</i> 17, 134, 157	
<i>cycloserine</i>	25	<i>deferasirox</i>	64	<i>diclofenac sodium er</i>	17
<i>cyclosporine</i>	92	<i>deferasirox granules</i>	64	<i>dicloxacin sodium</i>	29
<i>cyclosporine modified</i>	92	<i>dekas bariatric</i>	111	<i>dicyclomine hcl</i>	76
<i>cyproheptadine hcl</i>	139	DEKAS PLUS.....	111	<i>diethylpropion hcl</i>	57
CYRED EQ.....	65	DEKAS PLUS OCEAN.....	111	<i>diethylpropion hcl er</i>	57
CYSTADROPS.....	135	DELESTROGEN.....	69		

DIFFERIN.....	151	dry eye relief drops.....	135	ENERGIX-B.....	93
DIFICID.....	28	dss.....	78	enoxaparin sodium.....	85
diflunisal.....	17	duloxetine hcl.....	49	ENPRESSE-28.....	65
difluprednate.....	134	DUPIXENT.....	89	ENSKYCE.....	65
digoxin.....	43, 44	dutasteride.....	84	ENSTILAR.....	155
dihydroergotamine mesylate.....	55	dutasteride-tamsulosin hcl.....	84	entacapone.....	51
DILANTIN.....	46	D-VI-SOL.....	112	entecavir.....	26
DILANTIN INFATABS.....	45	DYNA-HEX 4.....	157	ENTRESTO.....	39
diltiazem hcl.....	42	e 1000.....	112	enulose.....	78
diltiazem hcl er.....	42	E.E.S. 400.....	28	EPCLUSA.....	26
diltiazem hcl er beads.....	42	e200.....	112	EPIDIOLEX.....	46
diltiazem hcl er coated beads.....	42	e-200.....	112	epinephrine.....	149
dilt-xr.....	42	e-400.....	112	epinephrine (anaphylaxis).....	44
DINO-LIFE.....	112	ear drops.....	160	EPITOL.....	46
diphen.....	139	ear drops earwax aid.....	160	EPIVIR HBV.....	26
diphenhist.....	139	earwax removal.....	160	eplerenone.....	39
diphenhydramine hcl.....	139	earwax removal kit.....	160	EPRONTIA.....	46
diphenhydramine hcl childrens.....	139	ec-naproxen.....	17	epsom salt.....	78
diphenhydramine-zinc acetate.....	157	ECOTRIN.....	14	eq calcium 500+d.....	101
diphenoxylate-atropine.....	82	ECOTRIN ARTHRTIS PAIN.....	14	eq calcium citrate+d.....	101
diphtheria-tetanus toxoids dt.....	93	ECOTRIN LOW STRENGTH.....	14	eq complete multivit adult 50+.....	112
dipyridamole.....	89	ed chlorped jr.....	139	eq complete multivitamin child.....	112
disney cars gummies.....	112	ed-a-hist dm.....	143	eq complete multivitamin-adult.....	112
disney princess gummies.....	112	ed-apap.....	14	eq cough dm.....	143
disopyramide phosphate.....	40	EDURANT.....	23	eq lice killing max st.....	159
disulfiram.....	57	efavirenz.....	23	eq multivitamin gummies.....	112
divalproex sodium.....	46	efavirenz-emtricitab-tenofo df.....	25	eq one daily mens 50+.....	112
divalproex sodium er.....	46	efavirenz-lamivudine-tenofovir.....	25	eq one daily mens health.....	112
DML FORTE.....	157	ELDERTONIC.....	112	eq one daily womens health.....	113
docetaxel.....	33	ELFOLATE PLUS.....	112	eq therapeutic moisturizing.....	157
docu.....	77	ELIGARD.....	32	eq all day allergy.....	139
DOCU LIQUID.....	77	ELINEST.....	65	eq allergy/congestion relief.....	143
docusate calcium.....	77	ELIQUIS.....	85	eql antacid/anti-gas.....	74
docusate mini.....	77	ELIQUIS DVT/PE STARTER PACK.....	85	eql b complex 50.....	113
docusate sodium.....	77	ELLECE.....	31	eql b-6.....	113
DOCUSOL MINI.....	78	ELURYNG.....	65	eql calcium citrate/vitamin d.....	102
DOCUSOL PLUS MINI-ENEMA.....	78	EMCYT.....	32	eql calcium citrate/vitamin d3.....	102
dofetilide.....	40	EMERGEN-C VITAMIN C.....	112	eql calcium/vitamin d.....	102
DOK.....	78	EMOLLIA-CREME.....	157	eql century.....	113
donepezil hcl.....	48	emollient base.....	95	eql century mature.....	113
DOPTelet.....	89	EMOQUETTE.....	65	eql century mature adults 50+.....	113
dorzolamide hcl.....	133	EMSAM.....	49	eql century mens.....	113
dorzolamide hcl-timolol mal.....	133	emtricitabine.....	23	eql child multivit/minerals.....	113
DOTTI.....	69	emtricitabine-tenofovir df.....	25	eql coq10.....	104
DOVATO.....	25	EMTRIVA.....	23	eql iron supplement therapy.....	86
doxazosin mesylate.....	39	EMVERM.....	21	eql one daily mens 50+ advance... 113	
doxepin hcl.....	49, 55	enalapril maleate.....	39	eql one daily mens health.....	113
doxorubicin hcl.....	31	enalapril-hydrochlorothiazide.....	38	eql one daily womens 50+ adv.....	113
doxorubicin hcl liposomal.....	31	ENBREL.....	90	eql slow release iron.....	86
DOXY 100.....	30	ENBREL MINI.....	90	eql super b complex/vitamin c.....	113
doxycycline hyclate.....	30	ENBREL SURECLICK.....	90	eql vision formula.....	113
doxycycline monohydrate.....	30	ENDARI.....	89	eql vitamin b-12.....	113
DRISDOL.....	112	ENDOCET.....	19	eql vitamin b-12 tr.....	113
DRIZALMA SPRINKLE.....	49	ENDUR-ACIN.....	112	eql vitamin c.....	113
dronabinol.....	76	ENDUR-C.....	112	eql vitamin c/rose hips.....	113
drospiren-eth estrad-levomefol.....	65	enema.....	78	eql vitamin d3.....	113
drospirenone-ethinyl estradiol.....	65	enema ready-to-use.....	78	eql vitamin e.....	113
DROXIA.....	89	ENEMEEZ MINI.....	78	ergocalciferol.....	113
droxidopa.....	44	ENEMEEZ PLUS.....	78	ergotamine-caffeine.....	55
DRY EYE FORMULA.....	112	ENFAMIL ENFALYTE.....	98	ERIVEDGE.....	34

ERLEADA.....	32	famotidine premixed.....	77	FLINTSTONES GUMMIES	
erlotinib hcl.....	34	FANAPT.....	52	COMPLETE.....	113
ERRIN.....	65	FANAPT TITRATION PACK.....	52	FLINTSTONES GUMMIES PLUS.....	114
ertapenem sodium.....	21	FARXIGA.....	61	FLINTSTONES PLUS CALCIUM.....	114
ery.....	151	FASENRA.....	149	FLINTSTONES SOUR GUMMIES.....	114
ERY-TAB.....	28	FASENRA PEN.....	149	FLINTSTONES W/IRON.....	114
ERYTHROCIN LACTOBIONATE.....	28	felbamate.....	46	FLINTSTONES/MY FIRST.....	114
ERYTHROCIN STEARATE.....	28	felodipine er.....	42	FLORIVA PLUS.....	114
erythromycin.....	28, 134, 152	FEMYNOR.....	65	FLOVENT DISKUS.....	151
erythromycin base.....	28	fenofibrate.....	40	FLOVENT HFA.....	151
erythromycin ethylsuccinate.....	28	fenofibrate micronized.....	40	fluconazole.....	20
erythromycin lactobionate.....	28	fentanyl.....	18	fluconazole in sodium chloride.....	20
escitalopram oxalate.....	49	fentanyl citrate.....	19	flucytosine.....	20
esomeprazole magnesium.....	83	FERAHEME.....	86	fludrocortisone acetate.....	70
ESSENTIA.....	113	FERATE.....	86	flunisolide.....	150
essential balance.....	113	FERGON.....	87	fluocinolone acetonide.....	137, 155
ESTARYLLA.....	65	FERIVA 21/7.....	87	fluocinolone acetonide body.....	155
ESTER-C.....	113	FERIVAF.....	87	fluocinolone acetonide scalp.....	155
estradiol.....	69	ferocon.....	87	fluocinonide.....	155
estradiol valerate.....	69	FEROSUL.....	87	fluocinonide emulsified base.....	155
estradiol-norethindrone acet.....	69	FERRALET 90.....	87	fluorometholone.....	134
ESTROVEN MENOPAUSE		ferretts.....	87	fluorouracil.....	31, 157
SUPPLEMENT.....	113	FERREX 150.....	87	fluoxetine hcl.....	49
eszopiclone.....	55	ferric x-150.....	87	fluphenazine decanoate.....	52
ethambutol hcl.....	25	FERRLECIT.....	87	fluphenazine hcl.....	52
ethosuximide.....	46	ferrous fumarate.....	87	flurbiprofen.....	17
ethynodiol diac-eth estradiol.....	65	ferrous gluconate.....	87	flurbiprofen sodium.....	134
etodolac.....	17	ferrous sulfate.....	87	fluticasone propionate.....	150, 155
etodolac er.....	17	fesoterodine fumarate er.....	84	fluvoxamine maleate.....	45
etonogestrel-ethinyl estradiol.....	65	FETZIMA.....	49	folate.....	114
etoposide.....	33	FETZIMA TITRATION.....	49	folbee.....	114
etravirine.....	23	FEVERALL ADULTS.....	14	folbee plus.....	114
EUCERIN ADVANCED REPAIR		FEVERALL CHILDRENS.....	14	FOLBIC.....	114
HAND.....	157	FEVERALL INFANTS.....	14	folic acid.....	114
EUCERIN CALMING DAILY		FEVERALL JUNIOR STRENGTH.....	14	FOLIFLEX.....	114
MOIST.....	157	fexofenadine hcl.....	139	folika-mg.....	114
EUCERIN PLUS.....	157	FIASP.....	60	FOLITAB 500.....	87
EUCERIN SKIN CALMING.....	157	FIASP FLEXTOUCH.....	60	folite.....	114
EULEXIN.....	32	FIASP PENFILL.....	60	FOLITIN-Z.....	114
EUTHYROX.....	73	fiber.....	78	FOLIVANE-F.....	87
EVAC-U-GEN.....	78	fiber laxative.....	78	FOLIVANE-PLUS.....	87
everolimus.....	34, 92	fiber laxative + calcium.....	78	FOLIXAPURE.....	114
EVOTAZ.....	25	fiber-lax.....	78	folplex 2.2.....	114
EXEL COMFORT POINT PEN		finasteride.....	84	FOLTABS 800.....	114
NEEDLE.....	60	finolimod hcl.....	56	FOLTANX.....	114
exemestane.....	32	FINTEPLA.....	46	FOLTRATE.....	114
EXKIVITY.....	34	FINZALA.....	65	FOLTREXYL.....	114
eye health + lutein.....	113	first aid antibiotic.....	152	fondaparinux sodium.....	86
eye multivitamin/lutein.....	113	first aid antiseptic.....	157	FORTAVIT.....	114
eye multivitamin/sodium.....	113	FLAC.....	137	FORTEO.....	63
eyeprotect.....	113	FLAREX.....	134	fosamprenavir calcium.....	23
EYSUVIS.....	134	FLEBOGAMMA DIF.....	91	FOSFREE.....	114
ezetimibe.....	41	flecainide acetate.....	40	fosinopril sodium.....	39
ezetimibe-simvastatin.....	41	FLEET ENEMA.....	78	fosinopril sodium-hctz.....	38
fabb.....	113	FLINSTONES GUMMIES OMEGA-		FOTIVDA.....	34
FABRAZYME.....	71	3 DHA.....	113	freedavite.....	114
FALMINA.....	65	FLINTSTONES COMPLETE.....	113	fruit c 500.....	114
famciclovir.....	26	FLINTSTONES GUMMIES.....	114	fruity c.....	114
famotidine.....	77	FLINTSTONES GUMMIES BONE		fruity chews.....	114
famotidine (pf).....	77	BUILD.....	113	full spectrum b/vitamin c.....	114

