

SHARP Health Plan

Sharp Direct Advantage®

2026 Comprehensive Drug List

List of covered drugs for Sharp Direct Advantage (HMO) Medicare Plans



Sharp Direct Advantage (HMO)

2026 Formulary (List of covered drugs or “Drug List”)

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

2026 Part D Formulary Effective 06/01/2026

Formulary ID: 00026071

This formulary was updated on 06/01/2026. For more recent information or other questions, please call our dedicated Medicare prescription helpline at 1-855-222-3183 (toll free), or, for TTY/TDD users, 711. Representatives are available 24 hours a day, 7 days a week. Or visit sharpmedicareadvantage.com.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Sharp Health Plan. When it refers to “plan” or “our plan,” it means Sharp Direct Advantage (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 06/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back pages.

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

What is the Sharp Direct Advantage (HMO) formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules when making these changes. Updates to the formulary are posted monthly to our website here: sharpmedicareadvantage.com/druglist.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Sharp Direct Advantage (HMO) Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new

restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Sharp Direct Advantage (HMO) Formulary?"

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

The enclosed formulary is current as of 06/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of mid-year non-maintenance formulary changes, we will post an updated version of the plan formulary on our website at sharpmedicareadvantage.com/druglist. If you would like a printed version of the corrections, we will mail it to you upon request.

How do I use the Formulary?

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

- **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

- **Alphabetical Listing**

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

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 tablets for 30 days per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to Sharp Direct Advantage (HMO) formulary?” on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to Sharp Direct Advantage (HMO) Formulary?

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

If you are a member entering a long-term care (LTC) facility from other care settings and have a level of care change, we will cover one 34-day supply of a particular drug, or less if your prescription is written for fewer days.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Sharp Direct Advantage (HMO) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

- The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).
- The second column, “Drug Tier,” will indicate what tier number the drug is in.

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

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you are in.
- **The drug tier for your drug.** Each covered drug is in one of six drug tiers. Each tier has a copay and or co-insurance amount. The chart below shows the differences between the tiers.

Drug Tier	Includes
Tier 1 - Preferred Generic Drugs	Preferred generic drugs and may include some brand name drugs
Tier 2 - Generic Drugs	Generic drugs and may include some brand name drugs
Tier 3 - Preferred Brand Name Drugs	Preferred brand name drugs and non-preferred generic drugs
Tier 4 - Non-Preferred Drugs	Non-preferred generic and non-preferred brand name drugs
Tier 5 - Specialty Drugs	Very high-cost brand and generic drugs, which may require special handling and/or close monitoring
Tier 6 - Select Care Drugs	Select care generic drugs for treating conditions such as diabetes, high blood pressure, and high cholesterol

For more information about drug coverage and co-pay or co-insurance amounts for each tier, please review your *Evidence of Coverage*.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

Abbreviation	Description	Explanation
NDS	Non-Extended Day's Supply	This drug is limited to a 30-day supply.
NM	No Mail Order	This drug is not available through mail order.
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
B/D	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL	Quantity Limit Restrictions	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

Table of Contents

ANALGESICS.....	2
ANTI-INFECTIVES	4
ANTINEOPLASTIC AGENTS	13
CARDIOVASCULAR.....	25
CENTRAL NERVOUS SYSTEM	33
ENDOCRINE AND METABOLIC	49
GASTROINTESTINAL.....	60
GENITOURINARY.....	63
HEMATOLOGIC.....	64
IMMUNOLOGIC AGENTS.....	66
NUTRITIONAL/SUPPLEMENTS	71
OPHTHALMIC.....	74
OTIC.....	76
RESPIRATORY	76
TOPICAL	80
Index.....	85

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>probenecid</i> TABS 500mg	2	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA

PA - Prior Authorization PA NSO - Prior Authorization for New Starts Only QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

3

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	2	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
<i>BLUJEPa TABS 750mg</i>	3	
<i>CAYSTON SOLR 75mg</i>	5	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
<i>DAPTOMYCIN SOLR 350mg</i>	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>fosfomicin tromethamine PACK 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

4

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin TABS 3mg</i>	2	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	2	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>polymyxin b sulfate SOLR 500000unit</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<i>pyrimethamine TABS 25mg</i>	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	2	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	2	
<i>trimethoprim TABS 100mg</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	2	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	2	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	2	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
EDURANT PED TBSO 2.5mg	5	NDS, NM
<i>efavirenz</i> TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS HD TABS 600mg	5	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NDS, NM
<i>rilpivirine hcl</i> TABS 25mg	5	NDS, NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml	5	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 50mg	5	NDS, NM

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, NM
DESCOVY TAB 200/25MG	5	NDS, NM
DOVATO TAB 50-300MG	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 675/150	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NDS, NM

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
BARACLUDGE SOLN .05mg/ml	5	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	2	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NDS, NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
---	---	--

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml	5	NDS
<i>e.e.s. 400</i> TABS 400mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>fidaxomicin</i> TABS 200mg	5	NDS

FLUOROQUINOLONES

<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	

PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin</i> CAPS 500mg	1	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
NUZYRA SOLR 100mg	5	NDS, NM
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	
<i>tigecycline</i> SOLR 50mg	2	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLN 1gm/5ml; SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA NSO
<i>lomustine</i> CAPS 10mg, 40mg	2	NM
<i>lomustine</i> CAPS 100mg	5	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA NSO
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA NSO
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA NSO
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA NSO
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA NSO

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), NM, PA NSO
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA NSO
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA NSO
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA NSO
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA NSO
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA NSO
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ORGOVYX TABS 120mg	5	NDS, NM, PA NSO
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA NSO
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA NSO
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA NSO

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA NSO
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA NSO
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA NSO
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA NSO
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

16

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA NSO
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA NSO
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA NSO
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA NSO
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA NSO
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA NSO
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA NSO
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA NSO
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA NSO
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA NSO
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA NSO
HERCEPTIN SOLR 150mg	5	NDS, NM, PA NSO
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA NSO
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA NSO
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>imatinib mesylate</i> TABS 100mg	2	QL (90 tabs / 30 days), NM, PA NSO
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA NSO
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA NSO
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA NSO
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA NSO
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA NSO
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA NSO
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA NSO
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA NSO
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA NSO
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA NSO
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA NSO
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA NSO
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA NSO
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
MONJUVI SOLR 200mg	5	NDS, NM, PA NSO
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA NSO
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA NSO
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA NSO
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA NSO
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA NSO
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PHESGO SOL	5	NDS, NM, PA NSO
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA NSO
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA NSO
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA NSO
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA NSO
TAGRISSE TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA NSO
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA NSO
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA NSO
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA NSO
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA NSO
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA NSO
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA NSO
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA NSO
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA NSO
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA NSO
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA NSO
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QL (60 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afI) TABS 80mg, 120mg, 160mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	2	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	2	QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>nitro-bid</i> OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA NSO
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA NSO
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA NSO
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA NSO
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA NSO
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA NSO
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA NSO

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	
NAMZARIC CAP 7-10MG	4	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA NSO; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA NSO; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA NSO
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA NSO
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA NSO; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA NSO; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA NSO
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA NSO
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA NSO
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA NSO
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA NSO
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA NSO
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA NSO
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA NSO; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA NSO; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA NSO
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA NSO
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, PA NSO
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, PA NSO

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply 35

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	QL (60 tabs / 30 days), ST

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA NSO
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA NSO
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA NSO
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA NSO
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA NSO
FANAPT PAK PACK A	4	QL (2 packs / year), PA NSO
FANAPT PAK PACK B	4	QL (2 packs / year), PA NSO
FANAPT PAK PACK C	4	QL (2 packs / year), PA NSO
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA NSO
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA NSO
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA NSO
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA NSO
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA NSO
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA NSO
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA NSO

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
<i>brivaracetam</i> SOLN 10mg/ml	2	QL (600 mL / 30 days), PA NSO
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA NSO
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA NSO
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA NSO
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA NSO
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA NSO
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA NSO; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA NSO
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA NSO
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA NSO
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA NSO
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA NSO
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA NSO
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA NSO
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam</i> TB3D 250mg	2	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	2	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA NSO
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA NSO
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA NSO
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA NSO; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA NSO; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA NSO; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA NSO; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA NSO
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA NSO
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA NSO
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA NSO
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA NSO
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

43

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA NSO
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA NSO
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA NSO

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	2	QL (30 tabs / 30 days)
<i>ramelteon TABS 8mg</i>	2	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam CAPS 15mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

46

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	2	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA NSO
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA NSO

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	2	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

48

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
<i>testosterone pump</i> GEL 1.62%	2	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
<i>dapagliflozin</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

49

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

50

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring</i> 0.12- <i>0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza</i> 1.5/30	2	
<i>feirza</i> 1/20	2	
<i>hailey</i> 1.5/30	2	
<i>hailey fe</i> 1/20	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i> 1.5/30	2	
<i>junel</i> 1/20	2	
<i>junel fe</i> 1.5/30	2	
<i>junel fe</i> 1/20	2	
<i>kariva</i>	2	
<i>kelnor</i> 1/35	2	
<i>kurvelo</i>	2	
<i>larin</i> 1.5/30	2	
<i>larin</i> 1/20	2	
<i>larin fe</i> 1.5/30	2	
<i>larin fe</i> 1/20	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 <i>mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab</i> 0.05- <i>30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora</i> 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
<i>loestrin</i> 1.5/30-21	2	
<i>loestrin</i> 1/20-21	2	
<i>loestrin fe</i> 1.5/30	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutera</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

55

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>hydrocortisone sod succinate</i> SOLR 100mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	

GLUCOSE ELEVATING AGENTS

<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	

MISCELLANEOUS

ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA NSO
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	

PA - Prior Authorization PA NSO - Prior Authorization for New Starts Only QL -
Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered
under Medicare B or D NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000UNIT	4	
ZENPEP CAP 40000UNIT	4	
ZENPEP CAP 60000UNIT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)

PA - Prior Authorization PA NSO - Prior Authorization for New Starts Only QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

64

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	2	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	2	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

65

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

66

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLIXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

68

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA NSO
ARCALYST SOLR 220mg	5	NDS, NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	2	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

