



List of Covered Drugs (Formulary) 2024

UnitedHealthcare Connected® for MyCareOhio (Medicare-Medicaid Plan)

Important notes: This document has information about the drugs covered by this plan.
For more recent information or if you have questions, please call Member Services at:



Toll-free **1-877-542-9236**, TTY **711**
8 a.m. - 8 p.m. local time, Monday - Friday
(voicemail available 24 hours a day/7 days a week)



UHCCommunityPlan.com
myuhc.com/communityplan

United
Healthcare®
Community Plan

MyCareOhio
Connecting Medicare + Medicaid

UnitedHealthcare Connected® for MyCareOhio (Medicare-Medicaid Plan) 2024 List of Covered Drugs (Formulary)

Introduction

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

Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important message about what you pay for Paxlovid - You will pay \$0 for Paxlovid through December 31, 2024.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

Table of contents

- A. Disclaimers..... 4
- B. Frequently Asked Questions (FAQ)..... 5
 - B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)..... 5
 - B2. Does the Drug List ever change?.....5
 - B3. What happens when there is a change to the Drug List?..... 6
 - B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?..... 7
 - B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?..... 8
 - B6. What happens if UnitedHealthcare Connected for MyCareOhio changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)? 8
 - B7. How can I find a drug on the Drug List?..... 8

This section is continued on the next page.

B8. What if the drug I want to take is not on the Drug List?.....	9
B9. What if I am a new UnitedHealthcare Connected for MyCareOhio member and can't find my drug on the Drug List or have a problem getting my drug?.....	9
B10. Can I ask for an exception to cover my drug?.....	10
B11. How can I ask for an exception?.....	10
B12. How long does it take to get an exception?.....	10
B13. What are generic drugs?.....	11
B14. What are OTC drugs?.....	11
B15. Does UnitedHealthcare Connected for MyCareOhio cover non-drug OTC products?.....	11
B16. What is my copay?.....	11
C. Drugs Grouped by Medical Condition.....	12
D. Index of Covered Drugs.....	193

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

A. Disclaimers

This is a list of drugs that members can get in UnitedHealthcare Connected for MyCareOhio.

- ❖ UnitedHealthcare Connected® for MyCareOhio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or copays may change on January 1 of each year.
- ❖ You can always check UnitedHealthcare Connected for MyCareOhio's up-to-date *List of Covered Drugs* online at **UHCCommunityPlan.com**.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). Someone who speaks a language other than English can help you. This is a free service.
- ❖ Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos al **1-877-542-9236**, TTY **711**, de 8 a.m. a 8 p.m., hora local, de lunes a viernes (correo de voz disponible las 24 horas del día, los 7 días de la semana). Una persona que habla un idioma que no sea español puede ayudarle. Este servicio es gratuito.
- ❖ 我們提供免費口譯服務，回答您對我們的健康或配藥計劃的任何問題。若您需要口譯員，請撥打 **1-877-542-9236**，聽力語言殘障服務專線 (TTY) **711**，週一至週五，當地時間上午 8 時至晚上 8 時 (每週 7 天，每天 24 小時均可使用語音信箱)。除了中文以外，會說其他語言的人可協助您。這是一項免費服務。
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). The call is free.
- ❖ You can call Member Services and ask us to make a note in our system that you would like materials in Spanish, large print, braille or audio now and in the future.
- ❖ UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 14 are the drugs covered by UnitedHealthcare Connected for MyCareOhio. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

You can also refer to the up-to-date list of drugs that we cover on our website at **UHCCommunityPlan.com** or call Member Services at **1-877-542-9236**, TTY **711**.

B2. Does the Drug List ever change?

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

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

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

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

This section is continued on the next page.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

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

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

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

- You can always check UnitedHealthcare Connected for MyCareOhio's up-to-date Drug List online at **UHCCommunityPlan.com**.
- You can also call Member Services to check the current Drug List at **1-877-542-9236**, TTY **711**.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10 - B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know that. Contact your doctor or other prescriber and ask about your other options.

This section is continued on the next page.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

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

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

When these changes happen, we will:

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

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

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10 – B12.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 14 - 192. You can also get more information by visiting our website at **UHCCommunityPlan.com**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

This section is continued on the next page.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

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

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

The table of drugs on pages 14 - 192 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section that begins on page 193. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on pages 14 - 192. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

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

If you don't find your drug on the Drug List, call Member Services at **1-877-542-9236**, TTY **711** and ask about it. If you learn that UnitedHealthcare Connected for MyCareOhio will not cover the drug, you can do one of these things:

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

B9. What if I am a new UnitedHealthcare Connected for MyCareOhio member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UnitedHealthcare Connected for MyCareOhio. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires PA by UnitedHealthcare Connected for MyCareOhio, **or**
- You are taking a drug that is part of a step therapy restriction.

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

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

This section is continued on the next page.

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

If you are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year, we may cover a temporary 31-day supply of the Part D drug you need. This will give you time to talk to your doctor or other prescriber about other treatment options or to try to get an exception. Please refer to questions B10 - B12 for more information about exceptions.

We will not pay for more of your drug after you get a temporary supply unless you receive authorization from UnitedHealthcare Connected for MyCareOhio.

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

Yes. You can ask UnitedHealthcare Connected for MyCareOhio to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone, and then fax or mail a statement. If you have questions, please call Member Services at **1-877-542-9236**, TTY **711**.

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

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCommunityPlan.com**.

B13. What are generic drugs?

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

UnitedHealthcare Connected for MyCareOhio covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

You can read the UnitedHealthcare Connected for MyCareOhio Drug List to find which OTC drugs are covered.

B15. Does UnitedHealthcare Connected for MyCareOhio cover non-drug OTC products?

Yes. UnitedHealthcare Connected for MyCareOhio covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Connected for MyCareOhio Drug List to find which non-drug OTC products are covered.

B16. What is my copay?

You can read the UnitedHealthcare Connected for MyCareOhio Drug List to learn about the copay for each drug. UnitedHealthcare Connected for MyCareOhio members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 drugs have the lowest copay. They are generic drugs. The copay is from \$0 to \$4.50, depending on your income.
 - Tier 2 drugs have a higher copay. They are brand name drugs. The copay is from \$0 to \$11.20, depending on your income.
 - Tier 3 drugs have \$0 copay. They are OTC drugs.
-

If you have questions, or need to speak with your care manager please call UnitedHealthcare Connected for MyCareOhio at **1-877-542-9236**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday (voicemail available 24 hours a day/7 days a week). If your need is urgent, you may call the Nurse Hotline at **1-800-542-8630**, 24 hours a day/7 days a week. These calls are free. **For more information**, visit **UHCCommunityPlan.com**.

C. Drugs Grouped by Medical Condition

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

The following list of covered drugs gives you information about the drugs covered by UnitedHealthcare Connected for MyCareOhio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 193. The index alphabetically lists all drugs covered by UnitedHealthcare Connected for MyCareOhio.

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

The information in the “Necessary actions, restrictions, or limits on use” column tells you if UnitedHealthcare Connected for MyCareOhio has any rules for covering your drug.

Coverage rules and limits

PA – Prior authorization (approval)

For some drugs, you or your doctor or other prescriber must get approval from UnitedHealthcare Connected for MyCareOhio before you fill your prescription. UnitedHealthcare Connected for MyCareOhio may not cover the drug if you do not get approval.

QL - Quantity limits

Sometimes UnitedHealthcare Connected for MyCareOhio limits the amount of a drug you can get.

ST - Step therapy

Sometimes UnitedHealthcare Connected for MyCareOhio requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

Other special coverage rules

B/D - Medicare Part B or Part D

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

LA - Limited access

Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

This section is continued on the next page.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.
- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-877-542-9236**, TTY **711**. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

Extra Help

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics		
<i>8 hour arthritis pain reliever (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>acetaminophen (oral liquid) *</i>	\$0 (Tier 3)	
<i>acetaminophen (rectal suppository) *</i>	\$0 (Tier 3)	
<i>acetaminophen er (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>arthritis pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>childrens silapap (oral liquid) *</i>	\$0 (Tier 3)	
<i>ed-apap (oral liquid) *</i>	\$0 (Tier 3)	
<i>feverall adults (rectal suppository) *</i>	\$0 (Tier 3)	
<i>feverall childrens (rectal suppository) *</i>	\$0 (Tier 3)	
<i>feverall infants (rectal suppository) *</i>	\$0 (Tier 3)	
<i>feverall junior strength (rectal suppository) *</i>	\$0 (Tier 3)	
<i>gnp 8 hour arthritis relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>gnp 8 hour pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>gnp 8 hour pain reliever (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>goodsense arthritis pain (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>hm arthritis pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>hm pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>liquid acetaminophen (oral liquid) *</i>	\$0 (Tier 3)	
<i>mapap (oral capsule) *</i>	\$0 (Tier 3)	
<i>mapap arthritis pain (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>m-pap (oral liquid) *</i>	\$0 (Tier 3)	
<i>qc acetaminophen 8 hours (oral tablet extended release) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc arthritis pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>sm 8 hour pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>sm arthritis pain relief (oral tablet extended release) *</i>	\$0 (Tier 3)	
Nonsteroidal Anti-inflammatory Drugs		
<i>acetaminophen (oral suspension) *</i>	\$0 (Tier 3)	
<i>acetaminophen (oral tablet) *</i>	\$0 (Tier 3)	
<i>acetaminophen childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>acetaminophen extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>acetaminophen infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>adult aspirin regimen (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>all day pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>all day relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>aspirin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>aspirin (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>aspirin (oral tablet) *</i>	\$0 (Tier 3)	
<i>aspirin (rectal suppository) *</i>	\$0 (Tier 3)	
<i>aspirin low dose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>aspirin low dose (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>aspirin low strength (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>aspirin regimen (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>celecoxib (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>childrens acetaminophen (oral suspension) *</i>	\$0 (Tier 3)	
<i>childrens ibuprofen (oral suspension) *</i>	\$0 (Tier 3)	
DICLOFENAC EPOLAMINE (EXTERNAL PATCH)	\$0-\$4.50 (Tier 1)	PA; QL
<i>diclofenac potassium (50mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>diclofenac sodium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>diclofenac sodium (rx only) (1% external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>diclofenac sodium er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diflunisal (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ec-naproxen (500mg oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>etodolac (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>etodolac (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>flurbiprofen (100mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp acetaminophen (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp adult aspirin low strength (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp aspirin (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>gnp aspirin (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp aspirin low dose (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>gnp childrens ibuprofen (oral suspension) *</i>	\$0 (Tier 3)	
<i>gnp ibuprofen (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp ibuprofen (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp ibuprofen childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp ibuprofen infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>gnp infants pain/fever (oral suspension) *</i>	\$0 (Tier 3)	
<i>gnp naproxen sodium (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp naproxen sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp pain & fever childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>gnp pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp pain relief extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense aspirin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>goodsense aspirin (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense aspirin adults (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense ibuprofen (oral capsule) *</i>	\$0 (Tier 3)	
<i>goodsense ibuprofen (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense ibuprofen childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>goodsense ibuprofen infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>goodsense naproxen sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense pain & fever child (oral suspension) *</i>	\$0 (Tier 3)	
<i>goodsense pain & fever infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>goodsense pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense pain relief extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm adult aspirin (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm aspirin (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>hm aspirin ec low dose (oral tablet delayed release) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm ibuprofen (oral tablet)*</i>	\$0 (Tier 3)	
<i>hm ibuprofen childrens (oral suspension)*</i>	\$0 (Tier 3)	
<i>hm naproxen sodium (oral capsule)*</i>	\$0 (Tier 3)	
<i>hm pain & fever childrens (oral suspension)*</i>	\$0 (Tier 3)	
<i>hm pain reliever (oral tablet)*</i>	\$0 (Tier 3)	
<i>ibu (600mg oral tablet, 800mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ibuprofen (oral capsule)*</i>	\$0 (Tier 3)	
<i>ibuprofen (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>ibuprofen (otc only) (oral tablet)*</i>	\$0 (Tier 3)	
<i>ibuprofen (rx only) (400mg oral tablet, 600mg oral tablet, 800mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ibuprofen childrens (oral suspension)*</i>	\$0 (Tier 3)	
<i>ibuprofen infants (oral suspension)*</i>	\$0 (Tier 3)	
<i>ibuprofen junior strength (oral tablet chewable)*</i>	\$0 (Tier 3)	
<i>indomethacin (25mg oral capsule immediate release, 50mg oral capsule immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>infants ibuprofen (oral suspension)*</i>	\$0 (Tier 3)	
<i>ketoprofen (oral capsule immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>meloxicam (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nabumetone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>naproxen (375mg oral tablet delayed release) (generic ec-naprosyn)</i>	\$0-\$4.50 (Tier 1)	
<i>naproxen (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>naproxen (rx only) (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>naproxen sodium (oral capsule)*</i>	\$0 (Tier 3)	
<i>naproxen sodium (otc only) (oral tablet)*</i>	\$0 (Tier 3)	
<i>pain & fever childrens (oral suspension)*</i>	\$0 (Tier 3)	
<i>pain & fever infants (oral suspension)*</i>	\$0 (Tier 3)	
<i>pain relief extra strength (oral tablet)*</i>	\$0 (Tier 3)	
<i>pharbetol (oral tablet)*</i>	\$0 (Tier 3)	
<i>pharbetol extra strength (oral tablet)*</i>	\$0 (Tier 3)	
<i>qc acetaminophen infants (oral suspension)*</i>	\$0 (Tier 3)	
<i>qc aspirin (oral tablet)*</i>	\$0 (Tier 3)	
<i>qc aspirin low dose (oral tablet chewable)*</i>	\$0 (Tier 3)	
<i>qc aspirin low dose (oral tablet delayed release)*</i>	\$0 (Tier 3)	
<i>qc childrens ibuprofen (oral suspension)*</i>	\$0 (Tier 3)	
<i>qc enteric aspirin (oral tablet delayed release)*</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc ibuprofen (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc naproxen sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc non-aspirin childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>qc non-aspirin extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc pain relief childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>qc pain relief extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb naproxen sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm aspirin (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm aspirin adult low strength (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>sm aspirin ec (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>sm aspirin low dose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm aspirin low dose (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>sm childrens aspirin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm ibuprofen (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm ibuprofen (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm ibuprofen ib (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm ibuprofen ib childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm infants ibuprofen (oral suspension) *</i>	\$0 (Tier 3)	
<i>sm naproxen sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm pain & fever childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>sm pain & fever infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>sm pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm pain reliever (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm pain reliever childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>sm pain reliever extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>st joseph low dose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sulindac (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Opioid Analgesics, Long-acting		
<i>buprenorphine (transdermal patch weekly)</i>	\$0-\$4.50 (Tier 1)	7D; DL; QL
<i>fentanyl (100mcg/hr transdermal patch 72 hour, 12mcg/hr transdermal patch 72 hour, 25mcg/hr transdermal patch 72 hour, 50mcg/hr transdermal patch 72 hour, 75mcg/hr transdermal patch 72 hour)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>methadone hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>methadone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>morphine sulfate er (oral tablet extended release) (generic ms contin)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>tramadol hcl (er biphasic) (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>tramadol hcl er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)	\$0-\$11.20 (Tier 2)	7D; MME; DL; QL
Opioid Analgesics, Short-acting		
<i>acetaminophen-caffeine-dihydrocodeine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>acetaminophen-codeine (120-12mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>butalbital-acetaminophen (50-325mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>butalbital-acetaminophen-caffeine (50-325-40mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>butalbital-acetaminophen-caffeine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>butalbital-aspirin-caffeine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>butorphanol tartrate (nasal solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>codeine sulfate (15mg oral tablet, 60mg oral tablet)</i>	\$0-\$11.20 (Tier 2)	7D; MME; DL; QL
<i>codeine sulfate (30mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>endocet (oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fentanyl citrate (buccal lozenge on a handle)</i>	\$0-\$4.50 (Tier 1)	PA; DL; QL
<i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl (oral liquid)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl preservative free (10mg/ml injection solution, 50mg/5ml injection solution)</i>	\$0-\$4.50 (Tier 1)	7D; DL
<i>morphine sulfate (concentrate) (20mg/ml oral solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>morphine sulfate (oral solution)</i>	\$0-\$11.20 (Tier 2)	7D; MME; DL; QL
<i>morphine sulfate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
<i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
TENCON (ORAL TABLET)	\$0-\$4.50 (Tier 1)	QL
<i>tramadol hcl (50mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tramadol-acetaminophen (oral tablet)</i>	\$0-\$4.50 (Tier 1)	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
<i>lidocaine (5% external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lidocaine (5% external patch)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>lidocaine (external cream)*</i>	\$0 (Tier 3)	
<i>lidocaine hcl (4% external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>lidocaine viscous (2% mouth/throat solution)</i>	\$0-\$4.50 (Tier 1)	
<i>lidocaine-prilocaine (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>numbcream (external cream)*</i>	\$0 (Tier 3)	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>disulfiram (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>naltrexone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
Opioid Dependence		
<i>buprenorphine hcl (tablet sublingual)</i>	\$0-\$4.50 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (sublingual film)</i>	\$0-\$4.50 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i>	\$0-\$4.50 (Tier 1)	QL
SUBOXONE (SUBLINGUAL FILM)	\$0-\$11.20 (Tier 2)	QL
Opioid Reversal Agents		
<i>naloxone hcl (0.4mg/ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>naloxone hcl (injection solution cartridge)</i>	\$0-\$4.50 (Tier 1)	
<i>naloxone hcl (injection solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	
<i>naloxone hcl (nasal liquid)</i>	\$0-\$4.50 (Tier 1)	
Smoking Cessation Agents		
<i>bupropion hcl sr (150mg oral tablet extended release 12 hour smoking-deterrent)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp nicotine (mouth/throat gum)*</i>	\$0 (Tier 3)	
<i>gnp nicotine (transdermal patch 24 hour)*</i>	\$0 (Tier 3)	
<i>gnp nicotine mini (mouth/throat lozenge)*</i>	\$0 (Tier 3)	
<i>gnp nicotine polacrilex (mouth/throat gum)*</i>	\$0 (Tier 3)	
<i>gnp nicotine polacrilex (mouth/throat lozenge)*</i>	\$0 (Tier 3)	
<i>goodsense nicotine (mouth/throat gum)*</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense nicotine (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>hm nicotine (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>hm nicotine polacrilex (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>hm nicotine polacrilex (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicoderm cq (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>nicorette (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>nicorette (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicorette mini (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicorette starter kit (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>nicotine (transdermal kit)</i> *	\$0 (Tier 3)	
<i>nicotine (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>nicotine mini (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicotine polacrilex (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>nicotine polacrilex (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicotine polacrilex mini (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>nicotine step 1 (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>nicotine step 2 (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>nicotine step 3 (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
NICOTROL (INHALATION INHALER)	\$0-\$11.20 (Tier 2)	
<i>sm nicotine (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>sm nicotine (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>sm nicotine (transdermal patch 24 hour)</i> *	\$0 (Tier 3)	
<i>sm nicotine polacrilex (mouth/throat gum)</i> *	\$0 (Tier 3)	
<i>sm nicotine polacrilex (mouth/throat lozenge)</i> *	\$0 (Tier 3)	
<i>varenicline tartrate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>varenicline tartrate (starter) (oral tablet therapy pack)</i>	\$0-\$4.50 (Tier 1)	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate (500mg/2ml injection solution)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate-0.9% sodium chloride (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>gentamicin sulfate (40mg/ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin sulfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>streptomycin sulfate (intramuscular solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>tobramycin sulfate (10mg/ml injection solution, 80mg/2ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
Antibacterials, Other		
<i>aztreonam (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>bacitracin (external ointment)*</i>	\$0 (Tier 3)	
<i>bacitracin zinc (external ointment)*</i>	\$0 (Tier 3)	
<i>bacitracin zinc-aloe (external ointment)*</i>	\$0 (Tier 3)	
<i>benzyl benzoate (liquid)*</i>	\$0 (Tier 3)	
<i>betadine antiseptic (external cream)*</i>	\$0 (Tier 3)	
<i>clindamycin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>clindamycin palmitate hcl (oral solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>clindamycin phosphate (600mg/4ml injection solution, 900mg/6ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>clindamycin phosphate (vaginal cream)</i>	\$0-\$4.50 (Tier 1)	
<i>clindamycin phosphate in d5w (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>colistimethate sodium (cba) (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>daptomycin (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>first aid antibiotic (external ointment)*</i>	\$0 (Tier 3)	
<i>gnp bacitracin zinc (external ointment)*</i>	\$0 (Tier 3)	
<i>gnp triple antibiotic (external ointment)*</i>	\$0 (Tier 3)	
<i>gnp triple antibiotic plus (external ointment)*</i>	\$0 (Tier 3)	
<i>hm bacitracin zinc (external ointment)*</i>	\$0 (Tier 3)	
<i>hm double antibiotic (external ointment)*</i>	\$0 (Tier 3)	
<i>hm triple antibiotic (external ointment)*</i>	\$0 (Tier 3)	
<i>hm triple antibiotic max strength (external ointment)*</i>	\$0 (Tier 3)	
<i>linezolid (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>linezolid (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	QL
<i>linezolid (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methenamine hippurate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metronidazole (vaginal gel)</i>	\$0-\$4.50 (Tier 1)	
<i>nitrofurantoin macrocrystal (100mg oral capsule, 50mg oral capsule) (generic macrodantin)</i>	\$0-\$4.50 (Tier 1)	
<i>nitrofurantoin monohydrate (generic macrobid)</i>	\$0-\$4.50 (Tier 1)	
<i>poly bacitracin (external ointment) *</i>	\$0 (Tier 3)	
<i>polymyxin b sulfate (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>qc triple antibiotic max strength (external ointment) *</i>	\$0 (Tier 3)	
<i>sm antibiotic (external ointment) *</i>	\$0 (Tier 3)	
<i>sm antibiotic plus pain relief (external cream) *</i>	\$0 (Tier 3)	
<i>sm double antibiotic (external ointment) *</i>	\$0 (Tier 3)	
<i>sm triple antibiotic (external ointment) *</i>	\$0 (Tier 3)	
<i>sm triple antibiotic max strength (external ointment) *</i>	\$0 (Tier 3)	
<i>sm triple antibiotic original (external ointment) *</i>	\$0 (Tier 3)	
<i>tigecycline (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>tinidazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>trimethoprim (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>triple antibiotic (external ointment) *</i>	\$0 (Tier 3)	
<i>triple antibiotic plus (external ointment) *</i>	\$0 (Tier 3)	
<i>triple antibiotic+pain relief (external ointment) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hcl (10gm intravenous solution reconstituted, 1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted, 750mg intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>vancomycin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
XIFAXAN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
Beta-lactam, Cephalosporins		
<i>cefaclor (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>cefadroxil (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>cefadroxil (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefazolin sodium (10gm injection solution reconstituted, 1gm injection solution reconstituted, 500mg injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefdinir (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>cefdinir (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefepime hcl (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefepime hcl (2gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefixime (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>cefixime (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefotetan disodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefoxitin sodium (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefpodoxime proxetil (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefpodoxime proxetil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>cefprozil (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefprozil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ceftazidime (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ceftazidime (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ceftriaxone sodium (1gm injection solution reconstituted, 250mg injection solution reconstituted, 2gm injection solution reconstituted, 500mg injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ceftriaxone sodium (10gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cefuroxime axetil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>cefuroxime sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefuroxime sodium (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>cephalexin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>cephalexin (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>tazicef (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>tazicef (2gm intravenous solution reconstituted, 6gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
TEFLARO (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
Beta-lactam, Penicillins		
<i>amoxicillin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin-potassium clavulanate er (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin-potassium clavulanate (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin-potassium clavulanate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxicillin-potassium clavulanate (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>ampicillin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>ampicillin sodium (125mg injection solution reconstituted, 1gm injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ampicillin sodium (10gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ampicillin-sulbactam sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>ampicillin-sulbactam sodium (15 (10-5)gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	
BICILLIN C-R (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	
BICILLIN L-A (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
<i>dicloxacillin sodium (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>nafcillin sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>nafcillin sodium (10gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
OXACILLIN SODIUM IN DEXTROSE (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>oxacillin sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>oxacillin sodium (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>penicillin g potassium (2000000unit injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>penicillin g sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>penicillin v potassium (oral solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>penicillin v potassium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>piperacillin-tazobactam (2.25 (2-0.25)gm intravenous solution reconstituted, 3.375 (3-0.375)gm intravenous solution reconstituted, 4.5 (4-0.5)gm intravenous solution reconstituted, 40.5 (36-4.5)gm intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
Carbapenems		
<i>ertapenem sodium (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>imipenem-cilastatin (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>meropenem (1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
Macrolides		
<i>azithromycin (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>azithromycin (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>azithromycin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>clarithromycin er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>clarithromycin (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>clarithromycin (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIFICID (ORAL SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
DIFICID (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
ERYTHROCIN LACTOBIONATE (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$4.50 (Tier 1)	
<i>erythromycin base (oral capsule delayed release particles)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin base (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin ethylsuccinate (200mg/5ml oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin ethylsuccinate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
Quinolones		
<i>ciprofloxacin hcl (250mg oral tablet immediate release, 500mg oral tablet immediate release, 750mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>ciprofloxacin in d5w (200mg/100ml intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levofloxacin in d5w (500mg/100ml intravenous solution, 750mg/150ml intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levofloxacin (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levofloxacin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>moxifloxacin hcl in nacl (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>moxifloxacin hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ofloxacin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Sulfonamides		
<i>sulfadiazine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Tetracyclines		
<i>demeclocycline hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxy 100 (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>doxycycline hyclate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>doxycycline hyclate (100mg oral tablet immediate release, 20mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>doxycycline monohydrate (100mg oral capsule, 50mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>doxycycline monohydrate (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>doxycycline monohydrate (100mg oral tablet, 50mg oral tablet, 75mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>minocycline hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>tetracycline hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
VIBRAMYCIN (50MG/5ML ORAL SYRUP)	\$0-\$11.20 (Tier 2)	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
BRIVIACT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
EPIDIOLEX (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA
EPRONTIA (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>felbamate (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>felbamate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
FINTEPLA (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
FYCOMPA (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
FYCOMPA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>lamotrigine (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>lamotrigine (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>levetiracetam er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>levetiracetam (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levetiracetam (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>roweepra (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE)	\$0-\$11.20 (Tier 2)	
<i>subvenite (100mg oral tablet, 150mg oral tablet, 200mg oral tablet, 25mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>topiramate (oral capsule sprinkle immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>topiramate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valproic acid (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>valproic acid (oral solution)</i>	\$0-\$4.50 (Tier 1)	
XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XCOPRI (100MG ORAL TABLET, 150MG ORAL TABLET, 200MG ORAL TABLET, 50MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
XCOPRI (14 X 12.5MG & 14 X 25MG ORAL TABLET THERAPY PACK, 14 X 150MG & 14 X 200MG ORAL TABLET THERAPY PACK, 14 X 50MG & 14 X 100MG ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
Calcium Channel Modifying Agents		
<i>ethosuximide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>ethosuximide (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>methsuximide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (oral suspension)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>clobazam (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
DIACOMIT (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	QL
DIACOMIT (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
<i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i>	\$0-\$4.50 (Tier 1)	QL
<i>gabapentin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>gabapentin (250mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>gabapentin (600mg oral tablet, 800mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
NAYZILAM (NASAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
<i>phenobarbital (oral elixir)</i>	\$0-\$4.50 (Tier 1)	
<i>phenobarbital (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>primidone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SYMPAZAN (ORAL FILM)	\$0-\$11.20 (Tier 2)	PA; QL
<i>tiagabine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
VALTOCO 10MG DOSE (NASAL LIQUID)	\$0-\$11.20 (Tier 2)	PA; QL
VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
VALTOCO 5MG DOSE (NASAL LIQUID)	\$0-\$11.20 (Tier 2)	PA; QL
<i>vigabatrin (oral packet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>vigabatrin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>vigadrone (oral packet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>vigadrone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>vigpoder (oral packet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
ZTALMY (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	PA
Sodium Channel Agents		
APTIOM (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>carbamazepine er (oral capsule extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>carbamazepine er (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>carbamazepine (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>carbamazepine (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>carbamazepine (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
DILANTIN INFATABS (ORAL TABLET CHEWABLE)	\$0-\$4.50 (Tier 1)	
DILANTIN (ORAL CAPSULE)	\$0-\$4.50 (Tier 1)	
<i>epitol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lacosamide (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lacosamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>oxcarbazepine (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>oxcarbazepine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>phenytek (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>phenytoin (125mg/5ml oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>phenytoin (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>phenytoin sodium extended (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>rufinamide (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>rufinamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	ST
<i>zonisamide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	PA; QL
Cholinesterase Inhibitors		
<i>donepezil hcl (10mg oral tablet, 5mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>donepezil hcl odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
<i>rivastigmine tartrate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>rivastigmine (transdermal patch 24 hour)</i>	\$0-\$4.50 (Tier 1)	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>memantine hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>memantine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>memantine hcl titration pak (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Antidepressants		
Antidepressants, Other		
AUVELITY (ORAL TABLET EXTENDED RELEASE)	\$0-\$11.20 (Tier 2)	
<i>bupropion hcl sr (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>bupropion hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>mirtazapine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>mirtazapine odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZURZUVAE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
Monoamine Oxidase Inhibitors		
EMSAM (TRANSDERMAL PATCH 24 HOUR)	\$0-\$11.20 (Tier 2)	QL
MARPLAN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>phenelzine sulfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tranylcypromine sulfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
CITALOPRAM HYDROBROMIDE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>citalopram hydrobromide (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>citalopram hydrobromide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristiq)</i>	\$0-\$4.50 (Tier 1)	QL
<i>escitalopram oxalate (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>escitalopram oxalate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	ST; QL
FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	\$0-\$11.20 (Tier 2)	ST; QL
<i>fluoxetine hcl (10mg oral capsule immediate release, 20mg oral capsule immediate release, 40mg oral capsule immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>fluoxetine hcl (20mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>fluvoxamine maleate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nefazodone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>paroxetine hcl (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>paroxetine hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>sertraline hcl (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
<i>sertraline hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>trazodone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
TRINTELLIX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
VENLAFAXINE BESYLATE ER (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	
<i>venlafaxine hcl er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>venlafaxine hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
VIIBRYD (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vilazodone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Tricyclics		
<i>amitriptyline hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>amoxapine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>clomipramine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>desipramine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>doxepin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>doxepin hcl (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
<i>imipramine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>imipramine pamoate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>nortriptyline hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>nortriptyline hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>protriptyline hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>trimipramine maleate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Antiemetics		
Antiemetics, Other		
<i>compro (rectal suppository)</i>	\$0-\$4.50 (Tier 1)	
<i>driminate (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp motion sickness relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm motion sickness (oral tablet) *</i>	\$0 (Tier 3)	
<i>meclizine hcl (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>meclizine hcl (otc only) (oral tablet) *</i>	\$0 (Tier 3)	
<i>meclizine hcl (rx only) (12.5mg oral tablet, 25mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metoclopramide hcl (5mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>metoclopramide hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>motion sickness relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>motion-time (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>perphenazine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prochlorperazine (rectal suppository)</i>	\$0-\$4.50 (Tier 1)	
<i>prochlorperazine maleate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>promethazine hcl (6.25mg/5ml oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>promethazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>promethazine hcl (rectal suppository)</i>	\$0-\$4.50 (Tier 1)	QL
<i>promethegan (25mg rectal suppository)</i>	\$0-\$4.50 (Tier 1)	QL
<i>scopolamine (transdermal patch 72 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>sm motion sickness (oral tablet) *</i>	\$0 (Tier 3)	
Emetogenic Therapy Adjuncts		
ANZEMET (ORAL TABLET)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
<i>aprepitant (oral therapy pack, oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>dronabinol (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>granisetron hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
MARINOL (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
<i>ondansetron hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>ondansetron hcl (4mg oral tablet, 8mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>ondansetron odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
SANCUSO (TRANSDERMAL PATCH)	\$0-\$11.20 (Tier 2)	QL
Antifungals		
Antifungals		
<i>3 day vaginal (vaginal cream) *</i>	\$0 (Tier 3)	
ABELCET (INTRAVENOUS SUSPENSION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>alevazol (external ointment) *</i>	\$0 (Tier 3)	
<i>amphotericin b (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>amphotericin b liposome (intravenous suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>antifungal (clotrimazole) (external cream) *</i>	\$0 (Tier 3)	
<i>antifungal (external cream) *</i>	\$0 (Tier 3)	
<i>antifungal (external powder) *</i>	\$0 (Tier 3)	
<i>antifungal (tolnaftate) (external cream) *</i>	\$0 (Tier 3)	
<i>athletes foot (clotrimazole) (external cream) *</i>	\$0 (Tier 3)	
<i>athletes foot (terbinafine) (external cream) *</i>	\$0 (Tier 3)	
<i>athletes foot powder spray (external aerosol powder) *</i>	\$0 (Tier 3)	
<i>baza antifungal (external cream) *</i>	\$0 (Tier 3)	
<i>clotrimazole (mouth/throat troche)</i>	\$0-\$4.50 (Tier 1)	
<i>clotrimazole (otc only) (external cream) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clotrimazole (otc only) (external solution) *</i>	\$0 (Tier 3)	
<i>clotrimazole (vaginal cream) *</i>	\$0 (Tier 3)	
<i>clotrimazole 3 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>clotrimazole anti-fungal (external cream) *</i>	\$0 (Tier 3)	
<i>clotrimazole athletes foot (external cream) *</i>	\$0 (Tier 3)	
<i>cvs jock itch (external cream) *</i>	\$0 (Tier 3)	
<i>fluconazole (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>fluconazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>fluconazole in sodium chloride (200-0.9mg/100ml-% intravenous solution, 400-0.9mg/200ml-% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>flucytosine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>fungoid tincture (external solution) *</i>	\$0 (Tier 3)	
<i>gnp athletes foot (external cream) *</i>	\$0 (Tier 3)	
<i>gnp clotrimazole 3 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>gnp miconazole 1 (vaginal kit) *</i>	\$0 (Tier 3)	
<i>gnp miconazole 3 (vaginal kit) *</i>	\$0 (Tier 3)	
<i>gnp miconazole 7 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>gnp miconazorb af (external powder) *</i>	\$0 (Tier 3)	
<i>gnp terbinafine hydrochloride (external cream) *</i>	\$0 (Tier 3)	
<i>gnp tolnaftate (external cream) *</i>	\$0 (Tier 3)	
<i>griseofulvin microsize (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>griseofulvin microsize (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>griseofulvin ultramicrosize (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>itraconazole (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>ketoconazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lamisil at (external cream) *</i>	\$0 (Tier 3)	
<i>miconazole sodium (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>miconazole 3 (vaginal suppository)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>miconazole 3 combo-suppository (vaginal kit) *</i>	\$0 (Tier 3)	
<i>miconazole 7 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>miconazole 7 (vaginal suppository) *</i>	\$0 (Tier 3)	
<i>miconazole nitrate (external cream) *</i>	\$0 (Tier 3)	
<i>miconazole nitrate (vaginal cream) *</i>	\$0 (Tier 3)	
<i>micotrin ac (external cream) *</i>	\$0 (Tier 3)	
<i>micotrin al (external solution) *</i>	\$0 (Tier 3)	
<i>micotrin ap (external powder) *</i>	\$0 (Tier 3)	
<i>mycozyl ac (external cream) *</i>	\$0 (Tier 3)	
<i>mycozyl al (external solution) *</i>	\$0 (Tier 3)	
<i>mycozyl ap (external powder) *</i>	\$0 (Tier 3)	
NOXAFIL (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
<i>nystatin (mouth/throat suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>nystatin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>posaconazole (oral suspension)</i>	\$0-\$4.50 (Tier 1)	QL
<i>posaconazole (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>qc 3 day (vaginal cream) *</i>	\$0 (Tier 3)	
<i>qc antifungal (tolnaftate) (external cream) *</i>	\$0 (Tier 3)	
<i>qc clotrimazole (vaginal cream) *</i>	\$0 (Tier 3)	
<i>qc miconazole 7 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>qc tolnaftate (external cream) *</i>	\$0 (Tier 3)	
<i>sm 3-day vaginal (vaginal cream) *</i>	\$0 (Tier 3)	
<i>sm antifungal clotrimazole (external cream) *</i>	\$0 (Tier 3)	
<i>sm antifungal miconazole (external cream) *</i>	\$0 (Tier 3)	
<i>sm antifungal tolnaftate (external cream) *</i>	\$0 (Tier 3)	
<i>sm athletes foot (external cream) *</i>	\$0 (Tier 3)	
<i>sm clotrimazole vaginal (vaginal cream) *</i>	\$0 (Tier 3)	
<i>sm miconazole 3 (vaginal kit) *</i>	\$0 (Tier 3)	
<i>sm miconazole 3 applicator (vaginal kit) *</i>	\$0 (Tier 3)	
<i>sm miconazole 7 (vaginal cream) *</i>	\$0 (Tier 3)	
<i>sm miconazole 7 (vaginal suppository) *</i>	\$0 (Tier 3)	
<i>terbinafine hcl (external cream) *</i>	\$0 (Tier 3)	
<i>terbinafine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>terconazole (vaginal cream)</i>	\$0-\$4.50 (Tier 1)	
<i>terconazole (vaginal suppository)</i>	\$0-\$4.50 (Tier 1)	
<i>tolnaftate (external cream) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolnaftate (external powder)</i> *	\$0 (Tier 3)	
<i>tolnaftate antifungal (external cream)</i> *	\$0 (Tier 3)	
<i>voriconazole (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	PA
<i>voriconazole (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	QL
<i>voriconazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Antigout Agents		
Antigout Agents		
<i>allopurinol (100mg oral tablet, 300mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE)	\$0-\$4.50 (Tier 1)	QL
<i>colchicine (0.6mg oral tablet) (generic colcry)</i>	\$0-\$4.50 (Tier 1)	QL
<i>colchicine-probenecid (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>febuxostat (oral tablet)</i>	\$0-\$4.50 (Tier 1)	ST
<i>probenecid (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antimigraine Agents		
Acute		
<i>naratriptan hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
NURTEC ODT (ORAL TABLET DISPERSIBLE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>rizatriptan benzoate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>rizatriptan benzoate odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
<i>sumatriptan (nasal solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>sumatriptan succinate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>sumatriptan succinate (subcutaneous solution auto-injector)</i>	\$0-\$4.50 (Tier 1)	QL
<i>sumatriptan succinate (subcutaneous solution)</i>	\$0-\$4.50 (Tier 1)	QL
UBRELVY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Ergot Alkaloids		
<i>dihydroergotamine mesylate (nasal solution)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>ergotamine-caffeine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Prophylactic		
AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
QULIPTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>timolol maleate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>pyridostigmine bromide (60mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>rifabutin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Antituberculars		
<i>cycloserine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>ethambutol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>isoniazid (oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>isoniazid (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
PRIFTIN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>pyrazinamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>rifampin (intravenous solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>rifampin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
SIRTURO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
TRECATOR (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
CYCLOPHOSPHAMIDE (25MG ORAL TABLET)	\$0-\$4.50 (Tier 1)	B/D, PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYCLOPHOSPHAMIDE (50MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	B/D, PA
GLEOSTINE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
LEUKERAN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
MATULANE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
VALCHLOR (EXTERNAL GEL)	\$0-\$11.20 (Tier 2)	PA; QL
Antiandrogens		
<i>abiraterone acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>bicalutamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
ERLEADA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>nilutamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
NUBEQA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
XTANDI (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
XTANDI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Antiangiogenic Agents		
FOTIVDA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>lenalidomide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
POMALYST (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
QINLOCK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
REVLIMID (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
TABRECTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
THALOMID (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
Antiestrogens/Modifiers		
ORSERDU (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
SOLTAMOX (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>tamoxifen citrate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>toremifene citrate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antimetabolites		
DROXIA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>hydroxyurea (oral capsule)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mercaptopurine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
ONUREG (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
PURIXAN (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	PA
TABLOID (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
Antineoplastics, Other		
AKEEGA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
IDHIFA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
IWILFIN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
KRAZATI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
LONSURF (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
LUMAKRAS (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
NINLARO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
OGSIVEO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
PEMAZYRE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
RETEVMO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
TAZVERIK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
TUKYSA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
VONJO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
ZOLINZA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>exemestane (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>letrozole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Molecular Target Inhibitors		
ALECENSA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
ALUNBRIG (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ALUNBRIG (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
AUGTYRO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
AYVAKIT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
BALVERSA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
BOSULIF (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
BOSULIF (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
BRAFTOVI (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
BRUKINSA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
CABOMETYX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
CALQUENCE (100MG ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
CALQUENCE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
CAPRELSA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
COMETRIQ (100MG DAILY DOSE) (ORAL KIT)	\$0-\$11.20 (Tier 2)	PA; QL
COMETRIQ (140MG DAILY DOSE) (ORAL KIT)	\$0-\$11.20 (Tier 2)	PA; QL
COMETRIQ (60MG DAILY DOSE) (ORAL KIT)	\$0-\$11.20 (Tier 2)	PA; QL
COPIKTRA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
COTELLIC (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
DAURISMO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ERIVEDGE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
<i>erlotinib hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>everolimus (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
<i>everolimus (oral tablet soluble)</i>	\$0-\$4.50 (Tier 1)	PA
EXKIVITY (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
FRUZAQLA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
GAVRETO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gefitinib (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
GILOTRIF (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
IBRANCE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
IBRANCE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ICLUSIG (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>imatinib mesylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
IMBRUVICA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
IMBRUVICA (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	PA; QL
IMBRUVICA (140MG ORAL TABLET, 280MG ORAL TABLET, 420MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
INLYTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
INQOVI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
INREBIC (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
JAKAFI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
JAYPIRCA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI (200MG DOSE) (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI (400MG DOSE) (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI (600MG DOSE) (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
KOSELUGO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>lapatinib ditosylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA
LORBRENA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
LYNPARZA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
LYTGOBI (12MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
LYTGOBI (16MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
LYTGOBI (20MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
MEKINIST (ORAL SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
MEKINIST (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
MEKTOVI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
NERLYNX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ODOMZO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
OJJAARA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>pazopanib hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
REZLIDHIA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
ROZLYTREK (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
ROZLYTREK (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
RUBRACA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
RYDAPT (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SCSEMBLIX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>sorafenib tosylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
SPRYCEL (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
STIVARGA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>sunitinib malate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
TAFINLAR (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
TAFINLAR (ORAL TABLET SOLUBLE)	\$0-\$11.20 (Tier 2)	PA
TAGRISSE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
TALZENNA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
TASIGNA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
TEPMETKO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
TIBSOVO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
TRUQAP (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
TURALIO (125MG ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
VANFLYTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
VENCLEXTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
VERZENIO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
VITRAKVI (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
VITRAKVI (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
VIZIMPRO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
VOTRIENT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
WELIREG (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
XALKORI (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
XALKORI (ORAL CAPSULE SPRINKLE)	\$0-\$11.20 (Tier 2)	PA
XOSPATA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ZEJULA (100MG ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
ZEJULA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ZELBORAF (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
ZYDELIG (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ZYKADIA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Retinoids		
<i>bexarotene (external gel)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>bexarotene (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
PANRETIN (EXTERNAL GEL)	\$0-\$11.20 (Tier 2)	PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tretinoin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Treatment Adjuncts		
<i>leucovorin calcium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
MESNEX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
Antiparasitics		
Anthelmintics		
<i>albendazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>cvs pinworm treatment (oral suspension)*</i>	\$0 (Tier 3)	
<i>ivermectin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
<i>pin-away (oral suspension)*</i>	\$0 (Tier 3)	
<i>pinworm medicine (oral suspension)*</i>	\$0 (Tier 3)	
<i>praziquantel (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>reeses pinworm medicine (oral suspension)*</i>	\$0 (Tier 3)	
Antiprotozoals		
<i>atovaquone (oral suspension)</i>	\$0-\$4.50 (Tier 1)	QL
<i>atovaquone-proguanil hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
BENZNIDAZOLE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>chloroquine phosphate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
COARTEM (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>hydroxychloroquine sulfate (200mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
IMPAVIDO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>mefloquine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nitazoxanide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pentamidine isethionate (inhalation solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>pentamidine isethionate (injection solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>primaquine phosphate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>pyrimethamine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinine sulfate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>trihexyphenidyl hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>trihexyphenidyl hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antiparkinson Agents, Other		
<i>amantadine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>amantadine hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>amantadine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>carbidopa-levodopa-entacapone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>entacapone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Dopamine Agonists		
<i>bromocriptine mesylate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>bromocriptine mesylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
NEUPRO (TRANSDERMAL PATCH 24 HOUR)	\$0-\$11.20 (Tier 2)	
<i>pramipexole dihydrochloride (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>ropinirole hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>carbidopa-levodopa er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>carbidopa-levodopa (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>carbidopa-levodopa odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	
INBRIJA (INHALATION CAPSULE)	\$0-\$11.20 (Tier 2)	PA
RYTARY (ORAL CAPSULE EXTENDED RELEASE)	\$0-\$11.20 (Tier 2)	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>selegiline hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>selegiline hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
<i>chlorpromazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>fluphenazine decanoate (injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>fluphenazine hcl (injection solution)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluphenazine hcl (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
<i>fluphenazine hcl (oral elixir)</i>	\$0-\$4.50 (Tier 1)	
<i>fluphenazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>haloperidol decanoate (intramuscular solution)</i>	\$0-\$4.50 (Tier 1)	
<i>haloperidol lactate (injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>haloperidol lactate (2mg/ml oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
<i>haloperidol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>loxapine succinate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>molindone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>pimozide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>thioridazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>thiothixene (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>trifluoperazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
2nd Generation/Atypical		
ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	\$0-\$11.20 (Tier 2)	
<i>aripiprazole (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>aripiprazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>aripiprazole odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
<i>asenapine maleate (tablet sublingual)</i>	\$0-\$4.50 (Tier 1)	QL
CAPLYTA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	ST; QL
FANAPT TITRATION PACK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	ST; QL
INVEGA HAFYERA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
INVEGA SUSTENNA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
INVEGA TRINZA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
<i>lurasidone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
LYBALVI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	ST; QL
NUPLAZID (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
NUPLAZID (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>olanzapine (intramuscular solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>olanzapine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>olanzapine odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
<i>paliperidone er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
PERSERIS (SUBCUTANEOUS PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
<i>quetiapine fumarate er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>quetiapine fumarate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
REXULTI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
RISPERDAL CONSTA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	\$0-\$11.20 (Tier 2)	
<i>risperidone microspheres er (intramuscular suspension reconstituted er)</i>	\$0-\$4.50 (Tier 1)	
<i>risperidone (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>risperidone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>risperidone odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	
SECUADO (TRANSDERMAL PATCH 24 HOUR)	\$0-\$11.20 (Tier 2)	ST; QL
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
VRAYLAR (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ziprasidone hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>ziprasidone mesylate (intramuscular solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
Treatment-Resistant		
<i>clozapine (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>clozapine odt (100mg oral tablet dispersible, 12.5mg oral tablet dispersible, 150mg oral tablet dispersible, 200mg oral tablet dispersible, 25mg oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
VERSACLOZ (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>dantrolene sodium (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>tizanidine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>valganciclovir hcl (oral solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	QL
<i>valganciclovir hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
ZIRGAN (OPHTHALMIC GEL)	\$0-\$11.20 (Tier 2)	
Anti-hepatitis B (HBV) Agents		
BARACLUDE (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>entecavir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lamivudine (100mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
VEMLIDY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
Anti-hepatitis C (HCV) Agents		