<i>fulvestrant</i>	32	<i>geri-mox</i>	74	<i>gnp century cardio health</i>	115
FUNGOID TINCTURE.....	153	<i>geri-pectate</i>	75	<i>gnp century mature</i>	115
<i>furosemide</i>	43	<i>gerivite complete</i>	114	<i>gnp century ultimate mens</i>	115
FUSION.....	87	GILOTRIF.....	34	<i>gnp century ultimate womens</i>	115
FUSION PLUS.....	87	<i>glatiramer acetate</i>	56	<i>gnp childrens allergy</i>	140
FUZEON.....	23	GLATOPA.....	56	<i>gnp childrens complete</i>	115
FYAVOLV.....	69	GLEOSTINE.....	31	<i>gnp childrens ibuprofen</i>	17
FYCOMPA.....	46	<i>glimepiride</i>	61	GNP CLEARLAX.....	78
<i>gabapentin</i>	46	<i>glipizide</i>	61	<i>gnp clotrimazole 3</i>	85
<i>galantamine hydrobromide</i>	48	<i>glipizide er</i>	61	<i>gnp co q10</i>	104
<i>galantamine hydrobromide er</i>	48	<i>glipizide xl</i>	61, 62	<i>gnp cough dm er</i>	144
GAMASTAN.....	91	<i>glipizide-metformin hcl</i>	62	<i>gnp cough gels</i>	144
GAMMAGARD.....	91	<i>global alcohol prep ease</i>	60	<i>gnp d 1000</i>	115
GAMMAGARD S/D LESS IGA.....	91	GLUCO BURST.....	70	<i>gnp diabetic support formula</i>	115
GAMMAKED.....	92	<i>glucoten</i>	115	<i>gnp ear drops</i>	160
GAMMAPLEX.....	92	GLUTOSE 5.....	70	<i>gnp earwax removal drops</i>	160
GAMUNEX-C.....	92	<i>glycerin (adult)</i>	78	<i>gnp earwax removal kit</i>	160
<i>ganciclovir sodium</i>	26	<i>glycerin (infants & children)</i>	78	<i>gnp electrolyte solution</i>	98
GARDASIL 9.....	93	<i>glycerin adult</i>	78	<i>gnp epsom salt</i>	78
<i>gas relief</i>	82	<i>glycerin childrens</i>	78	<i>gnp essential one daily</i>	115
<i>gas relief drops infants</i>	82	GLYCOLAX.....	78	<i>gnp fiber-caps</i>	78
<i>gas relief extra strength</i>	82	<i>glycopyrrolate</i>	77	<i>gnp folic acid</i>	115
<i>gas relief infants</i>	82	GLYDO.....	156	<i>gnp gas relief</i>	82
<i>gas relief ultra strength</i>	82	GLYXAMBI.....	62	<i>gnp gas relief extra strength</i>	82
GAS-X EXTRA STRENGTH.....	82	<i>gnp 8 hour arthritis relief</i>	14	<i>gnp gentle laxative</i>	78
GAS-X ULTRA STRENGTH.....	82	<i>gnp 8 hour pain relief</i>	14	<i>gnp glycerin (adult)</i>	79
<i>gatifloxacin</i>	134	<i>gnp 8 hour pain reliever</i>	14	<i>gnp glycerin child</i>	79
GATTEX.....	82	<i>gnp acetaminophen</i>	14	<i>gnp hair/skin/nails</i>	115
<i>gavilax</i>	78	<i>gnp acetaminophen ex st</i>	14	<i>gnp healthy eyes</i>	115
GAVILYTE-C.....	78	<i>gnp all day allergy</i>	139	<i>gnp healthy eyes supervision</i>	115
GAVILYTE-G.....	78	<i>gnp all day allergy childrens</i>	139	<i>gnp ibuprofen childrens</i>	17
GAVRETO.....	34	<i>gnp all day allergy-d</i>	143	<i>gnp ibuprofen infants</i>	18
<i>gefitinib</i>	34	<i>gnp allergy</i>	139, 140	<i>gnp infant gas relief</i>	82
<i>gemcitabine hcl</i>	31	<i>gnp allergy & congestion</i>	143	<i>gnp infants pain/fever</i>	14
<i>gemfibrozil</i>	40	<i>gnp allergy childrens</i>	139	<i>gnp iron</i>	87
GEMTESA.....	84	<i>gnp allergy relief</i>	140	<i>gnp k-pec</i>	75
<i>genadek step 1</i>	114	<i>gnp allergy relief 24 hr</i>	140	<i>gnp laxative</i>	79
<i>genadek step 2</i>	114	<i>gnp allergy relief max st</i>	140	<i>gnp lice treatment</i>	159
<i>generlac</i>	78	<i>gnp allergy/congestion relief</i>	143	<i>gnp lidocaine pain relief</i>	157
GENGRAF.....	92	<i>gnp antacid & anti-gas</i>	74	<i>gnp little ones childrens</i>	115
GENOTROPIN.....	71	<i>gnp antacid regular strength</i>	74	<i>gnp loratadine</i>	140
GENOTROPIN MINIQUICK.....	71	<i>gnp antibacterial urinary pain</i>	21	<i>gnp loratadine childrens</i>	140
GENTAK.....	134	<i>gnp anti-diarrheal</i>	75	<i>gnp lubricating plus eye drops</i>	135
<i>gentamicin in saline</i>	21	<i>gnp anti-gas</i>	82	<i>gnp mega multi for men</i>	115
<i>gentamicin sulfate</i>	21, 134, 152	<i>gnp anti-itch</i>	157	<i>gnp mega multi for women</i>	115
GENTEAL SEVERE.....	135	<i>gnp antiseptic skin cleanser</i>	157	<i>gnp melatonin</i>	104
GENTEAL TEARS.....	135	<i>gnp arthritis pain relief</i>	14	<i>gnp melatonin maximum strength</i>	104
GENTEAL TEARS MODERATE PF.....	135	<i>gnp artificial tears</i>	135	<i>gnp miconazole 3</i>	85
GENTEAL TEARS PF.....	135	<i>gnp aspirin</i>	14	<i>gnp miconazole 7</i>	85
GENTEAL TEARS SEVERE.....	135	<i>gnp aspirin low dose</i>	14	<i>gnp miconazorb af</i>	153
DAY/NIGHT.....	135	<i>gnp athletes foot</i>	153	<i>gnp milk of magnesia</i>	79
<i>gentle laxative</i>	78	<i>gnp bacitracin zinc</i>	152	<i>gnp mucus er</i>	144
<i>gentlelax</i>	78	<i>gnp biotin</i>	115	<i>gnp mucus relief</i>	144
GENVOYA.....	25	<i>gnp calamine</i>	157	<i>gnp nasal decongestant</i>	144
GERBER GROW MIGHTY.....	114	<i>gnp calcium</i>	102	<i>gnp nasal decongestant pe</i>	144
<i>geri-dryl</i>	139	<i>gnp calcium 500 +d3</i>	102	<i>gnp nasal four spray</i>	144
<i>geri-kot</i>	78	<i>gnp calcium citrate +d3</i>	102	<i>gnp nasal spray</i>	144
<i>geri-lanta</i>	74	<i>gnp capsaicin</i>	157	<i>gnp nasal spray extra moist</i>	144
<i>geri-lanta maximum strength</i>	74	<i>gnp century</i>	115	<i>gnp nasal spray fast acting</i>	144
		<i>gnp century adults 50+ senior</i>	115	<i>gnp natural fiber</i>	79

<i>gnp nicotine</i>	57	<i>goodsense aller-ease</i>	140	HAVRIX.....	93
<i>gnp nicotine mini</i>	57	<i>goodsense allergy relief</i>	140	<i>healthy eyes</i>	116
<i>gnp nicotine polacrillex</i>	57	<i>goodsense antacid & gas relief</i>	74	<i>healthy eyes supervision 2</i>	116
<i>gnp no drip nasal spray</i>	144	<i>goodsense arthritis pain</i>	15	<i>healthy eyes/lutein</i>	116
<i>gnp nose drops extra strength</i>	144	<i>goodsense artificial tears</i>	135	<i>healthy eyes/lutein-zeaxanthin</i>	116
<i>gnp one daily maximum</i>	115	<i>goodsense aspirin</i>	15	<i>healthy hair/skin/nails</i>	116
<i>gnp one daily mens health 50+</i>	115	<i>goodsense aspirin adults</i>	15	<i>healthy kids gummies</i>	116
<i>gnp one daily mens/lycopene</i>	115	<i>goodsense aspirin low dose</i>	15	HEALTHY MAMA SHAKE THAT	
<i>gnp one daily plus iron</i>	115	<i>goodsense bisacodyl laxative</i>	79	ACHE.....	15
<i>gnp one daily womens</i>	115	GOODSENSE CLEARLAX.....	79	HEALTHYLAX.....	79
<i>gnp one daily womens 50+</i>	115	<i>goodsense cough dm</i>	144	HEATHER.....	65
<i>gnp pain & fever childrens</i>	15	<i>goodsense cough dm childrens</i>	144	<i>h-e-b oral electrolyte</i>	98
<i>gnp pain & fever infants</i>	15	<i>goodsense epsom salt</i>	79	<i>hematinic/folic acid</i>	87
<i>gnp pain relief</i>	15	<i>goodsense ibuprofen childrens</i>	18	HEMATOGEN.....	87
<i>gnp pain relief extra strength</i>	15	<i>goodsense ibuprofen infants</i>	18	HEMATOGEN FA.....	87
<i>gnp pain relief nighttime</i>	58	<i>goodsense lubricating eye drop</i>	135	HEMATOGEN FORTE.....	87
<i>gnp pediatric electrolyte</i>	98	<i>goodsense mucus er maximum str</i>	144	HEMOCYTE PLUS.....	87
<i>gnp petroleum jelly</i>	95	<i>goodsense nicotine</i>	58	HEMOCYTE-F.....	87
<i>gnp pink bismuth</i>	75	<i>goodsense pain & fever child</i>	15	<i>heparin (porcine) in nacl</i>	86
<i>gnp prenatal</i>	115	<i>goodsense pain & fever infants</i>	15	<i>heparin sod (porcine) in d5w</i>	86
<i>gnp pseudoephedrine hcl 12 hr</i>	144	<i>goodsense pain relief</i>	15	<i>heparin sodium (porcine)</i>	86
<i>gnp senna lax</i>	79	<i>goodsense pain relief extra st</i>	15	HEPLISAV-B.....	93
<i>gnp senna plus</i>	79	<i>goodsense senna laxative</i>	79	HERCEPTIN.....	34
<i>gnp stomach relief</i>	75	<i>goodsense stimulant laxative</i>	79	HERCEPTIN HYLECTA.....	34
<i>gnp stool softener</i>	79	<i>goodsense stomach relief</i>	75	HERZUMA.....	34
<i>gnp stool softener ex st</i>	79	<i>goodsense tussin cf</i>	144	HIBERIX.....	94
<i>gnp stool softener/laxative</i>	79	<i>goodsense ultra lubricant drop</i>	135	<i>high pot multivitamin/beta-car</i>	116
<i>gnp suphedrin</i>	144	<i>granisetron hcl</i>	76	<i>high potency multivit/fa</i>	116
<i>gnp terbinafine hydrochloride</i>	153	<i>grape flavor</i>	95	<i>high potency multivitamin</i>	116
<i>gnp therapeutic-m</i>	115	<i>griseofulvin microsize</i>	20	HISTEX-AC.....	144
<i>gnp tolinafate</i>	153	<i>griseofulvin ultramicrosize</i>	20	<i>hm acetaminophen childrens</i>	15
<i>gnp triple antibiotic</i>	152	<i>guaiaatussin ac</i>	144	<i>hm adult aspirin</i>	15
<i>gnp triple antibiotic plus</i>	152	<i>guaifenesin</i>	144	<i>hm advanced antacid max st</i>	74
<i>gnp tussin cf cough & cold</i>	144	<i>guaifenesin ac</i>	144	<i>hm all day allergy</i>	140
<i>gnp tussin cough long acting</i>	144	<i>guaifenesin-codeine</i>	144	<i>hm all day allergy childrens</i>	140
<i>gnp tussin dm</i>	144	<i>guaifenesin-dm</i>	144	<i>hm allergy & congestion</i>	144
<i>gnp tussin dm cough</i>	144	<i>guanfacine hcl</i>	44	<i>hm allergy complete-d</i>	144
<i>gnp tussin mucus & chest cong</i>	144	<i>guanfacine hcl er</i>	54	<i>hm allergy relief</i>	140
<i>gnp vitamin a</i>	115	GUMMI BEAR		<i>hm allergy relief (cetirizine)</i>	140
<i>gnp vitamin b-1</i>	115	MULTIVITAMIN/MIN.....	116	<i>hm allergy relief childrens</i>	140
<i>gnp vitamin b-12</i>	115	GVOKE HYOPEN 2-PACK.....	71	<i>hm allergy relief/nasal decong</i>	145
<i>gnp vitamin b-6</i>	115	GVOKE KIT.....	71	<i>hm animal shapes</i>	116
<i>gnp vitamin c</i>	115	GVOKE PFS.....	71	<i>hm antacid</i>	74
<i>gnp vitamin c drops</i>	115	H2Q.....	104	<i>hm antacid anti-gas ex st</i>	74
<i>gnp vitamin c w/rose hips</i>	115	HAEGARDA.....	89	<i>hm anti-diarrheal</i>	75
<i>gnp vitamin c/rose hips</i>	115	HAILEY 1.5/30.....	65	<i>hm antioxidant vitamins</i>	116
<i>gnp vitamin d</i>	116	HAILEY 24 FE.....	65	<i>hm antiseptic skin cleanser</i>	157
<i>gnp vitamin d maximum strength</i>	116	<i>hair formula extra strength</i>	116	<i>hm arthritis pain relief</i>	15
<i>gnp vitamin d super strength</i>	116	<i>hair skin & nails advanced</i>	116	<i>hm aspirin</i>	15
<i>gnp vitamin d3</i>	116	<i>hair skin nails</i>	116	<i>hm aspirin ec</i>	15
<i>gnp vitamin d3 extra strength</i>	116	<i>hair/skin/nails</i>	116	<i>hm aspirin ec low dose</i>	15
<i>gnp vitamin d-400</i>	116	<i>hair/skin/nails/biotin</i>	116	<i>hm bacitracin zinc</i>	152
<i>gnp vitamin e</i>	116	HALLS DEFENSE VITAMIN C		<i>hm biotin</i>	116
<i>gnp womens gentle laxative</i>	79	DROPS.....	116	<i>hm calamine</i>	157
<i>gnp zinc oxide</i>	157	<i>halobetasol propionate</i>	155	<i>hm calcium citrate+d3 petite</i>	102
GOLD BOND ULTIMATE		HALOETTE.....	65	<i>hm calcium citrate+vitamin d</i>	102
HEALING.....	157	<i>haloperidol</i>	52	<i>hm calcium-vitamin d</i>	102
GOLYTELY.....	79	<i>haloperidol decanoate</i>	52	<i>hm cetirizine hcl</i>	140
GONAK.....	135	<i>haloperidol lactate</i>	52	HM CLEARLAX.....	79
<i>goodsense all day allergy</i>	140	HARVONI.....	26	<i>hm complete</i>	116