70

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	4	
D5W/NAACL INJ 0.2%	2	
D5W/NAACL INJ 0.45%	2	
D10W/NAACL INJ 0.2%	3	
D10W/NAACL INJ 0.45%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	2	
<i>magnesium sulfat SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	2	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	2	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose</i> SOLN 50%	2	B/D
DEXTROSE 10% SOLN 10%	2	
DEXTROSE 70% SOLN 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	1	
<i>sulfacetamide sodium (ophth) SOLN</i> 10%	2	
<i>tobramycin (ophth) SOLN</i> .3%	1	
<i>trifluridine SOLN</i> 1%	2	
XDEMVY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth) SOLN</i> .1%	2	
<i>fluorometholone (ophth) SUSP</i> .1%	2	
<i>flurbiprofen sodium SOLN</i> .03%	2	
<i>ketorolac tromethamine (ophth) SOLN</i> .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP</i> 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN</i> .05%	2	
<i>cromolyn sodium (ophth) SOLN</i> 4%	1	
ZERVIAE SOLN .24%	4	

ANTIGLAUCOMA

<i>betaxolol hcl (ophth) SOLN</i> .5%	2	
<i>brimonidine tartrate SOLN</i> .2%	1	
<i>brinzolamide SUSP</i> 1%	2	ST
<i>carteolol hcl (ophth) SOLN</i> 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl SOLN</i> 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost SOLN</i> .005%	1	
<i>levobunolol hcl SOLN</i> .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl SOLN</i> 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth) SOLG</i> .25%, .5%	2	
<i>timolol maleate (ophth) SOLN</i> .25%, .5%	1	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic) SOLN</i> 1%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

75

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

76

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide hfa</i> AERS 17mcg/act	2	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	2	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynd</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>amnesteem CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 mL / 30 days), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

80

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>neuc</i>	2	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	2	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> SHAM 1%	2	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	2	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

81

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	2	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

82

06/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	2	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA NSO
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
<i>PANRETIN</i> GEL .1%	5	NDS, QL (60 gm / 30 days), PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA NSO

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

Index

A	
<i>abacavir sulfate</i>	7
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	8
<i>abigale</i>	56
<i>abigale lo</i>	57
ABILIFY ASIMTUFII	36
ABILIFY MAINTENA	36
<i>abiraterone acetate</i>	14
<i>abirtega</i>	14
ABRYSVO	70
<i>acamprosate calcium</i>	48
<i>acarbose</i>	49
<i>accutane</i>	80
<i>acebutolol hcl</i>	30
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	31
<i>acetic acid</i>	64
<i>acetic acid (otic)</i>	76
<i>acetylcysteine</i>	78
<i>acitretin</i>	81
ACTHIB INJ	70
ACTIMMUNE	69
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
ADACEL INJ.....	70
ADALIMUMAB-BWWD	66
<i>adefovir dipivoxil</i>	9
ADEMPAS.....	32
ADMELOG	50
ADMELOG SOLOSTAR	50
ADVAIR HFA AER 115/21	80
ADVAIR HFA AER 230/21	80
ADVAIR HFA AER 45/21	80
<i>afirmelle</i>	53
AIMOVIG	46
AIRSUPRA AER 90-80MCG.....	80
AKEEGA TAB 100/500.....	14
AKEEGA TAB 50/500MG	14
<i>ala-cort</i>	82
<i>albendazole</i>	4
<i>albuterol sulfate</i>	77
<i>alclometasone dipropionate</i>	82
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	51
ALDURAZYME	58
ALECENSA	16
<i>alendronate sodium</i>	52
<i>alfuzosin hcl</i>	63
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	2
<i>alose tron hcl</i>	62
<i>alprazolam</i>	33
<i>altavera</i>	53
ALUNBRIG.....	16
ALUNBRIG PAK	16
ALVAIZ	65
ALVESCO	79
<i>alyacen 1/35</i>	53
<i>alyacen 7/7/7</i>	53
ALYFTREK TAB 10-50-125	78
ALYFTREK TAB 4-20-50.....	78
ALYGLO	69
<i>alyq</i>	32
<i>amantadine hcl</i>	35
<i>ambrisentan</i>	32
<i>amikacin sulfate</i>	4
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	31
<i>amiloride hcl</i>	31
<i>aminosyn ii soln 15%</i>	73
AMINOSYN INJ 10%	73
AMINOSYN-PF INJ 10%.....	73
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	34
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	25

<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	25	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	25	<i>amphetamine-dextroamphetamine tab 10 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	27	<i>amphetamine-dextroamphetamine tab 15 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 20 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	26	<i>amphetamine-dextroamphetamine tab 30 mg</i>	45
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	27	<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	45
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	27	<i>amphotericin b</i>	6
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	27	<i>amphotericin b liposome</i>	6
<i>amnestem</i>	80	<i>ampicillin</i>	11
<i>amoxapine</i>	34	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	12
<i>amoxicillin</i>	11	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	12
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	12
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	12
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	12
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	11	<i>ampicillin sodium</i>	12
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	11	<i>anagrelide hcl</i>	65
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11	<i>anastrozole</i>	14
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11	<i>ANORO ELLIPT AER 62.5-25</i>	76
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	44	<i>aprepitant</i>	60
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	44	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	60
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	44	<i>apri</i>	53
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	44	<i>APTIOM</i>	40
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	44	<i>APTIVUS</i>	7
		<i>ARALAST NP</i>	78
		<i>aranelle</i>	53
		<i>ARCALYST</i>	69
		<i>AREXVY</i>	70
		<i>ARIKAYCE</i>	4
		<i>aripiprazole</i>	36
		<i>ARISTADA</i>	37
		<i>ARISTADA INITIO</i>	37

<i>armodafinil</i>	48	BAFIERTAM	47
ARNUIITY ELLIPTA.....	79	<i>balsalazide disodium</i>	62
<i>asenapine maleate</i>	37	BALVERSA.....	17
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	66	<i>balziva</i>	53
ASTAGRAF XL.....	69	BARACLUDGE	9
<i>atazanavir sulfate</i>	7	BCG VACCINE.....	70
<i>atenolol</i>	30	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	25
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	29	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	25
<i>atenolol & chlorthalidone tab 50-25 mg</i>	29	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	25
<i>atomoxetine hcl</i>	45	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	25
<i>atorvastatin calcium</i>	29	<i>benazepril hcl</i>	26
<i>atovaquone</i>	4	BENDAMUSTINE HYDROCHLORID	13
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	6	BENDEKA.....	13
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	6	BENLYSTA	69, 70
ATROPINE SULFATE.....	75	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	80
<i>atropine sulfate (ophthalmic)</i>	75	<i>benztropine mesylate</i>	35
ATROVENT HFA.....	76	BERINERT	65
<i>aubra eq</i>	53	<i>besifloxacin hcl</i>	74
AUGTYRO.....	16	BESIVANCE	74
<i>aurovela 1/20</i>	53	BESREMI	15
<i>aurovela fe 1/20</i>	53	<i>betaine powder for oral solution</i>	58
<i>aurovela fe 1.5/30</i>	53	<i>betamethasone dipropionate (topical)</i>	82
AUSTEDO.....	46	<i>betamethasone dipropionate</i> <i>augmented</i>	82
AUSTEDO XR.....	46	<i>betamethasone valerate</i>	82
AUSTEDO XR TAB TITR KIT	47	BETASERON	47
AUVELITY TAB 45-105MG.....	34	<i>betaxolol hcl (ophth)</i>	75
<i>aviane</i>	53	<i>bethanechol chloride</i>	64
AVMAPKI PAK FAKZYNJA.....	16	BEVESPI AER 9-4.8MCG.....	76
<i>ayuna</i>	53	<i>bexarotene</i>	15
AYVAKIT	16	<i>bexarotene (topical)</i>	83
<i>azacitidine</i>	13	BEXSERO	70
<i>azathioprine</i>	69	<i>bicalutamide</i>	14
<i>azelastine hcl</i>	77	BICILLIN L-A	12
<i>azelastine hcl (ophth)</i>	75	BIKTARVY TAB 30-120-15 MG	8
<i>azithromycin</i>	10, 11	BIKTARVY TAB 50-200-25 MG	8
<i>aztreonam</i>	4	BILDYOS.....	52
<i>azurette</i>	53	BIMZELX.....	66
B		<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	29
<i>bacitracin-polymyxin b ophth oint</i>	74		
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	74		
<i>baclofen</i>	47		

<i>bisoprolol & hydrochlorothiazide tab</i>		<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2.5-6.25 mg	29	2-0.5 mg (base equiv)	48
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>buprenorphine hcl-naloxone hcl sl tab</i>	
6.25 mg	29	8-2 mg (base equiv)	48
<i>bisoprolol fumarate</i>	30	<i>bupropion hcl</i>	34
BIVIGAM.....	69	<i>bupropion hcl (smoking deterrent)</i> ...	48
<i>blisovi fe 1/20</i>	53	<i>bupirone hcl</i>	33
<i>blisovi fe 1.5/30</i>	53	<i>butorphanol tartrate</i>	3
BLUJEPA	4	C	
BONSITY.....	52	<i>cabergoline</i>	58
BOOSTRIX INJ	70	CABOMETYX	17
<i>bortezomib</i>	17	<i>calcipotriene</i>	81, 82
BORTEZOMIB	17	<i>calcitonin (salmon) spray</i>	52
<i>bosentan</i>	32	<i>calcitrene</i>	82
BOSULIF	17	<i>calcitriol</i>	60
BRAFTOVI	17	<i>calcitriol (oral)</i>	60
BREO ELLIPTA INH 100-25	80	CALQUENCE	17
BREO ELLIPTA INH 200-25	80	<i>camila</i>	53
BREO ELLIPTA INH 50-25MCG	80	<i>candesartan cilexetil</i>	28
<i>breyna</i>	80	CAPLYTA.....	37
BREZTRI AERO AER SPHERE	76	CAPRELSA.....	17
BREZTRI AERO AER SPHERE		<i>captopril</i>	26
(INSTITUTIONAL PACK)	76	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>briellyn</i>	53	15 mg.....	25
<i>brimonidine tartrate</i>	75	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>brinzolamide</i>	75	25 mg.....	25
<i>brivaracetam</i>	40	<i>captopril & hydrochlorothiazide tab 50-</i>	
BRIVIACT.....	40	15 mg.....	25
<i>bromocriptine mesylate</i>	35	<i>captopril & hydrochlorothiazide tab 50-</i>	
BRUKINSA	17	25 mg.....	25
<i>budesonide</i>	62	<i>carb/levo orally disintegrating tab 10-</i>	
<i>budesonide (inhalation)</i>	80	100mg.....	36
<i>budesonide-formoterol fumarate dihyd</i>		<i>carb/levo orally disintegrating tab 25-</i>	
aerosol 160-4.5 mcg/act	80	100mg.....	36
<i>budesonide-formoterol fumarate dihyd</i>		<i>carb/levo orally disintegrating tab 25-</i>	
aerosol 80-4.5 mcg/act	80	250mg.....	36
<i>bumetanide</i>	31	<i>carbamazepine</i>	40
<i>buprenorphine hcl</i>	48	<i>carbidopa & levodopa tab 10-100 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 25-100 mg</i>	36
12-3 mg (base equiv)	48	<i>carbidopa & levodopa tab 25-250 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab er 25-100</i>	
2-0.5 mg (base equiv)	48	mg	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab er 50-200</i>	
4-1 mg (base equiv)	48	mg	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
8-2 mg (base equiv)	48	12.5-50-200 mg.....	36