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPCLUSA (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
EPCLUSA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
MAVYRET (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
MAVYRET (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>ribavirin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SOFOSBUVIR-VELPATASVIR (ORAL TABLET)	\$0-\$4.50 (Tier 1)	PA; QL
VOSEVI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Antiherpetic Agents		
<i>acyclovir (external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>acyclovir (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>acyclovir (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>acyclovir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>acyclovir sodium (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>famciclovir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>valacyclovir hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
DOVATO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
GENVOYA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
ISENTRESS HD (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
ISENTRESS (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
ISENTRESS (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
ISENTRESS (ORAL TABLET CHEWABLE)	\$0-\$11.20 (Tier 2)	QL
JULUCA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
STRIBILD (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
TIVICAY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
TIVICAY PD (ORAL TABLET SOLUBLE)	\$0-\$11.20 (Tier 2)	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
DELSTRIGO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
EDURANT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>efavirenz (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>efavirenz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>efavirenz-emtricitabine-tenofovir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>efavirenz-lamivudine-tenofovir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>etravirine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTELENCE (25MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>nevirapine er (400mg oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nevirapine (oral suspension)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nevirapine (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
PIFELTRO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>abacavir sulfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>abacavir sulfate-lamivudine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
CIMDUO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
DESCOVY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>emtricitabine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>emtricitabine-tenofovir disoproxil fumarate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
EMTRIVA (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
<i>lamivudine (10mg/ml oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lamivudine (150mg oral tablet, 300mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lamivudine-zidovudine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
ODEFSEY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>tenofovir disoproxil fumarate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
TRIUMEQ (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
TRIUMEQ PD (ORAL TABLET SOLUBLE)	\$0-\$11.20 (Tier 2)	QL
TRIZIVIR (300-150-300MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
VIREAD (ORAL POWDER)	\$0-\$11.20 (Tier 2)	QL
VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>zidovudine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zidovudine (oral syrup)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zidovudine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-HIV Agents, Other		
FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
<i>maraviroc (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)	\$0-\$11.20 (Tier 2)	QL
SELZENTRY (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
SELZENTRY (25MG ORAL TABLET, 75MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
SUNLENCA (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
TYBOST (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	QL
<i>atazanavir sulfate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>darunavir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
EVOTAZ (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>fosamprenavir calcium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
LEXIVA (50MG/ML ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
<i>lopinavir-ritonavir (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lopinavir-ritonavir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
NORVIR (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
PREZCOBIX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
PREZISTA (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
PREZISTA (150MG ORAL TABLET, 75MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
REYATAZ (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
<i>ritonavir (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
SYM TUZA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
VIRACEPT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
Anti-influenza Agents		
<i>oseltamivir phosphate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>oseltamivir phosphate (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	QL
RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>rimantadine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOFLUZA (40MG DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
XOFLUZA (80MG DOSE) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>hydroxyzine hcl (oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>hydroxyzine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>hydroxyzine pamoate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Benzodiazepines		
<i>alprazolam (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>chlordiazepoxide hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>clonazepam (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clonazepam odt (oral tablet dispersible)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clorazepate dipotassium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>diazepam intensol (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	QL
<i>diazepam (5mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lorazepam intensol (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lorazepam (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Bipolar Agents		
Mood Stabilizers		
<i>divalproex sodium er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>divalproex sodium (oral capsule delayed release sprinkle)</i>	\$0-\$4.50 (Tier 1)	
<i>divalproex sodium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>lithium carbonate er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>lithium carbonate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>lithium (oral solution)</i>	\$0-\$4.50 (Tier 1)	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
CYCLOSET (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
FARXIGA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>glimepiride (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>glipizide (10mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>glipizide er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>glipizide-metformin hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
GLYXAMBI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
JARDIANCE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
JENTADUETO (2.5-1000MG ORAL TABLET, 2.5-500MG ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	QL
<i>metformin hcl (1000mg oral tablet immediate release, 500mg oral tablet immediate release, 850mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>metformin hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>metformin hcl er (oral tablet extended release 24 hour) (generic glucophage xr)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nateglinide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pioglitazone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pioglitazone hcl-glimepiride (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pioglitazone hcl-metformin hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>repaglinide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	\$0-\$11.20 (Tier 2)	QL
SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	QL
TRADJENTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>trueplus glucose (oral gel)</i> *	\$0 (Tier 3)	
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
XIGDUO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	QL
Glycemic Agents		
BAQSIMI ONE PACK (NASAL POWDER)	\$0-\$11.20 (Tier 2)	
<i>bd glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>cvs glucose (oral gel)</i> *	\$0 (Tier 3)	
<i>cvs glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>dex4 (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>dex4 pouch pack (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>dex4 quick dissolve glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>diazoxide (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>fructose (granules)</i> *	\$0 (Tier 3)	
GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
GLUCAGON (INJECTION KIT) (LILLY)	\$0-\$4.50 (Tier 1)	
<i>glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp quick dissolve glucose (oral tablet chewable)</i> *	\$0 (Tier 3)	
GVOKE HYPOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	
GVOKE KIT (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
GVOKE PFS (1MG/0.2ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hy-vee glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>groger glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>leader glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>leader quick dissolve glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>longs glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>meijer glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>preferred plus glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>px glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>trueplus glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>trueplus glucose on the go (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>value plus glucose (oral gel) *</i>	\$0 (Tier 3)	
<i>value plus glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>walgreens glucose (oral tablet chewable) *</i>	\$0 (Tier 3)	
Insulins		
HUMALOG (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	
HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION)	\$0-\$11.20 (Tier 2)	
HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0-\$11.20 (Tier 2)	
HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION)	\$0-\$11.20 (Tier 2)	
HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
HUMULIN N (SUBCUTANEOUS SUSPENSION)	\$0-\$11.20 (Tier 2)	
HUMULIN R (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	
HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
INSULIN LISPRO (1 UNIT DIAL) (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0-\$11.20 (Tier 2)	
INSULIN LISPRO (INJECTION SOLUTION) (BRAND EQUIVALENT HUMALOG)	\$0-\$11.20 (Tier 2)	
INSULIN LISPRO JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0-\$11.20 (Tier 2)	
INSULIN LISPRO PROT & LISPRO (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0-\$11.20 (Tier 2)	
LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
LANTUS (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
LEVEMIR FLEXPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
LEVEMIR (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
LYUMJEV (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	
LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	
TRESIBA (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
Blood Products and Modifiers		
Anticoagulants		

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
ELIQUIS STARTER PACK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>enoxaparin sodium (injection solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fondaparinux sodium (subcutaneous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>heparin sodium (10000unit/ml injection solution, 20000unit/ml injection solution, 5000unit/ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>heparin sodium (1000unit/ml injection solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>jantoven (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>warfarin sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
XARELTO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
Blood Products and Modifiers, Other		
<i>anagrelide hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
ARANESP (ALBUMIN FREE) (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA
ARANESP (ALBUMIN FREE) (INJECTION SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
PROCRIPT (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA
PROMACTA (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
PROMACTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
PYRUKYND (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
PYRUKYND TAPER PACK (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
RETACRIT (INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA
UDENYCA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA
UDENYCA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
Hemostasis Agents		
<i>accrufer (oral capsule)*</i>	\$0 (Tier 3)	
<i>tranexamic acid (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Platelet Modifying Agents		
<i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	QL
BRILINTA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
CABLIVI (INJECTION KIT)	\$0-\$11.20 (Tier 2)	PA; QL
<i>cilostazol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>clopidogrel bisulfate (75mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
DOPTELET (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>prasugrel hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>clonidine (transdermal patch weekly)</i>	\$0-\$4.50 (Tier 1)	
<i>droxidopa (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>guanfacine hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>midodrine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>prazosin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>irbesartan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>losartan potassium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>olmesartan medoxomil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>telmisartan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>valsartan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>captopril (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enalapril maleate (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>enalapril maleate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fosinopril sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lisinopril (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>moexipril hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>perindopril erbumine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>quinapril hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>ramipril (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>trandolapril (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Antiarrhythmics		
<i>amiodarone hcl (200mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>dofetilide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>flecainide acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>mexiletine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
MULTAQ (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
PACERONE (200MG ORAL TABLET)	\$0-\$4.50 (Tier 1)	
<i>propafenone hcl er (oral capsule extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>propafenone hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>quinidine gluconate er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>quinidine sulfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sorine (120mg oral tablet, 160mg oral tablet, 80mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sotalol hcl (af) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sotalol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Beta-adrenergic Blocking Agents		
<i>atenolol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>bisoprolol fumarate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>carvedilol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>labetalol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metoprolol succinate er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>metoprolol tartrate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nadolol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nebivolol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pindolol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hcl er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>propranolol hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>propranolol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>felodipine er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>nicardipine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>nifedipine er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nifedipine er osmotic release (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nimodipine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diltiazem hcl er beads (360mg oral capsule extended release 24 hour, 420mg oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diltiazem hcl er coated beads (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg oral capsule extended release 24 hour, 300mg oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diltiazem hcl er (oral capsule extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diltiazem hcl er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>diltiazem hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>dilt-xr (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>matzim la (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>taztia xt (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tiadylt er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>verapamil hcl er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>verapamil hcl (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
Cardiovascular Agents, Other		
<i>acetazolamide er (oral capsule extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>acetazolamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>aliskiren fumarate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amiloride-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>amlodipine-atorvastatin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amlodipine-benazepril (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amlodipine-olmesartan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amlodipine-valsartan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amlodipine-valsartan-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>atenolol-chlorthalidone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>benazepril-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>bisoprolol-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>candesartan cilexetil-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
CORLANOR (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
CORLANOR (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>digoxin (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>digoxin (125mcg oral tablet, 250mcg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>enalapril-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
ENTRESTO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>fosinopril sodium-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>irbesartan-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
KERENDIA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>lisinopril-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>losartan potassium-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>metoprolol-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metyrosine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>olmesartan medoxomil-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>olmesartan-amlodipine-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pentoxifylline er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>ranolazine er (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>spironolactone-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan-amlodipine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>telmisartan-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>trandolapril-verapamil hcl er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>triamterene-hctz (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>triamterene-hctz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>valsartan-hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Diuretics, Loop		
<i>bumetanide (injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>bumetanide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>furosemide (injection solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>furosemide (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>furosemide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>torseamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Diuretics, Potassium-sparing		
<i>amiloride hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>eplerenone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>spironolactone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
DIURIL (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	
<i>hydrochlorothiazide (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrochlorothiazide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>indapamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>metolazone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized (134mg oral capsule, 200mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>fenofibrate (145mg oral tablet, 160mg oral tablet, 48mg oral tablet, 54mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gemfibrozil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluvastatin sodium er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluvastatin sodium (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
LIVALO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>lovastatin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pravastatin sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>rosuvastatin calcium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>simvastatin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Dyslipidemics, Other		
<i>cholestyramine light (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>cholestyramine (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>colesevelam hcl (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>colesevelam hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>colestipol hcl (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>colestipol hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ezetimibe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>ezetimibe-simvastatin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>niacin (antihyperlipidemic) (rx only) (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>niacin er (antihyperlipidemic) (rx only) (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>niacor (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i>	\$0-\$4.50 (Tier 1)	QL
PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
<i>prevalite (oral packet)</i>	\$0-\$4.50 (Tier 1)	
REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0-\$11.20 (Tier 2)	PA; QL
REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
VASCEPA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>minoxidil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>isosorbide mononitrate er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>isosorbide mononitrate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
NITRO-BID (TRANSDERMAL OINTMENT)	\$0-\$4.50 (Tier 1)	
<i>nitroglycerin (tablet sublingual)</i>	\$0-\$4.50 (Tier 1)	
<i>nitroglycerin (transdermal patch 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>nitroglycerin (translingual solution)</i>	\$0-\$4.50 (Tier 1)	
NITROSTAT (TABLET SUBLINGUAL)	\$0-\$11.20 (Tier 2)	
RECTIV (RECTAL OINTMENT)	\$0-\$11.20 (Tier 2)	QL
VERQUVO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>amphetamine-dextroamphetamine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>dextroamphetamine sulfate (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lisdexamfetamine dimesylate (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>lisdexamfetamine dimesylate (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
VYVANSE (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clonidine hcl er (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	PA
<i>dexmethylphenidate hcl er (oral capsule extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>dexmethylphenidate hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>guanfacine hcl er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>methylphenidate hcl er (10mg oral tablet extended release, 20mg oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>methylphenidate hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i>	\$0-\$4.50 (Tier 1)	QL
Central Nervous System, Other		
<i>acetaminophen (oral solution) *</i>	\$0 (Tier 3)	
<i>acetaminophen childrens (oral solution) *</i>	\$0 (Tier 3)	
AUSTEDO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>caffeine anhydrous (powder) *</i>	\$0 (Tier 3)	
INGREZZA (ORAL CAPSULE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
INGREZZA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
NUEDEXTA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
QUVIVIQ (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>riluzole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SKYCLARYS (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>tetrabenazine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Fibromyalgia Agents		
<i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pregabalin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>pregabalin (oral solution)</i>	\$0-\$4.50 (Tier 1)	QL
SAVELLA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
SAVELLA TITRATION PACK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
Multiple Sclerosis Agents		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)	\$0-\$11.20 (Tier 2)	QL
AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)	\$0-\$11.20 (Tier 2)	QL
BETASERON (SUBCUTANEOUS KIT)	\$0-\$11.20 (Tier 2)	QL
<i>dalfampridine er (oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>dimethyl fumarate (oral capsule delayed release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>dimethyl fumarate starter pack (oral capsule delayed release therapy pack)</i>	\$0-\$4.50 (Tier 1)	QL
<i> fingolimod hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>glatiramer acetate (subcutaneous solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	QL
<i>glatopa (subcutaneous solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	QL
KESIMPTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	
MAYZENT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
MAYZENT STARTER PACK (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	ST; QL
REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	ST; QL
REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	ST; QL
REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	ST; QL
<i>teriflunomide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
VUMERITY (ORAL CAPSULE DELAYED RELEASE) (MAINTENANCE DOSE BOTTLE)	\$0-\$11.20 (Tier 2)	ST; QL
Dental and Oral Agents		