<i>hm complete 50+</i>	116	<i>hm tussin adult</i>	145	ICAR.....	87
<i>hm complete 50+ mens ultimate</i>	116	<i>hm tussin adult dm</i>	145	<i>icatibant acetate</i>	89
<i>hm complete 50+ women ultimate</i>	116	<i>hm tussin adult multi-symptom</i>	145	ICLEVIA.....	65
<i>hm complete men</i>	116	<i>hm vitamin b-12</i>	117	ICLUSIG.....	34
<i>hm complete women</i>	116	<i>hm vitamin b6</i>	117	IDHIFA.....	34
<i>hm coq10</i>	104	<i>hm vitamin c</i>	117	IFEREX 150.....	87
<i>hm cough dm</i>	145	<i>hm vitamin c/rose hips</i>	117	ILEVRO.....	134
<i>hm dry eye relief</i>	135	<i>hm vitamin d</i>	117	<i>imatinib mesylate</i>	34
<i>hm enema</i>	79	<i>hm vitamin d3</i>	117	IMBRUVICA.....	34
<i>hm fexofenadine hcl</i>	140	<i>hm vitamin e</i>	117	<i>imipenem-cilastatin</i>	21
<i>hm folic acid</i>	116	<i>hm womens 50+ advanced daily</i> ...	117	<i>imipramine hcl</i>	50
<i>hm gas relief</i>	82	HUMIRA.....	90	<i>imiquimod</i>	157
<i>hm gas relief extra strength</i>	82	HUMIRA PEDIATRIC CROHNS		<i>immune support</i>	117
<i>hm gas relief infants drops</i>	82	START.....	90	IMMUNERX.....	117
<i>hm gentle laxative</i>	79	HUMIRA PEN.....	90	IMOVAX RABIES.....	94
<i>hm hair/skin/nails</i>	116	HUMIRA PEN-CD/UC/HS		INBRIJA.....	51
<i>hm ibuprofen childrens</i>	18	STARTER.....	90	INCASSIA.....	65
<i>hm ibuprofen infants</i>	18	HUMIRA PEN-PEDIATRIC UC		INCRELEX.....	71
<i>hm laxative</i>	79	START.....	90	INCRUSE ELLIPTA.....	138
<i>hm lice killing max st</i>	159	HUMIRA PEN-PS/UV/ADOL HS		<i>indapamide</i>	43
<i>hm lice treatment</i>	159	START.....	90	INFANRIX.....	94
<i>hm lidocaine patch</i>	157	HUMIRA PEN-PSOR/UEIT		INFANTS ADVIL.....	18
<i>hm loratadine</i>	140	STARTER.....	90	<i>infants gas relief</i>	82
<i>hm loratadine childrens</i>	140	HUMULIN R U-500		<i>infants ibuprofen</i>	18
<i>hm lubricating plus</i>	136	(CONCENTRATED).....	60	<i>infants simethicone</i>	82
<i>hm lubricating tears</i>	136	HUMULIN R U-500 KWIKPEN.....	60	INFED.....	87
<i>hm mens 50+ advanced one daily</i>	117	HYCODAN.....	145	<i>infliximab</i>	90
<i>hm milk of magnesia</i>	79	<i>hydralazine hcl</i>	44	INFUVITE ADULT.....	117
<i>hm mucus relief</i>	145	HYDRALYTE.....	98	INFUVITE PEDIATRIC.....	117
<i>hm mucus relief max st</i>	145	HYDRASYN25.....	157	INGREZZA.....	56
<i>hm nasal decongestant</i>	145	<i>hydrochlorothiazide</i>	43	INJECTAFER.....	87
<i>hm nasal decongestant 12 hour</i>	145	<i>hydrocod poli-chlorphe poli er</i>	145	INLYTA.....	34
<i>hm nasal decongestant pe</i>	145	<i>hydrocodone bitartrate er</i>	18, 19	INQOVI.....	31
<i>hm nasal spray</i>	145	<i>hydrocodone bit-homatrop mbr</i>	145	INREBIC.....	35
<i>hm niacin</i>	117	<i>hydrocodone-acetaminophen</i>	19	INTEGRA.....	87
<i>hm niacin tr</i>	117	<i>hydrocodone-ibuprofen</i>	19	INTEGRA F.....	87
<i>hm nicotine</i>	58	<i>hydrocortisone</i>	70, 77, 155	INTEGRA PLUS.....	88
<i>hm nicotine polacrilex</i>	58	<i>hydrocortisone (perianal)</i>	157	INTELENCE.....	23
<i>hm nose drops</i>	145	<i>hydromet</i>	145	INTRALIPID.....	99
<i>hm one daily mens</i>	117	<i>hydromorphone hcl</i>	19	INTRON A.....	92
<i>hm one daily womens</i>	117	<i>hydrous emulsified base</i>	95	INTROVALE.....	65
<i>hm pain & fever childrens</i>	15	<i>hydroxocobalamin acetate</i>	117	INVEGA HAFYERA.....	52
<i>hm pain & fever infants</i>	15	<i>hydroxychloroquine sulfate</i>	91	INVEGA SUSTENNA.....	52
<i>hm pain relief</i>	15	<i>hydroxyurea</i>	32	INVEGA TRINZA.....	52, 53
<i>hm pain relief extra strength</i>	15	<i>hydroxyzine hcl</i>	140	IPOL.....	94
<i>hm pain relieve child dye-free</i>	15	<i>hydroxyzine pamoate</i>	140	<i>ipratropium bromide</i>	138
<i>hm pain reliever</i>	15	<i>hylazinc</i>	117	<i>ipratropium-albuterol</i>	138
<i>hm pain reliever childrens</i>	15	HYSINGLA ER.....	19	<i>irbesartan</i>	40
<i>hm pain reliever infants</i>	15	<i>ibandronate sodium</i>	63	<i>irbesartan-hydrochlorothiazide</i>	39
<i>hm pediatric electrolyte</i>	98	IBRANCE.....	34	IRESSA.....	35
<i>hm petroleum jelly</i>	95	IBU.....	18	<i>irinotecan hcl</i>	32
<i>hm povidone-iodine</i>	157	<i>ibuprofen</i>	18	<i>iron</i>	88
<i>hm senna</i>	79	<i>ibuprofen childrens</i>	18	<i>iron 27</i>	88
<i>hm sinus nasal spray</i>	145	<i>ibuprofen infants</i>	18	<i>iron chews pediatric</i>	88
<i>hm stomach relief</i>	75	<i>ibuprofen junior strength</i>	18	<i>iron high-potency</i>	88
<i>hm stool softener</i>	79	ICAPS.....	117	<i>iron supplement</i>	88
<i>hm stool softener/laxative</i>	79	ICAPS AREDS FORMULA.....	117	IS-D 10,000.....	117
<i>hm super vitamin b complex/c</i>	117	ICAPS LUTEIN & OMEGA-3.....	117	ISENTRESS.....	23
<i>hm triple antibiotic</i>	152	ICAPS LUTEIN & ZEAXANTHIN... ..	117	ISENTRESS HD.....	23
<i>hm triple antibiotic max st</i>	152	ICAPS MV.....	117	ISIBLOOM.....	65

ISOLYTE-P IN D5W	96	KISQALI (400 MG DOSE)	35	LANTUS SOLOSTAR	60
ISOLYTE-S	96	KISQALI (600 MG DOSE)	35	<i>lapatinib ditosylate</i>	35
ISOLYTE-S PH 7.4	96	KISQALI FEMARA (200 MG		LARIN 1.5/30	66
<i>isoniazid</i>	25	DOSE)	33	LARIN 1/20	66
ISOPTO ATROPINE	136	KISQALI FEMARA (400 MG		LARIN 24 FE	66
ISOPTO TEARS	136	DOSE)	33	LARIN FE 1.5/30	66
<i>isosorbide dinitrate</i>	44	KISQALI FEMARA (600 MG		LARIN FE 1/20	66
<i>isosorbide mononitrate</i>	44	DOSE)	33	<i>latanoprost</i>	133
<i>isosorbide mononitrate er</i>	44	KLOR-CON	98	LATUDA	53
<i>isotretinoin</i>	152	KLOR-CON 10	97	<i>laxacin</i>	79
<i>isradipine</i>	42	KLOR-CON M10	97	<i>laxative</i>	80
<i>itch relief extra strength</i>	157	KLOR-CON M15	97	<i>laxative max str</i>	79
<i>itraconazole</i>	20	KLOR-CON M20	98	LAYOLIS FE	66
<i>ivermectin</i>	22	KLS ALLERCLEAR D-24HR	145	<i>leader finger cream</i>	158
<i>i-vite</i>	117	KLS ALLER-TEC D	145	LEENA	66
<i>i-vite protect</i>	117	<i>kobee</i>	117	<i>leflunomide</i>	91
IXIARO	94	<i>konsyl daily fiber</i>	79	<i>lenalidomide</i>	32
JAKAFI	35	KORLYM	71	LENVIMA (10 MG DAILY DOSE)	35
JANTOVEN	86	<i>kp adults 50+ daily formula</i>	117	LENVIMA (12 MG DAILY DOSE)	35
JANUMET	62	<i>kp adults daily formula</i>	117	LENVIMA (14 MG DAILY DOSE)	35
JANUMET XR	62	<i>kp b complex-c</i>	117	LENVIMA (18 MG DAILY DOSE)	35
JANUVIA	62	<i>kp bisacodyl</i>	79	LENVIMA (20 MG DAILY DOSE)	35
JARDIANCE	62	<i>kp calcium 600+d</i>	102	LENVIMA (24 MG DAILY DOSE)	35
JASMIEL	65	<i>kp calcium citrate+d</i>	102	LENVIMA (4 MG DAILY DOSE)	35
JAVYGTOR	71	<i>kp calcium-magnesium-zinc</i>	102	LENVIMA (8 MG DAILY DOSE)	35
JAYPIRCA	35	<i>kp ferrous gluconate</i>	88	LESSINA	66
JENTADUETO	62	<i>kp ferrous sulfate</i>	88	<i>letrozole</i>	32
JENTADUETO XR	62	<i>kp folic acid</i>	117	<i>leucovorin calcium</i>	38
JINTELI	69	<i>kp melatonin</i>	104	LEUKERAN	31
JOLESSA	65	<i>kp mens 50+ daily formula</i>	117	<i>leuprolide acetate</i>	32
JULEBER	65	<i>kp mens daily formula</i>	117	<i>levalbuterol hcl</i>	142
JULUCA	25	<i>kp niacin</i>	117	<i>levalbuterol tartrate</i>	142
JUNEL 1.5/30	65	<i>kp prenatal multivitamins</i>	118	LEVEMIR	60
JUNEL 1/20	65	<i>kp pseudoephedrine hcl</i>	145	LEVEMIR FLEXPEN	60
JUNEL FE 1.5/30	65	<i>kp senna</i>	79	LEVEMIR FLEXTOUCH	60
JUNEL FE 1/20	66	KP VISION FORMULA	118	<i>levetiracetam</i>	46
JUNEL FE 24	66	KP VISION FORMULA/LUTEIN	118	<i>levetiracetam er</i>	46
<i>just 4 kidz multivit/probiotic</i>	117	<i>kp vitamin b-12</i>	118	<i>levetiracetam in nacl</i>	46
JUST D	117	<i>kp vitamin b-6</i>	118	<i>levobunolol hcl</i>	133
KADCYLA	35	<i>kp vitamin d</i>	118	<i>levocarnitine</i>	71
KAITLIB FE	66	<i>kp vitamin d3</i>	118	<i>levocetirizine dihydrochloride</i>	140
KALYDECO	149	<i>kp womens 50+ daily formula</i>	118	<i>levofloxacin</i>	29
KANJINTI	35	<i>kp womens daily formula</i>	118	<i>levofloxacin in d5w</i>	29
KARIVA	66	K-PAX IMMUNE PROFESSIONAL		LEVONEST	66
<i>kcl in dextrose-nacl</i>	96, 97	ST	118	<i>levonorgest-eth est & eth est</i>	66
KELNOR 1/35	66	KRAZATI	35	<i>levonorgest-eth estrad 91-day</i>	66
KELNOR 1/50	66	KURVELO	66	<i>levonorgestrel-ethinyl estrad</i>	66
KERADAN	157	<i>labetalol hcl</i>	41	<i>levonorg-eth estrad triphasic</i>	66
KERENDIA	39	<i>lacosamide</i>	46	LEVORA 0.15/30 (28)	66
KERR TRIPLE DYE SWABS	157	<i>lactated ringers</i>	97	LEVO-T	73
KESIMPTA	57	LACTINOL HX	158	<i>levothyroxine sodium</i>	73
<i>ketoconazole</i>	20, 153, 154	<i>lactulose</i>	79	LEVOXYL	73
KETO-DIASTIX	71	<i>lactulose encephalopathy</i>	79	LEXIVA	24
<i>ketorolac tromethamine</i>	135	LAMISIL AT	153	<i>lice killing</i>	159
KEVZARA	90	<i>lamivudine</i>	23, 24, 26	<i>lice killing maximum strength</i>	159
KEYTRUDA	35	<i>lamivudine-zidovudine</i>	25	<i>lice treatment creme rinse</i>	159
KINDERLYTE	98	<i>lamotrigine</i>	46	<i>lidocaine</i>	156
KINDERLYTE PREMAX	98	<i>lamotrigine er</i>	46	<i>lidocaine hcl</i>	20, 156
KINRIX	94	<i>lansoprazole</i>	83	<i>lidocaine hcl (pf)</i>	20
KISQALI (200 MG DOSE)	35	LANTUS	60	<i>lidocaine pain relief</i>	158