<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	36	CERDELGA	58
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	36	CEREZYME	58
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	36	<i>cetirizine hcl</i>	77
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	36	<i>chateal eq</i>	53
<i>carboplatin</i>	13	CHEMET	52
<i>carglumic acid</i>	58	<i>chlorhexidine gluconate (mouth-throat)</i>	84
<i>carteolol hcl (ophth)</i>	75	<i>chloroquine phosphate</i>	6
<i>cartia xt</i>	30	<i>chlorpromazine hcl</i>	37
<i>carvedilol</i>	30	<i>chlorthalidone</i>	31
<i>caspofungin acetate</i>	6	<i>cholestyramine</i>	29
CAYSTON	4	<i>cholestyramine light</i>	29
<i>cefaclor</i>	10	<i>ciclopirox</i>	81
<i>cefadroxil</i>	10	<i>ciclopirox olamine</i>	81
CEFAZOLIN	10	<i>cilostazol</i>	65
CEFAZOLIN/DEX SOL 1GM/50ML-4%	10	CILOXAN	74
CEFAZOLIN/DEX SOL 2GM/50ML-3%	10	CIMDUO TAB 300-300	8
CEFAZOLIN/DEX SOL 3GM/150ML-4%	10	<i>cinacalcet hcl</i>	58
CEFAZOLIN/DEX SOL 3GM/50ML-2%	10	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	11
CEFAZOLIN INJ 1GM/50ML	10	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	11
<i>cefazolin sodium</i>	10	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	76
CEFAZOLIN SOLN 2GM/100ML-4% ..	10	<i>ciprofloxacin hcl</i>	11
<i>cefdinir</i>	10	<i>ciprofloxacin hcl (ophth)</i>	74
<i>cefepime hcl</i>	10	<i>cisplatin</i>	13
<i>cefixime</i>	10	<i>citalopram hydrobromide</i>	34
<i>cefotetan disodium</i>	10	<i>claravis</i>	80
<i>cefoxitin sodium</i>	10	<i>clarithromycin</i>	11
<i>cefpodoxime proxetil</i>	10	<i>clindamycin hcl</i>	4
<i>cefprozil</i>	10	<i>clindamycin palmitate hydrochloride</i> ..	4
<i>ceftaroline fosamil</i>	10	<i>clindamycin phosphate</i>	4
<i>ceftazidime</i>	10	<i>clindamycin phosphate (topical)</i> ..	80, 81
<i>ceftriaxone sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4
<i>cefuroxime axetil</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4
<i>cefuroxime sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4
<i>celecoxib</i>	2	<i>clindamycin phosphate vaginal</i>	64
<i>cephalexin</i>	10	<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	80
CEQUR SIMPL KIT PATCH 2U (3-DAY)	51	CLINDMYC/NAC INJ 300/50ML	4
CEQUR SIMPL KIT PATCH 2U (4-DAY)	51	CLINDMYC/NAC INJ 600/50ML	4
CEQUR SIMPL MIS INSERTER	51	CLINDMYC/NAC INJ 900/50ML	4
		CLINIMIX INJ 4.25/D10	73
		CLINIMIX INJ 4.25/D5W	73
		CLINIMIX INJ 5%/D15W	73

CLINIMIX INJ 5%/D20W	73	CREON CAP 6000UNIT	62
CLINIMIX INJ 6/5	73	CRESEMBA.....	6
CLINIMIX INJ 8/10	73	<i>cromolyn sodium</i>	78
CLINIMIX INJ 8/14	73	<i>cromolyn sodium (mastocytosis)</i>	62
<i>clinisol sf 15%</i>	73	<i>cromolyn sodium (ophth)</i>	75
CLINOLIPID EMU 20%	73	<i>cryselle</i>	53
<i>clobazam</i>	40	<i>cyclobenzaprine hcl</i>	47
<i>clobetasol propionate</i>	82	<i>cyclophosphamide</i>	13
<i>clobetasol propionate e</i>	82	CYCLOPHOSPHAMIDE	13
<i>clodan</i>	82	CYCLOPHOSPHAMIDE MONOHYDR....	13
<i>clomipramine hcl</i>	34	<i>cycloserine</i>	9
<i>clonazepam</i>	40	<i>cyclosporine</i>	70
<i>clonidine</i>	31	<i>cyclosporine modified (for</i>	
<i>clonidine hcl</i>	31	<i>microemulsion)</i>	70
<i>clopidogrel bisulfate</i>	66	<i>cyproheptadine hcl</i>	77
<i>clorazepate dipotassium</i>	40	<i>cyred eq</i>	53
<i>clotrimazole</i>	84	CYSTADROPS	76
<i>clotrimazole (topical)</i>	81	CYSTAGON.....	58
<i>clotrimazole w/ betamethasone cream</i>		CYSTARAN	76
<i>1-0.05%</i>	81	<i>cytarabine</i>	13
<i>clozapine</i>	37	D	
COARTEM TAB 20-120MG	6	D10W/NACL INJ 0.2%	71
COBENFY CAP 100-20MG	37	D10W/NACL INJ 0.45%.....	71
COBENFY CAP 125-30MG	37	D2.5W/NACL INJ 0.45%.....	71
COBENFY CAP 50-20MG	37	D5W/NACL INJ 0.2%	71
COBENFY STRT CAP PACK	37	D5W/NACL INJ 0.45%	71
<i>colchicine</i>	2	<i>dabigatran etexilate mesylate</i>	64
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dalfampridine</i>	47
<i>mg</i>	2	<i>danazol</i>	49
<i>colesevelam hcl</i>	29	<i>dantrolene sodium</i>	48
<i>colestipol hcl</i>	29	DANZITEN.....	17
<i>colistimethate sodium</i>	4	<i>dapagliflozin</i>	49
COMBIGAN SOL 0.2/0.5%	75	<i>dapagliflozin free base-metformin hcl</i>	
COMBIVENT AER 20-100	76	<i>tab er 24hr 10-1000 mg</i>	49
COMETRIQ (60MG DOSE).....	17	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ KIT 100MG.....	17	<i>tab er 24hr 10-500 mg</i>	49
COMETRIQ KIT 140MG.....	17	<i>dapagliflozin free base-metformin hcl</i>	
<i>compro</i>	60	<i>tab er 24hr 5-1000 mg</i>	49
<i>constulose</i>	62	<i>dapagliflozin free base-metformin hcl</i>	
COPAXONE.....	47	<i>tab er 24hr 5-500 mg</i>	49
COPIKTRA	17	<i>dapsone</i>	4
CORLANOR.....	31	DAPTACEL INJ	70
COTELLIC	17	<i>daptomycin</i>	4
CREON CAP 12000UNT	62	DAPTOMYCIN	4
CREON CAP 24000UNT	62	<i>darunavir</i>	7
CREON CAP 3000UNIT	62	<i>dasatinib</i>	17
CREON CAP 36000UNT	62	<i>dasetta 1/35</i>	53

<i>dasetta 7/7/7</i>	53	<i>diclofenac sodium (ophth)</i>	75
DAURISMO	18	<i>diclofenac sodium (topical)</i>	83
DAYVIGO	45	<i>dicloxacillin sodium</i>	12
<i>deblitane</i>	53	<i>dicyclomine hcl</i>	61
<i>deferasirox</i>	52	DIFICID	11
DELSTRIGO TAB	8	<i>diflunisal</i>	2
DENGVAXIA SUS	70	<i>digoxin</i>	31
DEPO-SUBQ PROVERA 104	53	<i>dihydroergotamine mesylate</i>	46
<i>depo-testosterone</i>	49	DILANTIN	41
DESCOVY TAB 120-15MG	8	<i>diltiazem hcl</i>	30
DESCOVY TAB 200/25MG	8	<i>diltiazem hcl coated beads</i>	30
<i>desipramine hcl</i>	34	<i>diltiazem hcl extended release beads</i>	30
<i>desmopressin acetate</i>	58	<i>dilt-xr</i>	30
<i>desmopressin acetate spray</i>	58	<i>diphenhydramine hcl</i>	77
<i>desmopressin acetate spray</i> <i>refrigerated</i>	58	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	63
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	53	<i>dipyridamole</i>	66
<i>desvenlafaxine succinate</i>	34	<i>disopyramide phosphate</i>	28
<i>dexamethasone</i>	57	<i>disulfiram</i>	48
DEXAMETHASONE INTENSOL	57	<i>divalproex sodium</i>	41
<i>dexamethasone sodium phosphate</i>	57	<i>docetaxel</i>	16
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	75	DOCETAXEL	16
<i>dexmethylphenidate hcl</i>	45	DOCIVYX	16
<i>dextrose</i>	73, 74	<i>dofetilide</i>	28
DEXTROSE 10%	74	<i>donepezil hydrochloride</i>	33
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	72	DOPTELET	65
<i>dextrose 5% in lactated ringers</i>	72	DOPTELET SPRINKLE	65
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	72	<i>dorzolamide hcl</i>	75
<i>dextrose 5% w/ sodium chloride 0.3%</i>	72	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	75
<i>dextrose 5% w/ sodium chloride 0.45%</i>	72	<i>dotti</i>	57
<i>dextrose 5% w/ sodium chloride 0.9%</i>	72	DOVATO TAB 50-300MG	8
DEXTROSE 70%	74	<i>doxazosin mesylate</i>	26
DIACOMIT	40	<i>doxepin hcl</i>	34
<i>diazepam</i>	41	<i>doxepin hcl (sleep)</i>	45
<i>diazepam (anticonvulsant)</i>	41	<i>doxorubicin hcl</i>	15
<i>diazepam inj</i>	41	<i>doxorubicin hcl liposomal</i>	15
<i>diazepam intensol</i>	41	<i>doxy 100</i>	12
<i>diazoxide</i>	58	<i>doxycycline (monohydrate)</i>	12
<i>diclofenac potassium</i>	2	<i>doxycycline hyclate</i>	12
<i>diclofenac sodium</i>	2	DRIZALMA SPRINKLE	34
		<i>dronabinol</i>	61
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	53
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	53
		DROXIA	65