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental and Oral Agents		
<i>chlorhexidine gluconate (mouth solution)</i>	\$0-\$4.50 (Tier 1)	
<i>kourzeq (mouth/throat paste)</i>	\$0-\$4.50 (Tier 1)	
<i>periogard (mouth solution)</i>	\$0-\$4.50 (Tier 1)	
<i>pilocarpine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>triamcinolone acetonide (dental paste)</i>	\$0-\$4.50 (Tier 1)	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane (10mg oral capsule, 20mg oral capsule, 40mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>acitretin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>adapalene (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>adapalene (otc only) (external gel) *</i>	\$0 (Tier 3)	
<i>adapalene (rx only) (0.3% external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>amnesteem (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>azelaic acid (external gel)</i>	\$0-\$4.50 (Tier 1)	QL
<i>benzoyl peroxide-erythromycin (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>claravis (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>clindamycin phosphate-benzoyl peroxide (1-5% external gel, 1.2-5% external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>differin (external gel) *</i>	\$0 (Tier 3)	
FINACEA (EXTERNAL FOAM)	\$0-\$11.20 (Tier 2)	QL
<i>isotretinoin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>neuac (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>tazarotene (external cream)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>tretinoin (0.01% external gel, 0.025% external gel)</i>	\$0-\$4.50 (Tier 1)	PA
<i>tretinoin (external cream)</i>	\$0-\$4.50 (Tier 1)	PA
<i>tretinoin microsphere (0.04% external gel, 0.1% external gel)</i>	\$0-\$4.50 (Tier 1)	PA
<i>zenatane (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
Dermatitis and Pruritus Agents		
<i>ala-cort (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>alclometasone dipropionate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>alclometasone dipropionate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>ammonium lactate (otc only) (external cream) *</i>	\$0 (Tier 3)	
<i>ammonium lactate (otc only) (external lotion) *</i>	\$0 (Tier 3)	
<i>ammonium lactate (rx only) (external cream)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ammonium lactate (rx only) (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>anti-dandruff (external shampoo)*</i>	\$0 (Tier 3)	
<i>anti-itch maximum strength (external cream)*</i>	\$0 (Tier 3)	
<i>betamethasone dipropionate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate aug (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate aug (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate aug (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone dipropionate aug (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone valerate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone valerate (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>betamethasone valerate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate (external shampoo)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>clobetasol propionate emollient base (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>clodan (external shampoo)</i>	\$0-\$4.50 (Tier 1)	
<i>dandruff shampoo (external lotion)*</i>	\$0 (Tier 3)	
<i>dandruff shampoo (external shampoo)*</i>	\$0 (Tier 3)	
<i>desonide (external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>desoximetasone (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>doxepin hcl (external cream)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>fluocinolone acetonide (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>fluocinolone acetonide (external ointment)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>fluocinonide (0.05% external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluocinonide (external gel)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluocinonide (external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluocinonide (external solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluocinonide emulsified base (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluticasone propionate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>fluticasone propionate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp hydrocortisone (external cream) *</i>	\$0 (Tier 3)	
<i>gnp hydrocortisone max strength (external ointment) *</i>	\$0 (Tier 3)	
<i>gnp hydrocortisone plus (external cream) *</i>	\$0 (Tier 3)	
<i>gnp hydrocortisone/aloe (external cream) *</i>	\$0 (Tier 3)	
<i>halobetasol propionate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>halobetasol propionate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>hm hydrocortisone plus (external cream) *</i>	\$0 (Tier 3)	
<i>hm hydrocortisone-aloe max strength (external cream) *</i>	\$0 (Tier 3)	
<i>hydrocortisone (otc only) (external cream) *</i>	\$0 (Tier 3)	
<i>hydrocortisone (otc only) (external ointment) *</i>	\$0 (Tier 3)	
<i>hydrocortisone (rx only) (1% external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone (rx only) (1% external ointment, 2.5% external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone (rx only) (2.5% external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone acetate (external cream) *</i>	\$0 (Tier 3)	
<i>hydrocortisone butyrate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone max strength (external cream) *</i>	\$0 (Tier 3)	
<i>hydrocortisone max strength/12 moisturizers (external cream) *</i>	\$0 (Tier 3)	
<i>hydrocortisone valerate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone valerate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone/aloe max strength (external cream) *</i>	\$0 (Tier 3)	
<i>mometasone furoate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>mometasone furoate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>mometasone furoate (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>pimecrolimus (external cream)</i>	\$0-\$4.50 (Tier 1)	ST; QL
<i>qc anti-itch aloe (external cream) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selenium sulfide (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>sm hydrocortisone (external cream) *</i>	\$0 (Tier 3)	
<i>sm hydrocortisone max strength (external ointment) *</i>	\$0 (Tier 3)	
<i>sm hydrocortisone plus (external cream) *</i>	\$0 (Tier 3)	
<i>tacrolimus (external ointment)</i>	\$0-\$4.50 (Tier 1)	ST
<i>triamcinolone acetonide (0.025% external ointment, 0.1% external ointment, 0.5% external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>triamcinolone acetonide (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>triamcinolone acetonide (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>triderm (external cream)</i>	\$0-\$4.50 (Tier 1)	
Dermatological Agents, Other		
<i>aloe vesta protective (external ointment) *</i>	\$0 (Tier 3)	
<i>americerin (external cream) *</i>	\$0 (Tier 3)	
<i>anti-itch (external cream) *</i>	\$0 (Tier 3)	
<i>aqua glycolic face (external cream) *</i>	\$0 (Tier 3)	
<i>aquaphilic (external ointment) *</i>	\$0 (Tier 3)	
<i>aquaphor (external ointment) *</i>	\$0 (Tier 3)	
<i>aquaphor advanced protect healing (external ointment) *</i>	\$0 (Tier 3)	
<i>aquaphor advanced therapy (external ointment) *</i>	\$0 (Tier 3)	
<i>aquaphor advanced therapy baby (external ointment) *</i>	\$0 (Tier 3)	
<i>aquaphor advanced therapy healing (external ointment) *</i>	\$0 (Tier 3)	
<i>arthritis pain relieving (external cream) *</i>	\$0 (Tier 3)	
<i>atrix medicated formula (external cream) *</i>	\$0 (Tier 3)	
<i>atrix system 1 (external kit) *</i>	\$0 (Tier 3)	
<i>banophen (external cream) *</i>	\$0 (Tier 3)	
<i>beta care (external cream) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>beta xma (external cream) *</i>	\$0 (Tier 3)	
<i>calcipotriene (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>calcipotriene (external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>calcipotriene (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>calcitriol (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>capsaicin (external cream) *</i>	\$0 (Tier 3)	
<i>capsaicin pain relief (external cream) *</i>	\$0 (Tier 3)	
<i>cerave healing (external ointment) *</i>	\$0 (Tier 3)	
<i>cerave moisturizing (external cream) *</i>	\$0 (Tier 3)	
<i>cerave sa rough & bumpy skin (external cream) *</i>	\$0 (Tier 3)	
<i>cetaphil moisturizing (external cream) *</i>	\$0 (Tier 3)	
<i>cetaphil therapeutic hand (external cream) *</i>	\$0 (Tier 3)	
<i>circata (external cream) *</i>	\$0 (Tier 3)	
<i>clotrimazole-betamethasone (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clotrimazole-betamethasone (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>coconut oil beauty (external cream) *</i>	\$0 (Tier 3)	
<i>corn & callus remover (external liquid) *</i>	\$0 (Tier 3)	
<i>cvs advanced healing (external ointment) *</i>	\$0 (Tier 3)	
<i>dermabase (external cream) *</i>	\$0 (Tier 3)	
<i>dermacinrx atrix antibacterial wash (external liquid) *</i>	\$0 (Tier 3)	
<i>dermacinrx atrix clarify toner (external liquid) *</i>	\$0 (Tier 3)	
<i>dermacinrx circatrix (external cream) *</i>	\$0 (Tier 3)	
<i>dermacinrx penetral (external cream) *</i>	\$0 (Tier 3)	
<i>dermacinrx skin repair (external cream) *</i>	\$0 (Tier 3)	
<i>diabetiderm (external cream) *</i>	\$0 (Tier 3)	
<i>diabetiderm foot rejuvenating (external cream) *</i>	\$0 (Tier 3)	
<i>diclofenac sodium (3% external gel)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>diphenhydramine-zinc acetate (external cream) *</i>	\$0 (Tier 3)	
<i>dml forte (external cream) *</i>	\$0 (Tier 3)	
<i>dry skin treatment (external ointment) *</i>	\$0 (Tier 3)	
<i>emollia-creme (external cream) *</i>	\$0 (Tier 3)	
<i>e-ointment (external ointment) *</i>	\$0 (Tier 3)	
<i>eq therapeutic moisturizing (external cream) *</i>	\$0 (Tier 3)	
<i>eucerin advanced repair hand (external cream) *</i>	\$0 (Tier 3)	
<i>eucerin calming daily moisturizer (external cream) *</i>	\$0 (Tier 3)	
<i>eucerin original healing (external cream) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eucerin plus (external cream)</i> *	\$0 (Tier 3)	
<i>eucerin skin calming (external cream)</i> *	\$0 (Tier 3)	
<i>flanders buttocks (external ointment)</i> *	\$0 (Tier 3)	
<i>fluorouracil (5% external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>fluorouracil (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp anti-itch (external cream)</i> *	\$0 (Tier 3)	
<i>gnp wart remover (external liquid)</i> *	\$0 (Tier 3)	
<i>gold bond ultimate healing (external cream)</i> *	\$0 (Tier 3)	
<i>gold bond ultimate healing (external ointment)</i> *	\$0 (Tier 3)	
<i>goodsense hemorrhoidal (rectal ointment)</i> *	\$0 (Tier 3)	
<i>hydrasyn25 (external cream)</i> *	\$0 (Tier 3)	
<i>hydrolatum (external ointment)</i> *	\$0 (Tier 3)	
<i>hydrophor (external ointment)</i> *	\$0 (Tier 3)	
<i>imiquimod (5% external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>itch relief extra strength (external cream)</i> *	\$0 (Tier 3)	
<i>itch relief extra strength (external liquid)</i> *	\$0 (Tier 3)	
<i>keradan (external cream)</i> *	\$0 (Tier 3)	
<i>lanaphilic (external ointment)</i> *	\$0 (Tier 3)	
<i>leader finger cream (external cream)</i> *	\$0 (Tier 3)	
<i>medicated callus removers (external pad)</i> *	\$0 (Tier 3)	
<i>medicated corn removers (external pad)</i> *	\$0 (Tier 3)	
<i>methoxsalen rapid (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>minerin creme (external cream)</i> *	\$0 (Tier 3)	
<i>moisturizing cream (external cream)</i> *	\$0 (Tier 3)	
<i>neutrogena hand (external cream)</i> *	\$0 (Tier 3)	
<i>nutraderm (external cream)</i> *	\$0 (Tier 3)	
<i>ointment base (external ointment)</i> *	\$0 (Tier 3)	
<i>pen-kera (external cream)</i> *	\$0 (Tier 3)	
<i>pentravan (external cream)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pentravan plus (external cream)</i> *	\$0 (Tier 3)	
<i>podofilox (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>pretty feet/hands (external cream)</i> *	\$0 (Tier 3)	
<i>qc anti-itch extra strength (external cream)</i> *	\$0 (Tier 3)	
<i>ra advanced healing (external ointment)</i> *	\$0 (Tier 3)	
REGRANEX (EXTERNAL GEL)	\$0-\$11.20 (Tier 2)	PA
<i>risabal-ph (external cream)</i> *	\$0 (Tier 3)	
SANTYL (EXTERNAL OINTMENT)	\$0-\$11.20 (Tier 2)	
<i>sensi-care moisturizing (external cream)</i> *	\$0 (Tier 3)	
<i>silver sulfadiazine (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>sm anti-itch extra strength (external cream)</i> *	\$0 (Tier 3)	
<i>sorbidon hydrate (external cream)</i> *	\$0 (Tier 3)	
<i>ssd (external cream)</i>	\$0-\$11.20 (Tier 2)	
<i>studio 35 moisturizing skin (external cream)</i> *	\$0 (Tier 3)	
<i>therapeutic dandruff (external shampoo)</i> *	\$0 (Tier 3)	
<i>therapeutic moisturizing (external cream)</i> *	\$0 (Tier 3)	
<i>vanicream (external cream)</i> *	\$0 (Tier 3)	
<i>velvachol (external cream)</i> *	\$0 (Tier 3)	
<i>wart remover maximum strength (external liquid)</i> *	\$0 (Tier 3)	
<i>wart remover maximum strength (external strip)</i> *	\$0 (Tier 3)	
<i>xerac ac (external solution)</i> *	\$0 (Tier 3)	
<i>ziks arthritis pain relief (external cream)</i> *	\$0 (Tier 3)	
<i>zinc oxide (external ointment)</i> *	\$0 (Tier 3)	
Pediculicides/Scabicides		
<i>gnp lice treatment (external liquid)</i> *	\$0 (Tier 3)	
<i>gnp lice treatment (external shampoo)</i> *	\$0 (Tier 3)	
<i>goodsense lice killing (external liquid)</i> *	\$0 (Tier 3)	
<i>lice killing (external shampoo)</i> *	\$0 (Tier 3)	
<i>lice killing maximum strength (external shampoo)</i> *	\$0 (Tier 3)	
<i>lice treatment creme rinse (external liquid)</i> *	\$0 (Tier 3)	
<i>malathion (external lotion)</i>	\$0-\$4.50 (Tier 1)	
<i>permethrin (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>sm lice killing max strength (external shampoo)</i> *	\$0 (Tier 3)	
<i>sm lice treatment (external lotion)</i> *	\$0 (Tier 3)	
<i>vanalice (external gel)</i> *	\$0 (Tier 3)	
Topical Anti-infectives		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acne medication 10 (external gel)</i> *	\$0 (Tier 3)	
<i>acne medication 10 (external lotion)</i> *	\$0 (Tier 3)	
<i>acne medication 2.5 (external gel)</i> *	\$0 (Tier 3)	
<i>acne medication 5 (external gel)</i> *	\$0 (Tier 3)	
<i>acne medication 5 (external lotion)</i> *	\$0 (Tier 3)	
<i>benzefoam (external foam)</i> *	\$0 (Tier 3)	
<i>benzoyl peroxide (external gel)</i> *	\$0 (Tier 3)	
<i>benzoyl peroxide wash (external liquid)</i> *	\$0 (Tier 3)	
<i>bpo foaming cloths (external)</i> *	\$0 (Tier 3)	
<i>butenafine hcl (external cream)</i> *	\$0 (Tier 3)	
<i>ciclopirox (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>ciclopirox (external shampoo)</i>	\$0-\$4.50 (Tier 1)	
<i>ciclopirox (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>ciclopirox olamine (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>ciclopirox olamine (external suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>clindacin etz (external swab)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clindamycin phosphate (external gel)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clindamycin phosphate (external lotion)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clindamycin phosphate (external solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clindamycin phosphate (external swab)</i>	\$0-\$4.50 (Tier 1)	QL
<i>clotrimazole (rx only) (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>clotrimazole (rx only) (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>econazole nitrate (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>ery (external pad)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin (external gel)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin (external solution)</i>	\$0-\$4.50 (Tier 1)	
<i>gentamicin sulfate (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>gentamicin sulfate (external ointment)</i>	\$0-\$4.50 (Tier 1)	
JUBLIA (EXTERNAL SOLUTION)	\$0-\$11.20 (Tier 2)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ketoconazole (external cream)</i>	\$0-\$4.50 (Tier 1)	QL
<i>ketoconazole (external shampoo)</i>	\$0-\$4.50 (Tier 1)	
<i>mupirocin (external ointment)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nyamyc (external powder)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nystatin (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>nystatin (external ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>nystatin (external powder)</i>	\$0-\$4.50 (Tier 1)	QL
<i>nystop (external powder)</i>	\$0-\$4.50 (Tier 1)	QL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>600+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>active fe (oral tablet) *</i>	\$0 (Tier 3)	
<i>advantage care electrolyte pediatric (oral solution) *</i>	\$0 (Tier 3)	
<i>biolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>boost breeze (oral liquid) *</i>	\$0 (Tier 3)	
<i>bprotected pedia iron (oral solution) *</i>	\$0 (Tier 3)	
<i>cal-citrate (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcitrate (oral tablet) *</i>	\$0 (Tier 3)	
<i>cal-citrate plus vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium + vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 1000 + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 1200 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium 500 + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500 + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500/d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500+d high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 500+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600 + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600 +d high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600 high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600/vitamin d (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium 600/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium 600/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600+d high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600+d plus minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium 600+d plus minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium 600+d3 plus minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium 600+d3 plus minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium carbonate (oral powder) *</i>	\$0 (Tier 3)	
<i>calcium carbonate (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium carbonate (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium carbonate antacid (oral suspension) *</i>	\$0 (Tier 3)	
<i>calcium carbonate-cholecalciferol (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcium carbonate-cholecalciferol (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium carbonate-cholecalciferol (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate (oral granules) *</i>	\$0 (Tier 3)	
<i>calcium citrate (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate + d3 maximum (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate+d3 petites (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate-vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium citrate-vitamin d3 (oral liquid) *</i>	\$0 (Tier 3)	
<i>calcium citrate-vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium creamies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium high potency/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium lactate (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium oyster shell (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium plus d3 absorbable (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcium plus vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium plus vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcium plus vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium-vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>calcium-vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>calcium-vitamin d-minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cal-mint (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cal-quick (oral liquid) *</i>	\$0 (Tier 3)	
<i>caltrate 600+d plus minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>caltrate 600+d plus minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>caltrate 600+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>caltrate 600+d3 soft (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>caltrate minis plus minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>carglumic acid (oral tablet soluble)</i>	\$0-\$4.50 (Tier 1)	
<i>centratex (oral capsule) *</i>	\$0 (Tier 3)	
<i>ceralyte 70 (oral solution) *</i>	\$0 (Tier 3)	
<i>cerasport (oral solution) *</i>	\$0 (Tier 3)	
<i>cerasport ex1 (oral solution) *</i>	\$0 (Tier 3)	
<i>chromagen (oral capsule) *</i>	\$0 (Tier 3)	
<i>citracal +d3 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>citracal calcium gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>citracal maximum (oral tablet) *</i>	\$0 (Tier 3)	
<i>citracal maximum plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>citracal petites/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>citrus calcium/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>corvita 150 (oral tablet) *</i>	\$0 (Tier 3)	
<i>corvite 150 (oral tablet) *</i>	\$0 (Tier 3)	
<i>corvite fe (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs calcium + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs calcium 600 & vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs calcium 600 + d/minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs calcium 600 + d/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs calcium 600+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs calcium carbonate (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs calcium citrate+d3 petites (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs electrolyte solution (oral solution) *</i>	\$0 (Tier 3)	
<i>cvs iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs magnesium (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs magnesium oxide (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs oyster shell calcium-vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs pediatric electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>cvs pediatric electrolyte freeze pop (oral solution) *</i>	\$0 (Tier 3)	
<i>cvs slow release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>cvs triple magnesium complex (oral capsule) *</i>	\$0 (Tier 3)	
<i>dextrose (10% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dextrose (5% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>dextrose-nacl (10-0.2% intravenous solution, 10-0.45% intravenous solution, 5-0.2% intravenous solution)</i>	\$0-\$11.20 (Tier 2)	
<i>dextrose-nacl (2.5-0.45% intravenous solution, 5-0.45% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dextrose-nacl (5-0.9% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
ENDARI (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA
<i>enfamil enfalyte (oral solution) *</i>	\$0 (Tier 3)	
<i>ensure clear (oral liquid) *</i>	\$0 (Tier 3)	
<i>eq calcium 500+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq calcium 600+d (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq calcium 600+d+minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq calcium citrate+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq slow-release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>eql calcium citrate/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql calcium citrate/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql calcium/vitamin d (oral capsule) *</i>	\$0 (Tier 3)	
<i>eql calcium/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql calcium/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql carbonyl iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql iron supplement therapy (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql slow release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>ezfe 200 (oral capsule) *</i>	\$0 (Tier 3)	
<i>feosol (oral tablet) *</i>	\$0 (Tier 3)	
<i>feosol natural release (oral tablet) *</i>	\$0 (Tier 3)	
<i>feraheme (intravenous solution) *</i>	\$0 (Tier 3)	
<i>ferate (oral tablet) *</i>	\$0 (Tier 3)	
<i>fergon (oral tablet) *</i>	\$0 (Tier 3)	
<i>fer-in-sol (oral solution) *</i>	\$0 (Tier 3)	
<i>feriva 21/7 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ferivafa (oral capsule) *</i>	\$0 (Tier 3)	
<i>ferosul (oral tablet) *</i>	\$0 (Tier 3)	
<i>ferralet 90 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ferrex 150 (oral capsule) *</i>	\$0 (Tier 3)	
<i>ferric x-150 (oral capsule) *</i>	\$0 (Tier 3)	
<i>ferrlecit (intravenous solution) *</i>	\$0 (Tier 3)	
<i>ferrous gluconate (oral tablet) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral elixir) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral liquid) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral solution) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral syrup) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (oral tablet) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate (powder) *</i>	\$0 (Tier 3)	
<i>ferrous sulfate er (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>fe-vite iron (oral solution) *</i>	\$0 (Tier 3)	
<i>folivane-f (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galzin (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp calcium 500 +d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp calcium 600 +d/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp calcium 600 +d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp calcium 600 +d3/minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp calcium citrate +d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>gnp iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>h-e-b oral electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>hematex (oral liquid) *</i>	\$0 (Tier 3)	
<i>hematex iron complex (oral tablet) *</i>	\$0 (Tier 3)	
<i>hematogen fa (oral capsule) *</i>	\$0 (Tier 3)	
<i>hemocyte plus (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm calcium citrate+d3 petite (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm calcium-vitamin d-minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>hydralyte (oral solution) *</i>	\$0 (Tier 3)	
<i>icar (oral suspension) *</i>	\$0 (Tier 3)	
<i>integra f (oral capsule) *</i>	\$0 (Tier 3)	
<i>integra plus (oral capsule) *</i>	\$0 (Tier 3)	
INTRALIPID (INTRAVENOUS EMULSION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>iron 27 (oral tablet) *</i>	\$0 (Tier 3)	
<i>iron chews pediatric (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>iron high-potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>iron infant & toddler (oral solution) *</i>	\$0 (Tier 3)	
<i>iron infant/toddler (oral solution) *</i>	\$0 (Tier 3)	
<i>iron slow release (oral tablet extended release) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>iron supplement (oral elixir) *</i>	\$0 (Tier 3)	
<i>iron supplement childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>iron up (oral liquid) *</i>	\$0 (Tier 3)	
<i>irospan 24/6 (oral) *</i>	\$0 (Tier 3)	
ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>kcl in dextrose-nacl (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>kcl-lactated ringers-d5w (intravenous solution)</i>	\$0-\$11.20 (Tier 2)	
<i>kinderlyte (oral solution) *</i>	\$0 (Tier 3)	
<i>kinderlyte premax (oral solution) *</i>	\$0 (Tier 3)	
<i>klor-con (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>klor-con 10 (oral tablet extended release)</i>	\$0-\$11.20 (Tier 2)	
<i>klor-con 8 (oral tablet extended release)</i>	\$0-\$11.20 (Tier 2)	
<i>klor-con m10 (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>klor-con m15 (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>klor-con m20 (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>kp calcium 600+d (oral capsule) *</i>	\$0 (Tier 3)	
<i>kp calcium 600+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp calcium 600+d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>kp calcium citrate+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp ferrous gluconate (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp ferrous sulfate (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp mag-oxide magnesium (oral tablet) *</i>	\$0 (Tier 3)	
<i>l-glutathione (crystals) *</i>	\$0 (Tier 3)	
<i>liquid calcium with d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>liquid calcium/vitamin d (oral capsule) *</i>	\$0 (Tier 3)	
<i>mag64 (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>magdelay (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>mag-g (oral tablet) *</i>	\$0 (Tier 3)	
<i>magnesium chloride (oral tablet) *</i>	\$0 (Tier 3)	
<i>magnesium chloride (powder) *</i>	\$0 (Tier 3)	
<i>magnesium citrate (oral tablet) *</i>	\$0 (Tier 3)	
<i>magnesium extra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>magnesium gluconate (oral tablet) *</i>	\$0 (Tier 3)	
<i>magnesium lactate (oral tablet extended release) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>magnesium oxide -magnesium supplement (oral capsule)*</i>	\$0 (Tier 3)	
<i>magnesium oxide -magnesium supplement (oral tablet)*</i>	\$0 (Tier 3)	
<i>magnesium sulfate (50% (10ml syringe) injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>magnesium sulfate (50% injection solution)</i>	\$0-\$11.20 (Tier 2)	
<i>magnesium-oxide (oral tablet)*</i>	\$0 (Tier 3)	
<i>magonate (oral liquid)*</i>	\$0 (Tier 3)	
<i>magox 400 (oral tablet)*</i>	\$0 (Tier 3)	
<i>mag-oxide (oral tablet)*</i>	\$0 (Tier 3)	
<i>mag-tab sr (oral tablet extended release)*</i>	\$0 (Tier 3)	
<i>medi-lyte (oral tablet)*</i>	\$0 (Tier 3)	
<i>mgo (oral tablet)*</i>	\$0 (Tier 3)	
<i>multiple electrolytes type 1 ph 5.5 (intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>na ferric gluc cplx in sucrose (intravenous solution)*</i>	\$0 (Tier 3)	
<i>nephron fa (oral tablet)*</i>	\$0 (Tier 3)	
<i>niferex (oral tablet)*</i>	\$0 (Tier 3)	
<i>novaferrum (oral liquid)*</i>	\$0 (Tier 3)	
<i>novaferrum pediatric drops (oral liquid)*</i>	\$0 (Tier 3)	
<i>nufera (oral tablet)*</i>	\$0 (Tier 3)	
<i>nu-iron (oral capsule)*</i>	\$0 (Tier 3)	
<i>nu-mag (oral tablet delayed release)*</i>	\$0 (Tier 3)	
NUTRILIPID (INTRAVENOUS EMULSION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>oracit (oral solution)*</i>	\$0 (Tier 3)	
<i>oral electrolytes (oral solution)*</i>	\$0 (Tier 3)	
<i>oralyte (oral solution)*</i>	\$0 (Tier 3)	
<i>orazinc (oral capsule)*</i>	\$0 (Tier 3)	
<i>os-cal (oral tablet chewable)*</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>os-cal calcium + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>os-cal extra d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>oysco 500+d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium plus d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium w/d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium/d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium/d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>oyster shell calcium/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>pc pediatric iron drops (oral solution) *</i>	\$0 (Tier 3)	
<i>ped electrolyte freeze pops (oral solution) *</i>	\$0 (Tier 3)	
<i>ped electrolyte freezer pops (oral solution) *</i>	\$0 (Tier 3)	
<i>pedia vance (oral solution) *</i>	\$0 (Tier 3)	
<i>pedialyte (oral solution) *</i>	\$0 (Tier 3)	
<i>pedialyte advanced care (oral solution) *</i>	\$0 (Tier 3)	
<i>pedialyte freezer pops (oral solution) *</i>	\$0 (Tier 3)	
<i>pedialyte singles (oral solution) *</i>	\$0 (Tier 3)	
<i>pediatric electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>pediatric electrolyte-zinc (oral solution) *</i>	\$0 (Tier 3)	
<i>phos-nak (oral packet) *</i>	\$0 (Tier 3)	
<i>phosphorus supplement (oral packet) *</i>	\$0 (Tier 3)	
<i>phosphorus w/sodium & potassium (oral packet) *</i>	\$0 (Tier 3)	
PLASMA-LYTE 148 (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
PLASMA-LYTE A (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
PLENAMINE (INTRAVENOUS SOLUTION)	\$0-\$4.50 (Tier 1)	B/D, PA
<i>poly-iron 150 (oral capsule) *</i>	\$0 (Tier 3)	
<i>polysaccharide iron complex (oral capsule) *</i>	\$0 (Tier 3)	
<i>polysaccharide-iron complex (oral capsule) *</i>	\$0 (Tier 3)	
<i>potassium chloride (10meq/100ml intravenous solution, 20meq/100ml intravenous solution, 2meq/ml (30ml) intravenous solution, 2meq/ml (20ml) intravenous solution, 40meq/100ml intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride (20meq/15ml(10%) oral solution, 40meq/15ml(20%) oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>potassium chloride (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>potassium chloride er (10meq oral tablet extended release, 20meq oral tablet extended release, 8meq oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>potassium chloride er (oral capsule extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>potassium chloride in dextrose 5% (20meq/l intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>potassium chloride in nacl (20-0.45meq/l-% intravenous solution, 20-0.9meq/l-% intravenous solution, 40-0.9meq/l-% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>potassium chloride microencapsulated er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
<i>potassium citrate er (oral tablet extended release)</i>	\$0-\$4.50 (Tier 1)	
PREMASOL (INTRAVENOUS SOLUTION)	\$0-\$4.50 (Tier 1)	B/D, PA
<i>profe (oral capsule)*</i>	\$0 (Tier 3)	
<i>pronutrients calcium+d3 (oral tablet)*</i>	\$0 (Tier 3)	
PROSOL (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>pure calcium carbonate (oral tablet)*</i>	\$0 (Tier 3)	
<i>purevit dualfe plus (oral capsule)*</i>	\$0 (Tier 3)	
<i>px calcium&d (oral tablet)*</i>	\$0 (Tier 3)	
<i>px iron (oral tablet)*</i>	\$0 (Tier 3)	
<i>qc calcium fast dissolution (oral tablet)*</i>	\$0 (Tier 3)	
<i>qc calcium/minerals/vitamin d (oral tablet)*</i>	\$0 (Tier 3)	
<i>qc ferrous sulfate (oral tablet)*</i>	\$0 (Tier 3)	
<i>ra calcium 600 (oral tablet)*</i>	\$0 (Tier 3)	
<i>ra calcium 600/vitamin d/minerals (oral tablet chewable)*</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ra calcium 600/vitamin d/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium 600/vitamin d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium citrate plus vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium citrate plus vitamin d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium citrate-vitamin d-3 petites (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium plus vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra calcium/vitamin d/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra hi cal (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra high potency iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra magnesium (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra pediatric electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>ra slow release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>rehydralyte (oral solution) *</i>	\$0 (Tier 3)	
<i>risaca-d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb calcium + d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb oyster shell calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb pediatric electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>se-tan plus (oral capsule) *</i>	\$0 (Tier 3)	
<i>slow fe (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>slow iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>slow magnesium/calcium (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>slow release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>slow-mag (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>sm calcium 500/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium 600/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium 600+d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium citrate+/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium citrate+d3 petite (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium citrate+vitamin d3 max (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm calcium-vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm iron slow release (oral tablet extended release) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm magnesium oxide (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm oyster shell calcium/vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm oyster shell calcium/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm pediatric electrolyte (oral solution) *</i>	\$0 (Tier 3)	
<i>sm slow release iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>sodium chloride (0.45% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	
<i>sodium chloride (0.9% intravenous solution, 3% intravenous solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>sodium chloride (5% intravenous solution)</i>	\$0-\$11.20 (Tier 2)	B/D, PA
<i>sodium chloride (granules) *</i>	\$0 (Tier 3)	
<i>sodium chloride (irrigation solution)</i>	\$0-\$11.20 (Tier 2)	
<i>sodium citrate-citric acid (oral solution) *</i>	\$0 (Tier 3)	
<i>sodium fluoride (rx only) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sodium-potassium-phosphorus (oral packet) *</i>	\$0 (Tier 3)	
<i>super calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>super calcium 600 + d 400 (oral tablet) *</i>	\$0 (Tier 3)	
<i>super calcium 600 + d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>tandem plus (oral capsule) *</i>	\$0 (Tier 3)	
<i>taron forte (oral capsule) *</i>	\$0 (Tier 3)	
<i>thermotabs (oral tablet) *</i>	\$0 (Tier 3)	
TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE)	\$0-\$11.20 (Tier 2)	
TRAVASOL (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>tricon (oral capsule) *</i>	\$0 (Tier 3)	
<i>triferic (hemodialysis packet) *</i>	\$0 (Tier 3)	
<i>trigels-f forte (oral capsule) *</i>	\$0 (Tier 3)	
TROPHAMINE (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>upcal d (oral packet) *</i>	\$0 (Tier 3)	
<i>upcal d (oral powder) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wee care (oral suspension) *</i>	\$0 (Tier 3)	
<i>zinc (oral capsule) *</i>	\$0 (Tier 3)	
<i>zinc sulfate (oral capsule) *</i>	\$0 (Tier 3)	
<i>zinc sulfate heptahydrate (powder) *</i>	\$0 (Tier 3)	
<i>zinc sulfate monohydrate (powder) *</i>	\$0 (Tier 3)	
Electrolyte/Mineral/Metal Modifiers		
CHEMET (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>deferasirox granules (oral packet)</i>	\$0-\$4.50 (Tier 1)	PA
<i>deferasirox (oral tablet) (generic jadenu)</i>	\$0-\$4.50 (Tier 1)	PA
<i>deferasirox (oral tablet soluble) (generic exjade)</i>	\$0-\$4.50 (Tier 1)	PA
<i>deferiprone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
<i>trientine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Phosphate Binders		
<i>calcium acetate (phosphate binder) (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>calcium acetate (rx only) (667mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sevelamer carbonate (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>sevelamer carbonate (oral tablet) (generic renvela)</i>	\$0-\$4.50 (Tier 1)	
VELPHORO (ORAL TABLET CHEWABLE)	\$0-\$11.20 (Tier 2)	
Potassium Binders		
LOKELMA (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
<i>sodium polystyrene sulfonate (oral powder)</i>	\$0-\$4.50 (Tier 1)	
<i>sps (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
VELTASSA (ORAL PACKET)	\$0-\$11.20 (Tier 2)	QL
Vitamins		
<i>50+ adult eye health (oral capsule) *</i>	\$0 (Tier 3)	
<i>a thru z advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z select (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>a thru z select (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z select 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z select 50+ mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z select advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z select ultimate women (oral tablet) *</i>	\$0 (Tier 3)	
<i>a thru z ultimate mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>a-10000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>a-25 (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abc complete senior womens 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>activite (oral tablet) *</i>	\$0 (Tier 3)	
<i>activnutrients (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>adek gummies plus zinc (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>adult one daily gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>advanced multi ea (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>airborne (oral packet) *</i>	\$0 (Tier 3)	
<i>airborne (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>airborne (oral tablet effervescent) *</i>	\$0 (Tier 3)	
<i>airborne gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>airborne kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>airborne+everyday stress away (oral packet) *</i>	\$0 (Tier 3)	
<i>airborne+good rest (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>airborne+natural energy (oral liquid) *</i>	\$0 (Tier 3)	
<i>airborne+probiotic (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>algae based calcium (oral tablet) *</i>	\$0 (Tier 3)	
<i>alive diabetic multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>alive everyday immune health (oral capsule) *</i>	\$0 (Tier 3)	
<i>alive hair, skin & nails (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>alive multi-vitamin (oral liquid) *</i>	\$0 (Tier 3)	
<i>alive once daily womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>alive ultra potency womens 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>alive womens 50+ (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>alive womens 50+ gummy (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>alive womens energy (oral tablet) *</i>	\$0 (Tier 3)	
<i>alive womens gummy (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>allbee/c (oral tablet) *</i>	\$0 (Tier 3)	
<i>amladex (oral tablet) *</i>	\$0 (Tier 3)	
<i>antioxidant (oral capsule) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anti-oxidant (oral tablet) *</i>	\$0 (Tier 3)	
<i>antioxidant a/c/e/selenium (oral tablet) *</i>	\$0 (Tier 3)	
<i>antioxidant formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>antioxidant vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>apetigen-plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>appe-curb (oral capsule) *</i>	\$0 (Tier 3)	
<i>aqua-e (oral liquid) *</i>	\$0 (Tier 3)	
<i>aqueous vitamin d (oral liquid) *</i>	\$0 (Tier 3)	
<i>aqueous vitamin e (oral solution) *</i>	\$0 (Tier 3)	
<i>ascor (intravenous solution) *</i>	\$0 (Tier 3)	
<i>ascorbic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>atp ignite (oral packet) *</i>	\$0 (Tier 3)	
<i>azo hormonal health cycle care (oral tablet) *</i>	\$0 (Tier 3)	
<i>azo hormonal health happy cycle (oral tablet) *</i>	\$0 (Tier 3)	
<i>b complex-c (oral capsule) *</i>	\$0 (Tier 3)	
<i>b complex-c (oral tablet) *</i>	\$0 (Tier 3)	
<i>b complex-c-folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>b complex-vitamin c (oral capsule) *</i>	\$0 (Tier 3)	
<i>b-6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>b6 natural (oral tablet) *</i>	\$0 (Tier 3)	
<i>baby ddrops (oral liquid) *</i>	\$0 (Tier 3)	
<i>baby super daily d3 (oral liquid) *</i>	\$0 (Tier 3)	
<i>baby vitamin d3 (oral liquid) *</i>	\$0 (Tier 3)	
<i>bacmin (oral tablet) *</i>	\$0 (Tier 3)	
<i>bariatric multivitamins/iron (oral capsule) *</i>	\$0 (Tier 3)	
<i>b-complex balanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>b-complex/folic acid/vitamin c (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>b-complex/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>b-complex-c (oral tablet) *</i>	\$0 (Tier 3)	
<i>b-complex-c (w/folic acid) (oral tablet) *</i>	\$0 (Tier 3)	
<i>bec/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>berocca (oral tablet effervescent) *</i>	\$0 (Tier 3)	
<i>beta carotene (oral capsule) *</i>	\$0 (Tier 3)	
<i>beta carotene provitamin a (oral capsule) *</i>	\$0 (Tier 3)	
<i>better b complex (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bio-35 gluten-free (oral capsule)</i> *	\$0 (Tier 3)	
<i>biocal (oral capsule)</i> *	\$0 (Tier 3)	
<i>bio-d-mulsion (oral liquid)</i> *	\$0 (Tier 3)	
<i>bio-d-mulsion forte (oral liquid)</i> *	\$0 (Tier 3)	
<i>biotin (oral capsule)</i> *	\$0 (Tier 3)	
<i>biotin (powder)</i> *	\$0 (Tier 3)	
<i>biotin maximum strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>biotin-d (powder)</i> *	\$0 (Tier 3)	
<i>body/hair/skin/nails (oral capsule)</i> *	\$0 (Tier 3)	
<i>bp vit 3 (oral capsule)</i> *	\$0 (Tier 3)	
<i>bprotected multi-vite (oral liquid)</i> *	\$0 (Tier 3)	
<i>bprotected pedia d-vite (oral liquid)</i> *	\$0 (Tier 3)	
<i>bprotected pedia poly-vite (oral solution)</i> *	\$0 (Tier 3)	
<i>bprotected pedia poly-vite/iron (oral solution)</i> *	\$0 (Tier 3)	
<i>bprotected pedia tri-vite (oral solution)</i> *	\$0 (Tier 3)	
<i>c 1000 (oral tablet)</i> *	\$0 (Tier 3)	
<i>c 500 (oral tablet)</i> *	\$0 (Tier 3)	
<i>c-1000 (oral tablet)</i> *	\$0 (Tier 3)	
<i>c-1000/rose hips (oral tablet)</i> *	\$0 (Tier 3)	
<i>c-250 (oral tablet)</i> *	\$0 (Tier 3)	
<i>c-500 (oral tablet)</i> *	\$0 (Tier 3)	
<i>c-500/rose hips (oral tablet)</i> *	\$0 (Tier 3)	
<i>calcidol (oral solution)</i> *	\$0 (Tier 3)	
<i>c-buff (oral powder)</i> *	\$0 (Tier 3)	
<i>centavite a-z complete-mineral (oral tablet)</i> *	\$0 (Tier 3)	
<i>centravites (oral tablet)</i> *	\$0 (Tier 3)	
<i>centravites 50 plus (oral tablet)</i> *	\$0 (Tier 3)	
<i>centravites adults (oral tablet)</i> *	\$0 (Tier 3)	
<i>centrum (oral liquid)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>centrum adults (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum cardio (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum flavor burst adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum flavor burst kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum fresh/fruity 50+ (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum fresh/fruity adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum men (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum silver (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>centrum silver (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum silver 50+men (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum silver 50+women (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum silver adult 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum silver ultra womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum specialist heart (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum specialist vision (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum ultra womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>centrum women (oral tablet) *</i>	\$0 (Tier 3)	
<i>century (oral tablet) *</i>	\$0 (Tier 3)	
<i>century mature (oral tablet) *</i>	\$0 (Tier 3)	
<i>cerovite jr (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cerovite senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>certa-vite (oral liquid) *</i>	\$0 (Tier 3)	
<i>certavite senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>certavite senior/antioxidant (oral tablet) *</i>	\$0 (Tier 3)	
<i>certavite/antioxidants (oral tablet) *</i>	\$0 (Tier 3)	
<i>childrens animal shapes (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>childrens chew multivitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>childrens chewable vitamins (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>childrens gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>chlorella (oral capsule) *</i>	\$0 (Tier 3)	
<i>chlorocaps (oral capsule) *</i>	\$0 (Tier 3)	
<i>companion (oral tablet) *</i>	\$0 (Tier 3)	
<i>compete (oral tablet) *</i>	\$0 (Tier 3)	
<i>complete multivitamin/mineral (oral liquid) *</i>	\$0 (Tier 3)	
<i>conceptionxr motility support (oral) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>corvita (oral tablet) *</i>	\$0 (Tier 3)	
<i>culturelle kids complete (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>culturelle kids probiotic-multivitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>culturelle probiotics + multivitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs adult 50+ eye health (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs airshield (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs airshield formula (oral tablet effervescent) *</i>	\$0 (Tier 3)	
<i>cvs airshield immunity support (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs b complex plus c (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs b6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs chewable childrens vitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs childrens complete (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs daily gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs daily gummies adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs daily multiple for men (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs daily multiple women 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs diabetes health support (oral) *</i>	\$0 (Tier 3)	
<i>cvs e (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs e oil (oral oil) *</i>	\$0 (Tier 3)	
<i>cvs eye health & lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs eye health adult 50+ (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs gummy dinos (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs gummy multivitamin kids (oral tablet chewable) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs immune support vitamin c (oral packet) *</i>	\$0 (Tier 3)	
<i>cvs mens daily gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs one daily essential (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs one daily mens 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs one daily mens formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs one daily womens 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs one daily womens formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite adult 50+ (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs spectravite adult 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite adults (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite men (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite men 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite ultra men 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite ultra mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite ultra women (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite women (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite women 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs spectravite womens senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs stress formula/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs super b complex/c (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs vision health (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs vitamin a (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs vitamin c-rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs vitamin d3 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs womens active daily (oral tablet) *</i>	\$0 (Tier 3)	
<i>cvs womens daily gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cyanocobalamin (crystals) *</i>	\$0 (Tier 3)	
<i>cyanocobalamin (injection solution) *</i>	\$0 (Tier 3)	
<i>cyanocobalamin (powder) *</i>	\$0 (Tier 3)	
<i>d 1000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d 1000 (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>d 10000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d 400 (oral tablet) *</i>	\$0 (Tier 3)	
<i>d 5000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d-1000 extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>d2000 ultra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>d3 2000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3 5000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3 adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>d3 baby drops (oral liquid) *</i>	\$0 (Tier 3)	
<i>d3 high potency (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3 high potency (oral tablet) *</i>	\$0 (Tier 3)	
<i>d3 kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>d3 liquid (oral liquid) *</i>	\$0 (Tier 3)	
<i>d3 maximum strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3 super strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3-1000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3-1000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>d-3-5 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d3-50 (oral capsule) *</i>	\$0 (Tier 3)	
<i>d-400 (oral tablet) *</i>	\$0 (Tier 3)	
<i>d-5000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily combo multi vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily multiple vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily multivitamin (oral capsule) *</i>	\$0 (Tier 3)	
<i>daily value multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily vite (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>daily vite multivitamin/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily vites (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>daily-vite multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>ddrops (oral liquid) *</i>	\$0 (Tier 3)	
<i>decara (oral capsule) *</i>	\$0 (Tier 3)	
<i>decara k (oral capsule) *</i>	\$0 (Tier 3)	
<i>decubi-vite (oral capsule) *</i>	\$0 (Tier 3)	
<i>dekas bariatric (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>dekas essential (oral capsule) *</i>	\$0 (Tier 3)	
<i>dekas essential (oral liquid) *</i>	\$0 (Tier 3)	
<i>dekas plus (oral capsule) *</i>	\$0 (Tier 3)	
<i>dekas plus (oral liquid) *</i>	\$0 (Tier 3)	
<i>dekas plus (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>dekas plus ocean (oral capsule) *</i>	\$0 (Tier 3)	
<i>delta d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>dermacinrx davimet (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>dermacinrx dotremim (oral tablet) *</i>	\$0 (Tier 3)	
<i>dermacinrx foltamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>dermacinrx multitam (oral tablet) *</i>	\$0 (Tier 3)	
<i>dermacinrx ribotin-e (oral tablet) *</i>	\$0 (Tier 3)	
<i>dermacinrx zintrexyl-c (oral tablet) *</i>	\$0 (Tier 3)	
<i>diabetes health (oral) *</i>	\$0 (Tier 3)	
<i>diabetes health formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite 3000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite 5000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite 800 (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite 800 (oral wafer) *</i>	\$0 (Tier 3)	
<i>dialyvite 800/ultra d (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite supreme d (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite vitamin d 5000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>dialyvite vitamin d3 max (oral tablet) *</i>	\$0 (Tier 3)	
<i>dialyvite/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>dodex (injection solution) *</i>	\$0 (Tier 3)	
<i>drisdol (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dry eye formula (oral capsule) *</i>	\$0 (Tier 3)	
<i>d-vi-sol (oral liquid) *</i>	\$0 (Tier 3)	
<i>d-vite pediatric (oral liquid) *</i>	\$0 (Tier 3)	
<i>e 1000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>e200 (oral capsule) *</i>	\$0 (Tier 3)	
<i>e-200 (oral capsule) *</i>	\$0 (Tier 3)	
<i>e400 (oral capsule) *</i>	\$0 (Tier 3)	
<i>e-400 (oral capsule) *</i>	\$0 (Tier 3)	
<i>e-400-clear (oral capsule) *</i>	\$0 (Tier 3)	
<i>eldertonic (oral liquid) *</i>	\$0 (Tier 3)	
<i>emergen-c blue (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c heart health (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c immune plus (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c kidz (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c msm lite (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c pink (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c vitamin c (oral packet) *</i>	\$0 (Tier 3)	
<i>emergen-c vitamin c (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>emergen-c vitamin d/calcium (oral packet) *</i>	\$0 (Tier 3)	
<i>endur-acin (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>endur-vm (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>endur-vm with iron (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>e-oil (oral oil) *</i>	\$0 (Tier 3)	
<i>eq complete multivitamin adult 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq complete multivitamin child (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>eq complete multivitamin-adult (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq multivitamin gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>eq one daily mens 50+ (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eq one daily mens health (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq one daily womens health (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 b-6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 century (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 century mature (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 century mature adults 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 century mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 child multivitamins/minerals (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>eq1 one daily mens 50+ advance (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 one daily mens health (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 one daily womens 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 stress b-complex c/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 super b complex/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 vision formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 vitamin c/rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>eq1 vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>eq1 vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>ergocalciferol (oral capsule) *</i>	\$0 (Tier 3)	
<i>ergocalciferol (oral solution) *</i>	\$0 (Tier 3)	
<i>essentia (oral tablet) *</i>	\$0 (Tier 3)	
<i>essential balance (oral tablet) *</i>	\$0 (Tier 3)	
<i>estroven menopause supplement (oral tablet) *</i>	\$0 (Tier 3)	
<i>eye health + lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>eye multivitamin (oral capsule) *</i>	\$0 (Tier 3)	
<i>eye multivitamin/lutein (oral capsule) *</i>	\$0 (Tier 3)	
<i>eye multivitamin/sodium (oral tablet) *</i>	\$0 (Tier 3)	
<i>fa-8 (oral capsule) *</i>	\$0 (Tier 3)	
<i>fabb (oral tablet) *</i>	\$0 (Tier 3)	
<i>flinstones gummies omega-3 dha (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>flinstones complete (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>flinstones gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>flinstones gummies bone build (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flintstones gummies complete (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>flintstones gummies plus (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>flintstones plus calcium (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>flintstones sour gummies (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>flintstones w/iron (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>flintstones/my first (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>floriva (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>floriva plus (oral solution)</i> *	\$0 (Tier 3)	
<i>folate (oral tablet)</i> *	\$0 (Tier 3)	
<i>folditam (oral tablet)</i> *	\$0 (Tier 3)	
<i>folic acid (injection solution)</i> *	\$0 (Tier 3)	
<i>folic acid (oral capsule)</i> *	\$0 (Tier 3)	
<i>folic acid (oral tablet)</i> *	\$0 (Tier 3)	
<i>folic acid (powder)</i> *	\$0 (Tier 3)	
<i>foliflex (oral tablet)</i> *	\$0 (Tier 3)	
<i>folite (oral tablet)</i> *	\$0 (Tier 3)	
<i>folitin-z (oral tablet)</i> *	\$0 (Tier 3)	
<i>folixapure (oral tablet)</i> *	\$0 (Tier 3)	
<i>foltrate (oral tablet)</i> *	\$0 (Tier 3)	
<i>foltrexyl (oral tablet)</i> *	\$0 (Tier 3)	
<i>fosfree (oral tablet)</i> *	\$0 (Tier 3)	
<i>freedavite (oral tablet)</i> *	\$0 (Tier 3)	
<i>fruity chews (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>fruity chews/iron (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>full spectrum b/vitamin c (oral tablet)</i> *	\$0 (Tier 3)	
<i>fusion plus (oral capsule)</i> *	\$0 (Tier 3)	
<i>genadek (oral liquid)</i> *	\$0 (Tier 3)	
<i>genadek step 1 (oral capsule)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>genadek step 2 (oral capsule) *</i>	\$0 (Tier 3)	
<i>gerber grow mighty (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gerber lil' brainies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gerivite complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>glucoten (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp b-complex plus vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp childrens chewables/extra c (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp childrens chewables/iron (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp d 1000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp essential one daily (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp hair/skin/nails (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp healthy eyes (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp little ones childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp mega multi for men (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp mega multi for women (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp one daily mens health 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp one daily mens/lycopene (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp one daily womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp one daily womens 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp therapeutic-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin a (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp vitamin b-6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin c/rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d maximum strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d super strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d3 extra strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin d-400 (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>gummi bear multivitamin/mineral (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hair skin & nails advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>hair skin nails (oral capsule) *</i>	\$0 (Tier 3)	
<i>hair/skin/nails (oral capsule) *</i>	\$0 (Tier 3)	
<i>hair/skin/nails (oral tablet) *</i>	\$0 (Tier 3)	
<i>hard nails (oral capsule) *</i>	\$0 (Tier 3)	
<i>healthy eyes (oral tablet) *</i>	\$0 (Tier 3)	
<i>healthy eyes supervision 2 (oral capsule) *</i>	\$0 (Tier 3)	
<i>healthy eyes/lutein-zeaxanthin (oral capsule) *</i>	\$0 (Tier 3)	
<i>healthy hair/skin/nails (oral tablet) *</i>	\$0 (Tier 3)	
<i>healthy kids gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>healthy kids vitamin d3 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>high potency multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>high potency multivitamin/beta-carotene (oral tablet) *</i>	\$0 (Tier 3)	
<i>high potency multivitamin/folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm complete men (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm complete women (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm e vitamin (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm hair/skin/nails (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm womens 50+ advanced daily (oral tablet) *</i>	\$0 (Tier 3)	
<i>honey bears (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>honey bears w/iron-zinc (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>hydroxocobalamin (powder) *</i>	\$0 (Tier 3)	
<i>hydroxocobalamin acetate (intramuscular solution) *</i>	\$0 (Tier 3)	
<i>icaps (oral capsule) *</i>	\$0 (Tier 3)	
<i>icaps areds formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>icaps lutein & omega-3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>icaps mv (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>immune support (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>infuvite pediatric (intravenous solution) *</i>	\$0 (Tier 3)	
<i>is-d 10,000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>i-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>just 4 kidz multivitamin/probiotic (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>kids first vitamin d3 gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>kp adults 50+ daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp adults daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp b complex-c (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp mens 50+ daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp mens daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp mens daily pack (oral) *</i>	\$0 (Tier 3)	
<i>kp niacin (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp vision formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp vision formula/lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp vitamin b-6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp vitamin d (oral capsule) *</i>	\$0 (Tier 3)	
<i>kp vitamin d (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>kp vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>kp vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>kp womens 50+ daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>kp womens daily (oral) *</i>	\$0 (Tier 3)	
<i>kp womens daily formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>k-pax immune professional strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>land before time multivitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>life pack mens (oral) *</i>	\$0 (Tier 3)	