<i>lidocaine pain relieving</i>	158	LYLEQ.....	66	<i>melatonin maximum strength</i>	105
<i>lidocaine viscous hcl</i>	160	LYLLANA.....	69	<i>meloxicam</i>	18
<i>lidocaine-prilocaine</i>	156	LYNPARZA.....	35	<i>memantine hcl</i>	48
LILLOW.....	66	LYSIPLEX PLUS.....	118	<i>memantine hcl er</i>	48
<i>linezolid</i>	22	LYSODREN.....	32	MENACTRA.....	94
<i>linezolid in sodium chloride</i>	22	LYTGOBI (12 MG DAILY DOSE).....	35	MENQUADFI.....	94
LINZESS.....	82	LYTGOBI (16 MG DAILY DOSE).....	35	<i>mens 50+ advanced</i>	118
<i>liothyronine sodium</i>	73	LYTGOBI (20 MG DAILY DOSE).....	36	<i>mens daily formula/lycopene</i>	118
<i>liquid acetaminophen</i>	15	LYZA.....	66	<i>mens multi vitamin & mineral</i>	118
<i>liquid allergy relief</i>	140	MACULAR HEALTH FORMULA.....	118	<i>mens multivitamin</i>	118
<i>liquid pain relief</i>	15	MACUVITE.....	118	MENVEO.....	94
<i>lisinopril</i>	39	MACUVITE EYE CARE.....	118	MEPHYTON.....	118
<i>lisinopril-hydrochlorothiazide</i>	38	MACUVITE/LUTEIN.....	118	<i>mercaptapurine</i>	31
<i>lithium carbonate</i>	56	MAG64.....	102	MERIBIN.....	118
<i>lithium carbonate er</i>	56	<i>mag-al plus</i>	74	<i>meropenem</i>	22
<i>l-methylfolate calcium</i>	118	<i>mag-al plus xs</i>	74	<i>mesalamine</i>	77
<i>l-methylfolate-b6-b12</i>	118	MAGDELAY.....	102	<i>mesalamine er</i>	77
<i>l-methyl-mc</i>	118	<i>magdelay</i>	102	<i>mesalamine-cleanser</i>	77
<i>l-methyl-mc nac</i>	118	<i>mag-g</i>	102	MESNEX.....	38
LOESTRIN 1.5/30 (21).....	66	MAGNEBIND 300.....	102	METADATE ER.....	54
LOESTRIN 1/20 (21).....	66	MAGNEBIND 400.....	102	METAFOLBIC.....	118
LOESTRIN FE 1.5/30.....	66	<i>magnesium gluconate</i>	102	METAFOLBIC PLUS.....	118
LOESTRIN FE 1/20.....	66	<i>magnesium oxide</i>	74, 102	<i>metformin hcl</i>	62
<i>lohist-dm</i>	145	<i>magnesium oxide -mg supplement</i>	102	<i>metformin hcl er</i>	62
LOKELMA.....	64	<i>magnesium sulfate</i>	97	<i>methadone hcl</i>	19
LOMAIRA.....	58	<i>magnesium sulfate in d5w</i>	97	METHADONE HCL INTENSOL.....	19
LONSURF.....	31	MAGNESIUM-OXIDE.....	102	<i>methazolamide</i>	43
<i>loperamide hcl</i>	75, 82	MAGOX 400.....	102	<i>methenamine hippurate</i>	22
<i>lopinavir-ritonavir</i>	25	<i>malathion</i>	159	<i>methimazole</i>	73
<i>loradamed</i>	140	<i>manganese chloride</i>	102	<i>methocarbamol</i>	57
<i>loratadine</i>	140	<i>mapap</i>	16	<i>methotrexate sodium</i>	31, 91
<i>loratadine childrens</i>	140	<i>mapap arthritis pain</i>	16	<i>methotrexate sodium (pf)</i>	31
<i>loratadine-d 12hr</i>	145	MAPAP CHILDRENS.....	16	<i>methsuximide</i>	46
<i>loratadine-d 24hr</i>	145	<i>maraviroc</i>	24	<i>methylphenidate hcl</i>	55
<i>lorazepam</i>	45	MAR-COF CG EXPECTORANT.....	145	<i>methylphenidate hcl er</i>	55
LORAZEPAM INTENSOL.....	45	<i>marlissa</i>	66	<i>methylprednisolone</i>	70
LORBRENA.....	35	MARPLAN.....	50	<i>methylprednisolone acetate</i>	70
LORYNA.....	66	MATULANE.....	33	<i>methylprednisolone sodium succ</i>	70
<i>losartan potassium</i>	40	MAVYRET.....	26	<i>metoclopramide hcl</i>	76
<i>losartan potassium-hctz</i>	39	MAXIMUM D3.....	118	<i>metolazone</i>	43
LOTEMAX.....	135	<i>maximum daily green</i>	118	<i>metoprolol succinate er</i>	42
<i>lovastatin</i>	40	<i>maxi-tuss ac</i>	145	<i>metoprolol tartrate</i>	42
LOW-OGESTREL.....	66	<i>maxi-tuss cd</i>	145	<i>metoprolol-hydrochlorothiazide</i>	41
<i>loxapine succinate</i>	53	<i>maxi-tuss g</i>	145	<i>metronidazole</i>	22, 85, 158
<i>lubricant eye drops</i>	136	<i>maxi-tuss gmx</i>	145	<i>metyrosine</i>	44
<i>lubricant eye drops (pf)</i>	136	<i>m-clear wc</i>	146	<i>mgo</i>	102
<i>lubricant eye drops pf</i>	136	<i>m-dryl</i>	141	MIBELAS 24 FE.....	67
<i>lubricating eye drops</i>	136	<i>meclizine hcl</i>	76	<i>micafungin sodium</i>	20
<i>lubricating plus eye drops</i>	136	<i>medi-first triple antibiotic</i>	152	<i>miconazole 3 combo pack app</i>	85
<i>lubricating tears eye drops</i>	136	MEDPURA ZINC OXIDE.....	158	<i>miconazole 3 combo-suppl</i>	85
LUMAKRAS.....	35	<i>medroxyprogesterone acetate</i>	67, 72	<i>miconazole 7</i>	85
LUMIGAN.....	133	<i>mefloquine hcl</i>	23	<i>miconazole antifungal</i>	153
LUMIZYME.....	72	MEGA MULTI MEN.....	118	<i>miconazole nitrate</i>	85, 153
LUPRON DEPOT (1-MONTH).....	32	<i>mega vm-80</i>	118	MICOTRIN AC.....	153
LUPRON DEPOT (3-MONTH).....	32	<i>megavite fruits & veggies</i>	118	MICOTRIN AP.....	153
LUPRON DEPOT-PED (1-MONTH).....	72	<i>megavite golden years 55+</i>	118	<i>microderm base</i>	95
LUPRON DEPOT-PED (3-MONTH).....	72	<i>megestrol acetate</i>	32, 73	MICROGESTIN 1.5/30.....	67
LUPRON DEPOT-PED (6-MONTH).....	72	MEKINIST.....	36	MICROGESTIN 1/20.....	67
<i>lurasidone hcl</i>	53	MEKTOVI.....	36	MICROGESTIN 24 FE.....	67
LUTERA.....	66	<i>melatonin</i>	95, 105	MICROGESTIN FE 1.5/30.....	67

MICROGESTIN FE 1/20.....	67	multi for her 50+.....	119	MVW COMPLETE FORMULATION.....	120
MICROSOME BASE.....	95	MULTI FOR HIM.....	119	MVW COMPLETE FORMULATION.....	120
midodrine hcl.....	44	multi for him 50+.....	119	D3000.....	120
miglustat.....	72	multi vitamin.....	119	MVW COMPLETE FORMULATION.....	120
MILI.....	67	multi vitamin daily.....	119	D5000.....	120
milk of magnesia.....	80	multi vitamin w/d-3.....	119	MVW COMPLETE FORMULATION.....	120
MILLTRIUM SENIOR.....	118	multi vitamin/minerals.....	119	MINIS.....	120
MIMVEY.....	70	MULTI-BETIC DIABETES.....	119	myamulti.....	120
minocycline hcl.....	30	multi-day.....	119	mycophenolate mofetil.....	92, 93
minoxidil.....	44	multi-day plus iron.....	119	mycophenolate sodium.....	93
MINTOX.....	74	multi-day plus minerals.....	119	MYCOZYL AC.....	153
mintox maximum strength.....	74	MULTIGEN.....	88	MYCOZYL AP.....	153
MINTOX PLUS.....	74	MULTIGEN PLUS.....	88	myferon 150.....	88
MIRALAX.....	80	multilex.....	119	MYLANTA MAXIMUM STRENGTH.....	74
mirtazapine.....	50	multilex-t.....	119	MYLICON INFANTS GAS RELIEF.....	83
misoprostol.....	82	multiple electro type 1 ph 5.5.....	97	mynephrocaps.....	120
MITIGARE.....	13	multiple electro type 1 ph 7.4.....	97	MYNEPHRON.....	120
M-M-R II.....	94	multiple vit/minerals/no iron.....	119	MYRBETRIQ.....	84
m-natal plus.....	98	multiple vitamin.....	119	my-vitalife.....	120
moexipril hcl.....	39	multiple vitamins.....	119	na ferric gluc cplx in sucrose.....	88
moisturizing cream.....	158	multiple vitamins/iron.....	119	na sulfate-k sulfate-mg sulf.....	80
molindone hcl.....	53	multi-pro.....	119	nabumetone.....	18
mometasone furoate.....	155	multi-vit/iron/fluoride.....	119	nadolol.....	42
MONISTAT 3 COMBINATION.....		multivitamin.....	119, 120	nafeclillin sodium.....	29
PACK.....	85	multi-vitamin.....	120	NAGLAZYME.....	72
MONISTAT 3 COMBO PACK APP.....	85	multivitamin & mineral.....	119	nalbuphine hcl.....	20
MONISTAT 7 SIMPLY CURE.....	85	multivitamin adult.....	119	naloxone hcl.....	58
MONJUVI.....	36	multivitamin adult (minerals).....	119	naltrexone hcl.....	58
MONOFERRIC.....	88	multivitamin adult extra c.....	119	NAMZARIC.....	48, 49
MONO-LINYAH.....	67	multivitamin adults.....	119	NAPHCN-A.....	132
montelukast sodium.....	149	multivitamin adults 50+.....	119	naproxen.....	18
morphine sulfate.....	19, 20	multivitamin childrens (w/ fa).....	119	naproxen sodium.....	18
morphine sulfate (concentrate).....	19	multi-vitamin daily.....	119	naratriptan hcl.....	55
morphine sulfate (pf).....	19	multi-vitamin gummies.....	119	nasal decongestant.....	146
morphine sulfate er.....	19	multivitamin gummies adult.....	119	nasal decongestant max st.....	146
MOVANTIK.....	82	multivitamin gummies mens.....	119	nasal decongestant pe.....	146
moxifloxacin hcl.....	29, 134	multivitamin gummies womens.....	119	nasal decongestant pe max st.....	146
m-pap.....	16	multivitamin men.....	119	nasal decongestant spray.....	146
MTX SUPPORT.....	118	multivitamin men 50+.....	119	nasal four.....	146
MUCINEX.....	146	multi-vitamin monocaps.....	119	nasal relief.....	146
MUCINEX CHILDRENS STUFFY.....		multivitamin women.....	120	nasal spray 12 hour.....	146
NOSE.....	146	multivitamin women 50+.....	120	nasal spray extra moisturizing.....	146
MUCINEX DM.....	146	multivitamin womens 50+ adv.....	120	nasal spray no drip.....	146
MUCINEX FAST-MAX CHEST.....		multivitamin/extra vitamin d3.....	120	NASCOBAL.....	120
CONG MS.....	146	multivitamin/fluoride.....	120	NATACYN.....	134
MUCINEX MAXIMUM STRENGTH.....	146	multi-vitamin/iron.....	120	nateglinide.....	62
MUCINEX SINUS-MAX CLEAR &.....		multi-vitamin/minerals.....	120	NATPARA.....	63
COOL.....	146	multivitamin/zinc stress.....	120	natural c/rose hips.....	120
MUCINEX SINUS-MAX.....		multivitamin-minerals.....	120	natural fiber laxative.....	80
SINUS/ALLRGY.....	146	multi-vitamins.....	120	natural senna laxative.....	80
mucus & chest congestion.....	146	multivitamins plus iron child.....	120	natural vitamin d-3.....	120
mucus relief.....	146	multivitamins/minerals adult.....	120	NAYZILAM.....	47
mucus relief dm.....	146	multi-vite.....	120	nebivolol hcl.....	42
mucus relief er.....	146	multivit-min gummies childrens.....	120	NECON 0.5/35 (28).....	67
mucus relief max st.....	146	mupirocin.....	152	nefazodone hcl.....	50
MULTAQ.....	40	MURINE EAR.....	160	neomycin sulfate.....	22
multi + omega-3 adult gummies.....	118	MURO 128.....	136	neomycin-bacitracin zn-polymyx.....	134
multi adult gummies.....	118	MVASI.....	36	neomycin-polymyxin-dexameth.....	133
multi complete/iron.....	118			neomycin-polymyxin-gramicidin.....	134
multi for her.....	119				