<i>droxidopa</i>	31, 32
DULERA AER 100-5MCG	80
DULERA AER 200-5MCG	80
DULERA AER 50-5MCG	80
<i>duloxetine hcl</i>	34
DUPIXENT	66
<i>dutasteride</i>	63
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	63
E	
<i>e.e.s. 400</i>	11
<i>econazole nitrate</i>	81
EDURANT	7
EDURANT PED	7
<i>efavirenz</i>	7
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	8
ELIGARD	14
<i>elinest</i>	53
ELIQUIS	64
ELIQUIS (1.5MG PACK) 3 X	64
ELIQUIS (2MG PACK) 4 X	64
ELIQUIS STARTER PACK	64
<i>eluryng</i>	53
EMGALITY	46
EMSAM	34
<i>emtricitabine</i>	7
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	8
EMTRIVA	7
EMVERM	4
<i>emzahn</i>	53
<i>enalapril maleate</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	25

<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	25
ENBREL	66
ENBREL MINI	66
ENBREL SURECLICK	66
<i>endocet tab 10-325mg</i>	3
<i>endocet tab 2.5-325mg</i>	3
<i>endocet tab 5-325mg</i>	3
<i>endocet tab 7.5-325mg</i>	3
ENGERIX-B	70
<i>enilloring</i>	53
<i>enoxaparin sodium</i>	64
ENSACOVE	18
<i>enskyce</i>	54
ENSTILAR AER	82
<i>entacapone</i>	36
<i>entecavir</i>	9
ENTRESTO CAP 15-16MG	27
ENTRESTO CAP 6-6MG	27
<i>enulose</i>	62
EPCLUSA PAK 150-37.5	9
EPCLUSA PAK 200-50MG	9
EPCLUSA TAB 200-50MG	9
EPCLUSA TAB 400-100	9
EPIDIOLEX	41
<i>epinephrine</i>	32
<i>epinephrine (anaphylaxis)</i>	78
<i>eplerenone</i>	26
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
ERIVEDGE	18
ERLEADA	14
<i>erlotinib hcl</i>	18
<i>errin</i>	54
<i>ertapenem sodium</i>	4
<i>ery</i>	81
ERYTHROCIN LACTOBIONATE	11
<i>erythromycin (acne aid)</i>	81
<i>erythromycin (ophth)</i>	74
<i>erythromycin base</i>	11
<i>erythromycin ethylsuccinate</i>	11
<i>erythromycin lactobionate</i>	11
ERZOFRI	37
<i>escitalopram oxalate</i>	34
<i>eslicarbazepine acetate</i>	41
<i>esomeprazole magnesium</i>	63
<i>estarylla</i>	54

<i>estradiol</i>	57	<i>felodipine</i>	30
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	57	<i>fenofibrate</i>	28
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	57	<i>fenofibrate micronized</i>	28
<i>estradiol vaginal</i>	57	<i>fentanyl</i>	2
<i>estradiol valerate</i>	57	FETZIMA	34
<i>ethambutol hcl</i>	9	FETZIMA CAP TITRATIO	34
<i>ethosuximide</i>	41	FIASP	51
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	54	FIASP FLEXTOUCH	51
<i>etodolac</i>	2	FIASP PENFILL	51
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	54	FIASP PUMPCART	51
<i>etoposide</i>	16	<i>fidaxomicin</i>	11
<i>etravirine</i>	7	<i>finasteride</i>	63
EUCRISA	83	<i> fingolimod hcl</i>	47
EULEXIN	14	FINTEPLA	41
<i>everolimus</i>	18	FIRMAGON	14
<i>everolimus (immunosuppressant)</i>	70	<i>flac</i>	76
EVOTAZ TAB 300-150	8	FLEBOGAMMA DIF	69
<i>exemestane</i>	14	<i>flecainide acetate</i>	28
EXXUA	34	<i>fluconazole</i>	6
EXXUA TITRATION PACK	34	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	6
EYSUVIS	76	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	6
<i>ezetimibe</i>	29	<i>flucytosine</i>	6
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	<i>fludrocortisone acetate</i>	57
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	<i>flunisolide (nasal)</i>	79
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29	<i>fluocinolone acetonide</i>	82
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29	<i>fluocinolone acetonide (otic)</i>	76
F		<i>fluocinonide</i>	82
FABRAZYME	58	<i>fluocinonide emulsified base</i>	82
<i>falmina</i>	54	<i>fluorometholone (ophth)</i>	75
<i>famciclovir</i>	9	<i>fluorouracil</i>	13
<i>famotidine</i>	61	<i>fluorouracil (topical)</i>	83
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	61	<i>fluoxetine hcl</i>	34
FANAPT	37	<i>fluphenazine decanoate</i>	37
FANAPT PAK PACK A	37	<i>fluphenazine hcl</i>	38
FANAPT PAK PACK B	37	<i>flurbiprofen</i>	2
FANAPT PAK PACK C	37	<i>flurbiprofen sodium</i>	75
FARXIGA	49	<i>fluticasone propionate</i>	82
FASENRA	78	<i>fluticasone propionate (nasal)</i>	79
FASENRA PEN	78	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	80
<i>feirza 1/20</i>	54	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	80
<i>feirza 1.5/30</i>	54	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	80
<i>felbamate</i>	41	<i>fluvoxamine maleate</i>	33

<i>fondaparinux sodium</i>	64, 65	<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>fosamprenavir calcium</i>	7	<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>fosfomycin tromethamine</i>	4	<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>fosinopril sodium</i>	26	<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gentamicin sulfate</i>	4
<i>tab 10-12.5 mg</i>	26	<i>gentamicin sulfate (ophth)</i>	74
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gentamicin sulfate (topical)</i>	81
<i>tab 20-12.5 mg</i>	26	GENVOYA TAB	8
FOTIVDA.....	18	GILOTRIF	18
FRINDOVYX.....	13	<i>glatiramer acetate</i>	47
FRUZAQLA	18	<i>glatopa</i>	47
FULPHILA.....	65	GLEOSTINE	13
<i>fulvestrant</i>	14	<i>glimepiride</i>	49
<i>furosemide</i>	31	<i>glipizide</i>	49
<i>furosemide inj</i>	31	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>fyavolv tab 0.5mg-2.5mcg</i>	57	49
<i>fyavolv tab 1mg-5mcg</i>	57	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
FYCOMPA	41	49
G		<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>gabapentin</i>	41	<i>glycopyrrolate</i>	61
<i>galantamine hydrobromide</i>	33	<i>glydo</i>	83
<i>gallifrey</i>	60	GLYXAMBI TAB 10-5 MG	49
GAMASTAN INJ	69	GLYXAMBI TAB 25-5 MG	49
GAMMAGARD LIQUID	69	GOMEKLI	18
GAMMAGARD LIQUID ERC.....	69	<i>granisetron hcl</i>	61
GAMMAGARD S/D IGA LESS TH	69	<i>griseofulvin microsize</i>	6
GAMMAKED	69	<i>griseofulvin ultramicrosize</i>	6
GAMMAPLEX	69	<i>guanfacine hcl</i>	32
GAMUNEX-C.....	69	<i>guanfacine hcl (adhd)</i>	45
<i>ganciclovir sodium</i>	9	GVOKE HYPOPEN 1-PACK	58
GARDASIL 9	70	GVOKE HYPOPEN 2-PACK	58
<i>gatifloxacin (ophth)</i>	74	GVOKE KIT.....	58
GATTEX	63	GVOKE PFS	58
GAUZE PADS 2	51	H	
<i>gavilyte-c</i>	62	HADLIMA	66
<i>gavilyte-g</i>	62	HADLIMA PUSH TOUCH.....	66
<i>gavilyte-n/flavor pack</i>	62	HAEGARDA.....	65
GAVRETO.....	18	<i>hailey 1.5/30</i>	54
<i>gefitinib</i>	18	<i>hailey fe 1/20</i>	54
<i>gemcitabine hcl</i>	13	<i>halobetasol propionate</i>	82
<i>gemfibrozil</i>	28	<i>haloperidol</i>	38
GEMTESA	64	<i>haloperidol decanoate</i>	38
<i>generlac</i>	62	<i>haloperidol lactate</i>	38
<i>gengraf</i>	70	HAVRIX	70
GENOTROPIN	58	<i>heather</i>	54
GENOTROPIN MINIQUICK.....	58	<i>heparin sodium (porcine)</i>	65
<i>gentamicin in saline inj 0.8 mg/ml</i>	4	HEPLISAV-B	70