<i>life pack womens (oral) *</i>	\$0 (Tier 3)	
<i>lysiplex plus (oral liquid) *</i>	\$0 (Tier 3)	
<i>macular health formula (oral capsule) *</i>	\$0 (Tier 3)	
<i>macuvite (oral tablet) *</i>	\$0 (Tier 3)	
<i>macuvite eye care (oral tablet) *</i>	\$0 (Tier 3)	
<i>macuvite/lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>maximin pack (oral packet) *</i>	\$0 (Tier 3)	
<i>maximum d3 (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>maximum daily green (oral tablet) *</i>	\$0 (Tier 3)	
<i>mega biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>mega multi men (oral tablet) *</i>	\$0 (Tier 3)	
<i>mega-marathon 100 tr (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>megavite fruits & veggies (oral tablet) *</i>	\$0 (Tier 3)	
<i>megavite golden years 55+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>meijer advanced formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>meijer c (oral tablet) *</i>	\$0 (Tier 3)	
<i>mens 50+ advanced (oral capsule) *</i>	\$0 (Tier 3)	
<i>mens 50+ multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>mens daily formula/lycopene (oral capsule) *</i>	\$0 (Tier 3)	
<i>mens daily pack (oral packet) *</i>	\$0 (Tier 3)	
<i>mens multivitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>mens pack (oral) *</i>	\$0 (Tier 3)	
<i>meribin (oral capsule) *</i>	\$0 (Tier 3)	
<i>milltrium senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>mood food es (oral capsule) *</i>	\$0 (Tier 3)	
<i>multi + omega-3 adult gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multi adult gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multi complete/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi for her (oral capsule) *</i>	\$0 (Tier 3)	
<i>multi for her (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi for her 50+ (oral capsule) *</i>	\$0 (Tier 3)	
<i>multi for her 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi for him (oral packet) *</i>	\$0 (Tier 3)	
<i>multi for him (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi for him 50+ (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multi vitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi vitamin w/d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi vitamin/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamin/minerals/no iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamins essential (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamins/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamins/womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>multiple vitamins-iron (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin & mineral (oral liquid) *</i>	\$0 (Tier 3)	
<i>multivitamin (oral liquid) *</i>	\$0 (Tier 3)	
<i>multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi-vitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin adult (minerals) (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin adult (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin adults (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin adults 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin childrens (w/ folic acid) (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin childrens gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multi-vitamin gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin gummies adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin gummies childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin gummies mens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin gummies womens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamin infant & toddler (oral solution) *</i>	\$0 (Tier 3)	
<i>multivitamin men 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi-vitamin monocaps (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin women (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin women 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin womens 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi-vitamin/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>multi-vitamin/minerals (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multivitamin/zinc stress (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin+ (oral liquid) *</i>	\$0 (Tier 3)	
<i>multivitamin-minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>multivitamin-minerals gummies childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multivitamins plus iron child (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>multi-vite (oral liquid) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation (oral capsule) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation (oral solution) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation d3000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation d3000 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation d5000 (oral capsule) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation d5000 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>mvw complete formulation minis (oral capsule) *</i>	\$0 (Tier 3)	
<i>mvw hi-d drops w/extra vitamin d (oral liquid) *</i>	\$0 (Tier 3)	
<i>myamulti (oral tablet) *</i>	\$0 (Tier 3)	
<i>nanovm 1-3 years (oral powder) *</i>	\$0 (Tier 3)	
<i>nanovm 4-8 years (oral powder) *</i>	\$0 (Tier 3)	
<i>nanovm 9-18 years (oral powder) *</i>	\$0 (Tier 3)	
<i>nanovm t/f (oral powder) *</i>	\$0 (Tier 3)	
<i>nascobal (nasal solution) *</i>	\$0 (Tier 3)	
<i>natural c/rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>natural vitamin d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>natural vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>natural vitamin e (oral tablet) *</i>	\$0 (Tier 3)	
<i>nephplex rx (oral tablet) *</i>	\$0 (Tier 3)	
<i>nephronex (oral liquid) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nephro-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>niacin (otc only) (oral tablet) *</i>	\$0 (Tier 3)	
<i>niacin er (oral capsule extended release) *</i>	\$0 (Tier 3)	
<i>niacin er (otc only) (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>niavasc (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>niavasc 750 (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>nicomide (oral tablet) *</i>	\$0 (Tier 3)	
<i>nicotinamide (oral tablet) *</i>	\$0 (Tier 3)	
<i>no iron multi vitamin-minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>novamv pediatric multi-vitamin (oral liquid) *</i>	\$0 (Tier 3)	
<i>ocular vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>ocutabs (oral tablet) *</i>	\$0 (Tier 3)	
<i>ocutabs-lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>ocuvite adult 50+ (oral capsule) *</i>	\$0 (Tier 3)	
<i>ocuvite adult formula (oral capsule) *</i>	\$0 (Tier 3)	
<i>ocuvite extra (oral tablet) *</i>	\$0 (Tier 3)	
<i>ocuvite eye + multi (oral tablet) *</i>	\$0 (Tier 3)	
<i>ocuvite eye health gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>ocuvite-lutein (oral capsule) *</i>	\$0 (Tier 3)	
<i>ocuvite-lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>omnicap (oral tablet) *</i>	\$0 (Tier 3)	
<i>oncovite (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily calcium/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily essential (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily for men 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily for men/lycopene (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily for women (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily for women 50+ advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily healthy weight advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily maximum (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily mens 50+ multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily mens health (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily multivitamin adult (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily multivitamin/iron (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>one daily womens 50 plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily womens 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>one daily/minerals (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day adult vitacraves+dha (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day energy (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day essential (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day for her vitacraves (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day for him vitacraves (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day jolly rancher (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day menopause formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day mens (minerals) (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day mens 50+ advantage (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day mens health formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day mens vitacraves (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day proactive 65+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day teen advantage/her (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day teen advantage/him (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day vitacraves (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day vitacraves adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day vitacraves immunity (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day vitacraves sour (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day vitacraves+omega-3 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-a-day weight smart advance (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens 50 plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens 50+ advantage (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>one-a-day womens healthy skin (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens mind & body (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens petites (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-a-day womens vitacraves (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>one-daily multi caps (oral capsule) *</i>	\$0 (Tier 3)	
<i>one-daily multi vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-daily multi-vitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-daily multi-vitamin/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-daily multi-vitamin/mineral (oral tablet) *</i>	\$0 (Tier 3)	
<i>one-daily/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>optic-vites (oral tablet) *</i>	\$0 (Tier 3)	
<i>optifast post bariatric (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>optimal d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>optimal d3 m (oral capsule) *</i>	\$0 (Tier 3)	
<i>optimum pms (oral tablet) *</i>	\$0 (Tier 3)	
<i>optisource post bariatric surg (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>optivite p.m.t. (oral tablet) *</i>	\$0 (Tier 3)	
<i>opurity bypass optimized (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>osteo-vit3 (oral liquid) *</i>	\$0 (Tier 3)	
<i>parvlex (oral tablet) *</i>	\$0 (Tier 3)	
<i>pc pediatric poly-vitamin drop (oral solution) *</i>	\$0 (Tier 3)	
<i>pc pediatric poly-vitamin/iron drop (oral solution) *</i>	\$0 (Tier 3)	
<i>pc pediatric tri-vitamin drops (oral solution) *</i>	\$0 (Tier 3)	
<i>pharmacist choice d-vitamin (oral liquid) *</i>	\$0 (Tier 3)	
<i>phlexy-vits (oral powder) *</i>	\$0 (Tier 3)	
<i>phytomulti (oral tablet) *</i>	\$0 (Tier 3)	
<i>phytonadione (oral tablet) *</i>	\$0 (Tier 3)	
<i>plain niacin (oral tablet) *</i>	\$0 (Tier 3)	
<i>poly-vi-sol (oral solution) *</i>	\$0 (Tier 3)	
<i>poly-vi-sol/iron (oral solution) *</i>	\$0 (Tier 3)	
<i>poly-vita (oral solution) *</i>	\$0 (Tier 3)	
<i>poly-vita/iron (oral solution) *</i>	\$0 (Tier 3)	
<i>poly-vite pediatric (oral solution) *</i>	\$0 (Tier 3)	
<i>poly-vite/iron (oral solution) *</i>	\$0 (Tier 3)	
<i>prenatal (rx only) (27-1mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>preservision areds (oral capsule)</i> *	\$0 (Tier 3)	
<i>preservision areds (oral tablet)</i> *	\$0 (Tier 3)	
<i>preservision areds 2 (oral capsule)</i> *	\$0 (Tier 3)	
<i>preservision areds 2 (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>preservision/lutein (oral capsule)</i> *	\$0 (Tier 3)	
<i>pro-cal (oral tablet)</i> *	\$0 (Tier 3)	
<i>procerv hp (oral tablet)</i> *	\$0 (Tier 3)	
<i>prorenal + d (oral tablet)</i> *	\$0 (Tier 3)	
<i>prorenal + d w/ omega-3 (oral capsule)</i> *	\$0 (Tier 3)	
<i>pro sight (oral tablet)</i> *	\$0 (Tier 3)	
<i>protect cardio af (oral capsule)</i> *	\$0 (Tier 3)	
<i>protect iron (oral liquid)</i> *	\$0 (Tier 3)	
<i>protect plus so (oral capsule)</i> *	\$0 (Tier 3)	
<i>protegra (oral capsule)</i> *	\$0 (Tier 3)	
<i>proxeed plus (oral packet)</i> *	\$0 (Tier 3)	
<i>pureway-c (oral tablet)</i> *	\$0 (Tier 3)	
<i>px advanced formula multivitamins (oral tablet)</i> *	\$0 (Tier 3)	
<i>px b complex/vitamin c (oral tablet)</i> *	\$0 (Tier 3)	
<i>px childrens vitamin (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>px complete senior multivitamins (oral tablet)</i> *	\$0 (Tier 3)	
<i>px folic acid (oral tablet)</i> *	\$0 (Tier 3)	
<i>px mens multivitamins (oral tablet)</i> *	\$0 (Tier 3)	
<i>px niacin (oral tablet)</i> *	\$0 (Tier 3)	
<i>px vitamin a (oral capsule)</i> *	\$0 (Tier 3)	
<i>px vitamin c (oral tablet)</i> *	\$0 (Tier 3)	
<i>px vitamin e (oral capsule)</i> *	\$0 (Tier 3)	
<i>pyridoxine hcl (injection solution)</i> *	\$0 (Tier 3)	
<i>pyridoxine hcl (oral tablet)</i> *	\$0 (Tier 3)	
<i>pyridoxine hcl (powder)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc childrens complete (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>qc childrens vitamins/extra c (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>qc childrens vitamins/iron (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>qc daily multivitamin/multimineral (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc daily multivitamins/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc mens daily multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc multi-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc multi-vite 50 & over (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc therin-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc womens daily multivitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>quflora fe (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>quin b strong (oral tablet) *</i>	\$0 (Tier 3)	
<i>quintabs (oral tablet) *</i>	\$0 (Tier 3)	
<i>quintabs-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra b-complex/vitamin c cr (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>ra biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra central-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra central-vite womens mature (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra essence-c (oral packet) *</i>	\$0 (Tier 3)	
<i>ra folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra niacin (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra no flush niacin (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra one daily maximum (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra one daily mens 50+ w/vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra one daily mens/vitamin d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra vitamin a (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra vitamin b-6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra vitamin c/rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra vitamin d-3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra vitamin d-3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>ra vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra vitamins complete childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>radiance platinum vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>renal (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>renal vitamin (oral tablet) *</i>	\$0 (Tier 3)	
<i>renaplex (oral tablet) *</i>	\$0 (Tier 3)	
<i>renaplex-d (oral tablet) *</i>	\$0 (Tier 3)	
<i>rena-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>rena-vite rx (oral tablet) *</i>	\$0 (Tier 3)	
<i>replesta (oral wafer) *</i>	\$0 (Tier 3)	
<i>replesta nx (oral wafer) *</i>	\$0 (Tier 3)	
<i>sb vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>senior tabs (oral tablet) *</i>	\$0 (Tier 3)	
<i>sentry (oral tablet) *</i>	\$0 (Tier 3)	
<i>sentry senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>slo-niacin (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>sm animal shapes complete (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm animal shapes kids first (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>sm antioxidant vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm b super vitamin complex (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm b-complex/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm complete 50+ (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm complete 50+ ultimate mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm complete 50+ ultimate women (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm complete advanced formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm complete senior formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm hair/skin/nails (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm multiple vitamins essential (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm multiple vitamins/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm niacin cr (oral tablet extended release) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm one daily mens (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm one daily womens (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm opti-vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm super b complex/c (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin b complex/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin b6 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin c/rose hips (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin d (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin d3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>solo (oral tablet) *</i>	\$0 (Tier 3)	
<i>soluvita e (oral solution) *</i>	\$0 (Tier 3)	
<i>spectravite (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress b/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress b-complex/vitamin c/zinc (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress formula (folic acid) (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress formula/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>stress formula/zinc (b-complex) (oral tablet) *</i>	\$0 (Tier 3)	
<i>stresstabs advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>stresstabs energy (oral tablet) *</i>	\$0 (Tier 3)	
<i>strovite one (oral tablet) *</i>	\$0 (Tier 3)	
<i>super antioxidant (oral capsule) *</i>	\$0 (Tier 3)	
<i>super aytinal (oral tablet) *</i>	\$0 (Tier 3)	
<i>super aytinal 50 plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>super b complex/folic acid/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>super b complex/vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>super b/c (oral capsule) *</i>	\$0 (Tier 3)	
<i>super b-complex + vitamin c (oral tablet) *</i>	\$0 (Tier 3)	
<i>super b-complex/vitamin c/folic acid (oral tablet) *</i>	\$0 (Tier 3)	
<i>super biotin (oral capsule) *</i>	\$0 (Tier 3)	
<i>super daily d3 (oral liquid) *</i>	\$0 (Tier 3)	
<i>super multiple (oral tablet) *</i>	\$0 (Tier 3)	
<i>super thera vite m (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>super vita-mins (oral tablet) *</i>	\$0 (Tier 3)	
<i>systane icaps areds2 (oral capsule) *</i>	\$0 (Tier 3)	
<i>systane icaps areds2 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>systane icaps areds2 (oral tablet) *</i>	\$0 (Tier 3)	
<i>tab-a-vite (oral tablet) *</i>	\$0 (Tier 3)	
<i>tab-a-vite/beta carotene (oral tablet) *</i>	\$0 (Tier 3)	
<i>tab-a-vite/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>tab-a-vite/iron/beta carotene (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera m plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera vital m (oral tablet) *</i>	\$0 (Tier 3)	
<i>therabasic-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-d 2000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-d 4000 (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-d rapid repletion (oral tablet) *</i>	\$0 (Tier 3)	
<i>theragran-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>theragran-m advanced (oral tablet) *</i>	\$0 (Tier 3)	
<i>theragran-m advanced 50 plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>theragran-m premier (oral tablet) *</i>	\$0 (Tier 3)	
<i>theragran-m premier 50 plus (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>theramill forte (oral capsule) *</i>	\$0 (Tier 3)	
<i>therapeutic formula/hematinics (oral tablet) *</i>	\$0 (Tier 3)	
<i>therapeutic-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>therapeutic-m/lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-tabs (oral tablet) *</i>	\$0 (Tier 3)	
<i>thera-tabs m (oral tablet) *</i>	\$0 (Tier 3)	
<i>theratrum complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>theratrum complete 50 plus (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>therems (oral tablet) *</i>	\$0 (Tier 3)	
<i>therems-m (oral tablet) *</i>	\$0 (Tier 3)	
<i>thiamine hcl (injection solution) *</i>	\$0 (Tier 3)	
<i>totalday multiple (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>triphrocaps (oral capsule) *</i>	\$0 (Tier 3)	
<i>tri-vi-sol a/c/d (oral solution) *</i>	\$0 (Tier 3)	
<i>tri-vite pediatric (oral solution) *</i>	\$0 (Tier 3)	
<i>tropical liquid nutrition (oral liquid) *</i>	\$0 (Tier 3)	
<i>ultra choice multivitamin kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>ultra freeda (oral tablet) *</i>	\$0 (Tier 3)	
<i>ultra freeda/iron (oral tablet) *</i>	\$0 (Tier 3)	
<i>ultra mega (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>ultra mega gold (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>ultra mega two (oral tablet extended release) *</i>	\$0 (Tier 3)	
<i>ultrachoice advanced formula (oral tablet) *</i>	\$0 (Tier 3)	
<i>ultrachoice advanced formula mature (oral tablet) *</i>	\$0 (Tier 3)	
<i>upspring baby vitamin d (oral liquid) *</i>	\$0 (Tier 3)	
<i>upspringbaby multivitamin/iron (oral liquid) *</i>	\$0 (Tier 3)	
<i>venexa (oral tablet) *</i>	\$0 (Tier 3)	
<i>venexa fe (oral tablet) *</i>	\$0 (Tier 3)	
<i>ventrixyl (oral tablet) *</i>	\$0 (Tier 3)	
<i>ventrixyl fe (oral tablet) *</i>	\$0 (Tier 3)	
<i>virt-caps (oral capsule) *</i>	\$0 (Tier 3)	
<i>virt-gard (oral tablet) *</i>	\$0 (Tier 3)	
<i>vision formula/lutein (oral tablet) *</i>	\$0 (Tier 3)	
<i>vision health (oral capsule) *</i>	\$0 (Tier 3)	
<i>vision vitamins (oral tablet) *</i>	\$0 (Tier 3)	
<i>vista advanced areds2 formula (oral capsule) *</i>	\$0 (Tier 3)	
<i>vista advanced dry eye formula (oral capsule) *</i>	\$0 (Tier 3)	
<i>vita hair (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitabasic complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitabasic senior (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitabex plus (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitachew adult multi vitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitachew multiple vitamin (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitajoy daily d gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vital-d rx (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitalee (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitalets childrens (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>vitamin a (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin a (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin a palmitate (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin a/c/d/ infant/toddler (oral solution)</i> *	\$0 (Tier 3)	
<i>vitamin a-beta carotene (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin a-c-d infant (oral solution)</i> *	\$0 (Tier 3)	
<i>vitamin b + c complex (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin b complex-c (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin b6 (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin b-6 (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin c (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin c/rose hips (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin c-rose hips (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin d (cholecalciferol) (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin d (cholecalciferol) (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin d (ergocalciferol) (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin d (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin d (oral liquid)</i> *	\$0 (Tier 3)	
<i>vitamin d (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin d high potency (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin d infant (oral liquid)</i> *	\$0 (Tier 3)	
<i>vitamin d-1000 max strength (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin d2 (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitamin d3 (oral capsule)</i> *	\$0 (Tier 3)	
<i>vitamin d3 (oral liquid)</i> *	\$0 (Tier 3)	
<i>vitamin d3 (oral tablet chewable)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin d3 (oral tablet dispersible) *</i>	\$0 (Tier 3)	
<i>vitamin d3 (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitamin d3 adult gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitamin d3 complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitamin d3 extra strength (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitamin d3 gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitamin d3 gummies adult (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitamin d3 immune health (oral liquid) *</i>	\$0 (Tier 3)	
<i>vitamin d3 maximum strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin d3 super strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin d3 super strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitamin d3 ultra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e (oral oil) *</i>	\$0 (Tier 3)	
<i>vitamin e (oral solution) *</i>	\$0 (Tier 3)	
<i>vitamin e (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitamin e (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitamin e blend (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e high potency (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e water soluble (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e/d-alpha (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e/d-alpha natural (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamin e-vitamin c-beta carotene (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitamin k1 (injection solution) *</i>	\$0 (Tier 3)	
<i>vitamin supplement e-400 (oral capsule) *</i>	\$0 (Tier 3)	
<i>vitamins a-d-e/selenium (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitasana (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitatum (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>vitatum (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitatum complete (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitramyn (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitranol (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitranol fe (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitrexate (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitrexate fe (oral tablet) *</i>	\$0 (Tier 3)	
<i>vitrexyl (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitrexyl + iron (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitrum 50+ senior multi (oral tablet)</i> *	\$0 (Tier 3)	
<i>vitrum senior (oral tablet)</i> *	\$0 (Tier 3)	
<i>vp-vite rx (oral tablet)</i> *	\$0 (Tier 3)	
<i>weekly-d (oral capsule)</i> *	\$0 (Tier 3)	
<i>wescaps (oral capsule)</i> *	\$0 (Tier 3)	
<i>westab one (oral tablet)</i> *	\$0 (Tier 3)	
<i>womens 50+ advanced (oral capsule)</i> *	\$0 (Tier 3)	
<i>womens 50+ multi vitamin (oral tablet)</i> *	\$0 (Tier 3)	
<i>womens daily formula (oral tablet)</i> *	\$0 (Tier 3)	
<i>womens daily formula/folic acid/calcium/iron (oral tablet)</i> *	\$0 (Tier 3)	
<i>womens daily pack (oral packet)</i> *	\$0 (Tier 3)	
<i>womens multi (oral capsule)</i> *	\$0 (Tier 3)	
<i>womens multi gummies (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>womens multivitamin (oral tablet)</i> *	\$0 (Tier 3)	
<i>womens pack (oral)</i> *	\$0 (Tier 3)	
<i>xcellent e (oral capsule)</i> *	\$0 (Tier 3)	
<i>yelets teenage formula (oral tablet)</i> *	\$0 (Tier 3)	
<i>yl beta carotene (oral capsule)</i> *	\$0 (Tier 3)	
<i>yl folic acid (oral tablet)</i> *	\$0 (Tier 3)	
<i>yl vitamin b-6 (oral tablet)</i> *	\$0 (Tier 3)	
<i>yl vitamin c (oral tablet)</i> *	\$0 (Tier 3)	
<i>yl vitamin c-rose hips (oral tablet)</i> *	\$0 (Tier 3)	
<i>your life multi adult gummies (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>zeldana (oral capsule)</i> *	\$0 (Tier 3)	
<i>ze-plus (oral capsule)</i> *	\$0 (Tier 3)	
<i>zinc (oral lozenge)</i> *	\$0 (Tier 3)	
<i>zoo friends/extra c (oral tablet chewable)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>bisacodyl (rectal suppository)</i> *	\$0 (Tier 3)	
<i>bisacodyl ec (oral tablet delayed release)</i> *	\$0 (Tier 3)	
<i>castor oil (oral oil)</i> *	\$0 (Tier 3)	
<i>castor oil stimulant laxative (oral oil)</i> *	\$0 (Tier 3)	
<i>cellulose (crystals)</i> *	\$0 (Tier 3)	
<i>chocolated laxative (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>citrucel (oral powder)</i> *	\$0 (Tier 3)	
<i>citrucel (oral tablet)</i> *	\$0 (Tier 3)	
<i>clearlax (oral powder)</i> *	\$0 (Tier 3)	
<i>colace (oral capsule)</i> *	\$0 (Tier 3)	
<i>colace 2-in-1 (oral tablet)</i> *	\$0 (Tier 3)	
<i>colace clear (oral capsule)</i> *	\$0 (Tier 3)	
<i>constulose (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>cvs castor oil (oral oil)</i> *	\$0 (Tier 3)	
<i>docusate calcium (oral capsule)</i> *	\$0 (Tier 3)	
<i>docusate mini (rectal enema)</i> *	\$0 (Tier 3)	
<i>docusate sodium (oral capsule)</i> *	\$0 (Tier 3)	
<i>docusate sodium (oral liquid)</i> *	\$0 (Tier 3)	
<i>docusol kids (rectal enema)</i> *	\$0 (Tier 3)	
<i>docusol mini (rectal enema)</i> *	\$0 (Tier 3)	
<i>docusol plus mini-enema (rectal enema)</i> *	\$0 (Tier 3)	
<i>dok (oral tablet)</i> *	\$0 (Tier 3)	
<i>enema (rectal enema)</i> *	\$0 (Tier 3)	
<i>enema mineral oil (rectal enema)</i> *	\$0 (Tier 3)	
<i>enema ready-to-use (rectal enema)</i> *	\$0 (Tier 3)	
<i>enemeez mini (rectal enema)</i> *	\$0 (Tier 3)	
<i>enemeez plus (rectal enema)</i> *	\$0 (Tier 3)	
<i>enulose (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>epsom salt (oral granules)</i> *	\$0 (Tier 3)	
<i>eql castor oil (oral oil)</i> *	\$0 (Tier 3)	
<i>fiber (oral tablet)</i> *	\$0 (Tier 3)	
<i>fiber-lax (oral tablet)</i> *	\$0 (Tier 3)	
<i>fleet bisacodyl (rectal enema)</i> *	\$0 (Tier 3)	
<i>fleet enema (rectal enema)</i> *	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fleet oil (rectal enema)</i> *	\$0 (Tier 3)	
<i>fleet pediatric (rectal enema)</i> *	\$0 (Tier 3)	
<i>gavilax (oral powder)</i> *	\$0 (Tier 3)	
<i>generlac (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>gentle laxative (oral tablet delayed release)</i> *	\$0 (Tier 3)	
<i>gentle laxative (rectal suppository)</i> *	\$0 (Tier 3)	
<i>glycerin (liquid)</i> *	\$0 (Tier 3)	
<i>glycolax (oral powder)</i> *	\$0 (Tier 3)	
<i>gnp castor oil (oral oil)</i> *	\$0 (Tier 3)	
<i>gnp clearlax (oral packet)</i> *	\$0 (Tier 3)	
<i>gnp clearlax (oral powder)</i> *	\$0 (Tier 3)	
<i>gnp fiber therapy (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp fiber-caps (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp gentle laxative (oral tablet delayed release)</i> *	\$0 (Tier 3)	
<i>gnp gentle laxative (rectal suppository)</i> *	\$0 (Tier 3)	
<i>gnp milk of magnesia (oral suspension)</i> *	\$0 (Tier 3)	
<i>gnp mineral oil (oral oil)</i> *	\$0 (Tier 3)	
<i>gnp natural fiber (oral powder)</i> *	\$0 (Tier 3)	
<i>gnp senna lax (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp senna plus (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp stool softener (oral capsule)</i> *	\$0 (Tier 3)	
<i>gnp stool softener/laxative (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp womens gentle laxative (oral tablet delayed release)</i> *	\$0 (Tier 3)	
<i>goodsense clearlax (oral powder)</i> *	\$0 (Tier 3)	
<i>healthylax (oral packet)</i> *	\$0 (Tier 3)	
<i>hm clearlax (oral powder)</i> *	\$0 (Tier 3)	
<i>hm enema (rectal enema)</i> *	\$0 (Tier 3)	
<i>hm enema mineral oil (rectal enema)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm gentle laxative (rectal suppository) *</i>	\$0 (Tier 3)	
<i>hm laxative (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>hm magnesium citrate (oral solution) *</i>	\$0 (Tier 3)	
<i>hm milk of magnesia (oral suspension) *</i>	\$0 (Tier 3)	
<i>hm senna (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm stool softener (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm stool softener/laxative (oral tablet) *</i>	\$0 (Tier 3)	
<i>konsyl daily fiber (oral packet) *</i>	\$0 (Tier 3)	
<i>konsyl daily fiber (oral powder) *</i>	\$0 (Tier 3)	
<i>lactulose (10gm/15ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>laxative max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>laxative regular strength (oral tablet) *</i>	\$0 (Tier 3)	
LINZESS (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	QL
<i>lubiprostone (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>methylcellulose (powder) *</i>	\$0 (Tier 3)	
<i>milk of magnesia (oral suspension) *</i>	\$0 (Tier 3)	
<i>milk of magnesia concentrate (oral suspension) *</i>	\$0 (Tier 3)	
<i>mineral oil (oral oil) *</i>	\$0 (Tier 3)	
MOTEGRITY (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
MOVANTIK (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>onelax senna (oral syrup) *</i>	\$0 (Tier 3)	
<i>pedia-lax (oral liquid) *</i>	\$0 (Tier 3)	
<i>pedia-lax (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>peg 3350 (oral packet) *</i>	\$0 (Tier 3)	
<i>peg 3350 (oral powder) *</i>	\$0 (Tier 3)	
<i>polyethylene glycol 1000 (liquid) *</i>	\$0 (Tier 3)	
<i>polyethylene glycol 3350 (oral packet) *</i>	\$0 (Tier 3)	
<i>polyethylene glycol 3350 (oral powder) (generic miralax) *</i>	\$0 (Tier 3)	
<i>polyethylene glycol 3350 (powder) *</i>	\$0 (Tier 3)	
<i>polyethylene glycol 8000 (powder) *</i>	\$0 (Tier 3)	
<i>qc chocolate laxative (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>qc enema (rectal enema) *</i>	\$0 (Tier 3)	
<i>qc gentle laxative (rectal suppository) *</i>	\$0 (Tier 3)	
<i>qc magnesium citrate (oral solution) *</i>	\$0 (Tier 3)	
<i>qc milk of magnesia (oral suspension) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc mineral oil heavy (oral oil)</i> *	\$0 (Tier 3)	
<i>qc natura-lax (oral powder)</i> *	\$0 (Tier 3)	
<i>qc stool softener (oral capsule)</i> *	\$0 (Tier 3)	
<i>qc stool softener plus laxative (oral tablet)</i> *	\$0 (Tier 3)	
<i>qc vegetable laxative (oral tablet)</i> *	\$0 (Tier 3)	
RELISTOR (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
RELISTOR (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
<i>sb milk of magnesia (oral suspension)</i> *	\$0 (Tier 3)	
<i>senexon (oral liquid)</i> *	\$0 (Tier 3)	
<i>senexon-s (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna (oral capsule)</i> *	\$0 (Tier 3)	
<i>senna (oral liquid)</i> *	\$0 (Tier 3)	
<i>senna (oral syrup)</i> *	\$0 (Tier 3)	
<i>senna (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna laxative (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna plus (oral capsule)</i> *	\$0 (Tier 3)	
<i>senna plus (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna-lax (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna-tabs (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna-time (oral tablet)</i> *	\$0 (Tier 3)	
<i>senna-time s (oral tablet)</i> *	\$0 (Tier 3)	
<i>senosides-docusate sodium (oral tablet)</i> *	\$0 (Tier 3)	
<i>senokot (oral tablet)</i> *	\$0 (Tier 3)	
<i>senokot extra strength (oral tablet)</i> *	\$0 (Tier 3)	
<i>senokot s (oral tablet)</i> *	\$0 (Tier 3)	
<i>sm clearlax (oral powder)</i> *	\$0 (Tier 3)	
<i>sm enema (rectal enema)</i> *	\$0 (Tier 3)	
<i>sm epsom salt (oral granules)</i> *	\$0 (Tier 3)	
<i>sm fiber (oral powder)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm fiber (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm fiber laxative (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm gentle laxative (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>sm magnesium citrate (oral solution) *</i>	\$0 (Tier 3)	
<i>sm milk of magnesia (oral suspension) *</i>	\$0 (Tier 3)	
<i>sm mineral oil (rectal enema) *</i>	\$0 (Tier 3)	
<i>sm stool softener (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm stool softener (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm stool softener/laxative (oral tablet) *</i>	\$0 (Tier 3)	
<i>soluble fiber therapy (oral powder) *</i>	\$0 (Tier 3)	
<i>sorbitol (oral solution) *</i>	\$0 (Tier 3)	
<i>sorbitol (rectal solution) *</i>	\$0 (Tier 3)	
<i>stimulant laxative (oral tablet) *</i>	\$0 (Tier 3)	
<i>stool softener (oral capsule) *</i>	\$0 (Tier 3)	
<i>stool softener laxative (oral capsule) *</i>	\$0 (Tier 3)	
<i>stool softener plus laxative (oral tablet) *</i>	\$0 (Tier 3)	
<i>stool softener/laxative (oral capsule) *</i>	\$0 (Tier 3)	
TRULANCE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
Anti-Diarrheal Agents		
<i>alosetron hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA
<i>anti-diarrheal (oral capsule) *</i>	\$0 (Tier 3)	
<i>diphenoxylate-atropine (oral liquid)</i>	\$0-\$4.50 (Tier 1)	
<i>diphenoxylate-atropine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp anti-diarrheal (oral capsule) *</i>	\$0 (Tier 3)	
<i>loperamide hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>qc anti-diarrheal (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm anti-diarrheal (oral capsule) *</i>	\$0 (Tier 3)	
XERMELO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>dicyclomine hcl (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dicyclomine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>glycopyrrolate (oral solution) (generic cuvposa)</i>	\$0-\$4.50 (Tier 1)	PA
<i>methscopolamine bromide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Gastrointestinal Agents, Other		
<i>abatinex (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acid gone (oral suspension)</i> *	\$0 (Tier 3)	
<i>acid gone (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>acidophilus (oral capsule)</i> *	\$0 (Tier 3)	
<i>acidophilus (oral tablet)</i> *	\$0 (Tier 3)	
<i>acidophilus (oral wafer)</i> *	\$0 (Tier 3)	
<i>acidophilus extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>acidophilus lactobacillus (oral capsule)</i> *	\$0 (Tier 3)	
<i>acidophilus probiotic (oral capsule)</i> *	\$0 (Tier 3)	
<i>acidophilus probiotic (oral tablet)</i> *	\$0 (Tier 3)	
<i>acidophilus probiotic formula (oral tablet)</i> *	\$0 (Tier 3)	
<i>acidophilus/citrus pectin (oral tablet)</i> *	\$0 (Tier 3)	
<i>acidophilus/l-sporogenes (oral tablet)</i> *	\$0 (Tier 3)	
<i>acidophilus/pectin (oral capsule)</i> *	\$0 (Tier 3)	
<i>almacone double strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>aluminum hydroxide gel (oral suspension)</i> *	\$0 (Tier 3)	
<i>antacid (oral suspension)</i> *	\$0 (Tier 3)	
<i>antacid (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>antacid calcium (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>antacid maximum strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>antacid regular strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>antacid regular strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>antacid ultra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>antacid/antigas (oral suspension)</i> *	\$0 (Tier 3)	
<i>anti-diarrheal (oral liquid)</i> *	\$0 (Tier 3)	
<i>anti-diarrheal (oral tablet)</i> *	\$0 (Tier 3)	
<i>azo complete feminine balance (oral capsule)</i> *	\$0 (Tier 3)	
<i>azo dual protection (oral capsule)</i> *	\$0 (Tier 3)	
<i>bio-k plus strong (oral capsule delayed release)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>biomepro (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>biomepro (oral capsule) *</i>	\$0 (Tier 3)	
<i>biomepro (oral liquid) *</i>	\$0 (Tier 3)	
<i>bismatrol (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>bismuth subsalicylate (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium antacid (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium antacid extra strength (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium carbonate antacid (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>calcium carbonate antacid (oral tablet) *</i>	\$0 (Tier 3)	
<i>cal-gest antacid (oral tablet chewable) *</i>	\$0 (Tier 3)	
CHENODAL (ORAL TABLET)	\$0-\$4.50 (Tier 1)	PA
CLENPIQ (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>culturelle advanced regularity (oral capsule) *</i>	\$0 (Tier 3)	
<i>culturelle digestive womens (oral capsule) *</i>	\$0 (Tier 3)	
<i>culturelle prenatal wellness (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>culturelle total balance (oral capsule) *</i>	\$0 (Tier 3)	
<i>culturelle women's wellness (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs acidophilus probiotic (oral tablet) *</i>	\$0 (Tier 3)	
<i>eql digestive probiotic (oral capsule) *</i>	\$0 (Tier 3)	
<i>eql probiotic acidophilus (oral capsule) *</i>	\$0 (Tier 3)	
<i>florajen acidophilus (oral capsule) *</i>	\$0 (Tier 3)	
<i>florajen women (oral capsule) *</i>	\$0 (Tier 3)	
<i>floranex (oral packet) *</i>	\$0 (Tier 3)	
<i>floranex (oral tablet) *</i>	\$0 (Tier 3)	
<i>freeze dried acidophilus (oral capsule) *</i>	\$0 (Tier 3)	
<i>gas relief (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gas relief extra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>gas relief extra strength (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gas relief infants (oral suspension) *</i>	\$0 (Tier 3)	
<i>gas relief ultra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>gas-x extra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>gas-x extra strength (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gas-x ultra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>gavilyte-c (oral solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	
<i>gavilyte-g (oral solution reconstituted)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gaviscon (oral suspension)</i> *	\$0 (Tier 3)	
<i>gaviscon extra relief formula (oral suspension)</i> *	\$0 (Tier 3)	
<i>gaviscon extra strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>gaviscon extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp antacid & anti-gas (oral suspension)</i> *	\$0 (Tier 3)	
<i>gnp antacid & anti-gas (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp antacid regular strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>gnp anti-diarrheal (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp anti-gas (oral capsule)</i> *	\$0 (Tier 3)	
<i>gnp gas relief (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp gas relief extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp loperamide hcl (oral liquid)</i> *	\$0 (Tier 3)	
<i>gnp pink bismuth (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>gnp pink bismuth (oral tablet)</i> *	\$0 (Tier 3)	
<i>gnp stomach relief (oral suspension)</i> *	\$0 (Tier 3)	
<i>goodsense anti-diarrheal (oral liquid)</i> *	\$0 (Tier 3)	
<i>heartburn relief extra strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>hm antacid (oral suspension)</i> *	\$0 (Tier 3)	
<i>hm antacid anti-gas extra strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>hm antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>hm gas relief (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>hm gas relief extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>hm gas relief infants drops (oral suspension)</i> *	\$0 (Tier 3)	
<i>hm stomach relief (oral suspension)</i> *	\$0 (Tier 3)	
<i>hm stomach relief ultra (oral suspension)</i> *	\$0 (Tier 3)	
<i>ideal bowel support (oral capsule)</i> *	\$0 (Tier 3)	
<i>kala (oral tablet)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactinex (oral packet)</i> *	\$0 (Tier 3)	
<i>lactobacillus (oral packet)</i> *	\$0 (Tier 3)	
<i>lactobacillus (oral tablet)</i> *	\$0 (Tier 3)	
<i>lactobacillus extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>lactobacillus probiotic (oral tablet)</i> *	\$0 (Tier 3)	
<i>loperamide hcl (oral liquid)</i> *	\$0 (Tier 3)	
<i>loperamide hcl (oral solution)</i> *	\$0 (Tier 3)	
<i>loperamide hcl (oral tablet)</i> *	\$0 (Tier 3)	
<i>mag-al (oral liquid)</i> *	\$0 (Tier 3)	
<i>mag-al plus (oral liquid)</i> *	\$0 (Tier 3)	
<i>mag-al plus xs (oral liquid)</i> *	\$0 (Tier 3)	
<i>magnesium oxide (oral tablet)</i> *	\$0 (Tier 3)	
<i>mintox maximum strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>mintox plus (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>more-dophilus acidophilus (oral powder)</i> *	\$0 (Tier 3)	
<i>newflora probiotic (oral capsule)</i> *	\$0 (Tier 3)	
<i>peg-3350-electrolytes (oral solution) (generic golytely)</i>	\$0-\$4.50 (Tier 1)	
<i>peg-3350-nacl-na bicarbonate-kcl (oral solution) (generic nulytely)</i>	\$0-\$4.50 (Tier 1)	
<i>probiata (oral tablet)</i> *	\$0 (Tier 3)	
<i>probiotic (lactobacillus) (oral capsule)</i> *	\$0 (Tier 3)	
<i>probiotic acidophilus (oral capsule)</i> *	\$0 (Tier 3)	
<i>probiotic gold extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>qc antacid (oral suspension)</i> *	\$0 (Tier 3)	
<i>qc antacid (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>qc antacid/anti-gas (oral suspension)</i> *	\$0 (Tier 3)	
<i>qc anti-diarrheal (oral tablet)</i> *	\$0 (Tier 3)	
<i>qc gas relief extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>ra digestive health (oral capsule)</i> *	\$0 (Tier 3)	
<i>rejuvaflor (oral capsule)</i> *	\$0 (Tier 3)	
<i>sb antacid (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sb antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sb anti-diarrhea (oral tablet)</i> *	\$0 (Tier 3)	
<i>simethicone (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>simethicone drops infants (oral suspension)</i> *	\$0 (Tier 3)	
<i>simethicone ultra strength (oral capsule)</i> *	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm acidophilus (oral capsule)</i> *	\$0 (Tier 3)	
<i>sm antacid (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm antacid (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sm antacid advanced (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm antacid advanced max strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm antacid maximum strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm anti-diarrheal (oral liquid)</i> *	\$0 (Tier 3)	
<i>sm anti-diarrheal (oral tablet)</i> *	\$0 (Tier 3)	
<i>sm calcium antacid (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sm calcium antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sm gas relief (oral capsule)</i> *	\$0 (Tier 3)	
<i>sm gas relief (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sm gas relief extra strength (oral capsule)</i> *	\$0 (Tier 3)	
<i>sm gas relief infants (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm stomach relief (oral suspension)</i> *	\$0 (Tier 3)	
<i>sm stomach relief (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sm stomach relief (oral tablet)</i> *	\$0 (Tier 3)	
<i>smooth antacid extra strength (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>sodium bicarbonate (oral powder)</i> *	\$0 (Tier 3)	
<i>sodium bicarbonate (oral tablet)</i> *	\$0 (Tier 3)	
<i>sodium sulfate-potassium sulfate-magnesium sulfate (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>stomach relief (oral suspension)</i> *	\$0 (Tier 3)	
<i>stomach relief (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>stomach relief (oral tablet)</i> *	\$0 (Tier 3)	
<i>stomach relief extra strength (oral suspension)</i> *	\$0 (Tier 3)	
<i>stomach relief ultra (oral suspension)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUFLAVE (ORAL SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	
SUTAB (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>tums (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums chewy bites (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums chewy delights (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums e-x 750 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums extra strength 750 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums smoothies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>tums ultra 1000 (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>ursodiol (300mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>ursodiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
VOWST (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
Histamine2 (H2) Receptor Antagonists		
<i>acid reducer (oral tablet) *</i>	\$0 (Tier 3)	
<i>acid reducer maximum strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>cimetidine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>famotidine (otc only) (oral tablet) *</i>	\$0 (Tier 3)	
<i>famotidine (rx only) (20mg oral tablet, 40mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>famotidine maximum strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>famotidine orig strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp acid reducer (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp acid reducer max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>heartburn relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>heartburn relief max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>nizatidine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>qc acid controller (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc acid controller max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb acid reducer (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm acid reducer (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm acid reducer max strength (oral tablet) *</i>	\$0 (Tier 3)	
Protectants		
<i>misoprostol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sucralfate (oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>sucralfate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Proton Pump Inhibitors		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acid reducer (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>esomeprazole magnesium (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>esomeprazole magnesium (otc only) (oral capsule delayed release) (generic nexium) *</i>	\$0 (Tier 3)	
<i>esomeprazole magnesium (rx only) (oral capsule delayed release) (generic nexium)</i>	\$0-\$4.50 (Tier 1)	QL
<i>gnp esomeprazole magnesium (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>gnp lansoprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>gnp omeprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>gnp omeprazole (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>goodsense esomeprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>goodsense lansoprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>hm esomeprazole magnesium dr (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>hm omeprazole (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>lansoprazole (otc only) (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>lansoprazole (rx only) (oral capsule delayed release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>omeprazole (oral tablet delayed release dispersible) *</i>	\$0 (Tier 3)	
<i>omeprazole (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>omeprazole (rx only) (10mg oral capsule delayed release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>omeprazole (rx only) (20mg oral capsule delayed release, 40mg oral capsule delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>omeprazole magnesium (oral capsule delayed release) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>omeprazole magnesium (oral tablet delayed release) *</i>	\$0 (Tier 3)	
<i>pantoprazole sodium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	QL
<i>prevacid 24hr (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>qc esomeprazole magnesium (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>qc lansoprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>qc omeprazole magnesium (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>rabeprazole sodium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
<i>sm esomeprazole magnesium (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>sm lansoprazole (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>sm omeprazole (oral tablet delayed release) *</i>	\$0 (Tier 3)	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
<i>betaine (oral powder)</i>	\$0-\$4.50 (Tier 1)	
CHOLBAM (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA
CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES)	\$0-\$11.20 (Tier 2)	
<i>cromolyn sodium (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
CYSTAGON (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>levocarnitine (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levocarnitine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>miglustat (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA
<i>nitisinone (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
PROLASTIN-C (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
REVCovi (INTRAMUSCULAR SOLUTION)	\$0-\$11.20 (Tier 2)	PA
<i>sapropterin dihydrochloride (oral packet)</i>	\$0-\$4.50 (Tier 1)	
<i>sapropterin dihydrochloride (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sodium phenylbutyrate (oral powder)</i>	\$0-\$4.50 (Tier 1)	
<i>sodium phenylbutyrate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SUCRAID (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	
VYNDAMAX (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYNDAQEL (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
ZEMAIRA (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES)	\$0-\$11.20 (Tier 2)	
ZOKINVY (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
MYRBETRIQ (ORAL SUSPENSION RECONSTITUTED ER)	\$0-\$11.20 (Tier 2)	
MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	
<i>oxybutynin chloride (5mg oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>oxybutynin chloride (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>oxybutynin chloride er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	QL
<i>oxytrol for women (transdermal patch twice weekly)*</i>	\$0 (Tier 3)	
<i>solifenacin succinate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>dutasteride (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>finasteride (5mg oral tablet) (generic proscar)</i>	\$0-\$4.50 (Tier 1)	
<i>silodosin (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>tamsulosin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>terazosin hcl (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELMIRON (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>gnp urinary pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm urinary pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>penicillamine (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>qc urinary pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm urinary pain relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm urinary pain relief max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>urinary pain relief (oral tablet) *</i>	\$0 (Tier 3)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dexamethasone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>fludrocortisone acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone acetate (external ointment) *</i>	\$0 (Tier 3)	
<i>methylprednisolone (oral tablet therapy pack)</i>	\$0-\$4.50 (Tier 1)	
<i>methylprednisolone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisolone (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisolone sodium phosphate (25mg/5ml oral solution, 6.7mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisone (5mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisone (oral tablet therapy pack)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisone intensol (oral concentrate)</i>	\$0-\$4.50 (Tier 1)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>desmopressin acetate spray (nasal solution)</i>	\$0-\$4.50 (Tier 1)	
GENOTROPIN (SUBCUTANEOUS CARTRIDGE)	\$0-\$11.20 (Tier 2)	PA
GENOTROPIN MINIQUICK (SUBCUTANEOUS PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
INCRELEX (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
<i>ovidrel (subcutaneous injectable) *</i>	\$0 (Tier 3)	
SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
ZOMACTON (5MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>mifepristone (300mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
<i>testosterone cypionate (intramuscular solution)</i>	\$0-\$4.50 (Tier 1)	
<i>testosterone enanthate (intramuscular solution)</i>	\$0-\$4.50 (Tier 1)	
<i>testosterone (20.25mg/1.25gm 1.62% transdermal gel, 25mg/2.5gm 1% transdermal gel, 40.5mg/2.5gm 1.62% transdermal gel, 50mg/5gm 1% transdermal gel), testosterone pump (1% transdermal gel, 1.62% transdermal gel)</i>	\$0-\$4.50 (Tier 1)	
Estrogens		
<i>altavera (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>alyacen 1/35 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>amethia (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>apri (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>aranelle (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ashlyna (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>aubra eq (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>aviane (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>balziva (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>blisovi 24 fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>blisovi fe 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>briellyn (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>camrese lo (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
CLIMARA PRO (TRANSDERMAL PATCH WEEKLY)	\$0-\$11.20 (Tier 2)	
<i>cryselle-28 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyred eq (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>desogestrel-ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>dolishale (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>drospirenone-ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
DUAVEE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
ELESTRIN (TRANSDERMAL GEL)	\$0-\$11.20 (Tier 2)	
<i>eluryng (vaginal ring)</i>	\$0-\$4.50 (Tier 1)	
<i>enilloring (vaginal ring)</i>	\$0-\$4.50 (Tier 1)	
<i>enpresse-28 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>enskyce (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>estarylla (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>estradiol (transdermal patch weekly)</i>	\$0-\$4.50 (Tier 1)	QL
<i>estradiol (vaginal cream)</i>	\$0-\$4.50 (Tier 1)	
<i>estradiol valerate (intramuscular oil)</i>	\$0-\$4.50 (Tier 1)	
ESTRING (VAGINAL RING)	\$0-\$11.20 (Tier 2)	
<i>ethynodiol diacetate-ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>etonogestrel-ethinyl estradiol (vaginal ring)</i>	\$0-\$4.50 (Tier 1)	
<i>falmina (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>finzala (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>fyavolv (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>hailey 24 fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>haloette (vaginal ring)</i>	\$0-\$4.50 (Tier 1)	
<i>iclevia (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
IMVEXXY MAINTENANCE PACK (VAGINAL INSERT)	\$0-\$11.20 (Tier 2)	PA; QL
IMVEXXY STARTER PACK (VAGINAL INSERT)	\$0-\$11.20 (Tier 2)	PA; QL
<i>introvale (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>isibloom (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>jasmiel (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>jinteli (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>juleber (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>junel 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>junel 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>junel fe 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>junel fe 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>junel fe 24 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>kaitlib fe (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>kariva (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>kelnor 1/35 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>kelnor 1/50 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>kurvelo (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>larin 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>larin 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>larin fe 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>larin fe 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>layolis fe (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>leena (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lessina (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonest (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol & ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol 91-day (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol triphasic (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levora 0.15/30 (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>loryna (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>low-ogestrel (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lutra (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>marlissa (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
MENEST (ORAL TABLET)	\$0-\$4.50 (Tier 1)	
<i>mibelas 24 fe (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>microgestin 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>microgestin 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>microgestin 24 fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>microgestin fe 1.5/30 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>microgestin fe 1/20 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>mili (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>necon 0.5/35 (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nikki (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol (1-20mg-mcg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-5mg-mcg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone-ethinyl estradiol-fe (1-20mg-mcg/1-30mg-mcg/1-35mg-mcg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol-fe (0.4-35mg-mcg oral tablet chewable, 0.8-25mg-mcg oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>norgestimate-ethinyl estradiol (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norgestimate-ethinyl estradiol triphasic (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nortrel 0.5/35 (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nortrel 1/35 (21) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nortrel 1/35 (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nortrel 7/7/7 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nylia 1/35 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nylia 7/7/7 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>nymyo (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>ocella (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>pimtrea (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>portia-28 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
PREMARIN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
PREMARIN (VAGINAL CREAM)	\$0-\$11.20 (Tier 2)	
PREMPHASE (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
PREMPRO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>reclipsen (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>rivelsa (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>setlakin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sprintec 28 (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>sronyx (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>syeda (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tarina 24 fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tarina fe 1/20 eq (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tilia fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-estarylla (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-legest fe (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-lo-estarylla (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-lo-sprintec (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-mili (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-nymyo (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-sprintec (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>trivora (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-vylibra lo (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tri-vylibra (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>turqoz (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>tyblume (oral tablet chewable)</i>	\$0-\$11.20 (Tier 2)	
<i>velivet (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>vestura (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>vienva (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>vyfemla (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>vylibra (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>wymzya fe (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	
<i>zovia 1/35 (28) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Progestins		
<i>aftera (oral tablet) *</i>	\$0 (Tier 3)	
<i>camila (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
CRINONE (VAGINAL GEL)	\$0-\$11.20 (Tier 2)	PA