<i>neomycin-polymyxin-hc</i>	133, 137	<i>norethin ace-eth estrad-fe</i>	67	<i>ocutabs</i>	121
NEO-POLYCIN.....	134	<i>norethindrone</i>	67	<i>ocutabs-lutein</i>	121
NEO-POLYCIN HC.....	133	<i>norethindrone acetate</i>	73	OCUVITE ADULT 50+.....	121
<i>neovite</i>	120	<i>norethindrone acet-ethinyl est</i>	67	OCUVITE ADULT FORMULA.....	121
NEPHPLEX RX.....	120	<i>norethindrone-eth estradiol</i>	70	OCUVITE EXTRA.....	121
NEPHRON FA.....	88	<i>norethindron-ethinyl estrad-fe</i>	67	OCUVITE EYE + MULTI.....	121
NEPHRO-VITE.....	121	<i>norethin-eth estradiol-fe</i>	67	OCUVITE EYE HEATLH	
NEPHRO-VITE RX.....	121	<i>norgestimate-eth estradiol</i>	67	GUMMIES.....	121
NERLYNX.....	36	<i>norgestim-eth estrad triphasic</i>	67	OCUVITE-LUTEIN.....	121
<i>neti pot sinus wash</i>	149	NORLYROC.....	67	ODEFSEY.....	25
NEUPRO.....	51	NORPACE CR.....	40	ODOMZO.....	36
NEUTROGENA HAND.....	158	NORTEMP.....	16	OFEV.....	149
<i>nevirapine</i>	24	<i>nortemp infants</i>	16	<i>ofloxacin</i>	134, 138
<i>nevirapine er</i>	24	NORTREL 0.5/35 (28).....	67	OGIVRI.....	36
NEXAVAR.....	36	NORTREL 1/35 (21).....	67	<i>olanzapine</i>	53
<i>niacin</i>	121	NORTREL 1/35 (28).....	67	<i>olmesartan medoxomil</i>	40
<i>niacin er</i>	121	NORTREL 7/7/7.....	67	<i>olmesartan medoxomil-hctz</i>	39
<i>niacin er (antihyperlipidemic)</i>	41	<i>nortriptyline hcl</i>	50	<i>olmesartan-amlodipine-hctz</i>	39
<i>niacinamide</i>	121	NORVIR.....	24	<i>olopatadine hcl</i>	132
<i>nicardipine hcl</i>	42	<i>norwegian cod liver oil</i>	121	<i>omeprazole</i>	84
NICODERM CQ.....	58	NOVAFERRUM.....	88	<i>omnicap</i>	121
NICOMIDE.....	121	NOVAFERRUM 50.....	88	OMNIPOD 5 G6 INTRO (GEN 5).....	60
NICORETTE.....	58	NOVAFERRUM PED MULTI VIT-IRON.....	121	OMNIPOD 5 G6 POD (GEN 5).....	61
NICORETTE MINI.....	58	NOVAFERRUM PEDIATRIC DROPS.....	88	OMNIPOD CLASSIC PDM (GEN 3).....	61
NICORETTE STARTER KIT.....	58	NOVOLIN 70/30.....	60	OMNIPOD CLASSIC PODS (GEN 3).....	61
<i>nicotinamide</i>	121	NOVOLIN 70/30 FLEXPEN.....	60	OMNIPOD DASH INTRO (GEN 4).....	61
<i>nicotine</i>	58	NOVOLIN N.....	60	OMNIPOD DASH PODS (GEN 4).....	61
<i>nicotine mini</i>	58	NOVOLIN N FLEXPEN.....	60	OMNIPOD GO.....	61
<i>nicotine polacrilex</i>	58	NOVOLIN R.....	60	<i>once daily</i>	121
<i>nicotine polacrilex mini</i>	58	NOVOLIN R FLEXPEN.....	60	<i>once daily/iron</i>	121
<i>nicotine step 1</i>	58	NOVOLOG.....	60	ONCOVITE.....	121
<i>nicotine step 2</i>	58	NOVOLOG FLEXPEN.....	60	<i>ondansetron</i>	76
<i>nicotine step 3</i>	58	NOVOLOG MIX 70/30.....	60	<i>ondansetron hcl</i>	76
NICOTROL.....	58	NOVOLOG MIX 70/30 FLEXPEN.....	60	ONE A DAY MENS VITACRAVES.....	121
NICOTROL NS.....	58	NOVOLOG PENFILL.....	60	<i>one daily adults 50+</i>	121
<i>nifedipine er</i>	42	NOXAFIL.....	20	<i>one daily calcium/iron</i>	121
<i>nifedipine er osmotic release</i>	42	NUBEQA.....	32	<i>one daily complete</i>	121
NIFEREX.....	88	NUDEXTA.....	56	ONE DAILY ESSENTIAL.....	121
NIKKI.....	67	NUFERA.....	88	<i>one daily for men 50+ advanced</i>	121
<i>nilutamide</i>	32	NU-IRON.....	88	<i>one daily for men/lycopen</i>	121
<i>nimodipine</i>	42	NULOJIX.....	93	<i>one daily for women</i>	121
NINJACOF-XG.....	146	NU-MAG.....	102	<i>one daily for women 50+ adv</i>	121
NINLARO.....	36	NUPLAZID.....	53	<i>one daily healthy weight adv</i>	121
<i>nitazoxanide</i>	22	NURTEC.....	55	<i>one daily maximum</i>	121
<i>nitisinone</i>	72	NUTRADERM.....	158	<i>one daily mens 50+ multivit</i>	122
NITRO-BID.....	44	NUTRILIPID.....	99	<i>one daily mens health</i>	122
<i>nitrofurantoin macrocrystal</i>	22	NUZYRA.....	30	<i>one daily multivitamin adult</i>	122
<i>nitrofurantoin monohyd macro</i>	22	NYAMYC.....	153	<i>one daily multivitamin/iron</i>	122
<i>nitroglycerin</i>	44	NYLIA 1/35.....	67	<i>one daily womens 50 plus</i>	122
NIVA-FOL.....	121	NYLIA 7/7/7.....	67	<i>one daily womens 50+</i>	122
NIVEA.....	158	NYMALIZE.....	42	<i>one daily/minerals</i>	122
NIVEA SOFT.....	158	NYMYO.....	67	ONE-A-DAY ENERGY.....	122
NIX CREME RINSE.....	159	<i>nystatin</i>	20, 153, 154, 160	ONE-A-DAY ESSENTIAL.....	122
<i>nizatidine</i>	77	NYSTOP.....	154	ONE-A-DAY FOR HER VITACRAVES.....	122
<i>no drip nasal spray</i>	146	OCELLA.....	68	ONE-A-DAY FOR HIM VITACRAVES.....	122
<i>no iron mult vitamin-minerals</i>	121	OCTAGAM.....	92	ONE-A-DAY JOLLY RANCHER....	122
<i>nohist-dm</i>	146	<i>octreotide acetate</i>	72		
<i>non-aspirin</i>	16	<i>ocular vitamins</i>	121		
<i>non-aspirin extra strength</i>	16				
NORA-BE.....	67				

ONE-A-DAY MENOPAUSE		ORA-PLUS	95	PCCA EMOLLIENT CREAM BASE ..	95
FORMULA	122	ORASEP	160	<i>ped electrolyte freeze pops</i>	98
ONE-A-DAY MENS	122	ORGOVYX	32	<i>ped electrolyte freezer pops</i>	98
ONE-A-DAY MENS (MINERALS) ..	122	ORKAMBI	149, 150	PEDIA VANCE	99
ONE-A-DAY MENS 50+		ORSERDU	32	PEDIA-LAX	80
ADVANTAGE	122	OS-CAL	102	PEDIALYTE	99
ONE-A-DAY MENS HEALTH		OS-CAL CALCIUM + D3	102	PEDIALYTE ADVANCED CARE	99
FORMULA	122	OS-CAL EXTRA D3	102	PEDIALYTE FREEZER POPS	99
ONE-A-DAY MENS VITACRAVES	122	<i>oseltamivir phosphate</i>	26	PEDIALYTE SINGLES	99
ONE-A-DAY PROACTIVE 65+	122	OTEZLA	90	PEDIARIX	94
ONE-A-DAY SCOOPY-DOO		<i>oxacillin sodium</i>	29	<i>pediatric electrolyte</i>	99
GUMMIES	122	<i>oxaliplatin</i>	31	<i>pediatric electrolyte-zinc</i>	99
ONE-A-DAY TEEN		<i>oxandrolone</i>	59	PEDVAX HIB	94
ADVANTAGE/HER	122	<i>oxcarbazepine</i>	47	<i>peg 3350</i>	80
ONE-A-DAY TEEN		<i>oxybutynin chloride</i>	84	<i>peg 3350-kcl-na bicarb-nacl</i>	80
ADVANTAGE/HIM	122	<i>oxybutynin chloride er</i>	84	<i>peg-3350/electrolytes</i>	80
ONE-A-DAY VITACRAVES	122	<i>oxycodone hcl</i>	20	PEGASYS	26
ONE-A-DAY VITACRAVES ADULT		<i>oxycodone-acetaminophen</i>	20	PEMAZYRE	36
.....	122	OXYCONTIN	19	<i>pemetrexed disodium</i>	31
ONE-A-DAY VITACRAVES		OYSCO 500	102	<i>penicillamine</i>	64
IMMUNITY	122	OYSCO 500+D	102	<i>penicillin g pot in dextrose</i>	30
ONE-A-DAY VITACRAVES SOUR	122	<i>oyster calcium</i>	102	<i>penicillin g potassium</i>	30
ONE-A-DAY		<i>oyster shell calcium</i>	103	<i>penicillin g procaine</i>	30
VITACRAVES+OMEGA-3	122	<i>oyster shell calcium + d</i>	103	<i>penicillin g sodium</i>	30
ONE-A-DAY WEIGHT SMART		<i>oyster shell calcium + d3</i>	103	<i>penicillin v potassium</i>	30
ADVANCE	122	<i>oyster shell calcium 250+d</i>	103	PEN-KERA	158
ONE-A-DAY WOMENS	123	<i>oyster shell calcium 500 + d</i>	103	PENTACEL	94
ONE-A-DAY WOMENS 50 PLUS ..	122	<i>oyster shell calcium 500+d</i>	103	<i>pentamidine isethionate</i>	22
ONE-A-DAY WOMENS 50+		<i>oyster shell calcium plus d</i>	103	<i>pentoxifylline er</i>	89
ADVANTAGE	123	<i>oyster shell calcium w/d</i>	103	PENTRAVAN	158
ONE-A-DAY WOMENS HEALTHY		<i>oyster shell calcium/d</i>	103	PENTRAVAN PLUS	158
SKIN	123	<i>oyster shell calcium/d3</i>	103	PERIDIN-C	123
ONE-A-DAY WOMENS MIND &		<i>oyster shell calcium/vit d3</i>	103	<i>perindopril erbumine</i>	39
BODY	123	<i>oyster shell calcium/vitamin d</i>	103	PERIOGARD	160
ONE-A-DAY WOMENS PETITES ..	123	OYSTERCAL	103	PERIOMED	160
ONE-A-DAY WOMENS		OYSTERCAL-D	103	<i>permethrin</i>	159
VITACRAVES	123	OZEMPIC (0.25 OR 0.5		<i>perphenazine</i>	53
<i>one-daily multi caps</i>	123	MG/DOSE)	62	PERSERIS	53
<i>one-daily multi vitamins</i>	123	OZEMPIC (1 MG/DOSE)	62	<i>petrolatum</i>	95
<i>one-daily multi-vit/mineral</i>	123	OZEMPIC (2 MG/DOSE)	62	PFCB	95
<i>one-daily multi-vitamin</i>	123	PACERONE	40	PFIZERPEN	30
<i>one-daily multi-vitaminliron</i>	123	<i>paclitaxel</i>	33	<i>pharbechlor</i>	141
<i>one-daily/liron</i>	123	<i>paclitaxel protein-bound part</i>	33	<i>pharbedryl</i>	141
ONELAX	80	<i>pain & fever childrens</i>	16	PHARBETOL	16
ONTRUZANT	36	<i>pain & fever infants</i>	16	PHARBETOL EXTRA STRENGTH ..	16
ONUREG	31	<i>pain relief extra strength</i>	16	PHARMABASE ANTIOXIDANT	96
OPCON-A	132	<i>pain relief regular strength</i>	16	PHARMABASE COSMETIC	96
OPSUMIT	44	<i>paliperidone er</i>	53	PHARMABASE COSMETIC	
<i>optic-vites</i>	123	<i>pamidronate disodium</i>	63	NATURAL	96
OPTIFAST POST BARIATRIC	123	<i>pan-c 500/bioflavonoids</i>	123	PHARMABASE LIGHT	96
OPTIMAL D3	123	PANRETIN	158	PHARMABASE VAGINAL	96
<i>optimum pms</i>	123	<i>pantoprazole sodium</i>	84	<i>pharmacist choice d-vitamin</i>	123
OPTISOURCE POST BARIATRIC		PANZYGA	92	PHAZYME MAXIMUM STRENGTH ..	83
SURG	123	PARAPLATIN	31	<i>phendimetrazine tartrate</i>	58
OPTIVITE P.M.T.	123	<i>paricalcitol</i>	73	<i>phendimetrazine tartrate er</i>	58
OPURITY BYPASS OPTIMIZED ..	123	<i>paromomycin sulfate</i>	22	<i>phenelzine sulfate</i>	50
<i>oral electrolytes</i>	98	<i>paroxetine hcl</i>	50	<i>phenobarbital</i>	47
<i>oral suspend</i>	95	<i>parvlex</i>	123	<i>phenobarbital sodium</i>	47
ORALYTE	98	<i>pc pediatric poly-vitalfe drop</i>	123	<i>phentermine hcl</i>	58
ORALYTE FREEZER POPS	98	PCCA BASE 7542	95	<i>phenylephrine hcl</i>	146