HEP SOD/NACL INJ 25000UNT	65	<i>iclevia</i>	54
HERCEP HYLEC SOL 60-10000	18	ICLUSIG	19
HERCEPTIN	18	IDHIFA	19
HERCESSI	18	<i>imatinib mesylate</i>	19
HERNEXEOS	18	IMBRUVICA.....	19
HERZUMA	18	<i>imipenem-cilastatin intravenous for</i>	
HIBERIX	70	<i>soln 250 mg</i>	4
HUMIRA.....	67	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEN	67	<i>soln 500 mg</i>	5
HUMIRA PEN-CD/UC/HS START.....	67	<i>imipramine hcl</i>	35
HUMIRA PEN KIT PS/UV	67	<i>imiquimod</i>	83
HUMULIN R U-500 (CONCENTR.....	51	IMKELDI	19
HUMULIN R U-500 KWIKPEN.....	51	IMOVAX RABIES (H.D.C.V.)	70
<i>hydralazine hcl</i>	32	IMPAVIDO.....	5
<i>hydrochlorothiazide</i>	31	INBRIJA.....	36
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>incassia</i>	54
<i>325 mg/15ml</i>	3	INCRELEX	59
<i>hydrocodone-acetaminophen tab 10-</i>		INCRUSE ELLIPTA	76
<i>325 mg</i>	3	<i>indapamide</i>	31
<i>hydrocodone-acetaminophen tab 5-325</i>		INFANRIX INJ	70
<i>mg</i>	3	INFLIXIMAB.....	67
<i>hydrocodone-acetaminophen tab 7.5-</i>		INLURIYO	14
<i>325 mg</i>	3	INLYTA	19
<i>hydrocodone bitartrate</i>	2	INQOVI TAB 35-100MG.....	14
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INREBIC	19
.....	3	INSULIN PEN NEEDLES: EMBECTA-BD	
<i>hydrocortisone</i>	57	51
<i>hydrocortisone (intrarectal)</i>	62	INSULIN SAFETY NEEDLES: EMBECTA-	
<i>hydrocortisone (rectal)</i>	83	BD	51
<i>hydrocortisone (topical)</i>	82, 83	INSULIN SYRINGES: EMBECTA-BD ...	51
<i>hydrocortisone sod succinate</i>	57	INTELENCE	7
<i>hydrocortisone valerate</i>	83	INTRALIPID.....	74
<i>hydrocortisone w/ acetic acid otic soln</i>		<i>introvale</i>	54
<i>1-2%</i>	76	INVEGA HAFYERA.....	38
<i>hydromorphone hcl</i>	3	INVEGA SUSTENNA	38
<i>hydroxychloroquine sulfate</i>	68	INVEGA TRINZA.....	38
<i>hydroxyurea</i>	15	IPOL INJ INACTIVE.....	70
<i>hydroxyzine hcl</i>	77	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>hydroxyzine pamoate</i>	77	<i>2.5(3) mg/3ml</i>	76
HYRNUO	18	<i>ipratropium bromide</i>	76
I		<i>ipratropium bromide (nasal)</i>	76
<i>ibandronate sodium</i>	52	<i>ipratropium bromide hfa</i>	77
IBRANCE.....	19	<i>irbesartan</i>	28
IBTROZI	19	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibu</i>	2	<i>150-12.5 mg</i>	27
<i>ibuprofen</i>	2	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>icatibant acetate</i>	65	<i>300-12.5 mg</i>	27

<i>irinotecan hcl</i>	15	KALETRA SOL.....	8
ISENTRESS	7	KALYDECO	78
ISENTRESS HD	7	KANJINTI	19
<i>isibloom</i>	54	<i>kariva</i>	54
ISOLYTE-P INJ /D5W	72	KCL/D5W/NACL INJ 0.15/0.2	72
ISOLYTE-S INJ PH 7.4.....	72	KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>isoniazid</i>	9	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>isosorbide dinitrate</i>	32	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	72
<i>isosorbide mononitrate</i>	32	<i>inj</i>	72
<i>isotretinoin</i>	81	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	72
ITOVEBI	19	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>itraconazole</i>	6	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	72
<i>ivabradine hcl</i>	32	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	72
<i>ivermectin</i>	5	<i>inj</i>	72
IWILFIN.....	15	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	72
IXIARO INJ.....	70	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	72
J		<i>inj</i>	72
JAKAFI	19	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	72
<i>jantoven</i>	65	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	72
JANUMET TAB 50-1000	49	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	72
JANUMET TAB 50-500MG	49	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	72
JANUMET XR TAB 100-1000.....	49	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	72
JANUMET XR TAB 50-1000	49	<i>kelnor 1/35</i>	54
JANUMET XR TAB 50-500MG.....	49	KERENDIA.....	26
JANUVIA	49	KESIMPTA	47
JARDIANCE	49	<i>ketoconazole</i>	6
<i>jasmiel</i>	54	<i>ketoconazole (topical)</i>	81
<i>javygtor</i>	59	<i>ketorolac tromethamine (ophth)</i>	75
JAYPIRCA.....	19	KEYTRUDA	19
<i>jencycla</i>	54	KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....	19
JENTADUETO TAB 2.5-1000.....	50	KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....	20
JENTADUETO TAB 2.5-500	49	KINERET	67
JENTADUETO TAB 2.5-850	49	KINRIX INJ.....	71
JENTADUETO TAB XR 2.5-1000MG ...	50	<i>kionex</i>	52
JENTADUETO TAB XR 5-1000MG	50	KISQALI 200 DOSE	20
<i>jinteli</i>	57	KISQALI 400 DOSE	20
<i>jolessa</i>	54	KISQALI 400 PAK FEMARA.....	20
<i>juleber</i>	54	KISQALI 600 DOSE	20
JULUCA TAB 50-25MG	8		
<i>junel 1/20</i>	54		
<i>junel 1.5/30</i>	54		
<i>junel fe 1/20</i>	54		
<i>junel fe 1.5/30</i>	54		
JYLAMVO	69		
JYNNEOS	70		
K			
KADCYLA	19		

KISQALI 600 PAK FEMARA.....	20	LENVIMA CAP 14 MG	20
<i>klayesta</i>	81	LENVIMA CAP 18 MG	20
<i>klor-con</i>	73	LENVIMA CAP 24 MG	20
<i>klor-con 10</i>	73	<i>lessina</i>	54
KLOR-CON 10.....	73	<i>letrozole</i>	14
KLOR-CON 8.....	73	<i>leucovorin calcium</i>	16
<i>klor-con m10</i>	73	LEUKERAN	13
<i>klor-con m15</i>	73	<i>leuprolide acetate</i>	14
<i>klor-con m20</i>	73	<i>levabuterol tartrate</i>	77
KLOXXADO.....	48	<i>levetiracetam</i>	42
KOMZIFTI	20	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	42
KOSELUGO.....	20	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	42
<i>kourzeq</i>	84	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	42
KRAZATI.....	20	<i>levobunolol hcl</i>	75
<i>kurvelo</i>	54	<i>levocarnitine (metabolic modifiers)</i> ...	59
L		<i>levocetirizine dihydrochloride</i>	77
<i>labetalol hcl</i>	30	<i>levofloxacin</i>	11
<i>lacosamide</i>	41, 42	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	11
<i>lacosamide oral</i>	42	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	11
<i>lactated ringer's solution</i>	72	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	11
LACTATED RIN INJ	72	<i>levonest</i>	54
<i>lactic acid (ammonium lactate)</i>	83	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	54
<i>lactulose</i>	62	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	54
<i>lactulose (encephalopathy)</i>	62	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	54
<i>lamivudine</i>	7	<i>levora 0.15/30-28</i>	54
<i>lamivudine (hbv)</i>	9	<i>levo-t</i>	60
<i>lamivudine-zidovudine tab 150-300 mg</i>	8	<i>levothyroxine sodium</i>	60
<i>lamotrigine</i>	42	<i>levoxyl</i>	60
<i>lanreotide acetate</i>	59	<i>l-glutamine (sickle cell)</i>	65
<i>lansoprazole</i>	63	<i>lidocaine</i>	83
LANTUS	51	<i>lidocaine hcl</i>	83
LANTUS SOLOSTAR	51	<i>lidocaine hcl (local anesth.)</i>	2
<i>lapatinib ditosylate</i>	20	<i>lidocaine hcl (mouth-throat)</i>	84
<i>larin 1/20</i>	54	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83
<i>larin 1.5/30</i>	54	<i>lidocan</i>	83
<i>larin fe 1/20</i>	54	LILETTA.....	54
<i>larin fe 1.5/30</i>	54	<i>linezolid</i>	5
<i>latanoprost</i>	75	LINEZOLID INJ 2MG/ML.....	5
LAZCLUZE.....	20		
<i>leflunomide</i>	69		
<i>lenalidomide</i>	15		
LENVIMA 10 MG DAILY DOSE	20		
LENVIMA 12MG DAILY DOSE	20		
LENVIMA 20 MG DAILY DOSE	20		
LENVIMA 4 MG DAILY DOSE	20		
LENVIMA 8 MG DAILY DOSE	20		

LINZESS	63	LUMIGAN	75
<i>liomny</i>	60	LUMIZYME	59
<i>liothyronine sodium</i>	60	LUPRON DEPOT (1-MONTH).....	14
<i>lisinopril</i>	26	LUPRON DEPOT (3-MONTH).....	14
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	26	LUPRON DEPOT-PED (1-MONTH	59
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	26	LUPRON DEPOT-PED (3-MONTH	59
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	26	LUPRON DEPOT-PED (6-MONTH	59
<i>lithium</i>	47	<i>lurasidone hcl</i>	38
<i>lithium carbonate</i>	47	<i>lutea</i>	55
LIVTENCITY	9	LYBALVI TAB 10-10MG	38
<i>loestrin 1/20-21</i>	54	LYBALVI TAB 15-10MG	38
<i>loestrin 1.5/30-21</i>	54	LYBALVI TAB 20-10MG	38
<i>loestrin fe 1/20</i>	55	LYBALVI TAB 5-10MG	38
<i>loestrin fe 1.5/30</i>	54	<i>lyleq</i>	55
LOKELMA	52	<i>lyllana</i>	57
<i>lomustine</i>	13	LYNPARZA.....	21
LONSURF TAB 15-6.14.....	14	LYSODREN	15
LONSURF TAB 20-8.19.....	14	LYTGOBI (12 MG DAILY DOSE)	21
<i>loperamide hcl</i>	63	LYTGOBI (16 MG DAILY DOSE)	21
<i>lopinavir-ritonavir tab 100-25 mg</i>	8	LYTGOBI (20 MG DAILY DOSE)	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	8	<i>lyza</i>	55
<i>lorazepam</i>	33	M	
<i>lorazepam intensol</i>	33	<i>magnesium sulfate</i>	72
LORBRENA	21	MAGNESIUM SULFATE	72
<i>loryna</i>	55	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	72
<i>losartan potassium</i>	28	<i>malathion</i>	84
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	27	<i>maraviroc</i>	7
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	27	<i>marlissa</i>	55
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	27	MARPLAN	35
LOTEMAX	75	MATULANE	16
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	74	MAVYRET PAK 50-20MG.....	9
<i>lovastatin</i>	29	MAVYRET TAB 100-40MG	9
<i>low-ogestrel</i>	55	<i>meclizine hcl</i>	61
<i>loxapine succinate</i>	38	<i>medroxyprogesterone acetate</i>	60
<i>lubiprostone</i>	63	<i>medroxyprogesterone acetate (contraceptive)</i>	55
<i>luizza 1/20</i>	55	<i>mefloquine hcl</i>	6
<i>luizza 1.5/30</i>	55	<i>megestrol acetate</i>	15, 60
LUMAKRAS.....	21	<i>megestrol acetate (appetite)</i>	60
		MEKINIST	21
		MEKTOVI	21
		<i>meleya</i>	55
		<i>meloxicam</i>	2
		<i>memantine hcl</i>	33
		<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	33