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>deblitane (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
DEPO-SUBQ PROVERA 104 (SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	
<i>econtra ez (oral tablet) *</i>	\$0 (Tier 3)	
<i>econtra one-step (oral tablet) *</i>	\$0 (Tier 3)	
<i>errin (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>heather (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>incassia (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levonorgestrel (oral tablet) *</i>	\$0 (Tier 3)	
<i>lyleq (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>lyza (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>medroxyprogesterone acetate (intramuscular suspension prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	
<i>medroxyprogesterone acetate (intramuscular suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>medroxyprogesterone acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>megestrol acetate (40mg/ml oral suspension, 625mg/5ml oral suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>megestrol acetate (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>my choice (oral tablet) *</i>	\$0 (Tier 3)	
<i>my way (oral tablet) *</i>	\$0 (Tier 3)	
<i>new day (oral tablet) *</i>	\$0 (Tier 3)	
<i>nora-be (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone (0.35mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>norethindrone acetate (5mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>opcicon one-step (oral tablet) *</i>	\$0 (Tier 3)	
<i>option 2 (oral tablet) *</i>	\$0 (Tier 3)	
<i>plan b one-step (oral tablet) *</i>	\$0 (Tier 3)	
<i>react (oral tablet) *</i>	\$0 (Tier 3)	
<i>sharobel (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>take action (oral tablet) *</i>	\$0 (Tier 3)	
Selective Estrogen Receptor Modifying Agents		
OSPHENA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>raloxifene hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox (oral tablet)</i>	\$0-\$11.20 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levothyroxine sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>levoxyl (oral tablet)</i>	\$0-\$11.20 (Tier 2)	
<i>liothyronine sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
SYNTHROID (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
<i>unithroid (oral tablet)</i>	\$0-\$11.20 (Tier 2)	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
LYSODREN (ORAL TABLET)	\$0-\$11.20 (Tier 2)	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
ELIGARD (SUBCUTANEOUS KIT)	\$0-\$11.20 (Tier 2)	PA; QL
FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
<i>leuprolide acetate (subcutaneous injection kit)</i>	\$0-\$4.50 (Tier 1)	PA; QL
LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
LUPRON DEPOT-PED (1-MONTH) (7.5MG INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
LUPRON DEPOT-PED (3-MONTH) (11.25MG INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (6-MONTH) (INTRAMUSCULAR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
<i>octreotide acetate (injection solution)</i>	\$0-\$4.50 (Tier 1)	PA
ORGOVYX (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
SIGNIFOR (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
SYNAREL (NASAL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>propylthiouracil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Immunological Agents		
Angioedema Agents		
BERINERT (INTRAVENOUS KIT)	\$0-\$11.20 (Tier 2)	PA
CINRYZE (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
<i>icatibant acetate (subcutaneous solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>sajazir (subcutaneous solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Immunoglobulins		
BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
GAMMAGARD (2.5GM/25ML INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA
GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
GAMMAKED (1GM/10ML INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA
GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
GAMUNEX-C (1GM/10ML INJECTION SOLUTION)	\$0-\$11.20 (Tier 2)	PA