PHENYTEK.....	47	prednisolone acetate.....	135	PROSIGHT.....	124
phenytoin.....	47	prednisolone sodium phosphate.....	70, 135	PROSOL.....	99
phenytoin sodium.....	47	prednisone.....	70	PROTECT CARDIO AF.....	124
phenytoin sodium extended.....	47	PREDNISON INTENSOL.....	70	PROTECT PLUS SO.....	124
PHESGO.....	36	preferred plus insulin syringe.....	61	PROTEGRA.....	124
PHILITH.....	68	pregabalin.....	47	protriptyline hcl.....	50
PHYTOBASE.....	96	prehevbrio.....	94	pseudoeph-bromphen-dm.....	147
PHYTOMULTI.....	123	PREMASOL.....	99	pseudoephedrine hcl.....	147
phytonadione.....	123	prenatal.....	98, 123	pseudoephedrine hcl er.....	147
PICODERM.....	96	prenatal 19.....	123	psyllium fiber.....	80
PIFELTRO.....	24	prenatal one daily.....	123	PULMICORT FLEXHALER.....	151
pilocarpine hcl.....	133, 160	prenatal vitamin.....	124	PULMOZYME.....	150
pimozide.....	53	prenatal vitamin and mineral.....	124	pure c 500.....	124
PIMTREA.....	68	prenatal vitamins.....	124	pure calcium carbonate.....	103
pin-away.....	22	prenatal/liron.....	124	purevit dualfe plus.....	88
pindolol.....	42	PRESERVISION AREDS.....	124	PUREWAY-C.....	124
pinworm medicine.....	22	PRESERVISION AREDS 2.....	124	PURIXAN.....	31
pioglitazone hcl.....	62	PRESERVISION/LUTEIN.....	124	px advanced formula multivits.....	124
piperacillin sod-tazobactam so.....	30	PRETTY FEET/HANDS.....	158	px allergy.....	141
PIQRAY (200 MG DAILY DOSE).....	36	PREVALITE.....	41	px allergy relief cetirizine.....	141
PIQRAY (250 MG DAILY DOSE).....	36	prevent.....	124	px allergy relief d.....	147
PIQRAY (300 MG DAILY DOSE).....	36	PREVYMIS.....	26	px allergy relief d (loratid).....	147
pirfenidone.....	150	PREZCOBIX.....	25	px allergy relief loratadine.....	141
PIRMELLA 1/35.....	68	PREZISTA.....	24	px antacid maximum strength.....	74
piroxicam.....	18	PRIFTIN.....	25	px antacid regular strength.....	74
plain niacin.....	123	primaquine phosphate.....	23	px arthritis pain relief.....	16
PLASMA-LYTE 148.....	97	primidone.....	47	px artificial tears.....	136
PLASMA-LYTE A.....	97	PRIORIX.....	94	px aspirin.....	16
PLENAMINE.....	99	PRIVIGEN.....	92	px athletic foot.....	154
PLENVU.....	80	probenecid.....	13	px b complex/vitamin c.....	124
pna-hrt base.....	96	PRO-CAL.....	124	px calamine.....	158
podofilox.....	158	PROCERV HP.....	124	px calcium.....	103
poly vitamin.....	123	prochlorperazine.....	76	px childrens allergy.....	141
POLYCIN.....	134	prochlorperazine edisylate.....	76	px childrens pain relief.....	16
polyethylene glycol 3350.....	80, 96	prochlorperazine maleate.....	76	px childrens profen ib.....	18
POLY-IRON 150.....	88	PROCRIT.....	86	PX CHILDRENS VITAMIN.....	124
polymyxin b-trimethoprim.....	134	PROCTO-MED HC.....	158	px complete senior multivits.....	124
polysaccharide iron complex.....	88	PROCTOSOL HC.....	158	px docusate sodium.....	80
polysaccharide-iron complex.....	88	PROCTOZONE-HC.....	158	px fiber.....	80
poly-tussin ac.....	146	profola.....	124	px folic acid.....	124
polyvinyl alcohol.....	136	PROGRAF.....	93	px gas relief extra strength.....	83
poly-vitaliron.....	123	PROLASTIN-C.....	150	px gas relief infants.....	83
polyvitamin/liron.....	123	PROLENSA.....	135	px gas relief ultra strength.....	83
POMALYST.....	32	PROLIA.....	63	px ibuprofen junior strength.....	18
PORTIA-28.....	68	PROMACTA.....	89	px infants profen ib.....	18
posaconazole.....	21	promethazine hcl.....	76	px laxative.....	80
potassium chloride.....	97, 98	promethazine vcl/codeine.....	146	px mens multivitamins.....	124
potassium chloride crys er.....	98	promethazine-codeine.....	146	px miconazole 3-day combo.....	85
potassium chloride er.....	98	promethazine-dm.....	147	px milk of magnesia.....	80
potassium chloride in nacl.....	97	promethazine-phenyleph-codeine.....	147	px nasal decongestant.....	147
potassium citrate er.....	84	propafenone hcl.....	40	px pain relief extra strength.....	16
potassium cl in dextrose 5%.....	97	propafenone hcl er.....	40	px stomach relief.....	75
povidone-iodine.....	158	proparacaine hcl.....	136	px stop smoking aid.....	58
PRALUENT.....	41	propranolol hcl.....	42	px triple.....	152
pramipexole dihydrochloride.....	51	propranolol hcl er.....	42	px vitamin c.....	124
prasugrel hcl.....	89	propylthiouracil.....	73	px vitamin e.....	124
pravastatin sodium.....	41	PROQUAD.....	94	pyrazinamide.....	25
praziquantel.....	22	PRORENAL + D.....	124	pyridostigmine bromide.....	56
prazosin hcl.....	39	PRORENAL + D W/ OMEGA-3.....	124	pyridoxine hcl.....	124
prednisolone.....	70			qc acetaminophen 8 hours.....	16

<i>qc all day allergy</i>	141	<i>qc tolnaftate</i>	154	RABAVERT.....	94
<i>qc allergy childrens</i>	141	<i>qc triple antibiotic max st</i>	152	<i>rabeprazole sodium</i>	84
<i>qc allergy relief</i>	141	<i>qc tussin cf</i>	147	RADIANCE PLATINUM VITAMIN	
<i>qc antacid</i>	75	<i>qc tussin dm cough/congestion</i>	147	D3.....	125
<i>qc antacid/anti-gas</i>	75	<i>qc tussin mucus/congestion</i>	147	<i>raloxifene hcl</i>	72
<i>qc anti-diarrheal</i>	75	<i>qc womens daily multivitamin</i>	125	<i>ramipril</i>	39
<i>qc anti-gas</i>	83	<i>q-derm</i>	96	<i>ranolazine er</i>	44
<i>qc anti-itch extra strength</i>	158	Q-GEL FORTE.....	105	<i>rasagiline mesylate</i>	51
<i>qc arthritis pain relief</i>	16	Q-GEL MEGA.....	105	RAYALDEE.....	73
<i>qc artificial tears</i>	136	QINLOCK.....	36	RECLIPSEN.....	68
<i>qc aspirin</i>	16	Q-SORB CO Q-10.....	105	RECOMBIVAX HB.....	94
<i>qc aspirin low dose</i>	16	QSYMIA.....	59	RECTIV.....	158
<i>qc bacitracin</i>	152	QUADRACEL.....	94	<i>reeses pinworm medicine</i>	22
<i>qc calamine</i>	158	<i>quetiapine fumarate</i>	53	REFRESH.....	136
<i>qc calcium fast dissolution</i>	103	<i>quetiapine fumarate er</i>	53	REFRESH CELLUVISC.....	136
<i>qc cetirizine allergy relief</i>	141	<i>quin b strong</i>	125	REFRESH DIGITAL.....	136
<i>qc childrens allergy</i>	141	<i>quinapril hcl</i>	39	REFRESH DIGITAL PF.....	136
<i>qc childrens complete</i>	124	<i>quinapril-hydrochlorothiazide</i>	38	REFRESH LIQUIGEL.....	136
<i>qc childrens ibuprofen</i>	18	<i>quinidine sulfate</i>	40	REFRESH OPTIVE.....	136
<i>qc chlor-pheniramine</i>	141	<i>quinine sulfate</i>	23	REFRESH OPTIVE ADVANCED.....	136
<i>qc complete allergy medicine</i>	141	<i>quintabs</i>	125	REFRESH OPTIVE ADVANCED	
<i>qc daily multivit/multimineral</i>	124	<i>quintabs-m</i>	125	PF.....	136
<i>qc daily multivitamins/iron</i>	124	<i>ra balanced b-100</i>	125	REFRESH OPTIVE MEGA-3.....	136
<i>qc diarrhea relief</i>	75	<i>ra balanced b-50</i>	125	REFRESH OPTIVE PF.....	136
<i>qc enema</i>	80	<i>ra b-complex</i>	125	REFRESH PLUS.....	136
<i>qc enteric aspirin</i>	16	<i>ra b-complex with b-12</i>	125	REFRESH RELIEVA.....	136
<i>qc epsom salt</i>	80	<i>ra calcium 600</i>	103	REFRESH RELIEVA PF.....	136
<i>qc ferrous sulfate</i>	88	<i>ra calcium 600/vitamin d-3</i>	103	REFRESH TEARS.....	136
<i>qc fexofenadine hydrochloride</i>	141	<i>ra calcium cit plus vit d-3</i>	103	REGRANEX.....	159
<i>qc fiber laxative</i>	80	<i>ra calcium cit-vit d-3 petites</i>	103	REGULOID.....	80
<i>qc gas relief extra strength</i>	83	<i>ra calcium plus vitamin d</i>	103	REHYDRALYTE.....	99
<i>qc gentle laxative</i>	80	RA CENTRAL-VITE.....	125	<i>rejuvacare plus</i>	96
<i>qc loratadine allergy relief</i>	141	<i>ra central-vite womens mature</i>	125	RELENZA DISKHALER.....	26
<i>qc loratadine-d</i>	147	<i>ra coenzyme q-10</i>	105	RELI-ON INSULIN SYRINGE.....	61
<i>qc melatonin max st</i>	105	<i>ra folic acid</i>	125	RELISTOR.....	83
<i>qc mens daily multivitamin</i>	124	RA HI CAL.....	103	REMEDY ANTIFUNGAL.....	154
<i>qc miconazole 7</i>	85	<i>ra iron</i>	88	REMEDY PHYTOPLEX	
<i>qc milk of magnesia</i>	80	<i>ra natural magnesium</i>	103	ANTIFUNGAL.....	154
<i>qc mucus relief</i>	147	<i>ra niacin</i>	125	REMICADE.....	90
<i>qc mucus relief childrens</i>	147	<i>ra no flush niacin</i>	125	RENAL.....	125
<i>qc mucus relief er</i>	147	<i>ra one daily energy formula</i>	125	RENAL MULTIVITAMIN	
<i>qc mucus relief max st</i>	147	<i>ra one daily essential</i>	125	FORMULA.....	125
<i>qc multi-vite</i>	124	<i>ra one daily maximum</i>	125	<i>renal vitamin</i>	126
<i>qc multi-vite 50 & over</i>	124	<i>ra one daily mens 50+ w/vit d3</i>	125	<i>renal-vite</i>	126
<i>qc natural vegetable</i>	80	<i>ra one daily mens/vit d-3</i>	125	RENAPLEX.....	126
<i>qc natura-lax</i>	80	<i>ra one daily womens</i>	125	RENAPLEX-D.....	126
<i>qc nicotine transdermal system</i>	59	<i>ra ped electrolyte freezer pop</i>	99	<i>rena-vite</i>	126
<i>qc non-aspirin childrens</i>	16	<i>ra pediatric electrolyte</i>	99	<i>rena-vite rx</i>	126
<i>qc non-aspirin extra strength</i>	16	<i>ra vitamin a</i>	125	RENFLEXIS.....	90
<i>qc pain relief</i>	16	<i>ra vitamin b-1</i>	125	<i>reno caps</i>	126
<i>qc pain relief childrens</i>	16	<i>ra vitamin b12</i>	125	<i>repaglinide</i>	62
<i>qc pain relief extra strength</i>	16	<i>ra vitamin b-12</i>	125	REQ 49+.....	126
<i>qc pink bismuth</i>	75	<i>ra vitamin b-12 tr</i>	125	RESTASIS.....	137
<i>qc povidone iodine</i>	158	<i>ra vitamin b-6</i>	125	RESTASIS MULTIDOSE.....	137
<i>qc prenatal</i>	125	<i>ra vitamin c</i>	125	RESTORA RX.....	76
<i>qc psyllium fiber</i>	80	<i>ra vitamin c cr</i>	125	RETEVMO.....	36
<i>qc stool softener</i>	80	<i>ra vitamin c/rose hips</i>	125	REVLIMID.....	32
<i>qc stool softener pls laxative</i>	80	<i>ra vitamin d-3</i>	125	REXULTI.....	53
<i>qc suphedrine maximum strength</i>	147	<i>ra vitamins complete childrens</i>	125	REYATAZ.....	24
<i>qc therin-m</i>	125	<i>ra zinc</i>	103	REZLIDHIA.....	36

REZUROCK.....	93	senior tabs.....	126	sm animal shapes complete.....	126
RHOPRESSA.....	133	senna.....	81	sm animal shapes kids first.....	126
ribavirin.....	26	senna laxative.....	81	sm antacid.....	75
RID LICE KILLING SHAMPOO.....	159	senna plus.....	81	sm antacid advanced.....	75
rifabutin.....	25	senna s.....	81	sm antacid advanced max st.....	75
rifampin.....	25	senna-lax.....	81	sm antacid maximum strength.....	75
riluzole.....	56	senna-plus.....	81	sm antacid/antigas.....	75
rimantadine hcl.....	26	senna-s.....	81	sm antibiotic.....	152
RINVOQ.....	90, 91	senna-tabs.....	81	sm anti-diarrheal.....	76
RISABAL-PH.....	158	senna-time.....	81	sm antifungal clotrimazole.....	154
RISAMINE.....	158	senna-time s.....	81	sm antifungal miconazole.....	154
risedronate sodium.....	63	sennosides-docusate sodium.....	81	sm antifungal tolinaftate.....	154
RISPERDAL CONSTA.....	53	SENOKOT.....	81	sm anti-itch extra strength.....	158
risperidone.....	53, 54	SENOKOT S.....	81	sm antioxidant vitamins.....	126
ritonavir.....	24	sentry.....	126	sm antiseptic skin cleanser.....	158
rivastigmine.....	49	sentry senior.....	126	sm arthritis pain relief.....	16
rivastigmine tartrate.....	49	SEREVENT DISKUS.....	142	sm arthritis pain reliever.....	16
RIVELSA.....	68	sertraline hcl.....	50	sm aspirin.....	17
rizatriptan benzoate.....	55	se-tan plus.....	88	sm aspirin adult low strength.....	17
robafen cf multi-symptom cold.....	147	SETLAKIN.....	68	sm aspirin ec.....	17
ROBAFEN DM CGH/CHEST		sevelamer carbonate.....	72	sm aspirin low dose.....	17
CONGEST.....	147	SHAROBEL.....	68	sm athletes foot.....	154
ROBAFEN DM COUGH.....	147	SHINGRIX.....	94	sm b super vitamin complex.....	126
ROBAFEN MUCUS/CHEST		SIDEROL.....	126	sm b100 complex.....	126
CONGESTION.....	147	SIGNIFOR.....	72	sm b-complex.....	126
ROBITUSSIN 12 HOUR COUGH..	147	silace.....	81	sm b-complex/vitamin c.....	126
ROCKLATAN.....	133	siladryl allergy.....	141	sm benzoin tincture.....	158
roflumilast.....	150	sildenafil citrate.....	44	sm biotin.....	126
ropinirole hcl.....	51	siltussin dm das.....	147	sm calamine.....	158
rosuvastatin calcium.....	41	siltussin sa.....	147	sm calamine phenolated.....	158
ROTARIX.....	94	siltussin-dm alcohol free.....	148	sm calcium 500/vitamin d3.....	103
ROTATEQ.....	94	silver sulfadiazine.....	152	sm calcium 600/vitamin d.....	104
ROWEEPRA.....	47	SIMBRINZA.....	133	sm calcium citrate w/vit d3.....	104
ROZLYTREK.....	36	simethicone.....	83	sm calcium citrate+/vit d3.....	104
RUBRACA.....	36	simethicone drops infants.....	83	sm calcium citrate+d3 petite.....	104
rufinamide.....	47	simethicone ultra strength.....	83	sm calcium citrate+vit d3 max.....	104
RUKOBIA.....	24	SIMLIYA.....	68	sm calcium/vitamin d.....	104
RYBELSUS.....	62	SIMPESSE.....	68	sm calcium-vitamin d.....	104
RYDAPT.....	36	simvastatin.....	41	sm chewable vitamin c.....	126
rynex pse.....	147	sinus 12 hour.....	148	sm childrens ibuprofen.....	18
SAJAZIR.....	89	sinus congestion max strength.....	148	sm childrens loratadine.....	141
SALTSTABLE LO.....	96	sinus nasal spray.....	148	SM CLEARLAX.....	81
SANDIMMUNE.....	93	sinus relief extra strength.....	148	sm clotrimazole vaginal.....	85
SANTYL.....	159	sirolimus.....	93	sm co q-10.....	105
sapropterin dihydrochloride.....	72	SIRTURO.....	25	sm coenzyme q-10.....	105
SAVISION.....	126	SIVEXTRO.....	22	sm complete.....	126
sb calcium + d.....	103	SKYRIZI.....	91	sm complete 50+.....	126
sb lice killing max st.....	159	SKYRIZI PEN.....	91	sm complete 50+ ultimate mens....	126
sb oyster shell calcium.....	103	SLOW FE.....	88	sm complete 50+ ultimate women..	126
sb vitamin c.....	126	slow iron.....	88	sm complete advanced formula.....	126
scar care.....	96	slow release iron.....	88	sm complete senior formula.....	126
SCSEMBLIX.....	36	SLOW-MAG.....	103	sm cough dm.....	148
scopolamine.....	76	sm 3-day vaginal.....	85	sm cough dm childrens.....	148
SECUADO.....	54	sm 8 hour pain relief.....	16	sm dry eye relief.....	137
selegiline hcl.....	51	sm all day allergy.....	141	sm ear drops.....	160
selenious acid.....	99	sm all day allergy childrens.....	141	sm enema.....	81
selenium sulfide.....	154	sm all day allergy-d.....	148	sm epsom salt.....	81
SELZENTRY.....	24	sm allergy 4 hour.....	141	sm fexofenadine hcl.....	141
senexon.....	80	sm allergy childrens.....	141	sm fiber.....	81
SENEXON-S.....	81	sm allergy relief.....	141	sm folic acid.....	126