<i>memantine hcl-donepezil hcl cap er</i>		<i>mimvey</i>	57
24hr 21-10 mg	33	<i>minocycline hcl</i>	12
<i>memantine hcl-donepezil hcl cap er</i>		<i>minoxidil</i>	32
24hr 28-10 mg	33	<i>mirtazapine</i>	35
MENQUADFI	71	<i>misoprostol</i>	63
MENVEO INJ	71	M-M-R II INJ	71
MENVEO SOL	71	M-NATAL PLUS TAB	73
<i>mercaptapurine</i>	14	<i>modafinil</i>	48
<i>meropenem</i>	5	MODEYSO	16
<i>mesalamine</i>	62	<i>moexipril hcl</i>	26
<i>mesalamine w/ cleanser</i>	62	<i>molindone hcl</i>	38
<i>mesna</i>	16	<i>mometasone furoate</i>	83
<i>metformin hcl</i>	50	MONJUVI	21
<i>methadone hcl</i>	2	<i>mono-lynyah</i>	55
<i>methadone hydrochloride i</i>	3	<i>montelukast sodium</i>	78
<i>methazolamide</i>	31	<i>morphine sulfate</i>	3
<i>methenamine hippurate</i>	5	MOUNJARO	50
<i>methimazole</i>	60	MOVANTIK	63
<i>methotrexate sodium</i>	14, 69	<i>moxifloxacin hcl</i>	11
<i>methsuximide</i>	42	<i>moxifloxacin hcl (ophth)</i>	74
<i>methylphenidate hcl</i>	45	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>methylprednisolone</i>	57	<i>sodium chloride 0.8% inj</i>	11
<i>methylprednisolone acetate</i>	57	MRESVIA	71
<i>methylprednisolone sod succ</i>	58	MULTAQ	28
<i>metoclopramide hcl</i>	61	<i>multiple electrolytes ph 5.5</i>	72
<i>metolazone</i>	31	<i>mupirocin</i>	81
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mycophenolate mofetil</i>	70
100-25 mg	30	<i>mycophenolate sodium</i>	70
<i>metoprolol & hydrochlorothiazide tab</i>		MYRBETRIQ	64
100-50 mg	30	N	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>nabumetone</i>	2
50-25 mg	30	<i>nadolol</i>	30
<i>metoprolol succinate</i>	30	<i>nafcillin sodium</i>	12
<i>metoprolol tartrate</i>	30	NAGLAZYME	59
<i>metronidazole</i>	5	<i>naloxone hcl</i>	48
<i>metronidazole (topical)</i>	83	<i>naltrexone hcl</i>	48
<i>metronidazole vaginal</i>	64	NAMZARIC CAP 7-10MG	33
<i>metyrosine</i>	32	<i>naproxen</i>	2
<i>micafungin sodium</i>	6	<i>naproxen sodium</i>	2
<i>microgestin 1/20</i>	55	<i>naratriptan hcl</i>	46
<i>microgestin 1.5/30</i>	55	NATACYN	74
<i>microgestin fe 1/20</i>	55	<i>nateglinide</i>	50
<i>microgestin fe 1.5/30</i>	55	NAYZILAM	42
<i>midodrine hcl</i>	32	<i>nebivolol hcl</i>	30
MIEBO	76	<i>necon 0.5/35-28</i>	55
<i>mifepristone (hyperglycemia)</i>	59	<i>nefazodone hcl</i>	35
<i>mili</i>	55		

<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
5(3.5)mg-400unt-10000unt op oin	74	tab 0.5 mg-2.5 mcg	57
<i>neomycin-polymy-gramicid op sol</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
1.75-10000-0.025mg-unt-mg/ml	74	tab 1 mg-5 mcg	57
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
ophth oint 0.1%	74	1-20/1-30/1-35 mg-mcg	55
<i>neomycin-polymyxin-dexamethasone</i>		<i>norgestimate & ethinyl estradiol tab</i>	
ophth susp 0.1%	74	0.25 mg-35 mcg	55
<i>neomycin-polymyxin-hc ophth susp</i>	74	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	76	25/0.215-25/0.25-25 mg-mcg	55
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
mg/ml-10000 unit/ml-1%	76	35/0.215-35/0.25-35 mg-mcg	55
<i>neomycin sulfate</i>	5	<i>norlyroc</i>	55
NERLYNX	21	<i>nortrel 0.5/35 (28)</i>	55
<i>neuac</i>	81	<i>nortrel 1/35 (21)</i>	55
<i>nevirapine</i>	7	<i>nortrel 1/35 (28)</i>	55
NEXLETOL	29	<i>nortrel 7/7/7</i>	56
NEXLIZET TAB 180/10MG	29	<i>nortriptyline hcl</i>	35
NEXPLANON	55	NORVIR	7
<i>niacin (antihyperlipidemic)</i>	29	NOVOLIN INJ 70/30	51
NICOTROL NS	48	NOVOLIN INJ 70/30 FP	51
<i>nifedipine</i>	30	NOVOLIN N	51
<i>nikki</i>	55	NOVOLIN N FLEXPEN	51
<i>nilotinib hcl</i>	21	NOVOLIN R	51
<i>nilutamide</i>	15	NOVOLIN R FLEXPEN	51
<i>nimodipine</i>	31	NOVOLOG	51
NINLARO	21	NOVOLOG FLEXPEN	51
<i>nintedanib esylate</i>	78	NOVOLOG FLEXPEN RELION	51
<i>nitazoxanide</i>	5	NOVOLOG MIX INJ 70/30	51
<i>nitisinone</i>	59	NOVOLOG MIX INJ FLEXPEN	51
<i>nitro-bid</i>	32	NOVOLOG PENFILL	51
<i>nitrofurantoin macrocrystal</i>	5	NOVOLOG RELION	51
<i>nitrofurantoin monohyd macro</i>	5	NUBEQA	15
<i>nitroglycerin</i>	32	NUEDEXTA CAP 20-10MG	47
<i>nitroglycerin (intra-anal)</i>	83	NULOJIX	70
<i>nizatidine</i>	61	NUPLAZID	38
<i>nora-be</i>	55	NURTEC	46
<i>norelgestromin-ethinyl estradiol td</i>		NUTRILIPID	74
ptwk 150-35 mcg/24hr	55	NUZYRA	13
<i>norethindrone (contraceptive)</i>	55	<i>nyamyc</i>	81
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>nylia 1/35</i>	56
tab 1 mg-20 mcg	55	<i>nylia 7/7/7</i>	56
<i>norethindrone ace & ethinyl estradiol</i>		<i>nystatin</i>	6
tab 1.5 mg-30 mcg	55	<i>nystatin (mouth-throat)</i>	84
<i>norethindrone ace & ethinyl estradiol</i>		<i>nystatin (topical)</i>	81
tab 1 mg-20 mcg	55	<i>nystop</i>	81
<i>norethindrone acetate</i>	60		

O	
OCTAGAM	69
<i>octreotide acetate</i>	59
ODEFSEY TAB.....	8
ODOMZO	21
OFEV	78
<i>ofloxacin (ophth)</i>	74
<i>ofloxacin (otic)</i>	76
OGIVRI.....	21
OGSIVEO	21
OJEMDA.....	21
OJJAARA.....	21
<i>olanzapine</i>	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	27
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	27
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	27
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	27
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	27
<i>olmesartan medoxomil</i>	28
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	27
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	27
<i>omega-3-acid ethyl esters cap 1 gm</i> .	29
<i>omeprazole</i>	63
OMNIPOD 5 DX KIT INT G7G6	51
OMNIPOD 5 DX MIS POD G7G6.....	52
OMNIPOD 5 L2 KIT INTRO G6.....	52
OMNIPOD 5 L2 MIS PODS G6.....	52
OMNIPOD DASH KIT INTRO	52
OMNIPOD DASH MIS PODS	52
<i>ondansetron</i>	61
<i>ondansetron hcl</i>	61
ONTRUZANT	22
ONUREG	14
OPIPZA.....	38
OPSUMIT	32
ORGOVYX	15
ORKAMBI GRA 100-125	78
ORKAMBI GRA 150-188	78
ORKAMBI GRA 75-94MG	78
ORKAMBI TAB 100-125	78
ORKAMBI TAB 200-125.....	78
<i>orquidea</i>	56
ORSERDU	15
<i>oseltamivir phosphate</i>	9
OSPOMYV	52
<i>oxacillin sodium</i>	12
<i>oxaliplatin</i>	13
<i>oxcarbazepine</i>	42
<i>oxybutynin chloride</i>	64
<i>oxycodone hcl</i>	3
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	3
OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OZEMPIC (1MG/DOSE)	50
OZEMPIC (2MG/DOSE)	50
P	
<i>pacerone</i>	28
<i>paclitaxel</i>	16
<i>paclitaxel inj 100mg</i>	16
<i>paliperidone</i>	39
<i>pamidronate disodium</i>	52
PAMIDRONATE DISODIUM.....	52
PANRETIN	83
<i>pantoprazole sodium</i>	63
PANZYGA	69
<i>paricalcitol</i>	60
<i>paroxetine hcl</i>	35
PAXLOVID PAK	9
PAXLOVID TAB 150-100	9
PAXLOVID TAB 300-100	9
<i>pazopanib hcl</i>	22
PEDIARIX INJ 0.5ML.....	71