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
PANZYGA (INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
Immunological Agents, Other		
ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
ARCALYST (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA
BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
COSENTYX UNOREADY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
DUPIXENT (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
DUPIXENT (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
OTEZLA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
OTEZLA (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
RIDAURA (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	PA; QL
SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
SKYRIZI (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0-\$11.20 (Tier 2)	PA; QL
SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
STELARA (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
XELJANZ (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
XELJANZ (ORAL TABLET IMMEDIATE RELEASE)	\$0-\$11.20 (Tier 2)	PA; QL
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	PA; QL
XOLAIR (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA
XOLAIR (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	
BESREMI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
PEGASYS (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
PEGASYS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
Immunosuppressants		
<i>azathioprine (50mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
CIMZIA (SUBCUTANEOUS KIT)	\$0-\$11.20 (Tier 2)	PA; QL
CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0-\$11.20 (Tier 2)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine modified (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>cyclosporine modified (oral solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>cyclosporine (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
CYLTEZO (2 PEN) (SUBCUTANEOUS AUTO-INJECTOR KIT)	\$0-\$11.20 (Tier 2)	PA; QL
CYLTEZO (2 SYRINGE) (SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0-\$11.20 (Tier 2)	PA; QL
CYLTEZO-CD/UC/HS STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT)	\$0-\$11.20 (Tier 2)	PA
CYLTEZO-PSORIASIS/UV STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT)	\$0-\$11.20 (Tier 2)	PA
ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0-\$11.20 (Tier 2)	PA; QL
ENBREL (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
ENVARUSUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	B/D, PA
<i>everolimus (0.25mg oral tablet, 0.5mg oral tablet, 0.75mg oral tablet, 1mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>gengraf (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>gengraf (oral solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
HUMIRA (2 PEN) (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA; QL
HUMIRA (2 SYRINGE) (SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA; QL
HUMIRA PEN CROHN'S DISEASE/ULCERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA; QL
HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA
HUMIRA PEN PSORIASIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA
HUMIRA PEN PSORIASIS/UEVITIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>leflunomide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>methotrexate sodium (50mg/2ml injection solution prefilled syringe)</i>	\$0-\$4.50 (Tier 1)	
<i>methotrexate sodium (50mg/2ml injection solution)</i>	\$0-\$4.50 (Tier 1)	
<i>methotrexate sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>mycophenolate mofetil (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>mycophenolate mofetil (oral suspension reconstituted)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>mycophenolate mofetil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>mycophenolate sodium (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
PROGRAF (ORAL PACKET)	\$0-\$11.20 (Tier 2)	B/D, PA
RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA
SANDIMMUNE (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA
SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
SIMPONI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>sirolimus (oral solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>sirolimus (oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>tacrolimus (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
TREXALL (ORAL TABLET)	\$0-\$4.50 (Tier 1)	
XATMEP (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	PA
YUFLYMA (1 PEN) (40MG/0.4ML SUBCUTANEOUS AUTO-INJECTOR KIT)	\$0-\$11.20 (Tier 2)	PA
YUFLYMA (2 SYRINGE) (40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0-\$11.20 (Tier 2)	PA
Vaccines		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABRYSVO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
ADACEL (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
AREXVY (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
BCG VACCINE (INJECTION SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
BOOSTRIX (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
DAPTACEL (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
DIPHThERIA-TETANUS TOXOIDS DT (25-5LFU/ 0.5ML INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
ENGERIX-B (INJECTION SUSPENSION)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
ENGERIX-B (INJECTION SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
HAVRIX (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
HEPLISAV-B (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
HIBERIX (INJECTION SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
IMOVAX RABIES (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
INFANRIX (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IPOL (INJECTION)	\$0-\$11.20 (Tier 2)	QL
IXCHIQ (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
IXIARO (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
JYNNEOS (SUBCUTANEOUS SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
MENACTRA (INTRAMUSCULAR SOLUTION)	\$0-\$11.20 (Tier 2)	QL
MENQUADFI (INTRAMUSCULAR SOLUTION)	\$0-\$11.20 (Tier 2)	QL
MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
M-M-R II (INJECTION SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
PEDVAX HIB (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
PENBRAYA (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
PREHEVBRIO (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
PRIORIX (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
QUADRACEL (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
QUADRACEL (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
RECOMBIVAX HB (INJECTION SUSPENSION)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
RECOMBIVAX HB (INJECTION SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
ROTARIX (ORAL SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
ROTARIX (ORAL SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	QL
ROTATEQ (ORAL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TDVAX (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
TENIVAC (INTRAMUSCULAR INJECTABLE)	\$0-\$11.20 (Tier 2)	QL
TICOVAC (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
TYPHIM VI (INTRAMUSCULAR SOLUTION)	\$0-\$11.20 (Tier 2)	QL
TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
VAQTA (INTRAMUSCULAR SUSPENSION)	\$0-\$11.20 (Tier 2)	QL
VARIVAX (SUBCUTANEOUS INJECTABLE)	\$0-\$11.20 (Tier 2)	QL
YF-VAX (SUBCUTANEOUS INJECTABLE)	\$0-\$11.20 (Tier 2)	QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0-\$11.20 (Tier 2)	QL
<i>balsalazide disodium (oral capsule)</i>	\$0-\$4.50 (Tier 1)	
DIPENTUM (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	
<i>mesalamine er (500mg oral capsule extended release) (generic pentasa)</i>	\$0-\$4.50 (Tier 1)	QL
<i>mesalamine er (0.375gm oral capsule extended release 24 hour) (generic apriso)</i>	\$0-\$4.50 (Tier 1)	QL
<i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i>	\$0-\$4.50 (Tier 1)	QL
<i>mesalamine (rectal enema)</i>	\$0-\$4.50 (Tier 1)	QL
<i>mesalamine (rectal suppository)</i>	\$0-\$4.50 (Tier 1)	QL
PENTASA (ORAL CAPSULE EXTENDED RELEASE)	\$0-\$11.20 (Tier 2)	QL
<i>sulfasalazine (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfasalazine (oral tablet delayed release)</i>	\$0-\$4.50 (Tier 1)	
Glucocorticoids		
<i>budesonide er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	ST
<i>budesonide (oral capsule delayed release particles)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone (perianal) (2.5% external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone (rectal enema)</i>	\$0-\$4.50 (Tier 1)	
<i>procto-med hc (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>proctosol hc (external cream)</i>	\$0-\$4.50 (Tier 1)	
<i>proctozone-hc (external cream)</i>	\$0-\$4.50 (Tier 1)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium (oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>alendronate sodium (10mg oral tablet, 35mg oral tablet, 70mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>calcitonin salmon (nasal solution)</i>	\$0-\$4.50 (Tier 1)	QL
<i>calcitriol (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>calcitriol (oral solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>cinacalcet hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>doxercalciferol (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
<i>ibandronate sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>paricalcitol (oral capsule)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	QL
TERIPARATIDE (RECOMBINANT) (620MCG/ 2.48ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
XGEVA (SUBCUTANEOUS SOLUTION)	\$0-\$11.20 (Tier 2)	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>1st base (external cream) *</i>	\$0 (Tier 3)	
<i>acetaminophen (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>acetaminophen (powder) *</i>	\$0 (Tier 3)	
<i>acetaminophen childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aimsco lubricated</i> *	\$0 (Tier 3)	
ALCOHOL PREP PADS	\$0-\$4.50 (Tier 1)	
<i>alpha lipoic acid (oral capsule)</i> *	\$0 (Tier 3)	
<i>alpha-lipoic acid (oral capsule)</i> *	\$0 (Tier 3)	
<i>arbem h-cosmetic (external cream)</i> *	\$0 (Tier 3)	
<i>arbem lipopen (external cream)</i> *	\$0 (Tier 3)	
<i>arginine (oral packet)</i> *	\$0 (Tier 3)	
<i>arginine (oral tablet)</i> *	\$0 (Tier 3)	
<i>arginine2000 (oral packet)</i> *	\$0 (Tier 3)	
<i>avicel ph 105 micro cellulose (powder)</i> *	\$0 (Tier 3)	
<i>az cream (external cream)</i> *	\$0 (Tier 3)	
<i>base pcca clarifying (external cream)</i> *	\$0 (Tier 3)	
<i>benzoin (external tincture)</i> *	\$0 (Tier 3)	
<i>benzoin compound (external tincture)</i> *	\$0 (Tier 3)	
<i>benzyl alcohol (liquid)</i> *	\$0 (Tier 3)	
<i>binaxnow covid-19 ag home test (in vitro kit)</i> *	\$0 (Tier 3)	
<i>boric acid (external granules)</i> *	\$0 (Tier 3)	
<i>boric acid (powder)</i> *	\$0 (Tier 3)	
<i>boric acid topical (powder)</i> *	\$0 (Tier 3)	
<i>bull frog mosquito coast (external liquid)</i> *	\$0 (Tier 3)	
<i>capsaicin heat patch (external patch)</i> *	\$0 (Tier 3)	
<i>capsule size 1 lactose (capsule)</i> *	\$0 (Tier 3)	
<i>carestart covid-19 home test (in vitro kit)</i> *	\$0 (Tier 3)	
<i>castor oil (oil)</i> *	\$0 (Tier 3)	
<i>cholesterol (powder)</i> *	\$0 (Tier 3)	
<i>clinitest rapid covid-19 test (in vitro kit)</i> *	\$0 (Tier 3)	
<i>co q 10 (oral capsule)</i> *	\$0 (Tier 3)	
<i>co q10 (oral capsule)</i> *	\$0 (Tier 3)	
<i>co q-10 (oral capsule)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>coenzyme q10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>coenzyme q10 (powder) *</i>	\$0 (Tier 3)	
<i>coleman 100 max continuous spray (external aerosol) *</i>	\$0 (Tier 3)	
<i>coleman 100 max insect repellent (external liquid) *</i>	\$0 (Tier 3)	
<i>coleman botanicals insect repellent (external liquid) *</i>	\$0 (Tier 3)	
<i>coleman insect repellent high&dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>coleman insect repellent sportsmen (external aerosol) *</i>	\$0 (Tier 3)	
<i>coleman skinsmart insect repellent (external aerosol) *</i>	\$0 (Tier 3)	
<i>coleman skinsmart insect repellent (external liquid) *</i>	\$0 (Tier 3)	
<i>coq10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>coq-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>coq10 maximum strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>coromega omega 3 kids (oral emulsion) *</i>	\$0 (Tier 3)	
<i>coromega omega 3 squeeze (oral emulsion) *</i>	\$0 (Tier 3)	
<i>covid-19 at-home test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>covid-19 specimen collection (kit) *</i>	\$0 (Tier 3)	
<i>cream base (external cream) *</i>	\$0 (Tier 3)	
<i>cutter (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter all family (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter all family (external liquid) *</i>	\$0 (Tier 3)	
<i>cutter all family wipes (external sheet) *</i>	\$0 (Tier 3)	
<i>cutter backwoods (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter backwoods (external liquid) *</i>	\$0 (Tier 3)	
<i>cutter backwoods dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter lemon eucalyptus (external liquid) *</i>	\$0 (Tier 3)	
<i>cutter natural (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter natural (external liquid) *</i>	\$0 (Tier 3)	
<i>cutter skinsations (external aerosol) *</i>	\$0 (Tier 3)	
<i>cutter skinsations (external liquid) *</i>	\$0 (Tier 3)	
<i>cutter sport (external aerosol) *</i>	\$0 (Tier 3)	
<i>cvs coenzyme q-10 (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs coq-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs covid-19 at home test kit (in vitro kit) *</i>	\$0 (Tier 3)	
<i>cvs distilled water (oral liquid) *</i>	\$0 (Tier 3)	
<i>cvs fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>cvs fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs fish oil half-the-size (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs insect repellent (external aerosol) *</i>	\$0 (Tier 3)	
<i>cvs natural fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>cvs omega-3 gummy fish (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cvs total home insect repellent (external aerosol) *</i>	\$0 (Tier 3)	
<i>cyto arg (oral powder) *</i>	\$0 (Tier 3)	
<i>cyto-q (oral liquid) *</i>	\$0 (Tier 3)	
<i>cyto-q max (oral liquid) *</i>	\$0 (Tier 3)	
<i>cyto-q t/f (oral liquid) *</i>	\$0 (Tier 3)	
<i>diatrust covid-19 home test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>distilled water (oral liquid) *</i>	\$0 (Tier 3)	
<i>durex realfeel (device) *</i>	\$0 (Tier 3)	
<i>eagle watch mosquito eliminator (external liquid) *</i>	\$0 (Tier 3)	
<i>ellume covid-19 home test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>emollient base (external cream) *</i>	\$0 (Tier 3)	
<i>empty capsule #0 red/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 black/red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 blue/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 pink/pink (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 purple (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 purple/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 red/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule #00 yellow/yellow (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule (capsule) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>empty capsule size 0 (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 blue/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 fun caps (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 green/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 maroon (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 orange (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 pink (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 purple (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 red/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 red/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 white/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 0 yellow (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 dark green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 orange (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 00 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 000 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 000 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 aqua blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 blue/pink (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 blue/red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 blue/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 blueclear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 brown/ivory (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 green/yellow (capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>empty capsule size 1 light blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 orange (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 orange/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 pink (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 pink/blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 pink/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 powder blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 purple (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 red/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 1 white/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 10 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 11 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 13 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 2 blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 2 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 2 green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 2 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 gray/pink (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 gray/yellow (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 green (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 green/blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 maroon (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 olive (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 orange (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 pink (capsule) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>empty capsule size 3 pink/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 red (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 red/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 white/clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 3 yellow (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 black (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 blue/white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 dark blue (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 purple (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 4 white (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 5 clear (capsule) *</i>	\$0 (Tier 3)	
<i>empty capsule size 7 clear (capsule) *</i>	\$0 (Tier 3)	
<i>eql coq10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>eql fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>eql omega 3 fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>eql omega 3 fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>fantasy lubricated *</i>	\$0 (Tier 3)	
<i>fantasy lubricated/spermicide *</i>	\$0 (Tier 3)	
<i>fattibase (external ointment) *</i>	\$0 (Tier 3)	
<i>fc2 female condom *</i>	\$0 (Tier 3)	
<i>fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>fish oil adult gummies (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>fish oil burp-less (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil concentrate (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil double strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil extra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil maximum strength (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>fish oil maximum strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil odor-less (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil omega-3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil pearls (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fish oil triple strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil ultra (oral capsule) *</i>	\$0 (Tier 3)	
<i>fish oil/super potent/no burp (oral capsule) *</i>	\$0 (Tier 3)	
<i>flavor sweet-sf (oral syrup) *</i>	\$0 (Tier 3)	
<i>flowflex covid-19 antigen home test (in vitro kit) *</i>	\$0 (Tier 3)	
GAUZE (NON-MEDICATED 2X2 PAD)	\$0-\$4.50 (Tier 1)	
<i>genabio covid-19 rapid test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>glutamine (oral powder) *</i>	\$0 (Tier 3)	
<i>glutathione (powder) *</i>	\$0 (Tier 3)	
<i>gnp acetaminophen (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp boric acid (powder) *</i>	\$0 (Tier 3)	
<i>gnp co q10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>gnp fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp fish oil max strength (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>grape syrup (oral syrup) *</i>	\$0 (Tier 3)	
<i>hm acetaminophen childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>hydrophilic petrolatum (external ointment) *</i>	\$0 (Tier 3)	
<i>hydrous emulsified base (external cream) *</i>	\$0 (Tier 3)	
<i>hypromellose (powder) *</i>	\$0 (Tier 3)	
<i>ihealth covid-19 rapid test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>indicaid covid-19 rapid test (in vitro kit) *</i>	\$0 (Tier 3)	
INSULIN SYRINGES, NEEDLES	\$0-\$4.50 (Tier 1)	
<i>inteliswab covid-19 rapid test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>kimono *</i>	\$0 (Tier 3)	
<i>kimono colors (device) *</i>	\$0 (Tier 3)	
<i>kimono micro thin *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kimono micro thin plus</i> *	\$0 (Tier 3)	
<i>kimono plus</i> *	\$0 (Tier 3)	
<i>kimono sensation</i> *	\$0 (Tier 3)	
<i>kimono sensation plus</i> *	\$0 (Tier 3)	
<i>kimono special (device)</i> *	\$0 (Tier 3)	
<i>kp fish oil (oral capsule)</i> *	\$0 (Tier 3)	
<i>kp omega-3 fish oil (oral capsule delayed release)</i> *	\$0 (Tier 3)	
<i>kp omega-3 fish oil (oral capsule)</i> *	\$0 (Tier 3)	
<i>lactose (powder)</i> *	\$0 (Tier 3)	
<i>lactose anhydrous (powder)</i> *	\$0 (Tier 3)	
<i>lactose hydrous (powder)</i> *	\$0 (Tier 3)	
<i>lactose monohydrate (powder)</i> *	\$0 (Tier 3)	
LAGEVRIO (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	QL
<i>lanolor (external cream)</i> *	\$0 (Tier 3)	
<i>lansinoh lanolin (external cream)</i> *	\$0 (Tier 3)	
<i>lansinoh lanolin minis nipple (external cream)</i> *	\$0 (Tier 3)	
<i>lansinoh lanolin nipple (external cream)</i> *	\$0 (Tier 3)	
<i>l-arginine (oral capsule)</i> *	\$0 (Tier 3)	
<i>l-arginine (oral powder)</i> *	\$0 (Tier 3)	
<i>l-arginine (oral tablet)</i> *	\$0 (Tier 3)	
<i>l-arginine (powder)</i> *	\$0 (Tier 3)	
<i>l-arginine maximum strength (oral tablet)</i> *	\$0 (Tier 3)	
<i>l-carnitine (powder)</i> *	\$0 (Tier 3)	
<i>l-citrulline (powder)</i> *	\$0 (Tier 3)	
<i>l-glutamine (powder)</i> *	\$0 (Tier 3)	
<i>lip balm base (external ointment)</i> *	\$0 (Tier 3)	
<i>lipoic acid (oral capsule)</i> *	\$0 (Tier 3)	
<i>liq-10 (oral syrup)</i> *	\$0 (Tier 3)	
<i>l-isoleucine (oral powder)</i> *	\$0 (Tier 3)	
<i>l-isoleucine (powder)</i> *	\$0 (Tier 3)	
<i>l-lysine hcl (powder)</i> *	\$0 (Tier 3)	
<i>lollibase (powder)</i> *	\$0 (Tier 3)	
<i>lucira check it covid-19 test (in vitro kit)</i> *	\$0 (Tier 3)	
<i>l-valine (powder)</i> *	\$0 (Tier 3)	
<i>mapap childrens (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>maxi deet (external liquid)</i> *	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>maximum epa (oral capsule) *</i>	\$0 (Tier 3)	
<i>maxx *</i>	\$0 (Tier 3)	
<i>maxx plus *</i>	\$0 (Tier 3)	
<i>medela tender care lanolin (external cream) *</i>	\$0 (Tier 3)	
<i>megared kids (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>methocel e4m premium (powder) *</i>	\$0 (Tier 3)	
<i>methocel e4m premium cr (powder) *</i>	\$0 (Tier 3)	
<i>microderm base (external cream) *</i>	\$0 (Tier 3)	
<i>microsome base (external cream) *</i>	\$0 (Tier 3)	
<i>mineral oil-hydrophilic petrolatum (external ointment) *</i>	\$0 (Tier 3)	
<i>mx-sol (oral syrup) *</i>	\$0 (Tier 3)	
<i>mx-sol blend (oral suspension) *</i>	\$0 (Tier 3)	
<i>mx-sol blend sf (oral suspension) *</i>	\$0 (Tier 3)	
<i>mx-sol sf (oral syrup) *</i>	\$0 (Tier 3)	
<i>mx-sol suspend (oral suspension) *</i>	\$0 (Tier 3)	
<i>natrapel (external liquid) *</i>	\$0 (Tier 3)	
<i>natrapel 12-hour tick/insect (external aerosol) *</i>	\$0 (Tier 3)	
<i>neoq10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>nice distilled water (oral liquid) *</i>	\$0 (Tier 3)	
<i>norwegian salmon oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>off active (external aerosol) *</i>	\$0 (Tier 3)	
<i>off deep woods (external aerosol) *</i>	\$0 (Tier 3)	
<i>off deep woods (external liquid) *</i>	\$0 (Tier 3)	
<i>off deep woods dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>off deep woods sportsmen (external aerosol) *</i>	\$0 (Tier 3)	
<i>off deep woods sportsmen (external liquid) *</i>	\$0 (Tier 3)	
<i>off deep woods towelettes (external sheet) *</i>	\$0 (Tier 3)	
<i>off familycare clean feel (external liquid) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>off familycare tropical fresh (external liquid) *</i>	\$0 (Tier 3)	
<i>off familycare unscented (external liquid) *</i>	\$0 (Tier 3)	
<i>off smooth & dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>omega 3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega iii epa+dha (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega monopure 1300 ec (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>omega-3 (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>omega-3 (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega-3 fatty acids (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega-3 fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega-3 fish oil extra strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>omega-3 microgel (oral capsule) *</i>	\$0 (Tier 3)	
<i>omegapure 600 ec (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>omegapure 780 ec (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>omegapure 900 ec (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>omera (oral capsule) *</i>	\$0 (Tier 3)	
<i>on/go covid-19 antigen test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>on/go one covid-19 home test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>ora-blend (oral suspension) *</i>	\$0 (Tier 3)	
<i>ora-blend sf (oral suspension) *</i>	\$0 (Tier 3)	
<i>oral mix (oral suspension) *</i>	\$0 (Tier 3)	
<i>oral mix sf (oral suspension) *</i>	\$0 (Tier 3)	
<i>oral suspend (oral liquid) *</i>	\$0 (Tier 3)	
<i>oral syrup (oral syrup) *</i>	\$0 (Tier 3)	
<i>oral syrup sf (oral syrup) *</i>	\$0 (Tier 3)	
<i>orapenn sd anhydrous sweetened (oral liquid) *</i>	\$0 (Tier 3)	
<i>orapenn sd anhydrous unsweetened (oral liquid) *</i>	\$0 (Tier 3)	
<i>ora-plus (oral liquid) *</i>	\$0 (Tier 3)	
<i>ora-sweet (oral syrup) *</i>	\$0 (Tier 3)	
<i>ora-sweet sf (oral syrup) *</i>	\$0 (Tier 3)	
<i>ovega-3 (oral capsule) *</i>	\$0 (Tier 3)	
PAXLOVID (150/100MG) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
PAXLOVID (300/100MG) (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	QL
<i>pcca base 7542 (external cream) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pcca emollient cream base (external cream) *</i>	\$0 (Tier 3)	
<i>peg (external ointment) *</i>	\$0 (Tier 3)	
<i>peg blend (external ointment) *</i>	\$0 (Tier 3)	
<i>pfcb (external cream) *</i>	\$0 (Tier 3)	
<i>pharmabase antioxidant (external cream) *</i>	\$0 (Tier 3)	
<i>pharmabase cosmetic (external cream) *</i>	\$0 (Tier 3)	
<i>pharmabase cosmetic natural (external cream) *</i>	\$0 (Tier 3)	
<i>pharmabase light (external cream) *</i>	\$0 (Tier 3)	
<i>pharmabase vaginal (external cream) *</i>	\$0 (Tier 3)	
<i>phytobase (external cream) *</i>	\$0 (Tier 3)	
<i>pilot covid-19 at-home test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>potassium bromide (crystals) *</i>	\$0 (Tier 3)	
<i>potassium iodide (oral solution) *</i>	\$0 (Tier 3)	
<i>prenatal omega baby (oral emulsion) *</i>	\$0 (Tier 3)	
<i>propylene glycol (liquid) *</i>	\$0 (Tier 3)	
<i>pure l-arginine hcl (oral capsule) *</i>	\$0 (Tier 3)	
<i>pure l-citrulline (oral capsule) *</i>	\$0 (Tier 3)	
<i>px fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>qc boric acid (powder) *</i>	\$0 (Tier 3)	
<i>qc castor oil (oil) *</i>	\$0 (Tier 3)	
<i>q-sorb co q-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>quickvue at-home covid-19 test (in vitro kit) *</i>	\$0 (Tier 3)	
<i>ra coenzyme q-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>ra fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>ra l-arginine (oral tablet) *</i>	\$0 (Tier 3)	
<i>ranger ready repellent (external liquid) *</i>	\$0 (Tier 3)	
<i>reality latex condoms *</i>	\$0 (Tier 3)	
<i>repel 100 (external liquid) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>repel family (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel family dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel hunters formula (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel lemon eucalyptus (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel mosquito wipes (external sheet) *</i>	\$0 (Tier 3)	
<i>repel sportsmen (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel sportsmen dry (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel sportsmen max (external aerosol) *</i>	\$0 (Tier 3)	
<i>repel sportsmen max (external liquid) *</i>	\$0 (Tier 3)	
<i>repel sportsmen max (external lotion) *</i>	\$0 (Tier 3)	
<i>repel tick defense (external aerosol) *</i>	\$0 (Tier 3)	
<i>salicylic acid (powder) *</i>	\$0 (Tier 3)	
<i>sam-e.p.a. (oral capsule) *</i>	\$0 (Tier 3)	
<i>sawyer insect repellent (external aerosol) *</i>	\$0 (Tier 3)	
<i>sawyer insect repellent (external liquid) *</i>	\$0 (Tier 3)	
<i>sawyer insect repellent (external lotion) *</i>	\$0 (Tier 3)	
<i>sb omega-3 fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>scar care (external cream) *</i>	\$0 (Tier 3)	
<i>sea-omega (oral capsule) *</i>	\$0 (Tier 3)	
<i>sebex (external shampoo) *</i>	\$0 (Tier 3)	
<i>sesame oil (oil) *</i>	\$0 (Tier 3)	
<i>sm benzoin tincture (external tincture) *</i>	\$0 (Tier 3)	
<i>sm benzoin tincture nfxi (external tincture) *</i>	\$0 (Tier 3)	
<i>sm boric acid (powder) *</i>	\$0 (Tier 3)	
<i>sm co q-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm coenzyme q-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm coq-10 (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm fish oil (oral capsule delayed release) *</i>	\$0 (Tier 3)	
<i>sm fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>sm omega-3 fish oil (oral capsule) *</i>	\$0 (Tier 3)	
<i>sodium benzoate (powder) *</i>	\$0 (Tier 3)	
<i>sodium bromide (granules) *</i>	\$0 (Tier 3)	
<i>sosweet (oral syrup) *</i>	\$0 (Tier 3)	
<i>speedy swab covid-19 antigen (in vitro kit) *</i>	\$0 (Tier 3)	
<i>super dha gems (oral capsule) *</i>	\$0 (Tier 3)	
<i>super omega-3 (oral capsule) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>syralta (oral syrup)</i> *	\$0 (Tier 3)	
<i>syrspond sf (oral liquid)</i> *	\$0 (Tier 3)	
<i>syrspond sf (oral suspension reconstituted)</i> *	\$0 (Tier 3)	
<i>syrspond sf alka (oral suspension reconstituted)</i> *	\$0 (Tier 3)	
<i>the very finest fish oil (oral liquid)</i> *	\$0 (Tier 3)	
<i>theragran-m fish oil conc (oral capsule)</i> *	\$0 (Tier 3)	
<i>theromega (oral capsule)</i> *	\$0 (Tier 3)	
<i>trustex lubricated</i> *	\$0 (Tier 3)	
<i>trustex lubricated extra large</i> *	\$0 (Tier 3)	
<i>trustex lubricated extra strength</i> *	\$0 (Tier 3)	
<i>trustex lubricated/ribbed/studded</i> *	\$0 (Tier 3)	
<i>trustex lubricated/spermicide</i> *	\$0 (Tier 3)	
<i>trustex lubricated/spermicide extra strength</i> *	\$0 (Tier 3)	
<i>trustex lubricated/spermicide xl</i> *	\$0 (Tier 3)	
<i>trustex non-lubricated</i> *	\$0 (Tier 3)	
<i>trustex ria lubricated</i> *	\$0 (Tier 3)	
<i>trustex ria lubricated/spermicide</i> *	\$0 (Tier 3)	
<i>trustex ria non-lubricated</i> *	\$0 (Tier 3)	
<i>trustex-nonoxydol-9/ribbed/studded</i> *	\$0 (Tier 3)	
<i>u-base (external cream)</i> *	\$0 (Tier 3)	
<i>ultra omega 3 (oral capsule)</i> *	\$0 (Tier 3)	
<i>ultra omega-3 fish oil (oral capsule)</i> *	\$0 (Tier 3)	
<i>ultrathon insect repellent (external lotion)</i> *	\$0 (Tier 3)	
<i>ultrathon insect repellent 8 (external aerosol)</i> *	\$0 (Tier 3)	
<i>unispand anhydrous sweetened (oral suspension)</i> *	\$0 (Tier 3)	
<i>vanibase (external cream)</i> *	\$0 (Tier 3)	
<i>vanishing cream botanical base (external cream)</i> *	\$0 (Tier 3)	
<i>versatile cream base (external cream)</i> *	\$0 (Tier 3)	
<i>versigel (external cream)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wound care (external cream) *</i>	\$0 (Tier 3)	
<i>xcel 100 (external cream) *</i>	\$0 (Tier 3)	
<i>yl coenzyme q10 (oral capsule) *</i>	\$0 (Tier 3)	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>artificial tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>atropine sulfate (1% ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>brimonidine tartrate-timolol (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>carboxymethylcellulose sod pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose sodium (ophthalmic solution) *</i>	\$0 (Tier 3)	
COMBIGAN (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
CYSTARAN (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>dorzolamide hcl-timolol maleate (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dorzolamide hcl-timolol maleate preservative free (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dry eye relief (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>dry eye relief drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>freshkote (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>freshkote pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>gentel severe (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>gentel tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>gentel tears moderate pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>gentel tears night-time (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>gentel tears pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>gentel tears severe day/night (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>gnp artificial tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>gnp lubricating plus eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>goodsense lubricating eye drop (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>hm dry eye relief (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>hm lubricating tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
LACRISERT (OPHTHALMIC INSERT)	\$0-\$11.20 (Tier 2)	
<i>lubricant eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lubricant eye drops (pf) (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>lubricant eye nighttime (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>lubricating eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>lubricating plus eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>lubricating tears eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>lubrifresh p.m. (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>muro 128 (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>muro 128 (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>neomycin-polymyxin-bacitracin-hydrocortisone (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-dexamethasone (3.5-10000-0.1 ophthalmic suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-dexamethasone (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-hc (ophthalmic suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>neo-polycin hc (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>polyvinyl alcohol (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh celluvisc (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>refresh digital (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh digital pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh lacri-lube (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>refresh liquigel (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>refresh optive (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>refresh optive (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh optive advanced (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh optive advanced pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh optive mega-3 (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh optive pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh plus (ophthalmic solution) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>refresh relieva (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh relieva pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>refresh tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
RESTASIS MULTIDOSE (OPHTHALMIC EMULSION)	\$0-\$11.20 (Tier 2)	QL
RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)	\$0-\$11.20 (Tier 2)	QL
ROCKLATAN (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	ST
<i>sm dry eye relief (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>sm lubricant eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>sm lubricating plus (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>sm lubricating tears (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>sodium chloride (hypertonic) (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>sodium chloride (hypertonic) (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>sulfacetamide-prednisolone (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>systeme (ophthalmic gel) *</i>	\$0 (Tier 3)	
<i>systeme (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme balance (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme complete (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme hydration pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme nighttime (ophthalmic ointment) *</i>	\$0 (Tier 3)	
<i>systeme preservative free (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme ultra (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>systeme ultra pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
TOBRADEX (OPHTHALMIC OINTMENT)	\$0-\$11.20 (Tier 2)	
TOBRADEX ST (OPHTHALMIC SUSPENSION)	\$0-\$11.20 (Tier 2)	
<i>tobramycin-dexamethasone (ophthalmic suspension)</i>	\$0-\$4.50 (Tier 1)	
TYRVAYA (NASAL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
<i>ultra lubricating eye drops (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>ultra lubricating eye drops pf (ophthalmic solution) *</i>	\$0 (Tier 3)	
XIIDRA (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	QL
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>bepotastine besilate (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
BEPREVE (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cromolyn sodium (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>epinastine hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
Ophthalmic Anti-Infectives		
<i>bacitracin (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>bacitracin-polymyxin b (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>ciprofloxacin hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>erythromycin (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>gentamicin sulfate (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levofloxacin (0.5% ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>moxifloxacin hcl (ophthalmic solution) (generic vigamox)</i>	\$0-\$4.50 (Tier 1)	
NATACYN (OPHTHALMIC SUSPENSION)	\$0-\$11.20 (Tier 2)	
<i>neomycin-bacitracin-polymyxin (5-400-10000 ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-gramicidin (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>neo-polycin (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>ofloxacin (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>polycin (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>polymyxin b-trimethoprim (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>sulfacetamide sodium (ophthalmic ointment)</i>	\$0-\$4.50 (Tier 1)	
<i>sulfacetamide sodium (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>tobramycin (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
TOBREX (OPHTHALMIC OINTMENT)	\$0-\$11.20 (Tier 2)	
<i>trifluridine (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
Ophthalmic Anti-inflammatories		
<i>alaway (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>alaway childrens allergy (ophthalmic solution) *</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>eye itch relief (ophthalmic solution)*</i>	\$0 (Tier 3)	
<i>fluorometholone (ophthalmic suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>flurbiprofen sodium (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
ILEVRO (OPHTHALMIC SUSPENSION)	\$0-\$11.20 (Tier 2)	
<i>ketorolac tromethamine (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>ketotifen fumarate (ophthalmic solution)*</i>	\$0 (Tier 3)	
LOTEMAX (OPHTHALMIC GEL)	\$0-\$11.20 (Tier 2)	
LOTEMAX (OPHTHALMIC OINTMENT)	\$0-\$11.20 (Tier 2)	
LOTEMAX SM (OPHTHALMIC GEL)	\$0-\$11.20 (Tier 2)	
<i>loteprednol etabonate (ophthalmic gel)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisolone acetate (ophthalmic suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>prednisolone sodium phosphate (1% ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
PROLENSA (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>sm eye itch relief (ophthalmic solution)*</i>	\$0 (Tier 3)	
<i>zaditor (ophthalmic solution)*</i>	\$0 (Tier 3)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
BETIMOL (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>carteolol hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>levobunolol hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>timolol maleate ophthalmic gel forming (ophthalmic solution) (generic timoptic-xe)</i>	\$0-\$4.50 (Tier 1)	
<i>timolol maleate (ophthalmic solution) (generic timoptic)</i>	\$0-\$4.50 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P (0.1% OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
<i>apraclonidine hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>brimonidine tartrate (0.2% ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>dorzolamide hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>methazolamide (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>pilocarpine hcl (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
RHOPRESSA (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	ST
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
LUMIGAN (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>travoprost (bak free) (ophthalmic solution)</i>	\$0-\$4.50 (Tier 1)	
VYZULTA (OPHTHALMIC SOLUTION)	\$0-\$11.20 (Tier 2)	
Otic Agents		
Otic Agents		
<i>acetic acid (otic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>ear drops (otic solution) *</i>	\$0 (Tier 3)	
<i>earwax removal (otic solution) *</i>	\$0 (Tier 3)	
<i>earwax removal kit (otic solution) *</i>	\$0 (Tier 3)	
<i>flac (otic oil)</i>	\$0-\$4.50 (Tier 1)	
<i>fluocinolone acetonide (otic oil)</i>	\$0-\$4.50 (Tier 1)	
<i>hydrocortisone-acetic acid (otic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-hc (1% otic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>neomycin-polymyxin-hc (otic suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>ofloxacin (otic solution)</i>	\$0-\$4.50 (Tier 1)	
<i>sm ear drops (otic solution) *</i>	\$0 (Tier 3)	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>12hr allergy & congestion (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>12hr allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>24hr allergy & congestion relief (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>24hr allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>alahist d (oral tablet) *</i>	\$0 (Tier 3)	
<i>ala-hist ir (oral tablet) *</i>	\$0 (Tier 3)	
<i>alahist pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>all day allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>all day allergy childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>all-day allergy childrens (oral solution) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aller-chlor (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy 24-hr (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>allergy childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>allergy childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>allergy relief (cetirizine) (oral capsule) *</i>	\$0 (Tier 3)	
<i>allergy relief (loratadine) (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy relief (oral capsule) *</i>	\$0 (Tier 3)	
<i>allergy relief (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy relief cetirizine (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy relief child (loratadine) (oral solution) *</i>	\$0 (Tier 3)	
<i>allergy relief childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>allergy relief childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>allergy relief d (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>allergy relief d-12 (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>allergy relief d-24 (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>allergy relief/indoor/outdoor (oral tablet) *</i>	\$0 (Tier 3)	
<i>allergy relief/nasal decongestant (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>allergy/congestion relief (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>antihistamine & nasal decongestant (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>azelastine hcl (0.1% nasal solution)</i>	\$0-\$4.50 (Tier 1)	
<i>banophen (oral capsule) *</i>	\$0 (Tier 3)	
<i>banophen (oral tablet) *</i>	\$0 (Tier 3)	
<i>cetirizine hcl (5mg/5ml oral solution)</i>	\$0-\$4.50 (Tier 1)	
<i>cetirizine hcl (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>cetirizine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>cetirizine hcl allergy child (oral solution) *</i>	\$0 (Tier 3)	
<i>cetirizine hcl childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>cetirizine hcl childrens alrgy (oral solution) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cetirizine-pseudoephedrine er (oral tablet extended release 12 hour)*</i>	\$0 (Tier 3)	
<i>childrens loratadine (oral solution)*</i>	\$0 (Tier 3)	
<i>chlorpheniramine maleate (oral tablet)*</i>	\$0 (Tier 3)	
<i>chlorpheniramine maleate er (oral tablet extended release)*</i>	\$0 (Tier 3)	
<i>cold & allergy childrens (oral liquid)*</i>	\$0 (Tier 3)	
<i>complete allergy medicine (oral capsule)*</i>	\$0 (Tier 3)	
<i>cyproheptadine hcl (oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>cyproheptadine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>delsym nighttime cough max strength (oral solution)*</i>	\$0 (Tier 3)	
<i>dexbrompheniramine-phenylephrine (oral tablet)*</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl (oral capsule)*</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl (oral liquid)*</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl (oral tablet)*</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl childrens (oral liquid)*</i>	\$0 (Tier 3)	
<i>ed a-hist (oral liquid)*</i>	\$0 (Tier 3)	
<i>ed chlorped jr (oral syrup)*</i>	\$0 (Tier 3)	
<i>fexofenadine hcl (oral tablet)*</i>	\$0 (Tier 3)	
<i>fexofenadine-pseudoephedrine er (oral tablet extended release 12 hour)*</i>	\$0 (Tier 3)	
<i>fexofenadine-pseudoephedrine er (oral tablet extended release 24 hour)*</i>	\$0 (Tier 3)	
<i>gnp all day allergy (oral tablet)*</i>	\$0 (Tier 3)	
<i>gnp all day allergy childrens (oral solution)*</i>	\$0 (Tier 3)	
<i>gnp all day allergy relief (oral capsule)*</i>	\$0 (Tier 3)	
<i>gnp all day allergy-d (oral tablet extended release 12 hour)*</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp allergy & congestion (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>gnp allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp allergy relief (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp allergy relief (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>gnp allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp allergy relief 24 hr (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp allergy relief max strength (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp allergy/congestion relief (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>gnp childrens allergy (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp loratadine (oral solution) *</i>	\$0 (Tier 3)	
<i>gnp loratadine (oral tablet dispersible) *</i>	\$0 (Tier 3)	
<i>gnp loratadine (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp loratadine childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>goodsense all day allergy (oral solution) *</i>	\$0 (Tier 3)	
<i>goodsense all day allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense aller-ease (oral tablet) *</i>	\$0 (Tier 3)	
<i>goodsense allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>histex (oral syrup) *</i>	\$0 (Tier 3)	
<i>histex pd (oral liquid) *</i>	\$0 (Tier 3)	
<i>hm all day allergy childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>hm allergy relief (cetirizine) (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm allergy relief (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm allergy relief/nasal decongestant (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>hm cetirizine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm fexofenadine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm loratadine (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm loratadine childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>levocetirizine dihydrochloride (otc only) (oral tablet) *</i>	\$0 (Tier 3)	
<i>levocetirizine dihydrochloride (rx only) (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>lohist-d (oral liquid) *</i>	\$0 (Tier 3)	
<i>loratadine (oral solution) *</i>	\$0 (Tier 3)	
<i>loratadine (oral tablet) *</i>	\$0 (Tier 3)	
<i>loratadine childrens (oral solution) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loratadine childrens (oral tablet chewable) *</i>	\$0 (Tier 3)	
<i>loratadine-d 12hr (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>loratadine-d 24hr (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>lortuss lq (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss pe (oral liquid) *</i>	\$0 (Tier 3)	
<i>m-dryl (oral liquid) *</i>	\$0 (Tier 3)	
<i>miclara lq (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex child freefrom cold/flu (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex freefrom cold/flu nght (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex night cold/flu max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex night severe cold/flu max (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex night severe cold/flu max (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex nightshift cold/flu (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex nightshift sinus (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex nightshift sinus clear (oral solution) *</i>	\$0 (Tier 3)	
<i>mucinex nightshift sinus max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>nasopen pe (oral liquid) *</i>	\$0 (Tier 3)	
<i>nohist-lq (oral liquid) *</i>	\$0 (Tier 3)	
<i>pediaclear pd childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>pediavent (oral syrup) *</i>	\$0 (Tier 3)	
<i>pharbedryl (oral capsule) *</i>	\$0 (Tier 3)	
<i>qc all day allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc allergy childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>qc allergy relief (oral tablet dispersible) *</i>	\$0 (Tier 3)	
<i>qc childrens allergy (oral solution) *</i>	\$0 (Tier 3)	
<i>qc loratadine allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc loratadine-d (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ru-hist d (oral tablet) *</i>	\$0 (Tier 3)	
<i>rymed (oral tablet) *</i>	\$0 (Tier 3)	
<i>rynex pe (oral elixir) *</i>	\$0 (Tier 3)	
<i>rynex pse (oral liquid) *</i>	\$0 (Tier 3)	
<i>sb allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb loratadine (oral tablet) *</i>	\$0 (Tier 3)	
<i>siladryl allergy (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm all day allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm all day allergy childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>sm all day allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm all day allergy-d (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sm allergy 4 hour (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm allergy childrens (oral solution) *</i>	\$0 (Tier 3)	
<i>sm allergy relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm allergy relief childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm childrens loratadine (oral solution) *</i>	\$0 (Tier 3)	
<i>sm cold & allergy childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm fexofenadine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm loratadine (oral solution) *</i>	\$0 (Tier 3)	
<i>sm loratadine (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm loratadine allergy relief (oral tablet dispersible) *</i>	\$0 (Tier 3)	
<i>sm lorata-dine d (oral tablet extended release 24 hour) *</i>	\$0 (Tier 3)	
<i>sm loratadine d 12hr (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sudogest sinus/allergy (oral tablet) *</i>	\$0 (Tier 3)	
<i>triaminic night time cold/cough (oral syrup) *</i>	\$0 (Tier 3)	
<i>triprolidine hcl (oral liquid) *</i>	\$0 (Tier 3)	
<i>tusnel-dm pediatric (oral liquid) *</i>	\$0 (Tier 3)	
<i>westussin dm (oral syrup) *</i>	\$0 (Tier 3)	
Anti-inflammatories, Inhaled Corticosteroids		
<i>allergy relief (nasal suspension) *</i>	\$0 (Tier 3)	
ARNUITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>budesonide (inhalation suspension)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>flonase allergy relief (nasal suspension) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flunisolide (nasal solution)</i>	\$0-\$4.50 (Tier 1)	
<i>fluticasone propionate (otc only) (nasal suspension)*</i>	\$0 (Tier 3)	
<i>fluticasone propionate (rx only) (nasal suspension)</i>	\$0-\$4.50 (Tier 1)	
<i>gnp fluticasone propionate (nasal suspension)*</i>	\$0 (Tier 3)	
<i>hm allergy relief (nasal suspension)*</i>	\$0 (Tier 3)	
<i>qc allergy relief (nasal suspension)*</i>	\$0 (Tier 3)	
QVAR REDHALER (INHALATION AEROSOL BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>sm allergy relief (nasal suspension)*</i>	\$0 (Tier 3)	
Antileukotrienes		
<i>montelukast sodium (oral packet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>montelukast sodium (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>montelukast sodium (oral tablet chewable)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zafirlukast (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
Bronchodilators, Anticholinergic		
ATROVENT HFA (INHALATION AEROSOL SOLUTION)	\$0-\$11.20 (Tier 2)	
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>ipratropium bromide (inhalation solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>ipratropium bromide (nasal solution)</i>	\$0-\$4.50 (Tier 1)	
SPIRIVA HANDHALER (INHALATION CAPSULE)	\$0-\$11.20 (Tier 2)	QL
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proair), albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proventil)</i>	\$0-\$4.50 (Tier 1)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate (inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>albuterol sulfate (oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>albuterol sulfate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	
<i>arformoterol tartrate (inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>epinephrine (injection solution auto-injector)</i>	\$0-\$4.50 (Tier 1)	QL
<i>formoterol fumarate (inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
<i>levalbuterol hcl (inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
PERFORMIST (INHALATION NEBULIZATION SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
VENTOLIN HFA (INHALATION AEROSOL SOLUTION)	\$0-\$11.20 (Tier 2)	
Cystic Fibrosis Agents		
CAYSTON (INHALATION SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA
KALYDECO (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
KALYDECO (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
ORKAMBI (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
ORKAMBI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA; QL
PULMOZYME (INHALATION SOLUTION)	\$0-\$11.20 (Tier 2)	B/D, PA; QL
TOBI PODHALER (INHALATION CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>tobramycin (300mg/5ml inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA; QL
Mast Cell Stabilizers		
<i>cromolyn sodium (inhalation nebulization solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>cromolyn sodium (nasal aerosol solution)*</i>	\$0 (Tier 3)	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>theophylline er (300mg oral tablet extended release 12 hour, 450mg oral tablet extended release 12 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>theophylline er (oral tablet extended release 24 hour)</i>	\$0-\$4.50 (Tier 1)	
<i>theophylline (oral solution)</i>	\$0-\$4.50 (Tier 1)	
Pulmonary Antihypertensives		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADEMPAS (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
<i>alyq (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>ambrisentan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>bosentan (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
OPSUMIT (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
ORENITRAM MONTH 1 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
ORENITRAM MONTH 2 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
ORENITRAM MONTH 3 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
ORENITRAM (ORAL TABLET EXTENDED RELEASE)	\$0-\$11.20 (Tier 2)	PA
<i>sildenafil citrate (20mg oral tablet) (generic revatio)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>tadalafil (pah) (20mg oral tablet) (generic adcirca)</i>	\$0-\$4.50 (Tier 1)	PA; QL
TRACLEER (ORAL TABLET SOLUBLE)	\$0-\$11.20 (Tier 2)	PA; QL
UPTRAVI (ORAL TABLET)	\$0-\$11.20 (Tier 2)	PA
UPTRAVI TITRATION (ORAL TABLET THERAPY PACK)	\$0-\$11.20 (Tier 2)	PA; QL
VENTAVIS (INHALATION SOLUTION)	\$0-\$11.20 (Tier 2)	PA; QL
Pulmonary Fibrosis Agents		
OFEV (ORAL CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>pirfenidone (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>pirfenidone (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
Respiratory Tract Agents, Other		
<i>12 hour decongestant (oral tablet extended release 12 hour)*</i>	\$0 (Tier 3)	
<i>12 hour nasal decongestant (nasal solution)*</i>	\$0 (Tier 3)	
<i>12 hour nasal decongestant (oral tablet extended release 12 hour)*</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>12 hour nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>4-way fast acting (nasal solution) *</i>	\$0 (Tier 3)	
<i>acetylcysteine (inhalation solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
ADVAIR HFA (INHALATION AEROSOL)	\$0-\$11.20 (Tier 2)	QL
<i>afrin saline nasal mist (nasal solution) *</i>	\$0 (Tier 3)	
<i>alahist cf (oral tablet) *</i>	\$0 (Tier 3)	
<i>alahist dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>all day sinus/cold d (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>allergy multi-symptom (oral tablet) *</i>	\$0 (Tier 3)	
<i>all-nite cold & flu nighttime (oral liquid) *</i>	\$0 (Tier 3)	
<i>altamist spray (nasal solution) *</i>	\$0 (Tier 3)	
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>aquanaz (oral tablet) *</i>	\$0 (Tier 3)	
<i>ayr (nasal solution) *</i>	\$0 (Tier 3)	
<i>ayr nasal mist allergy/sinus (nasal solution) *</i>	\$0 (Tier 3)	
<i>ayr saline nasal (nasal gel) *</i>	\$0 (Tier 3)	
<i>ayr saline nasal drops (nasal solution) *</i>	\$0 (Tier 3)	
<i>ayr saline nasal no-drip (nasal gel) *</i>	\$0 (Tier 3)	
<i>baby ayr saline (nasal solution) *</i>	\$0 (Tier 3)	
<i>benzedrex (nasal inhaler) *</i>	\$0 (Tier 3)	
<i>benzonatate (oral capsule) *</i>	\$0 (Tier 3)	
BEVESPI AEROSPHERE (INHALATION AEROSOL)	\$0-\$11.20 (Tier 2)	QL
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
BREZTRI AEROSPHERE (INHALATION AEROSOL)	\$0-\$11.20 (Tier 2)	QL
BRONCHITOL (INHALATION CAPSULE)	\$0-\$11.20 (Tier 2)	PA; QL
<i>capcof (oral syrup) *</i>	\$0 (Tier 3)	
<i>capmist dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>capron dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>capron dmt (oral tablet) *</i>	\$0 (Tier 3)	
<i>chest congestion relief (oral liquid) *</i>	\$0 (Tier 3)	
<i>chest congestion relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>chest congestion relief dm (oral syrup) *</i>	\$0 (Tier 3)	
<i>chest congestion relief dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>chest congestion relief pe (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>childrens mucus relief cough (oral liquid)</i> *	\$0 (Tier 3)	
<i>chlo hist (oral solution)</i> *	\$0 (Tier 3)	
<i>chlo tuss (oral liquid)</i> *	\$0 (Tier 3)	
<i>cold & cough childrens (oral liquid)</i> *	\$0 (Tier 3)	
<i>cold & flu nighttime relief (oral capsule)</i> *	\$0 (Tier 3)	
<i>cold & flu relief daytime (oral capsule)</i> *	\$0 (Tier 3)	
<i>cold & flu relief nighttime (oral capsule)</i> *	\$0 (Tier 3)	
<i>cold & sinus (oral tablet)</i> *	\$0 (Tier 3)	
<i>cold relief plus (oral tablet effervescent)</i> *	\$0 (Tier 3)	
<i>cold/cough childrens (oral liquid)</i> *	\$0 (Tier 3)	
<i>cold/flu daytime relief (oral capsule)</i> *	\$0 (Tier 3)	
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
<i>conex cold/allergy (oral solution)</i> *	\$0 (Tier 3)	
<i>conex cold/allergy (oral tablet)</i> *	\$0 (Tier 3)	
<i>cough & chest congestion dm (oral syrup)</i> *	\$0 (Tier 3)	
<i>cough & cold (oral tablet)</i> *	\$0 (Tier 3)	
<i>cough & cold hbp (oral tablet)</i> *	\$0 (Tier 3)	
<i>cough dm (oral suspension extended release)</i> *	\$0 (Tier 3)	
<i>cough dm childrens (oral suspension extended release)</i> *	\$0 (Tier 3)	
<i>cvs nasal mist (nasal aerosol solution)</i> *	\$0 (Tier 3)	
<i>cvs saline nasal spray (nasal solution)</i> *	\$0 (Tier 3)	
<i>day clear allergy/cough (oral tablet chewable)</i> *	\$0 (Tier 3)	
<i>dayclear allergy relief (oral tablet)</i> *	\$0 (Tier 3)	
<i>daytime cold & flu relief (oral liquid)</i> *	\$0 (Tier 3)	
<i>deconex dmx (oral tablet)</i> *	\$0 (Tier 3)	
<i>deconex ir (oral tablet)</i> *	\$0 (Tier 3)	
<i>deep sea nasal spray (nasal solution)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>delsym (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>delsym (oral tablet) *</i>	\$0 (Tier 3)	
<i>delsym child cough+sore throat (oral liquid) *</i>	\$0 (Tier 3)	
<i>delsym childrens day night (oral) *</i>	\$0 (Tier 3)	
<i>delsym cough + sore throat (oral liquid) *</i>	\$0 (Tier 3)	
<i>delsym cough childrens (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>delsym cough/chest congestion dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>delsym cough/chest congestion dm child (oral liquid) *</i>	\$0 (Tier 3)	
<i>delsym cough/cold night time (oral liquid) *</i>	\$0 (Tier 3)	
<i>delsym day night (oral) *</i>	\$0 (Tier 3)	
<i>dextromethorphan hbr (oral capsule) *</i>	\$0 (Tier 3)	
<i>dextromethorphan polistirex er (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>dextromethorphan-guaifenesin (oral syrup) *</i>	\$0 (Tier 3)	
<i>dimaphen dm cold/cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>dologesic (oral tablet) *</i>	\$0 (Tier 3)	
<i>dologesic-df (oral tablet) *</i>	\$0 (Tier 3)	
<i>doxylamine-phenylephrine (oral tablet) *</i>	\$0 (Tier 3)	
<i>durafly (oral tablet) *</i>	\$0 (Tier 3)	
<i>ed a-hist (oral tablet) *</i>	\$0 (Tier 3)	
<i>ed a-hist dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>ed bron gp (oral liquid) *</i>	\$0 (Tier 3)	
<i>ed-a-hist dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>endacof-dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>eq saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>eql saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
FASENRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA
FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA
<i>flu hbp (oral tablet) *</i>	\$0 (Tier 3)	
<i>flu/severe cold & cough day (oral packet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone-salmeterol (100-50mcg/act inhalation aerosol powder breath activated, 250-50mcg/act inhalation aerosol powder breath activated, 500-50mcg/act inhalation aerosol powder breath activated) (generic advair)</i>	\$0-\$4.50 (Tier 1)	QL
FLUTICASONE-SALMETEROL (113-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 232-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 55-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED) (BRAND EQUIVALENT AIRDUO RESPICLICK)	\$0-\$4.50 (Tier 1)	QL
<i>gnp allergy multi-symptom (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp cold/cough childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp cough dm er (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>gnp day time cold/flu (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp mucus dm max strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>gnp mucus er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>gnp mucus relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp mucus relief dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp mucus relief pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp nasal decongestant (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp nasal decongestant pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp nasal four spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>gnp nasal moisturizing (nasal solution) *</i>	\$0 (Tier 3)	
<i>gnp nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>gnp nasal spray extra moist (nasal solution) *</i>	\$0 (Tier 3)	
<i>gnp nasal spray fast acting (nasal solution) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp night time cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp night time cold-flu (oral capsule) *</i>	\$0 (Tier 3)	
<i>gnp night time cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp no drip nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>gnp pseudoephedrine hcl 12 hr (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>gnp sinus pressure/pain (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp sinus/headache (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp tab tussin (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp tab tussin dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>gnp tussin cf cough & cold (oral syrup) *</i>	\$0 (Tier 3)	
<i>gnp tussin cough long acting (oral syrup) *</i>	\$0 (Tier 3)	
<i>gnp tussin dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp tussin dm cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp tussin dm max (oral liquid) *</i>	\$0 (Tier 3)	
<i>gnp tussin mucus & chest congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense cough dm (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>goodsense cough dm childrens (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>goodsense day time cold & flu (oral capsule) *</i>	\$0 (Tier 3)	
<i>goodsense day time cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense mucus relief child (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense night time cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense nighttime cold & flu (oral capsule) *</i>	\$0 (Tier 3)	
<i>goodsense nighttime cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense tussin cf (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense tussin dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>goodsense tussin dm max (oral liquid) *</i>	\$0 (Tier 3)	
<i>guaifenesin (oral liquid) *</i>	\$0 (Tier 3)	
<i>guaifenesin (oral tablet) *</i>	\$0 (Tier 3)	
<i>guaifenesin ac (oral syrup) *</i>	\$0 (Tier 3)	
<i>guaifenesin er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>guaifenesin-codeine (oral solution) *</i>	\$0 (Tier 3)	
<i>guaifenesin-dm (oral syrup) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>head congestion/mucus (oral tablet) *</i>	\$0 (Tier 3)	
<i>histex-dm (oral syrup) *</i>	\$0 (Tier 3)	
<i>hm chest congestion relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm chest congestion relief dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm cold & cough childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>hm cold & sinus relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm cough dm (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>hm daytime cold & flu (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm mucus relief dm (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>hm nasal decongestant 12 hour (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>hm nasal decongestant pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>hm night time cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>hm nighttime cold & flu relief (oral capsule) *</i>	\$0 (Tier 3)	
<i>hm nose drops (nasal solution) *</i>	\$0 (Tier 3)	
<i>hycodan (oral solution) *</i>	\$0 (Tier 3)	
<i>hycodan (oral tablet) *</i>	\$0 (Tier 3)	
<i>hydrocodone bitartrate-homatropine methylbromide (oral solution) *</i>	\$0 (Tier 3)	
<i>hydrocodone bitartrate-homatropine methylbromide (oral tablet) *</i>	\$0 (Tier 3)	
<i>hydrocodone polistirex-chlorpheniramine polistirex er (oral suspension extended release) *</i>	\$0 (Tier 3)	
<i>hydromet (oral solution) *</i>	\$0 (Tier 3)	
<i>ipratropium-albuterol (inhalation solution)</i>	\$0-\$4.50 (Tier 1)	B/D, PA
<i>little remedies saline (nasal solution) *</i>	\$0 (Tier 3)	
<i>little remedies saline mist (nasal aerosol solution) *</i>	\$0 (Tier 3)	
<i>lohist-dm (oral syrup) *</i>	\$0 (Tier 3)	
<i>mapap cold formula multi-symptom (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mar-cof bp (oral liquid) *</i>	\$0 (Tier 3)	
<i>mar-cof cg expectorant (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxichlor peh dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>maxifed (oral tablet) *</i>	\$0 (Tier 3)	
<i>maxifed tr (oral tablet) *</i>	\$0 (Tier 3)	
<i>maxi-tuss ac (oral solution) *</i>	\$0 (Tier 3)	
<i>maxi-tuss cd (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss g (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss gmx (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss jr (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss pe jr (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss pe max (oral liquid) *</i>	\$0 (Tier 3)	
<i>maxi-tuss tr (oral liquid) *</i>	\$0 (Tier 3)	
<i>m-clear wc (oral solution) *</i>	\$0 (Tier 3)	
<i>meijer saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>m-end dmx (oral liquid) *</i>	\$0 (Tier 3)	
<i>m-end pe (oral liquid) *</i>	\$0 (Tier 3)	
<i>miclara dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex child multi-symptom day-night cold (oral) *</i>	\$0 (Tier 3)	
<i>mucinex childrens freefrom (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex childrens stuffy nose (nasal solution) *</i>	\$0 (Tier 3)	
<i>mucinex cold childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex cough & chest congestion (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex cough childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex cough for kids (oral packet) *</i>	\$0 (Tier 3)	
<i>mucinex d (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex d max strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex dm (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex dm maximum strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max chest congestion maximum strength (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold & sinus (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold flu night (oral liquid) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucinex fast-max cold flu sore throat (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu day/night (oral capsule therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu day/night (oral tablet therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu maximum strength (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max cold/flu maximum strength (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max congestion cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max congestion cough (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max congestion headache (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max congestion/cough/cold/flu (oral tablet therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max day/night maximum strength (oral tablet therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max day/night maximum strength (oral) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max dm max (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex fast-max night cold/flu (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex for kids (oral packet) *</i>	\$0 (Tier 3)	
<i>mucinex freefrom cold/flu day (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex freefrom cold/flu day/night (oral liquid therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex freefrom cold/flu/congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex freefrom day-night (oral liquid therapy pack) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucinex freefrom severe congestion/cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex maximum strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max clear & cool (nasal solution) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max congestion (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max day/night (oral capsule therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max night time (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max pressure/pain/cough (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max severe congestion/pain (oral capsule) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max sinus/allergy (nasal solution) *</i>	\$0 (Tier 3)	
<i>mucinex sinus-max/nightshift (oral tablet therapy pack) *</i>	\$0 (Tier 3)	
<i>mucinex stuffy nose & chest (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus & chest congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus relief (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus relief cough childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus relief d (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus relief dm (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief dm cough (oral tablet) *</i>	\$0 (Tier 3)	
<i>mucus relief dm max (oral liquid) *</i>	\$0 (Tier 3)	
<i>mucus relief dm max (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief max strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>mucus relief pe sinus (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucus-dm maximum strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>multi symptom flu/severe cold (oral packet) *</i>	\$0 (Tier 3)	
<i>multi-symptom cold childrens (oral suspension) *</i>	\$0 (Tier 3)	
<i>nasadrops saline on the go (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal decongestant (oral tablet) *</i>	\$0 (Tier 3)	
<i>nasal decongestant pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>nasal decongestant pe max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>nasal decongestant spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal four (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal mist (inhalation aerosol solution) *</i>	\$0 (Tier 3)	
<i>nasal moist (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal moisturizing spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal relief (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal spray 12 hour (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal spray extra moisturizing (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasal spray no drip (nasal solution) *</i>	\$0 (Tier 3)	
<i>nasogel (nasal gel) *</i>	\$0 (Tier 3)	
<i>neo-synephrine cold/allrgy reg (nasal solution) *</i>	\$0 (Tier 3)	
<i>nighttime cold/flu relief (oral liquid) *</i>	\$0 (Tier 3)	
<i>nighttime cough (oral liquid) *</i>	\$0 (Tier 3)	
<i>ninjacof (oral liquid) *</i>	\$0 (Tier 3)	
<i>ninjacof-a (oral liquid) *</i>	\$0 (Tier 3)	
<i>ninjacof-xg (oral liquid) *</i>	\$0 (Tier 3)	
<i>nivanex dmx (oral tablet) *</i>	\$0 (Tier 3)	
<i>no drip nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>nohist-dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>norel ad (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0-\$11.20 (Tier 2)	PA; QL
NUCALA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0-\$11.20 (Tier 2)	PA; QL
NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0-\$11.20 (Tier 2)	PA; QL
<i>ocean for kids (nasal solution) *</i>	\$0 (Tier 3)	
<i>ocean nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>phenylephrine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>phenylephrine-dextromethorphan-guaifenesin (oral liquid) *</i>	\$0 (Tier 3)	
<i>phenylephrine-dextromethorphan-guaifenesin (oral tablet) *</i>	\$0 (Tier 3)	
<i>poly hist forte (oral tablet) *</i>	\$0 (Tier 3)	
<i>poly-hist dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>poly-tussin ac (oral liquid) *</i>	\$0 (Tier 3)	
<i>polytussin dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>poly-vent dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>poly-vent ir (oral tablet) *</i>	\$0 (Tier 3)	
<i>promethazine vc (oral syrup)</i>	\$0-\$4.50 (Tier 1)	
<i>promethazine vc/codeine (oral syrup) *</i>	\$0 (Tier 3)	
<i>promethazine-codeine (oral solution) *</i>	\$0 (Tier 3)	
<i>promethazine-codeine (oral syrup) *</i>	\$0 (Tier 3)	
<i>promethazine-dm (oral syrup) *</i>	\$0 (Tier 3)	
<i>pro-red ac (oral syrup) *</i>	\$0 (Tier 3)	
<i>pseudoephedrine hcl (oral tablet) *</i>	\$0 (Tier 3)	
<i>pseudoephedrine hcl er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>pseudoephedrine-brompheniramine-dextromethorphan (oral syrup) *</i>	\$0 (Tier 3)	
<i>pseudoephedrine-dexchlorpheniramine-chlophedianol (oral liquid) *</i>	\$0 (Tier 3)	
<i>pseudoephedrine-guaifenesin er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>px saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>qc ibuprofen cold/sinus (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc medifin 400 (oral tablet) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc medifin dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc mucus relief (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>qc mucus relief er (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>qc nasal decongestant pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>qc suphedrine maximum strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>qc tussin cf (oral liquid) *</i>	\$0 (Tier 3)	
<i>qc tussin dm cough/congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>qc tussin expectorant adult (oral liquid) *</i>	\$0 (Tier 3)	
<i>qc tussin mucus/congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>ra saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>ra sterile saline nasal mist (nasal solution) *</i>	\$0 (Tier 3)	
<i>robafen cf multi-symptom cold (oral liquid) *</i>	\$0 (Tier 3)	
<i>robafen dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>robafen mucus/chest congestion (oral liquid) *</i>	\$0 (Tier 3)	
<i>rydex (oral liquid) *</i>	\$0 (Tier 3)	
<i>rynex dm (oral liquid) *</i>	\$0 (Tier 3)	
<i>saline (nasal gel) *</i>	\$0 (Tier 3)	
<i>saline mist spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>saline nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>sb 12hr nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>sb cough control (oral liquid) *</i>	\$0 (Tier 3)	
<i>sb coughtab (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb mucus relief dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb mucus relief pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>sb saline nose (nasal solution) *</i>	\$0 (Tier 3)	
<i>sb tab tussin dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>severe cold & flu (oral tablet) *</i>	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>severe cold/cough (oral packet) *</i>	\$0 (Tier 3)	
<i>siltussin sa (oral liquid) *</i>	\$0 (Tier 3)	
<i>siltussin-dm alcohol free (oral syrup) *</i>	\$0 (Tier 3)	
<i>simply saline (nasal aerosol solution) *</i>	\$0 (Tier 3)	
<i>sinus + headache (oral tablet) *</i>	\$0 (Tier 3)	
<i>sinus congestion/pain (oral tablet) *</i>	\$0 (Tier 3)	
<i>sinus nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>sinus pressure + pain (oral tablet) *</i>	\$0 (Tier 3)	
<i>sinus relief congestion-pain (oral tablet) *</i>	\$0 (Tier 3)	
<i>sinus relief extra strength (nasal solution) *</i>	\$0 (Tier 3)	
<i>sinus wash salt (nasal crystals) *</i>	\$0 (Tier 3)	
<i>sm chest congestion relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm chest congestion relief dm (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm chest congestion relief pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm cold & cough childrens (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm cold & flu severe (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm cold & sinus relief (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm day time cold & flu relief (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm guaifenesin/pseudoephedrine (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sm mucus relief (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sm mucus relief max strength (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sm nasal decongestant (oral tablet extended release 12 hour) *</i>	\$0 (Tier 3)	
<i>sm nasal decongestant max strength (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm nasal decongestant pe (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm nasal spray (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm nasal spray 12 hour (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm nasal spray moisturizing (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm nasal spray saline (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm nasal spray sinus (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm nite time cold & flu (oral liquid) *</i>	\$0 (Tier 3)	
<i>sm nose drops nasal decongestant (nasal solution) *</i>	\$0 (Tier 3)	
<i>sm sinus severe for adults (oral tablet) *</i>	\$0 (Tier 3)	
<i>sm tussin cf (oral liquid) *</i>	\$0 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm tussin cough/chest congestion (oral liquid)</i> *	\$0 (Tier 3)	
<i>sm tussin cough/chest congestion (oral syrup)</i> *	\$0 (Tier 3)	
<i>sm tussin dm (oral syrup)</i> *	\$0 (Tier 3)	
<i>sm tussin dm max (oral liquid)</i> *	\$0 (Tier 3)	
<i>sm tussin mucus+chest congestion (oral liquid)</i> *	\$0 (Tier 3)	
<i>stahist ad (oral tablet)</i> *	\$0 (Tier 3)	
<i>stahist tp (oral tablet)</i> *	\$0 (Tier 3)	
STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0-\$11.20 (Tier 2)	QL
<i>sudogest (oral tablet)</i> *	\$0 (Tier 3)	
<i>sudogest 12 hour (oral tablet extended release 12 hour)</i> *	\$0 (Tier 3)	
<i>sudogest maximum strength (oral tablet)</i> *	\$0 (Tier 3)	
<i>suphedrine 12hour (oral tablet extended release 12 hour)</i> *	\$0 (Tier 3)	
SYMBICORT (INHALATION AEROSOL)	\$0-\$11.20 (Tier 2)	QL
<i>theophylline anhydrous (powder)</i> *	\$0 (Tier 3)	
<i>theraflu expressmax (oral liquid)</i> *	\$0 (Tier 3)	
<i>theraflu expressmax severe cold/cough (oral tablet)</i> *	\$0 (Tier 3)	
<i>theraflu flu & sore throat (oral packet)</i> *	\$0 (Tier 3)	
<i>theraflu severe cold (oral packet)</i> *	\$0 (Tier 3)	
<i>theraflu severe cold/cough night (oral packet)</i> *	\$0 (Tier 3)	
TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0-\$11.20 (Tier 2)	QL
<i>triaminic cold/cough day time (oral syrup)</i> *	\$0 (Tier 3)	
<i>triaminic fever & cold (oral suspension)</i> *	\$0 (Tier 3)	
<i>tusnel (oral liquid)</i> *	\$0 (Tier 3)	
<i>tusnel (oral tablet)</i> *	\$0 (Tier 3)	
<i>tusnel c (oral syrup)</i> *	\$0 (Tier 3)	