<i>sm gas relief</i>	83	<i>sm triple antibiotic max st</i>	152	<i>streptomycin sulfate</i>	22
<i>sm gas relief antifatulent</i>	83	<i>sm triple antibiotic original</i>	152	<i>stress formula</i>	127
<i>sm gas relief extra strength</i>	83	<i>sm tussin cf</i>	148	<i>stress formula (folic acid)</i>	127
<i>sm gas relief infants</i>	83	<i>sm tussin cough/chest congest</i>	148	<i>stress formulaliron</i>	127
<i>sm gentle laxative</i>	81	<i>sm tussin dm</i>	148	STRESSTABS ADVANCED.....	127
<i>sm hair/skin/nails</i>	126	<i>sm tussin mucus+chest congest</i>	148	STRESSTABS ENERGY.....	127
<i>sm ibuprofen ib</i>	18	<i>sm vit c/rose hips</i>	126	STRIBILD.....	25
<i>sm ibuprofen ib childrens</i>	18	<i>sm vitamin b complex/vitamin c</i>	127	STROVITE FORTE.....	127
<i>sm infants ibuprofen</i>	18	<i>sm vitamin b1</i>	127	STROVITE ONE.....	127
<i>sm iron</i>	88	<i>sm vitamin b-12</i>	127	STUDIO 35 MOISTURIZING SKIN	159
<i>sm iron slow release</i>	88	<i>sm vitamin b12 tr</i>	127	SUBVENITE.....	47
<i>sm lice killing max strength</i>	159	<i>sm vitamin b6</i>	127	<i>sucralfate</i>	83
<i>sm lice treatment</i>	159	<i>sm vitamin b-6</i>	127	SUDOGEST.....	148
<i>sm loratadine</i>	141	<i>sm vitamin c</i>	127	<i>sudogest 12 hour</i>	148
<i>sm loratadine allergy relief</i>	141	<i>sm vitamin c cr</i>	127	SUDOGEST MAXIMUM	
<i>sm lorata-dine d</i>	148	<i>sm vitamin c/rose hips</i>	127	STRENGTH.....	148
<i>sm loratadine d 12hr</i>	148	<i>sm vitamin d</i>	127	<i>sulfacetamide sodium</i>	134
<i>sm lubricant eye drops</i>	137	<i>sm vitamin d3</i>	127	<i>sulfacetamide sodium (acne)</i>	152
<i>sm lubricating plus</i>	137	<i>sm vitamin e</i>	127	<i>sulfacetamide-prednisolone</i>	133
<i>sm lubricating tears</i>	137	<i>sm zinc gluconate</i>	104	<i>sulfadiazine</i>	22
<i>sm miconazole 3</i>	85	<i>sodium bicarbonate</i>	75	<i>sulfamethoxazole-trimethoprim</i>	22
<i>sm miconazole 3 applicator</i>	85	<i>sodium chloride</i>	97, 148, 159	SULFAMYLLON.....	152
<i>sm miconazole 7</i>	85	<i>sodium chloride (hypertonic)</i>	137	<i>sulfasalazine</i>	77
<i>sm milk of magnesia</i>	81	<i>sodium fluoride</i>	98	<i>sulindac</i>	18
<i>sm mucus relief</i>	148	<i>sodium oxybate</i>	57	<i>sumatriptan</i>	55
<i>sm mucus relief max strength</i>	148	<i>sodium phenylbutyrate</i>	72	<i>sumatriptan succinate</i>	55, 56
<i>sm multiple vitamins essential</i>	126	<i>sodium polystyrene sulfonate</i>	64	<i>sumatriptan succinate refill</i>	55
<i>sm multiple vitamins/iron</i>	126	<i>solifenacin succinate</i>	84	<i>sunitinib malate</i>	36
<i>sm nasal decongestant</i>	148	SOLQUA.....	61	SUNLENCA.....	24
<i>sm nasal decongestant max st</i>	148	<i>solo</i>	127	SUNVITE ADVANCED.....	127
<i>sm nasal decongestant pe</i>	148	SOLTAMOX.....	32	<i>super antioxidant</i>	127
<i>sm nasal spray</i>	148	SOLU-CORTEF.....	70	<i>super aytinal</i>	127
<i>sm nasal spray 12 hour</i>	148	SOMATULINE DEPOT.....	72	<i>super aytinal 50 plus</i>	127
<i>sm nasal spray moisturizing</i>	148	SOMAVERT.....	72	<i>super b complex maxi</i>	127
<i>sm nasal spray sinus</i>	148	SOOTHE & COOL INZO		<i>super b complex/fal/vit c</i>	127
<i>sm niacin cr</i>	126	ANTIFUNGAL.....	154	<i>super b complex/vitamin c</i>	127
<i>sm nicotine</i>	59	<i>sorafenib tosylate</i>	36	<i>super b-complex + vitamin c</i>	127
<i>sm nicotine polacrilex</i>	59	SORBOLENE.....	158	<i>super b-complex/vit c/fa</i>	127
<i>sm nose drops nasal decongest</i>	148	SORINE.....	40	<i>super biotin</i>	127
<i>sm one daily mens</i>	126	<i>sotalol hcl</i>	40	<i>super calcium</i>	104
<i>sm one daily womens</i>	126	<i>sotalol hcl (af)</i>	40	<i>super calcium 600 + d 400</i>	104
<i>sm opti-vitamins</i>	126	<i>span c</i>	127	<i>super calcium 600 + d3</i>	104
<i>sm oyster shell calcium/vit d</i>	104	SPECTRAVITE.....	127	<i>super multiple</i>	127
<i>sm oyster shell calcium/vit d3</i>	104	<i>spironolactone</i>	39	SUPER NU-THERA.....	127
<i>sm pain & fever childrens</i>	17	<i>spironolactone-hctz</i>	43	SUPER QUINTS B-50.....	128
<i>sm pain & fever infants</i>	17	SPRINTEC 28.....	68	<i>super thera vite m</i>	128
<i>sm pain relief</i>	17	SPRITAM.....	47	<i>super vita-mins</i>	128
<i>sm pain reliever</i>	17	SPRYCEL.....	36	<i>superplex-t</i>	128
<i>sm pain reliever childrens</i>	17	SPS.....	64	<i>suphedrine 12hour</i>	149
<i>sm pain reliever ex st</i>	17	SRONYX.....	68	<i>support</i>	128
<i>sm pediatric electrolyte</i>	99	SSD.....	152	SUPPORT-500.....	128
<i>sm povidone-iodine</i>	158	STELARA.....	91	SUPREP BOWEL PREP KIT.....	81
<i>sm senna laxative</i>	81	<i>sterile water for irrigation</i>	159	<i>sv vitamin b-12 er</i>	128
<i>sm senna-s</i>	81	<i>stimulant laxative</i>	81	SYEDA.....	68
<i>sm slow release iron</i>	88	STIVARGA.....	36	SYMBICORT.....	151
<i>sm stomach relief</i>	76	<i>stomach relief</i>	76	SYMDEKO.....	150
<i>sm stool softener</i>	81	<i>stool softener</i>	81	SYMJEPI.....	150
<i>sm stool softener/laxative</i>	81	<i>stool softener laxative</i>	81	SYMPAZAN.....	47
<i>sm super b complex/c</i>	126	<i>stool softener plus laxative</i>	81	SYMTOZA.....	25
<i>sm triple antibiotic</i>	152	<i>stool softener/laxative</i>	81	SYNAREL.....	69

SYNJARDY	62, 63	<i>tgt acetaminophen ex st</i>	17	<i>tiagabine hcl</i>	47
SYNJARDY XR	63	<i>tgt allergy relief</i>	141	TIBSOVO	37
SYNRIBO	33	<i>tgt antifungal</i>	154	TICOVAC	95
SYNTHROID	73	<i>tgt antifungal spray powder</i>	154	<i>tigecycline</i>	30
SYRSPEND SF	96	<i>tgt childrens acetaminophen</i>	17	TILIA FE	68
SYSTANE	137	<i>tgt childrens ibuprofen</i>	18	<i>timolol maleate</i>	42, 133
SYSTANE BALANCE	137	<i>tgt fiber therapy</i>	81	TING	154
SYSTANE COMPLETE	137	<i>tgt gas relief extra strength</i>	83	TIVICAY	24
SYSTANE HYDRATION PF	137	<i>tgt gentle laxative</i>	81	TIVICAY PD	24
SYSTANE ICAPS AREDS2	128	<i>tgt ibuprofen childrens</i>	18	<i>tizanidine hcl</i>	57
SYSTANE OVERNIGHT		<i>tgt lubricant eye drops</i>	137	TOBRADEX	133
THERAPY	137	<i>tgt miconazole 7</i>	85	TOBRADEX ST	133
SYSTANE PRESERVATIVE FREE		<i>tgt nicotine polacrilex</i>	59	<i>tobramycin</i>	22, 134
.....	137	<i>tgt nicotine step one</i>	59	<i>tobramycin sulfate</i>	22
SYSTANE ULTRA	137	<i>tgt nicotine step three</i>	59	<i>tobramycin-dexamethasone</i>	133
SYSTANE ULTRA PF	137	<i>tgt nicotine step two</i>	59	<i>tolnaftate</i>	154
TAB-A-VITE	128	TGT POWDERLAX	81	<i>tolnaftate antifungal</i>	154
TAB-A-VITE/BETA CAROTENE	128	<i>tgt psyllium fiber</i>	82	<i>tolterodine tartrate</i>	84
<i>tab-a-vite/iron</i>	128	<i>tgt stomach relief</i>	76	<i>tolterodine tartrate er</i>	84
TAB-A-VITE/IRON/BETA		THALOMID	32	<i>topiramate</i>	47
CAROTENE	128	THE MAGIC BULLET	82	<i>toremifene citrate</i>	32
TABLOID	31	THEO-24	150	<i>torsemide</i>	43
TABRECTA	36	<i>theophylline</i>	150	<i>total allergy</i>	141
<i>tacrolimus</i>	93, 159	<i>theophylline er</i>	150	<i>total b/c</i>	129
TAFINLAR	36, 37	THERA	128	TOUJEO MAX SOLOSTAR	61
TAGRISSO	37	THERA M PLUS	128	TOUJEO SOLOSTAR	61
TALTZ	91	<i>thera vital m</i>	128	TPN ELECTROLYTES	97
TALZENNA	37	<i>therabasic-m</i>	128	TRADJENTA	63
<i>tamoxifen citrate</i>	32	THERA-D 2000	128	TRALEMENT	99
<i>tamsulosin hcl</i>	84	THERA-D RAPID REPLETION	128	<i>tramadol hcl</i>	20
TARINA 24 FE	68	THERAGRAN-M	128	<i>tramadol-acetaminophen</i>	20
TARINA FE 1/20 EQ	68	THERAGRAN-M ADVANCED	128	<i>trandolapril</i>	39
TASIGNA	37	THERAGRAN-M ADVANCED 50		<i>tranexamic acid</i>	89
<i>tasimelteon</i>	55	PLUS	128	<i>tranylcypromine sulfate</i>	50
<i>tazarotene</i>	154	THERAGRAN-M PREMIER	128	TRAVASOL	99
TAZICEF	28	THERAGRAN-M PREMIER 50		TRAZIMERA	37
TAZORAC	154	PLUS	128	<i>trazodone hcl</i>	50
TAZTIA XT	42	<i>thera-m</i>	128	TRECATOR	25
TAZVERIK	37	THERAMILL FORTE	128	TRELEGY ELLIPTA	138
TDVAX	94	<i>therapeutic formula/hematinics</i>	128	<i>treprostinil</i>	44
TECENTRIQ	37	<i>therapeutic moisturizing</i>	159	TRESIBA	61
TEFLARO	28	<i>therapeutic multivit/mineral</i>	128	TRESIBA FLEXTOUCH	61
<i>telmisartan</i>	40	<i>therapeutic-m</i>	128	<i>tretinoin</i>	33, 152
<i>telmisartan-amlodipine</i>	39	<i>therapeutic-m/lutein</i>	128	<i>triamcinolone acetonide</i> . 155, 156, 160	
<i>telmisartan-hctz</i>	39	<i>thera-tabs</i>	128	<i>triamterene-hctz</i>	43
<i>temazepam</i>	55	<i>thera-tabs m</i>	128	<i>tri-buffered aspirin</i>	17
TENIVAC	95	THERATEARS	137	TRICARE	98
<i>tenofovir disoproxil fumarate</i>	24	THERATRUM COMPLETE	128	TRICON	88
TEPMETKO	37	THERATRUM COMPLETE 50		<i>trientine hcl</i>	64
<i>terazosin hcl</i>	39	PLUS	128	TRI-ESTARYLLA	68
<i>terbinafine hcl</i>	21, 154	<i>theravim-m</i>	128	TRIFERIC	89
<i>terbutaline sulfate</i>	142	THEREMS	128	<i>trifluoperazine hcl</i>	54
<i>terconazole</i>	85	THEREMS-H	129	<i>trifluridine</i>	134
<i>teriparatide (recombinant)</i>	63	THEREMS-M	129	<i>trigels-f forte</i>	89
<i>testosterone</i>	59	<i>thiamine hcl</i>	129	<i>trihexyphenidyl hcl</i>	51
<i>testosterone cypionate</i>	59	<i>thiamine mononitrate</i>	129	TRIJARDY XR	63
<i>testosterone enanthate</i>	59	<i>thioridazine hcl</i>	54	TRIKAFTA	150
<i>tetrabenazine</i>	56	<i>thiothixene</i>	54	TRI-LEGEST FE	68
<i>tetracycline hcl</i>	30	<i>thrivite 19</i>	129	TRI-LINYAH	68
<i>tgt acetaminophen childrens</i>	17	TIADYLT ER	43	TRI-LO-ESTARYLLA	68