PEDVAX HIB	71	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>13.5 gm (12-1.5 gm)</i>	12
<i>for soln 236 gm</i>	62	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>2.25 gm (2-0.25 gm)</i>	12
<i>420 gm</i>	62	<i>piperacillin sod-tazobactam sod for inj</i>	
PEGASYS	9	<i>4.5 gm (4-0.5 gm)</i>	12
PEMAZYRE	22	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>pemetrexed disodium</i>	14	<i>40.5 gm (36-4.5 gm)</i>	12
PENBRAYA INJ	71	PIQRAY 200MG DAILY DOSE	22
<i>penicillamine</i>	53	PIQRAY 250MG TAB DOSE	22
<i>penicillin g potassium</i>	12	PIQRAY 300MG DAILY DOSE	22
<i>penicillin g sodium</i>	12	<i>pirfenidone</i>	78, 79
<i>penicillin v potassium</i>	12	<i>piroxicam</i>	2
PENMENVY INJ	71	<i>plenamine</i>	74
PENTACEL INJ	71	PLENVU SOL	62
<i>pentamidine isethionate inh</i>	5	<i>podofilox</i>	84
<i>pentamidine isethionate inj</i>	5	<i>polymyxin b sulfate</i>	5
<i>pentoxifylline</i>	65	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>perampanel</i>	42	<i>10000 unit/ml-0.1%</i>	75
<i>perindopril erbumine</i>	26	<i>pomalidomide</i>	15
<i>perio gard</i>	84	POMALYST	15
<i>permethrin</i>	84	<i>portia-28</i>	56
<i>perphenazine</i>	39	<i>posaconazole</i>	6
<i>pfizerpen</i>	12	<i>potassium chloride</i>	73
<i>phenelzine sulfate</i>	35	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>phenobarbital</i>	42	<i>in dextrose 5% inj</i>	73
<i>phenobarbital sodium</i>	42	<i>potassium chloride microencapsulated</i>	
<i>phenytek</i>	42	<i>crystals er</i>	73
<i>phenytoin</i>	42	<i>potassium citrate (alkalinizer)</i>	64
<i>phenytoin sodium</i>	42	POT CHL 20MEQ/L IN NAACL 0.45% INJ	
<i>phenytoin sodium extended</i>	42	<i>.....</i>	72
PHESGO SOL	22	POT CHL 20MEQ/L IN NAACL 0.9% INJ	
<i>philith</i>	56	<i>.....</i>	72
PIFELTRO	7	POT CHL 40MEQ/L IN NAACL 0.9% INJ	
<i>pilocarpine hcl</i>	75	<i>.....</i>	72
<i>pilocarpine hcl (oral)</i>	84	<i>pramipexole dihydrochloride</i>	36
<i>pimecrolimus</i>	84	<i>prasugrel hcl</i>	66
<i>pimozide</i>	39	<i>pravastatin sodium</i>	29
<i>pimtrea</i>	56	<i>praziquantel</i>	5
<i>pindolol</i>	30	<i>prazosin hcl</i>	26
<i>pioglitazone hcl</i>	50	<i>prednisolone</i>	58
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone acetate (ophth)</i>	75
<i>500 mg</i>	50	PREDNISOLONE SODIUM PHOSP	75
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone sodium phosphate</i>	58
<i>850 mg</i>	50	<i>prednisone</i>	58
<i>piperacillin sod-tazobactam na for inj</i>		PREDNISONE INTENSOL	58
<i>3.375 gm (3-0.375 gm)</i>	12	<i>pregabalin</i>	43

PREMASOL SOL 10%	74	QULIPTA	46
PRENATAL TAB 27-1MG	73	R	
PRENATAL TAB PLUS	73	RABAVERT INJ	71
<i>prevalite</i>	29	RALDESY	35
PREVYMIS.....	9	<i>raloxifene hcl</i>	59
PREZCOBIX TAB 675/150.....	8	<i>ramelteon</i>	45
PREZCOBIX TAB 800-150.....	8	<i>ramipril</i>	26
PREZISTA	7	<i>ranolazine</i>	32
PRIFTIN.....	9	<i>rasagiline mesylate</i>	36
<i>primaquine phosphate</i>	6	<i>reclipsen</i>	56
PRIMAQUINE PHOSPHATE	7	RECOMBIVAX HB	71
<i>primidone</i>	43	RELENZA DISKHALER.....	9
PRIORIX INJ	71	RELISTOR	63
PRIVIGEN	69	REMICADE	67
<i>probenecid</i>	2	RENFLEXIS.....	67
<i>prochlorperazine</i>	61	<i>repaglinide</i>	50
<i>prochlorperazine edisylate</i>	61	REPATHA	29
<i>prochlorperazine maleate</i>	61	REPATHA SURECLICK	29
PROCRIT.....	65	RESTASIS	76
<i>proctocort</i>	84	RESTASIS MULTIDOSE.....	76
<i>procto-med hc</i>	84	RETEVMO.....	22
<i>proctosol hc</i>	84	REVCOVI	59
<i>proctozone-hc</i>	84	REVUFORJ.....	22
<i>progesterone</i>	60	REXULTI	39
PROGRAF	70	REYATAZ	7
PROLASTIN-C	79	REZDIFFRA	59
PROLIA.....	52	REZLIDHIA.....	22
<i>promethazine hcl</i>	61	REZUROCK.....	70
<i>propafenone hcl</i>	28	RHOPRESSA	75
<i>proparacaine hcl</i>	76	<i>ribavirin (hepatitis c)</i>	10
<i>propranolol hcl</i>	30	<i>rifabutin</i>	9
<i>propylthiouracil</i>	60	<i>rifampin</i>	9
PROQUAD INJ.....	71	<i>rilpivirine hcl</i>	7
PROSOL INJ 20%	74	<i>riluzole</i>	47
<i>protriptyline hcl</i>	35	<i>rimantadine hydrochloride</i>	10
PULMOZYME.....	79	RINVOQ.....	67
<i>pyrazinamide</i>	9	RINVOQ LQ	67
<i>pyridostigmine bromide</i>	47	<i>risperidone</i>	39
<i>pyrimethamine</i>	5	<i>risperidone microspheres</i>	39
PYZCHIVA	67	<i>ritonavir</i>	7
Q		<i>rivaroxaban</i>	65
QINLOCK	22	<i>rivastigmine</i>	34
QUADRACEL INJ 0.5ML	71	<i>rivastigmine tartrate</i>	34
<i>quetiapine fumarate</i>	39	<i>rizatriptan benzoate</i>	46
<i>quinapril hcl</i>	26	ROCKLATAN DRO	75
<i>quinidine sulfate</i>	28	<i>roflumilast</i>	79
<i>quinine sulfate</i>	7	ROMVIMZA.....	22

<i>ropinirole hydrochloride</i>	36	<i>sodium polystyrene sulfonate</i>	53
<i>rosuvastatin calcium</i>	29	<i>sodium polystyrene sulfonate powder</i>	53
ROTARIX SUS	71	<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml.....	62
ROTATEQ SOL	71	<i>solifenacin succinate</i>	64
<i>roweepra</i>	43	SOLIQUA INJ 100/33	52
ROZLYTREK.....	22	SOLTAMOX.....	15
RUBRACA	22	SOLU-CORTEF	58
<i>rufinamide</i>	43	SOMATULINE DEPOT	59
RUKOBIA	7	SOMAVERT.....	59
RYBELSUS.....	50	<i>sorafenib tosylate</i>	23
RYDAPT	22	<i>sotalol hcl</i>	28
S		<i>sotalol hcl (afib/afl)</i>	28
<i>sacubitril-valsartan tab 24-26 mg</i>	27	SOTYKTU	67
<i>sacubitril-valsartan tab 49-51 mg</i>	27	SPIRIVA RESPIMAT	77
<i>sacubitril-valsartan tab 97-103 mg</i>	27	<i>spironolactone</i>	26
<i>sajazir</i>	66	<i>spironolactone & hydrochlorothiazide</i> tab 25-25 mg	31
SANTYL	84	<i>sprintec 28</i>	56
<i>sapropterin dihydrochloride</i>	59	SPRITAM.....	43
SCSEMBLIX	22, 23	<i>sps</i>	53
<i>scopolamine</i>	61	<i>sps rectal</i>	53
SECUADO	39	<i>sronyx</i>	56
<i>selegiline hcl</i>	36	<i>ssd</i>	81
<i>selenium sulfide</i>	81	STELARA.....	68
SELZENTRY.....	7	STIVARGA.....	23
SEREVENT DISKUS.....	77	<i>streptomycin sulfate</i>	5
<i>sertraline hcl</i>	35	STRIBILD TAB	8
<i>setlakin</i>	56	<i>subvenite</i>	43
<i>sharobel</i>	56	SUBVENITE	43
SHINGRIX	71	<i>sucalfate</i>	63
SIGNIFOR	59	<i>sulfacetamide sodium (acne)</i>	81
SIKLOS.....	66	<i>sulfacetamide sodium (ophth)</i>	75
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	32	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	74
<i>silver sulfadiazine</i>	81	<i>sulfadiazine</i>	5
SIMBRINZA SUS 1-0.2%.....	75	<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	5
<i>simliya</i>	56	<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	5
<i>simvastatin</i>	29	<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	5
<i>sirolimus</i>	70	<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	5
SIRTURO	9	SULFAMYLON	81
SKYRIZI.....	67	<i>sulfasalazine</i>	62
SKYRIZI PEN	67		
<i>sodium chloride</i>	73		
<i>sodium chloride (gu irrigant)</i>	84		
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> mg/ml soln.....	73		
<i>sodium oxybate</i>	48		
<i>sodium phenylbutyrate</i>	59		

<i>sulindac</i>	2	<i>tetrabenazine</i>	47
<i>sumatriptan</i>	46	<i>tetracycline hcl</i>	13
<i>sumatriptan succinate</i>	46	THALOMID	15
<i>sunitinib malate</i>	23	<i>theophylline</i>	79
SUNLENCA.....	7	<i>thioridazine hcl</i>	39
<i>syeda</i>	56	<i>thiothixene</i>	39
SYMDEKO TAB 100-150	79	<i>tiadylt er</i>	31
SYMDEKO TAB 50-75MG	79	<i>tiagabine hcl</i>	43
SYMPAZAN	43	TIBSOVO	23
SYMTUZA TAB	9	<i>ticagrelor</i>	66
SYNAREL	59	TICOVAC.....	71
SYNTHROID	60	<i>tigecycline</i>	13
T		<i>tilia fe</i>	56
TABLOID.....	14	<i>timolol maleate</i>	30
TABRECTA.....	23	<i>timolol maleate (ophth)</i>	75
<i>tacrolimus</i>	70	<i>tinidazole</i>	5
<i>tacrolimus (topical)</i>	84	TIVICAY	7
<i>tadalafil</i>	64	TIVICAY PD.....	8
<i>tadalafil (pulmonary hypertension)</i> ...	32	<i>tizanidine hcl</i>	48
TAFINLAR	23	TOBI PODHALER.....	5
TAGRISSO	23	TOBRADEX OIN 0.3-0.1%	74
TALZENNA	23	<i>tobramycin</i>	5
<i>tamoxifen citrate</i>	15	<i>tobramycin (ophth)</i>	75
<i>tamsulosin hcl</i>	64	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	74
<i>tarina fe 1/20 eq</i>	56	<i>tobramycin sulfate</i>	5
<i>tasimelteon</i>	45	<i>tolterodine tartrate</i>	64
TAVNEOS	66	<i>tolvaptan</i>	59
<i>tazarotene</i>	82	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	59
<i>tazicef</i>	10	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	59
TECENTRIQ	23	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	59
TECENTRIQ INJ HYBREZA.....	23	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	59
TEFLARO.....	10	<i>topiramate</i>	43
<i>telmisartan</i>	28	<i>toremifene citrate</i>	15
<i>temazepam</i>	45	<i>torpenz</i>	23
TENIVAC INJ 5-2LF.....	71	<i>torse mide</i>	31
<i>tenofovir disoproxil fumarate</i>	7	TOUJEO MAX SOLOSTAR.....	52
TEPMETKO	23	TOUJEO SOLOSTAR.....	52
<i>terazosin hcl</i>	26	TPN ELECTROL INJ	73
<i>terbinafine hcl</i>	6	TRADJENTA.....	50
<i>terbutaline sulfate</i>	77	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	4
<i>terconazole vaginal</i>	64	<i>tramadol hcl</i>	3
<i>teriparatide</i>	52		
TERIPARATIDE.....	52		
<i>testosterone</i>	49		
<i>testosterone cypionate</i>	49		
<i>testosterone enanthate</i>	49		
<i>testosterone pump</i>	49		