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tusnel diabetic (oral liquid)</i> *	\$0 (Tier 3)	
<i>tusnel dm (oral liquid)</i> *	\$0 (Tier 3)	
<i>tusnel dm pediatric (oral liquid)</i> *	\$0 (Tier 3)	
<i>tusnel pediatric (oral liquid)</i> *	\$0 (Tier 3)	
<i>tusnel-ex (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin cf (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin cf severe multi-symptom (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin cough (oral syrup)</i> *	\$0 (Tier 3)	
<i>tussin dm (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin dm (oral syrup)</i> *	\$0 (Tier 3)	
<i>tussin dm cough + chest (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin dm max adult (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin mucus & chest congestion (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin mucus+chest congestion (oral liquid)</i> *	\$0 (Tier 3)	
<i>tussin multi-symptom cold cf (oral liquid)</i> *	\$0 (Tier 3)	
<i>vanacof (oral liquid)</i> *	\$0 (Tier 3)	
<i>vanacof dm (oral liquid)</i> *	\$0 (Tier 3)	
<i>vanacof dmx (oral liquid)</i> *	\$0 (Tier 3)	
<i>vanatab dm (oral tablet)</i> *	\$0 (Tier 3)	
<i>wixela inhub (inhalation aerosol powder breath activated) (generic advair)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zarbees soothing saline mist (nasal aerosol solution)</i> *	\$0 (Tier 3)	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone (500mg oral tablet)</i>	\$0-\$4.50 (Tier 1)	
<i>cyclobenzaprine hcl (oral tablet)</i>	\$0-\$4.50 (Tier 1)	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA (ORAL TABLET)	\$0-\$11.20 (Tier 2)	QL
<i>ramelteon (oral tablet)</i>	\$0-\$4.50 (Tier 1)	QL
<i>tasimelteon (oral capsule)</i>	\$0-\$4.50 (Tier 1)	PA; QL
<i>temazepam (15mg oral capsule, 30mg oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zaleplon (oral capsule)</i>	\$0-\$4.50 (Tier 1)	QL
<i>zolpidem tartrate (oral tablet immediate release)</i>	\$0-\$4.50 (Tier 1)	QL
Wakefulness Promoting Agents		
<i>armodafinil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMRYZ (ORAL PACKET)	\$0-\$11.20 (Tier 2)	PA; QL
<i>modafinil (oral tablet)</i>	\$0-\$4.50 (Tier 1)	PA; QL
SODIUM OXYBATE (ORAL SOLUTION)	\$0-\$4.50 (Tier 1)	PA; QL