TRI-LO-MARZIA.....	68	ULTRACHOICE ADVANCED		<i>vigabatrin</i>	48
TRI-LO-MILI.....	68	FORMULA.....	129	VIGADRONE.....	48
TRI-LO-SPRINTEC.....	68	<i>unicomplex-m</i>	129	VIIBRYD STARTER PACK.....	50
<i>trimethoprim</i>	23	UNITHROID.....	73	<i>vilazodone hcl</i>	50
TRI-MILI.....	68	<i>ursodiol</i>	83	VIMPAT.....	48
<i>trimipramine maleate</i>	50	<i>valacyclovir hcl</i>	26	<i>vincristine sulfate</i>	33
TRINTELLIX.....	50	VALCHLOR.....	159	<i>vinorelbine tartrate</i>	33
TRI-NYMYO.....	68	<i>valganciclovir hcl</i>	26	<i>viorele</i>	69
<i>triphrocaps</i>	129	<i>valproate sodium</i>	47	VIRACEPT.....	24
<i>triple antibiotic</i>	152	<i>valproic acid</i>	47	VIREAD.....	24
<i>triple antibiotic plus</i>	152	<i>valsartan</i>	40	<i>virt-caps</i>	129
<i>triple antibiotic+pain relief</i>	152	<i>valsartan-hydrochlorothiazide</i>	40	<i>virt-fefa plus</i>	89
TRI-SPRINTEC.....	68	VALTOCO 10 MG DOSE.....	48	VIRT-GARD.....	129
TRIUMEQ.....	25	VALTOCO 15 MG DOSE.....	48	<i>vision formula 2</i>	129
TRIUMEQ PD.....	25	VALTOCO 20 MG DOSE.....	48	<i>vision formula eye health</i>	129
TRIVORA (28).....	68	VALTOCO 5 MG DOSE.....	48	<i>vision formulallutein</i>	129
TRI-VYLIBRA.....	68	<i>value plus glucose</i>	71	<i>vision vitamins</i>	129
TRI-VYLIBRA LO.....	68	VANADOM.....	57	VISTA ADVANCED AREDS2	
TRIZIVIR.....	25	<i>vancomycin hcl</i>	23	FORMULA.....	129
TROGARZO.....	24	<i>vancomycin hcl in nacl</i>	23	VISTA ADVANCED DRY EYE	
TROPHAMINE.....	99	VANIBASE.....	96	FORMULA.....	129
<i>tropical liquid nutrition</i>	129	VANICREAM.....	159	<i>vit e-vit c-beta carotene</i>	129
<i>trospium chloride</i>	84	<i>vanishing cream botanical base</i>	96	<i>vita c/bioflavonoids/rose hips</i>	129
TRULICITY.....	63	VAQTA.....	95	<i>vita hair</i>	129
TRUMENBA.....	95	<i>varenicline tartrate</i>	59	<i>vitabasic complete</i>	129
TRUSELTIQ (100MG DAILY		<i>varenicline tartrate (starter)</i>	59	<i>vitabasic senior</i>	129
DOSE).....	37	VARIVAX.....	95	<i>vita-beel/c</i>	130
TRUSELTIQ (125MG DAILY		VASCEPA.....	41	<i>vitabex plus</i>	130
DOSE).....	37	<i>v-c forte</i>	129	<i>vitachew multiple vitamin</i>	130
TRUSELTIQ (50MG DAILY DOSE).....	37	<i>vegetable lax+stool softener</i>	82	VITAFOL.....	130
TRUSELTIQ (75MG DAILY DOSE).....	37	VELIVET.....	69	VITAL-D RX.....	130
TRUXIMA.....	37	VELPHORO.....	72	<i>vitalee</i>	130
TUKYSA.....	37	VELTASSA.....	64	VITALETS CHILDRENS.....	130
TURALIO.....	37	VELVACHOL.....	159	<i>vitamin a</i>	130
TUSNEL C.....	149	VEMLIDY.....	26	<i>vitamin b + c complex</i>	130
<i>tusnel diabetic</i>	149	VENCLEXTA.....	37	<i>vitamin b 12</i>	130
TUSNEL-EX.....	149	VENCLEXTA STARTING PACK.....	37	<i>vitamin b complex</i>	130
<i>tussin cf</i>	149	VENEXA.....	129	<i>vitamin b-1</i>	130
<i>tussin cf multi-symptom cold</i>	149	VENEXA FE.....	129	<i>vitamin b12</i>	130
<i>tussin cough</i>	149	<i>venlafaxine hcl</i>	50	<i>vitamin b-12</i>	130
<i>tussin dm</i>	149	<i>venlafaxine hcl er</i>	50	<i>vitamin b-12 er</i>	130
<i>tussin dm cough + chest</i>	149	VENOFER.....	89	<i>vitamin b12 tr</i>	130
<i>tussin mucus & chest congest</i>	149	VENTAVIS.....	44	<i>vitamin b12-folic acid</i>	130
<i>tussin mucus+chest congestion</i>	149	VENTOLIN HFA.....	142	<i>vitamin b6</i>	130
<i>tussin multi-symptom cold cf</i>	149	VENTRIXYL.....	129	<i>vitamin b-6</i>	130
TWINRIX.....	95	VENTRIXYL FE.....	129	<i>vitamin b-complex</i>	130
TYBOST.....	24	<i>verapamil hcl</i>	43	<i>vitamin c</i>	130
TYDEMY.....	68	<i>verapamil hcl er</i>	43	<i>vitamin c drops</i>	130
TYPHIM VI.....	95	VERQUVO.....	44	<i>vitamin c er</i>	130
TYRVAYA.....	137	VERSACLOZ.....	54	<i>vitamin c plus wild rose hips</i>	130
U-BASE.....	96	<i>versatile cream base</i>	96	<i>vitamin c/rose hips</i>	130
UDAMIN SP.....	129	VERSIGEL.....	96	<i>vitamin c/rose hips tr</i>	130
ULTRA CHOICE MULTIVITAMIN		VERZENIO.....	37	<i>vitamin c-acerola</i>	130
KIDS.....	129	VESTURA.....	69	<i>vitamin c-rose hips</i>	130
<i>ultra freeda</i>	129	V-GO 20.....	61	<i>vitamin c-rose hips er</i>	130
<i>ultra freedaliron</i>	129	V-GO 30.....	61	<i>vitamin c-rose hips tr</i>	130
ULTRA FRESH.....	137	V-GO 40.....	61	<i>vitamin d</i>	131
<i>ultra lubricating eye drops</i>	137	VIC-FORTE.....	129	<i>vitamin d (cholecalciferol)</i>	130
ULTRACHOICE ADV FORMULA		VICTOZA.....	63	<i>vitamin d (ergocalciferol)</i>	131
MATURE.....	129	VIENVA.....	69	<i>vitamin d high potency</i>	131

<i>vitamin d infant</i>	131	<i>womens multi</i>	132	ZERVIAE.....	133
VITAMIN D-1000 MAX ST.....	131	<i>womens multi gummies</i>	132	<i>zidovudine</i>	24
<i>vitamin d3</i>	131	<i>womens multivitamin</i>	132	ZIEXTENZO.....	86
<i>vitamin d-3</i>	131	<i>wound care</i>	96	<i>zinc</i>	104
<i>vitamin d3 complete</i>	131	WYMZYA FE.....	69	<i>zinc chloride</i>	99
<i>vitamin d3 maximum strength</i>	131	XALKORI.....	37	<i>zinc gluconate</i>	104
<i>vitamin d3 super strength</i>	131	XARELTO.....	86	<i>zinc oxide</i>	159
<i>vitamin d3 ultra strength</i>	131	XARELTO STARTER PACK.....	86	<i>zinc sulfate</i>	104
<i>vitamin d-400</i>	131	XATMEP.....	91	<i>ziprasidone hcl</i>	54
<i>vitamin e</i>	131	XCEL 100.....	96	<i>ziprasidone mesylate</i>	54
<i>vitamin e blend</i>	131	XCOPRI.....	48	ZIRABEV.....	38
<i>vitamin e water soluble</i>	131	XCOPRI (250 MG DAILY DOSE) ...	48	ZIRGAN.....	134
<i>vitamin e-200</i>	131	XCOPRI (350 MG DAILY DOSE) ...	48	<i>zoledronic acid</i>	63
<i>vitamin e-400</i>	131	XELJANZ.....	91	ZOLINZA.....	38
<i>vitamin k1</i>	131	XELJANZ XR.....	91	<i>zolmitriptan</i>	56
<i>vitamins acd-fluoride</i>	131	XENICAL.....	72	<i>zolpidem tartrate</i>	55
<i>vitamins a-d-e/selenium</i>	131	XERAC AC.....	159	ZONISADE.....	48
<i>vitamins for hair</i>	131	XERMELO.....	83	<i>zonisamide</i>	48
<i>vitamins/minerals</i>	131	XGEVA.....	63	<i>zoo friends complete</i>	132
VITASANA.....	131	XHANCE.....	150	ZOSTRIX HP.....	159
<i>vitasure</i>	131	XIFAXAN.....	83	ZOSTRIX NATURAL PAIN RELIEF	
<i>vitatrum</i>	131, 132	XIGDUO XR.....	63		159
VITATRUM COMPLETE.....	131	XIIDRA.....	137	ZOVIA 1/35 (28).....	69
VITRAKVI.....	37	XOFLUZA (40 MG DOSE).....	26	ZTALMY.....	48
VITRAMYN.....	132	XOFLUZA (80 MG DOSE).....	26	ZUMANDIMINE.....	69
VITRANOL.....	132	XOLAIR.....	150	ZYDELIG.....	38
VITRANOL FE.....	132	XOSPATA.....	37	ZYKADIA.....	38
VITREXATE.....	132	XPOVIO (100 MG ONCE		ZYLET.....	133
VITREXATE FE.....	132	WEEKLY).....	37	ZYPREXA RELPREVV.....	54
VITREXYL.....	132	XPOVIO (40 MG ONCE WEEKLY) ..	37	<i>zyvana</i>	132
VITREXYL + IRON.....	132	XPOVIO (40 MG TWICE WEEKLY) ..	38		
<i>vitrum 50+ senior multi</i>	132	XPOVIO (60 MG ONCE WEEKLY) ..	38		
VITRUM SENIOR.....	132	XPOVIO (60 MG TWICE WEEKLY) ..	38		
VIVITROL.....	59	XPOVIO (80 MG ONCE WEEKLY) ..	38		
VIZIMPRO.....	37	XPOVIO (80 MG TWICE WEEKLY) ..	38		
<i>v-max</i>	96	XTANDI.....	32		
VONJO.....	37	XULANE.....	69		
<i>voriconazole</i>	21	XULTOPHY.....	61		
VOSEVI.....	26	<i>xvite</i>	132		
VOTRIENT.....	37	XYREM.....	57		
<i>vp-vite rx</i>	132	YELETS TEENAGE FORMULA....	132		
VRAYLAR.....	54	YF-VAX.....	95		
VYFEMLA.....	69	<i>yl coenzyme q10</i>	105		
VYLIBRA.....	69	<i>yl folic acid</i>	132		
VYZULTA.....	133	<i>yl vitamin b-6</i>	132		
WAL-DRYL ALLERGY.....	141	<i>yl vitamin c</i>	132		
<i>warfarin sodium</i>	86	<i>yl vitamin c-rose hips</i>	132		
<i>wee care</i>	89	YOUR LIFE MULTI ADULT			
WEEKLY-D.....	132	GUMMIES.....	132		
WELIREG.....	33	YUVAFEM.....	70		
WERA.....	69	ZAFEMY.....	69		
<i>wescaps</i>	132	<i>zafirlukast</i>	149		
<i>westab max</i>	132	<i>zaleplon</i>	55		
<i>westab mini</i>	132	ZARXIO.....	86		
<i>westab one</i>	132	ZEASORB-AF.....	154		
<i>west-vite w/folic acid</i>	132	ZEJULA.....	38		
<i>womans laxative</i>	82	ZELBORAF.....	38		
<i>womens 50+ advanced</i>	132	ZEMAIRA.....	150		
<i>womens daily form/fa/ca/fe</i>	132	ZENATANE.....	152		
<i>womens daily formula</i>	132	ZENPEP.....	83		

Neighborhood INTEGRITY (Medicare-Medicaid Plan)

2023 Formulary: List of Covered Drugs

For more recent information or other questions, contact us at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays or visit www.nhpri.org/INTEGRITY. We have made no changes to this formulary since **9/19/2023**.

H9576_PhmdrugList23 Approved 10/07/2022



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