<i>trandolapril</i>	26	<i>tri-lo-estarylla</i>	56
<i>tranexamic acid</i>	66	<i>tri-lo-marzia</i>	56
<i>tranylcypromine sulfate</i>	35	<i>tri-lo-mili</i>	56
TRAVASOL INJ 10%	74	<i>tri-lo-sprintec</i>	56
TRAZIMERA.....	23	<i>trimethoprim</i>	5
<i>trazodone hcl</i>	35	<i>tri-mili</i>	56
TRELEGY AER ELLIPTA 100-62.5-25 MCG	76	<i>trimipramine maleate</i>	35
TRELEGY AER ELLIPTA 200-62.5-25 MCG	76	TRINTELLIX.....	35
TREMFYA	68	<i>tri-sprintec</i>	56
TREMFYA INDUCTION PACK FO	68	TRIUMEQ PD TAB.....	9
TREMFYA PEN	68	TRIUMEQ TAB	9
<i>treprostinil</i>	32	<i>tri-vylibra</i>	56
<i>tretinoin</i>	81	<i>tri-vylibra lo</i>	56
<i>tretinoin (chemotherapy)</i>	16	TROGARZO	8
<i>triamcinolone acetonide (mouth)</i>	84	TROPHAMINE INJ 10%.....	74
<i>triamcinolone acetonide (topical)</i>	83	<i>tropium chloride</i>	64
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	31	TRULICITY	50
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	31	TRUMENBA.....	71
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	31	TRUQAP	23
<i>tridacaine ii</i>	83	TRUXIMA	23
<i>triderm</i>	83	TUKYSA	23
<i>trientine hcl</i>	53	TURALIO.....	23
<i>tri-estarylla</i>	56	<i>turqoz</i>	56
<i>trifluoperazine hcl</i>	39	<i>twice-daily clindamycin phosphate (topical)</i>	81
<i>trifluridine</i>	75	TWINRIX INJ	71
<i>trihexyphenidyl hcl</i>	36	TYBOST	8
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	50	TYENNE	68
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	50	TYPHIM VI.....	71
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	50	U	
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	50	UBRELVY	46
TRIKAFTA PAK 59.5MG	79	<i>unithroid</i>	60
TRIKAFTA PAK 75MG	79	UPTRAVI	32, 33
TRIKAFTA TAB 100-50-75MG & 150MG	79	UPTRAVI PACK TAB 200/800	33
TRIKAFTA TAB 50-25-37.5MG & 75MG	79	<i>ursodiol</i>	63
<i>tri-legest fe</i>	56	USTEKINUMAB.....	68
<i>tri-lynyah</i>	56	V	
		<i>valacyclovir hcl</i>	10
		VALCHLOR	84
		<i>valganciclovir hcl</i>	10
		<i>valproate sodium</i>	43
		<i>valproic acid</i>	43
		<i>valsartan</i>	28
		<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	27
		<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	28

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	28	VIREAD	8
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	28	VITRAKVI	24
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27	VIVIMUSTA	13
VALTOCO 10 MG DOSE	43	VIVITROL	48
VALTOCO 15 MG DOSE	43	VIVOTIF CAP EC	71
VALTOCO 20 MG DOSE	44	VIZIMPRO	24
VALTOCO 5 MG DOSE	43	VONJO	24
<i>valtya 1/35</i>	56	VOQUEZNA PAK DUAL PAK	63
<i>valtya 1/50</i>	56	VOQUEZNA PAK TRIP PK	63
<i>vancomycin hcl</i>	6	VORANIGO	24
VANCOMYCIN INJ 1 GM	6	<i>voriconazole</i>	6
VANCOMYCIN INJ 500MG	6	VOSEVI TAB	10
VANCOMYCIN INJ 750MG	6	VOWST CAP	63
VANFLYTA	23	VRAYLAR	39
VAQTA	71	<i>vyfemla</i>	56
<i>varenicline tartrate</i>	48	<i>vylibra</i>	56
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	48	VYZULTA	75
VARIVAX	71	W	
VASCEPA	29	<i>warfarin sodium</i>	65
VAXCHORA SUS	71	<i>water for irrigation, sterile irrigation soln</i>	84
<i>velivet</i>	56	WELIREG	16
VELSIPITY	68	<i>wera</i>	56
VENCLEXTA	23, 24	WESTAB PLUS TAB 27-1MG	73
VENCLEXTA TAB START PK	24	WINREVAIR	33
<i>venlafaxine hcl</i>	35	WINREVAIR INJ 45MG	33
VENTOLIN HFA	77	WINREVAIR INJ 60MG	33
VENTOLIN HFA (INSTITUTIONAL PACK)	78	<i>wixela inhub</i>	80
<i>verapamil hcl</i>	31	WYOST	52
VERQUVO	32	X	
VERSACLOZ	39	XALKORI	24
VERZENIO	24	<i>xarah fe</i>	56
<i>vestura</i>	56	XARELTO	65
<i>vienva</i>	56	XARELTO STAR TAB 15/20MG	65
<i>vigabatrin</i>	44	XATMEP	69
<i>vigadrone</i>	44	XCOPRI	44
VIGAFYDE	44	XCOPRI PAK 100-150	44
<i>vilazodone hcl</i>	35	XCOPRI PAK 12.5-25	44
VIMKUNYA	71	XCOPRI PAK 150-200MG (MAINTENANCE)	44
<i>vincristine sulfate</i>	16	XCOPRI PAK 150-200MG (TITRATION)	44
<i>vinorelbine tartrate</i>	16	XCOPRI PAK 50-100MG	44
<i>viorele</i>	56	XDEMVI	75
VIRACEPT	8	XELJANZ	68
		XELJANZ XR	68
		XERMELO	63

XHANCE.....	79	ZARXIO	65
XIFAXAN.....	63	ZEGALOGUE	58
XIGDUO XR TAB 10-1000.....	50	ZEJULA	25
XIGDUO XR TAB 10-500MG	50	ZELBORAF.....	25
XIGDUO XR TAB 2.5-1000.....	50	<i>zelvysia</i>	59
XIGDUO XR TAB 5-1000MG	50	ZEMAIRA	79
XIGDUO XR TAB 5-500MG.....	50	<i>zenatane</i>	81
XIIDRA	76	ZENPEP CAP 10000UNT	63
XOLAIR.....	79	ZENPEP CAP 15000UNT	63
XOSPATA	24	ZENPEP CAP 20000UNT	63
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 25000UNT	63
.....	24	ZENPEP CAP 3000UNIT	63
XPOVIO PAK (40 MG ONCE WEEKLY)	24	ZENPEP CAP 40000UNT	63
XPOVIO PAK (40 MG TWICE WEEKLY)		ZENPEP CAP 5000UNIT	63
.....	24	ZENPEP CAP 60000UNT	63
XPOVIO PAK (60 MG ONCE WEEKLY)	24	ZERVIAE	75
XPOVIO PAK (60 MG TWICE WEEKLY)		<i>zidovudine</i>	8
.....	24	<i>ziprasidone hcl</i>	39
XPOVIO PAK (80 MG ONCE WEEKLY)	24	<i>ziprasidone mesylate</i>	40
XPOVIO PAK (80 MG TWICE WEEKLY)		ZIRABEV	25
.....	24	ZIRGAN	75
XTANDI	15	<i>zoledronic acid</i>	52
XTRENBO	52	ZOLINZA.....	25
<i>xulane</i>	56	<i>zolpidem tartrate</i>	46
XULTOPHY INJ 100/3.6	52	ZONISADE	44
Y		<i>zonisamide</i>	44
YESINTEK	68	<i>zovia 1/35</i>	56
YF-VAX INJ.....	71	ZTALMY	44
YONSA	15	<i>zumandimine</i>	56
YUTREPIA	33	ZURZUVAE	35
<i>yuvafem</i>	57	ZYDELIG.....	25
Z		ZYKADIA.....	25
<i>zafemy</i>	56	ZYLET SUS 0.5-0.3%.....	74
<i>zafirlukast</i>	78	ZYPREXA RELPREVV	40

This formulary was updated on 06/01/2026. For more recent information or other questions, please call our dedicated Medicare prescription helpline at 1-855-222-3183 (toll free), or, for TTY/TDD users, 711. Representatives are available 24 hour a day, 7 days a week. Or visit [sharpmedicareadvantage.com](https://www.sharpmedicareadvantage.com).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call at 1-855-562-8853 (TTY: 711) or speak to your provider.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-562-8853 (TTY: 711) o hable con su proveedor.

台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-562-8853 (TTY: 711) 或與您的提供者討論。」

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-562-8853 (TTY: 711) o makipag-usap sa iyong provider.

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-562-8853 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-562-8853 (711) أو تحدث إلى مقدم الخدمة."

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-562-8853 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-562-8853 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-562-8853 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-562-8853 (TTY: 711) ou parlez à votre fournisseur.

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-562-8853 (TTY: 711) или обратитесь к своему поставщику услуг.

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-855-562-8853 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ລາວ

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-562-8853 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-562-8853 (tty: 711) o parla con il tuo fornitore.

Português do Brasil

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-562-8853 (TTY: 711) ou fale com seu provedor.

తెలుగు

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-855-562-8853 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

SHARP Health Plan

Consider us your personal health care assistant®

sharpmedicareadvantage.com

1-855-562-8853, TTY / TDD users call 711