* OTC drugs. These drugs require a written prescription by your provider in order to be covered by the plan.

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

D. Index of Covered Drugs

#		
12 Hour Decongestant.....	176	Abilify Maintena..... 48
12 Hour Nasal Decongestant	176	Abiraterone Acetate.....40
12 Hour Nasal Spray.....	177	Abrysvo..... 146
12HR Allergy & Congestion	168	Acamprosate Calcium.....21
12HR Allergy Relief.....	168	Acarbose..... 55
1st Base.....	149	ACCRUFer..... 59
24HR Allergy & Congestion Relief.....	168	Accutane..... 69
24HR Allergy Relief.....	168	Acetaminophen.14, 15, 67, 149
3 Day Vaginal.....	35	Acetaminophen Childrens... 15, 67, 149
4-Way Fast Acting.....	177	Acetaminophen ER.....14
50+ Adult Eye Health.....	89	Acetaminophen Extra Strength
600+D3.....	77	..... 15
8 Hour Arthritis Pain Reliever	14	Acetaminophen Infants..... 15
A		Acetaminophen-Caffeine- Dihydrocodeine..... 19
A Thru Z Advanced.....	89	Acetaminophen-Codeine..... 19
A Thru Z High Potency.....	89	Acetazolamide..... 63
A Thru Z Select.....	89	Acetazolamide ER..... 63
A Thru Z Select 50+ Advanced	89	Acetic Acid..... 168
A Thru Z Select 50+ Mens....	89	Acetylcysteine..... 177
A Thru Z Select Advanced....	89	Acid Gone..... 124
A Thru Z Select Ultimate Women.....	89	Acid Reducer..... 129, 130
A Thru Z Ultimate Mens.....	89	Acid Reducer Maximum Strength..... 129
A-10000.....	89	Acidophilus..... 124
A-25.....	89	Acidophilus Extra Strength. 124
Abacavir Sulfate.....	52	Acidophilus Lactobacillus... 124
Abacavir Sulfate-Lamivudine	52	Acidophilus Probiotic..... 124
Abatinex.....	123	Acidophilus Probiotic Formula
ABC Complete Senior		..... 124
Womens 50+.....	90	Acidophilus/Citrus Pectin... 124
Abelcet.....	35	Acidophilus/L-Sporogenes. 124
		Acidophilus/Pectin..... 124
		Acitretin..... 69
		Acne Medication 10..... 76
		Acne Medication 2.5..... 76
		Acne Medication 5.....76
		Actemra..... 142
		Actemra ACTPen..... 142
		ActHIB..... 146
		Actimmune..... 143
		Active Fe..... 77
		Activite..... 90
		ActivNutrients.....90
		Acyclovir..... 51
		Acyclovir Sodium.....51
		Adacel..... 146
		Adapalene..... 69
		Adek Gummies Plus Zinc.... 90
		Adempas..... 176
		Adult Aspirin Regimen..... 15
		Adult One Daily Gummies....90
		Advair HFA..... 177
		Advanced Multi EA..... 90
		Advantage Care Electrolyte Pediatric..... 77
		Afrin Saline Nasal Mist..... 177
		Aftera..... 138
		Aimovig.....39
		Aimsco Lubricated..... 150
		Airborne..... 90
		Airborne Gummies..... 90
		Airborne Kids..... 90
		Airborne+Everyday Stress Away..... 90
		Airborne+Good Rest..... 90

Airborne+Natural Energy.....	90	All Day Allergy Childrens....	168	Aluminum Hydroxide Gel....	124
Airborne+Probiotic.....	90	All Day Pain Relief.....	15	Alunbrig.....	42
Akeega.....	41	All Day Relief.....	15	Alyacen 1/35.....	134
Ala-Cort.....	69	All Day Sinus/Cold D.....	177	Alyq.....	176
Ala-Hist IR.....	168	All-Day Allergy Childrens....	168	Amantadine HCl.....	47
Alahist CF.....	177	All-Nite Cold & Flu Nighttime		Ambrisentan.....	176
Alahist D.....	168	.....	177	AmeriCerin.....	72
Alahist DM.....	177	Allbee/C.....	90	Amethia.....	134
Alahist PE.....	168	Aller-Chlor.....	169	Amikacin Sulfate.....	22
Alaway.....	166	Allergy.....	169	Amiloride HCl.....	64
Alaway Childrens Allergy....	166	Allergy 24-HR.....	169	Amiloride-Hydrochlorothiazide	
Albendazole.....	46	Allergy Childrens.....	169	.....	63
Albuterol Sulfate.....	175	Allergy Multi-Symptom.....	177	Amiodarone HCl.....	61
Albuterol Sulfate HFA.....	174	Allergy Relief.....	169, 173	Amitriptyline HCl.....	34
Alclometasone Dipropionate	69	Allergy Relief Cetirizine.....	169	Amladex.....	90
Alcohol Prep Pads.....	150	Allergy Relief Child.....	169	Amlodipine Besylate.....	62
Alecensa.....	42	Allergy Relief Childrens.....	169	Amlodipine-Atorvastatin.....	63
Alendronate Sodium.....	149	Allergy Relief D.....	169	Amlodipine-Benazepril.....	63
Alevazol.....	35	Allergy Relief D-12.....	169	Amlodipine-Olmesartan.....	63
Alfuzosin HCl ER.....	132	Allergy Relief D-24.....	169	Amlodipine-Valsartan.....	63
Algae Based Calcium.....	90	Allergy Relief/Indoor/Outdoor		Amlodipine-Valsartan-HCTZ.	63
Aliskiren Fumarate.....	63	.....	169	Ammonium Lactate.....	69, 70
Alive Diabetic Multivitamin....	90	Allergy Relief/Nasal		Amnesteem.....	69
Alive Everyday Immune Health		Decongestant.....	169	Amoxapine.....	34
.....	90	Allergy/Congestion Relief...	169	Amoxicillin.....	26
Alive Hair, Skin & Nails.....	90	Allopurinol.....	38	Amoxicillin-Potassium	
Alive Multi-Vitamin.....	90	Almacone Double Strength	124	Clavulanate.....	26
Alive Once Daily Womens....	90	Aloe Vesta Protective.....	72	Amoxicillin-Potassium	
Alive Ultra Potency Womens		Alosetron HCl.....	123	Clavulanate ER.....	26
50+.....	90	Alpha Lipoic Acid.....	150	Amphetamine-	
Alive Womens 50+.....	90	Alpha-Lipoic Acid.....	150	Dextroamphetamine.....	66
Alive Womens 50+ Gummy..	90	Alphagan P.....	167	Amphetamine-	
Alive Womens Energy.....	90	Alprazolam.....	54	Dextroamphetamine ER....	66
Alive Womens Gummy.....	90	Altamist Spray.....	177	Amphotericin B.....	35
All Day Allergy.....	168	Altavera.....	134	Amphotericin B Liposome....	35

Ampicillin.....	26	Aqua Glycolic Face.....	72	Ascorbic Acid.....	91
Ampicillin Sodium.....	26	Aqua-E.....	91	Asenapine Maleate.....	48
Ampicillin-Sulbactam Sodium	26	Aquanaz.....	177	Ashlyna.....	134
Anagrelide HCl.....	59	Aquaphilic.....	72	Aspirin.....	15
Anastrozole.....	41	Aquaphor.....	72	Aspirin Low Dose.....	15
Anoro Ellipta.....	177	Aquaphor Advanced Protect Healing.....	72	Aspirin Low Strength.....	15
Antacid.....	124	Aquaphor Advanced Therapy	72	Aspirin Regimen.....	15
Antacid Calcium.....	124	Aquaphor Advanced Therapy Baby.....	72	Aspirin-Dipyridamole ER.....	60
Antacid Extra Strength.....	124	Aquaphor Advanced Therapy Healing.....	72	Atazanavir Sulfate.....	53
Antacid Maximum Strength	124	Aqueous Vitamin D.....	91	Atenolol.....	61
Antacid Regular Strength...	124	Aqueous Vitamin E.....	91	Atenolol-Chlorthalidone.....	63
Antacid Ultra Strength.....	124	Aralast NP.....	131	Athletes Foot.....	35
Antacid/Antigas.....	124	Aranelle.....	134	Athletes Foot Powder Spray.	35
Anti-Dandruff.....	70	Aranesp.....	59	Atomoxetine HCl.....	67
Anti-Diarrheal.....	123, 124	Arbem H-Cosmetic.....	150	Atorvastatin Calcium.....	65
Anti-Itch.....	72	Arbem LipoPen.....	150	Atovaquone.....	46
Anti-Itch Maximum Strength.	70	Arcalyst.....	142	Atovaquone-Proguanil HCl...	46
Anti-Oxidant.....	91	Arexvy.....	146	ATP Ignite.....	91
Antifungal.....	35	Arformoterol Tartrate.....	175	Atrix Medicated Formula.....	72
Antihistamine & Nasal Decongestant.....	169	Arginine.....	150	Atrix System 1.....	72
Antioxidant.....	90	Arginine2000.....	150	Atropine Sulfate.....	163
Antioxidant A/C/E/Selenium	91	Aripiprazole.....	48	Atrovent HFA.....	174
Antioxidant Formula.....	91	Aripiprazole ODT.....	48	Aubra EQ.....	134
Antioxidant Vitamins.....	91	Aristada.....	48	Augtyro.....	42
Anzemet.....	35	Aristada Initio.....	48	Austedo.....	67
Apetigen-Plus.....	91	Armodafinil.....	191	Auvelity.....	32
Appe-Curb.....	91	Arnuity Ellipta.....	173	Aviane.....	134
Apraclonidine HCl.....	167	Arthritis Pain Relief.....	14	Avicel PH 105 Micro Cellulose	150
Aprepitant.....	35	Arthritis Pain Relieving.....	72	Avonex Pen.....	68
Apri.....	134	Artificial Tears.....	163	Avonex Prefilled.....	68
Apriso.....	148	Ascor.....	91	Ayr.....	177
Aptiom.....	31			Ayr Nasal Mist Allergy/Sinus	177
Aptivus.....	53			Ayr Saline Nasal.....	177

Ayr Saline Nasal Drops.....	177	Baclofen.....	50	Berocca.....	91
Ayr Saline Nasal No-Drip.....	177	Bacmin.....	91	Besremi.....	143
Ayvakit.....	42	Balsalazide Disodium.....	148	Beta Care.....	72
AZ Cream.....	150	Balversa.....	42	Beta Carotene.....	91
Azathioprine.....	143	Balziva.....	134	Beta Carotene Provitamin A.	91
Azelaic Acid.....	69	Banophen.....	72, 169	Beta XMA.....	73
Azelastine HCl.....	165, 169	Baqsimi One Pack.....	56	Betadine Antiseptic.....	23
Azithromycin.....	27	Baraclude.....	50	Betaine.....	131
AZO Complete Feminine Balance.....	124	Bariatric Multivitamins/Iron...	91	Betamethasone Dipropionate	70
AZO Dual Protection.....	124	Base PCCA Clarifying.....	150	Betamethasone Dipropionate Aug.....	70
AZO Hormonal Health Cycle Care.....	91	Baza Antifungal.....	35	Betamethasone Valerate.....	70
AZO Hormonal Health Happy Cycle.....	91	BCG Vaccine.....	146	Betaseron.....	68
Aztreonam.....	23	BD Glucose.....	56	Betaxolol HCl.....	167
B		BEC/Zinc.....	91	Bethanechol Chloride.....	132
B Complex-C.....	91	Belsomra.....	191	Betimol.....	167
B Complex-C-Folic Acid.....	91	Benazepril HCl.....	60	Better B Complex.....	91
B Complex-Vitamin C.....	91	Benazepril-Hydrochlorothiazide	63	Bevespi Aerosphere.....	177
B-6.....	91	Benlysta.....	142	Bexarotene.....	45
B-Complex Balanced.....	91	Benzedrex.....	177	Bexsero.....	146
B-Complex-C.....	91	BenzEfoam.....	76	Bicalutamide.....	40
B-Complex/Folic Acid/Vitamin C.....	91	Benznidazole.....	46	Bicillin C-R.....	27
B-Complex/Vitamin C.....	91	Benzoin.....	150	Bicillin C-R 900/300.....	27
B6 Natural.....	91	Benzoin Compound.....	150	Bicillin L-A.....	27
Baby Ayr Saline.....	177	Benzonatate.....	177	Biktarvy.....	51
Baby Ddrops.....	91	Benzoyl Peroxide.....	76	BinaxNOW COVID-19 Ag Home Test.....	150
Baby Super Daily D3.....	91	Benzoyl Peroxide Wash.....	76	Bio-35 Gluten-Free.....	92
Baby Vitamin D3.....	91	Benzoyl Peroxide-Erythromycin	69	Bio-D-Mulsion.....	92
Bacitracin.....	23, 166	Benzotropine Mesylate.....	47	Bio-D-Mulsion Forte.....	92
Bacitracin Zinc.....	23	Benzyl Alcohol.....	150	Bio-K Plus Strong.....	124
Bacitracin Zinc-Aloe.....	23	Benzyl Benzoate.....	23	Biocal.....	92
Bacitracin-Polymyxin B.....	166	Bepotastine Besilate.....	165	Biolyte.....	77
		Bepreve.....	165	BiomePro.....	125
		Berinerter.....	141		

Biotin.....	92	Brimonidine Tartrate-Timolol	163	C-Buffer.....	92
Biotin Maximum Strength.....	92	BRIVIACT.....	29	Cabergoline.....	140
Biotin-D.....	92	Bromocriptine Mesylate.....	47	Cablivi.....	60
Bisacodyl.....	119	Bronchitol.....	177	Cabometyx.....	42
Bisacodyl EC.....	119	Brukinsa.....	42	Caffeine Anhydrous.....	67
Bismatrol.....	125	Budesonide.....	149, 173	Cal-Citrate.....	77
Bismuth Subsalicylate.....	125	Budesonide ER.....	149	Cal-Citrate Plus Vitamin D.....	77
Bisoprolol Fumarate.....	61	Bull Frog Mosquito Coast...	150	Cal-Gest Antacid.....	125
Bisoprolol-Hydrochlorothiazide	63	Bumetanide.....	64	Cal-Mint.....	79
BIVIGAM.....	141	Buprenorphine.....	19	Cal-Quick.....	79
Blisovi 24 Fe.....	134	Buprenorphine HCl.....	21	Calcidol.....	92
Blisovi Fe 1.5/30.....	134	Buprenorphine HCl-Naloxone HCl.....	21	Calcipotriene.....	73
Body/Hair/Skin/Nails.....	92	Bupropion HCl.....	32	Calcitonin Salmon.....	149
Boost Breeze.....	77	Bupropion HCl SR.....	21, 32	Calcitrate.....	77
Boostrix.....	146	Bupropion HCl XL.....	32	Calcitriol.....	73, 149
Boric Acid.....	150	Bupropion HCl XL.....	32	Calcium.....	77
Boric Acid Topical.....	150	Buspirone HCl.....	54	Calcium + Vitamin D3.....	77
Bosentan.....	176	Butalbital-Acetaminophen.....	19	Calcium 1000 + D.....	77
Bosulif.....	42	Butalbital-Acetaminophen- Caffeine.....	19	Calcium 1200.....	77
BP Vit 3.....	92	Butalbital-Aspirin-Caffeine.....	19	Calcium 500 + D.....	77
BPO Foaming Cloths.....	76	Butenafine HCl.....	76	Calcium 500 + D3.....	77
BProtected Multi-Vite.....	92	Butorphanol Tartrate.....	19	Calcium 500+D.....	77
BProtected Pedia D-Vite.....	92	Bydureon BCise.....	55	Calcium 500+D High Potency	77
BProtected Pedia Iron.....	77	Byetta 10MCG Pen.....	55	Calcium 500+D3.....	77
BProtected Pedia Poly-Vite...	92	Byetta 5MCG Pen.....	55	Calcium 500/D.....	77
BProtected Pedia Poly-Vite/ Iron.....	92	C		Calcium 500/Vitamin D.....	77
BProtected Pedia Tri-Vite.....	92	C 1000.....	92	Calcium 600.....	77
Braftovi.....	42	C 500.....	92	Calcium 600 + D.....	77
Breo Ellipta.....	177	C-1000.....	92	Calcium 600 +D High Potency	77
Breztri Aerosphere.....	177	C-1000/Rose Hips.....	92	Calcium 600 High Potency...	77
Briellyn.....	134	C-250.....	92	Calcium 600+D.....	78
Brilinta.....	60	C-500.....	92	Calcium 600+D High Potency	78
Brimonidine Tartrate.....	167	C-500/Rose Hips.....	92		

Calcium 600+D Plus Minerals	78	Calcium Plus Vitamin D3.....	79	Carboxymethylcellulose Sodium.....	163
Calcium 600+D3.....	78	Calcium+D3.....	79	Carestart COVID-19 Home Test	150
Calcium 600+D3 Plus Minerals	78	Calcium-Vitamin D-Minerals..	79	Carglumic Acid.....	79
Calcium 600/Vitamin D.....	77	Calcium-Vitamin D3.....	79	Carteolol HCl.....	167
Calcium 600/Vitamin D3.....	78	Calquence.....	42	Cartia XT.....	62
Calcium Acetate.....	89	Caltrate 600+D Plus Minerals	79	Carvedilol.....	61
Calcium Antacid.....	125	Caltrate 600+D3.....	79	Castor Oil.....	119, 150
Calcium Antacid Extra Strength.....	125	Caltrate 600+D3 Soft.....	79	Castor Oil Stimulant Laxative	119
Calcium Carbonate.....	78	Caltrate Minis Plus Minerals.	79	Cayston.....	175
Calcium Carbonate Antacid.78, 125		Camila.....	138	Cefaclor.....	25
Calcium Carbonate- Cholecalciferol.....	78	Camrese Lo.....	134	Cefadroxil.....	25
Calcium Carbonate-Vitamin D	78	Candesartan Cilexetil.....	60	Cefazolin Sodium.....	25
Calcium Citrate.....	78	Candesartan Cilexetil-HCTZ.	63	Cefdinir.....	25
Calcium Citrate + D.....	78	CapCof.....	177	Cefepime HCl.....	25
Calcium Citrate + D3.....	78	Caplyta.....	48	Cefixime.....	25
Calcium Citrate + D3 Maximum	78	Capmist DM.....	177	Cefotetan Disodium.....	25
Calcium Citrate+D3.....	78	Caprelsa.....	42	Cefoxitin Sodium.....	25
Calcium Citrate+D3 Petites...78		Capron DM.....	177	Cefpodoxime Proxetil.....	25
Calcium Citrate-Vitamin D....	78	Capron DMT.....	177	Cefprozil.....	25
Calcium Citrate-Vitamin D3...78		Capsaicin.....	73	Ceftazidime.....	25
Calcium Creamies.....	79	Capsaicin Heat Patch.....	150	Ceftriaxone Sodium.....	25
Calcium Gummies.....	79	Capsaicin Pain Relief.....	73	Cefuroxime Axetil.....	25
Calcium High Potency.....	79	Capsule Size 1 Lactose.....	150	Cefuroxime Sodium.....	25, 26
Calcium High Potency/Vitamin D.....	79	Captopril.....	60	Celecoxib.....	15
Calcium Lactate.....	79	Carbamazepine.....	31	Cellulose.....	119
Calcium Oyster Shell.....	79	Carbamazepine ER.....	31	Centavite A-Z Complete- Mineral.....	92
Calcium Plus D3 Absorbable	79	Carbidopa.....	47	Centratex.....	79
Calcium Plus Vitamin D.....	79	Carbidopa-Levodopa.....	47	Centravites.....	92
		Carbidopa-Levodopa ER.....	47	Centravites 50 Plus.....	92
		Carbidopa-Levodopa ODT....	47	Centravites Adults.....	92
		Carbidopa-Levodopa- Entacapone.....	47	Centrum.....	92
		Carboxymethylcellulose Sod PF.....	163		

Centrum Adults.....	93	Cetaphil Therapeutic Hand... 73	Chlorpromazine HCl.....	47	
Centrum Cardio.....	93	Cetirizine HCl.....	169	Chlorthalidone.....	64
Centrum Flavor Burst Adult..	93	Cetirizine HCl Allergy Child..	169	Chlorzoxazone.....	191
Centrum Flavor Burst Kids....	93	Cetirizine HCl Childrens.....	169	Chocolated Laxative.....	119
Centrum Fresh/Fruity 50+.....	93	Cetirizine HCl Childrens Alrgy		Cholbam.....	131
Centrum Fresh/Fruity Adult..	93	.....	169	Cholesterol.....	150
Centrum Kids.....	93	Cetirizine-Pseudoephedrine ER		Cholestyramine.....	65
Centrum Men.....	93	.....	170	Cholestyramine Light.....	65
Centrum Silver.....	93	Chemet.....	89	Chromagen.....	79
Centrum Silver 50+Men.....	93	Chenodal.....	125	Ciclopirox.....	76
Centrum Silver 50+Women... 93		Chest Congestion Relief.....	177	Ciclopirox Olamine.....	76
Centrum Silver Adult 50+.....	93	Chest Congestion Relief DM		Cilostazol.....	60
Centrum Silver Ultra Womens		.....	177	Cimduo.....	52
.....	93	Chest Congestion Relief PE		Cimetidine.....	129
Centrum Specialist Heart.....	93	.....	177	Cimzia.....	143
Centrum Specialist Vision.....	93	Childrens Acetaminophen....	15	Cimzia Prefilled.....	143
Centrum Ultra Womens.....	93	Childrens Animal Shapes.....	93	Cinacalcet HCl.....	149
Centrum Women.....	93	Childrens Chew Multivitamin	93	Cinryze.....	141
Century.....	93	Childrens Chewable Vitamins		Ciprofloxacin HCl.....	28, 166
Century Mature.....	93	.....	93	Ciprofloxacin in D5W.....	28
Cephalexin.....	26	Childrens Gummies.....	93	Circata.....	73
CeraLyte 70.....	79	Childrens Ibuprofen.....	15	Citalopram Hydrobromide....	33
CeraSport.....	79	Childrens Loratadine.....	170	Citracal +D3.....	79
CeraSport EX1.....	79	Childrens Mucus Relief Cough		Citracal Calcium Gummies... 79	
CeraVe Healing.....	73	.....	178	Citracal Maximum.....	79
CeraVe Moisturizing.....	73	Childrens Silapap.....	14	Citracal Maximum Plus.....	79
CeraVe SA Rough & Bumpy		Chlo Hist.....	178	Citracal Maximum Plus.....	79
Skin.....	73	Chlo Tuss.....	178	Citracal Petites/Vitamin D....	79
Cerovite Jr.....	93	Chlordiazepoxide HCl.....	54	Citrucel.....	119
Cerovite Senior.....	93	Chlorella.....	93	Citrus Calcium/Vitamin D....	79
Certa-Vite.....	93	Chlorhexidine Gluconate.....	69	Claravis.....	69
CertaVite Senior.....	93	Chlorocaps.....	93	Clarithromycin.....	27
CertaVite Senior/Antioxidant	93	Chloroquine Phosphate.....	46	Clarithromycin ER.....	27
93		Chlorpheniramine Maleate..	170	ClearLax.....	119
CertaVite/Antioxidants.....	93	Chlorpheniramine Maleate ER		Clenpiq.....	125
Cetaphil Moisturizing.....	73	.....	170		

Climara Pro.....	134	Coartem.....	46	Companion.....	93
Clindacin ETZ.....	76	Coconut Oil Beauty.....	73	Compete.....	93
Clindamycin HCl.....	23	Codeine Sulfate.....	19	Complera.....	51
Clindamycin Palmitate HCl...	23	Coenzyme Q10.....	151	Complete Allergy Medicine	170
Clindamycin Phosphate..	23, 76	Colace.....	119	Complete Multivitamin/Mineral	93
Clindamycin Phosphate in		Colace 2-IN-1.....	119	.....	93
D5W.....	23	Colace Clear.....	119	Compro.....	34
Clindamycin Phosphate-		Colchicine.....	38	ConceptionXR Motility Support	93
Benzoyl Peroxide.....	69	Colchicine-Probenecid.....	38	.....	93
Clinitest Rapid COVID-19 Test		Cold & Allergy Childrens.....	170	Conex Cold/Allergy.....	178
.....	150	Cold & Cough Childrens.....	178	Constulose.....	119
Clobazam.....	30	Cold & Flu Nighttime Relief	178	Copiktra.....	42
Clobetasol Propionate.....	70	Cold & Flu Relief Daytime...	178	CoQ-10.....	151
Clobetasol Propionate		Cold & Flu Relief Nighttime	178	CoQ10.....	151
Emollient Base.....	70	Cold & Sinus.....	178	CoQ10 Maximum Strength.	151
Clodan.....	70	Cold Relief Plus.....	178	Corlanor.....	63
Clomipramine HCl.....	34	Cold/Cough Childrens.....	178	Corn & Callus Remover.....	73
Clonazepam.....	54	Cold/Flu Daytime Relief.....	178	Coromega Omega 3 Kids...	151
Clonazepam ODT.....	54	Coleman 100 Max Continuous		Coromega Omega 3 Squeeze	151
Clonidine.....	60	Spray.....	151	.....	151
Clonidine HCl.....	60	Coleman 100 Max Insect		Corvita.....	94
Clonidine HCl ER.....	67	Repellent.....	151	Corvita 150.....	79
Clopidogrel Bisulfate.....	60	Coleman Botanicals Insect		Corvite 150.....	79
Clorazepate Dipotassium.....	54	Repellent.....	151	Corvite Fe.....	79
Clotrimazole.....	35, 36, 76	Coleman Insect Repellent		Cosentyx.....	142
Clotrimazole 3.....	36	High&Dry.....	151	Cosentyx Sensoready.....	142
Clotrimazole Anti-Fungal.....	36	Coleman Insect Repellent		Cosentyx UnoReady.....	142
Clotrimazole Athletes Foot....	36	Sportsmen.....	151	Cotellic.....	42
Clotrimazole-Betamethasone		Coleman SkinSmart Insect		Cough & Chest Congestion	
.....	73	Repellent.....	151	DM.....	178
Clozapine.....	50	Colesevelam HCl.....	65	Cough & Cold.....	178
Clozapine ODT.....	50	Colestipol HCl.....	65	Cough & Cold HBP.....	178
Co Q 10.....	150	Colistimethate Sodium.....	23	Cough DM.....	178
Co Q-10.....	150	Combigan.....	163	Cough DM Childrens.....	178
Co Q10.....	150	Combivent Respimat.....	178	COVID-19 At-Home Test.....	151
		Cometriq.....	42		

COVID-19 Specimen Collection	151	CVS AirShield Formula.....	94	CVS Eye Health Adult 50+....	94
Cream Base.....	151	CVS AirShield Immunity Support.....	94	CVS Fish Oil.....	152
Creon.....	131	CVS B Complex Plus C.....	94	CVS Fish Oil Half-The-Size..	152
Crinone.....	138	CVS B6.....	94	CVS Folic Acid.....	94
Cromolyn Sodium.....	131, 166, 175	CVS Biotin.....	94	CVS Glucose.....	56
Cryselle-28.....	134	CVS Calcium + D3.....	80	CVS Gummy Dinos.....	94
Culturelle Advanced Regularity	125	CVS Calcium 600 & Vitamin D3	80	CVS Gummy Multivitamin Kids	94
Culturelle Digestive Womens	125	CVS Calcium 600 + D/Minerals	80	CVS Immune Support Vitamin C.....	95
Culturelle Kids Complete.....	94	CVS Calcium 600+D.....	80	CVS Insect Repellent.....	152
Culturelle Kids Probiotic- Multivitamin.....	94	CVS Calcium Carbonate.....	80	CVS Iron.....	80
Culturelle Prenatal Wellness	125	CVS Calcium Citrate+D3 Petites.....	80	CVS Jock Itch.....	36
Culturelle Probiotics + Multivitamin.....	94	CVS Castor Oil.....	119	CVS Magnesium.....	80
Culturelle Total Balance.....	125	CVS Chewable Childrens Vitamin.....	94	CVS Magnesium Oxide.....	80
Culturelle Women's Wellness	125	CVS Childrens Complete.....	94	CVS Mens Daily Gummies....	95
Cutter.....	151	CVS Coenzyme Q-10.....	151	CVS Nasal Mist.....	178
Cutter All Family.....	151	CVS CoQ-10.....	152	CVS Natural Fish Oil.....	152
Cutter All Family Wipes.....	151	CVS Covid-19 At Home Test Kit	152	CVS Omega-3 Gummy Fish	152
Cutter Backwoods.....	151	CVS D3.....	94	CVS One Daily Essential.....	95
Cutter Backwoods Dry.....	151	CVS Daily Gummies.....	94	CVS One Daily Mens 50+ Advanced.....	95
Cutter Dry.....	151	CVS Daily Gummies Adult...	94	CVS One Daily Mens Formula	95
Cutter Lemon Eucalyptus...	151	CVS Daily Multiple For Men..	94	CVS One Daily Womens 50+ Advanced.....	95
Cutter Natural.....	151	CVS Daily Multiple Women 50+	94	CVS One Daily Womens Formula.....	95
Cutter Skinsations.....	151	CVS Diabetes Health Support	94	CVS Oyster Shell Calcium- Vitamin D.....	80
Cutter Sport.....	151	CVS Distilled Water.....	152	CVS Pediatric Electrolyte.....	80
CVS Acidophilus Probiotic.	125	CVS E.....	94	CVS Pediatric Electrolyte Freeze Pop.....	80
CVS Adult 50+ Eye Health...	94	CVS E Oil.....	94	CVS Pinworm Treatment.....	46
CVS Advanced Healing.....	73	CVS Electrolyte Solution.....	80	CVS Saline Nasal Spray.....	178
CVS AirShield.....	94	CVS Eye Health & Lutein.....	94	CVS Slow Release Iron.....	80

CVS Spectravite Adult 50+...	95	Cyclosporine.....	144	D3 Super Strength.....	96
CVS Spectravite Adults.....	95	Cyclosporine Modified.....	144	D3-1000.....	96
CVS Spectravite Advanced...	95	Cyltezo.....	144	D3-50.....	96
CVS Spectravite Men.....	95	Cyltezo-CD/UC/HS Starter.	144	Daily Combo Multi Vitamins..	96
CVS Spectravite Men 50+.....	95	Cyltezo-Psoriasis/UV Starter		Daily Multiple Vitamins.....	96
CVS Spectravite Senior.....	95	.....	144	Daily Multivitamin.....	96
CVS Spectravite Ultra Men 50+		Cyproheptadine HCl.....	170	Daily Value Multivitamin.....	96
.....	95	Cyred EQ.....	135	Daily Vitamins.....	96
CVS Spectravite Ultra Mens.	95	Cystagon.....	131	Daily Vite.....	96
CVS Spectravite Ultra Women		Cystaran.....	163	Daily Vite Multivitamin/Iron...	97
.....	95	Cyto Arg.....	152	Daily Vites.....	97
CVS Spectravite Women.....	95	Cyto-Q.....	152	Daily-Vite.....	97
CVS Spectravite Women 50+		Cyto-Q Max.....	152	Daily-Vite Multivitamin.....	97
.....	95	Cyto-Q t/f.....	152	Dalfampridine ER.....	68
CVS Spectravite Womens				Danazol.....	134
Senior.....	95	D		Dandruff Shampoo.....	70
CVS Stress Formula/Zinc.....	95	D 1000.....	95	Dantrolene Sodium.....	50
CVS Super B Complex/C.....	95	D 10000.....	96	Dapsone.....	39
CVS Total Home Insect		D 400.....	96	Daptacel.....	146
Repellent.....	152	D 5000.....	96	Daptomycin.....	23
CVS Triple Magnesium		D-1000 Extra Strength.....	96	Darunavir.....	53
Complex.....	80	D-3-5.....	96	Daurismo.....	42
CVS Vision Health.....	95	D-400.....	96	Day Clear Allergy/Cough....	178
CVS Vitamin A.....	95	D-5000.....	96	DayClear Allergy Relief.....	178
CVS Vitamin C.....	95	D-Vi-Sol.....	98	Daytime Cold & Flu Relief...	178
CVS Vitamin C-Rose Hips....	95	D-Vite Pediatric.....	98	Ddrops.....	97
CVS Vitamin D3.....	95	D2000 Ultra Strength.....	96	Deblitane.....	139
CVS Vitamin E.....	95	D3.....	96	Decara.....	97
CVS Womens Active Daily....	95	D3 2000.....	96	Decara K.....	97
CVS Womens Daily Gummies		D3 5000.....	96	Deconex DMX.....	178
.....	95	D3 Adult.....	96	Deconex IR.....	178
Cyanocobalamin.....	95	D3 Baby Drops.....	96	Decubi-Vite.....	97
Cyclobenzaprine HCl.....	191	D3 High Potency.....	96	Deep Sea Nasal Spray.....	178
Cyclophosphamide.....	39, 40	D3 Kids.....	96	Deferasirox.....	89
Cycloserine.....	39	D3 Liquid.....	96		
Cycloset.....	55	D3 Maximum Strength.....	96		

Deferasirox Granules.....	89	DermacinRx Multitam.....	97	Diabetes Health Formula.....	97
Deferiprone.....	89	DermacinRx Penetral.....	73	DiabetiDerm.....	73
DEKAs Bariatric.....	97	DermacinRx Ribotin-E.....	97	DiabetiDerm Foot Rejuvenating	
DEKAs Essential.....	97	DermacinRx Skin Repair.....	73	.....	73
DEKAs Plus.....	97	DermacinRx Zintrexyl-C.....	97	Diacomit.....	30
DEKAs Plus Ocean.....	97	Descovy.....	52	Dialyvite.....	97
Delstrigo.....	51	Desipramine HCl.....	34	Dialyvite 3000.....	97
Delsym.....	179	Desmopressin Acetate.....	133	Dialyvite 5000.....	97
Delsym Child Cough+Sore		Desmopressin Acetate Spray		Dialyvite 800.....	97
Throat.....	179	.....	133	Dialyvite 800/Ultra D.....	97
Delsym Childrens Day Night		Desogestrel-Ethinyl Estradiol		Dialyvite Supreme D.....	97
.....	179	.....	135	Dialyvite Vitamin D 5000.....	97
Delsym Cough + Sore Throat		Desonide.....	70	Dialyvite Vitamin D3 Max.....	97
.....	179	Desoximetasone.....	70	Dialyvite/Zinc.....	97
Delsym Cough Childrens....	179	Desvenlafaxine Succinate ER		DiaTrust COVID-19 Home Test	
Delsym Cough/Chest		.....	33	.....	152
Congestion DM.....	179	Dex4.....	56	Diazepam.....	30, 54
Delsym Cough/Chest		Dex4 Pouch Pack.....	56	Diazepam Intensol.....	54
Congestion DM Child.....	179	Dex4 Quick Dissolve Glucose		Diazoxide.....	56
Delsym Cough/Cold Night		.....	56	Diclofenac Epolamine.....	15
Time.....	179	Dexamethasone.....	133	Diclofenac Potassium.....	15
Delsym Day Night.....	179	Dexamethasone Sodium		Diclofenac Sodium..	15, 73, 167
Delsym Nighttime Cough Max		Phosphate.....	166	Diclofenac Sodium ER.....	15
Strength.....	170	Dexbrompheniramine-		Dicloxacillin Sodium.....	27
Delta D3.....	97	Phenylephrine.....	170	Dicyclomine HCl.....	123
Demeclocycline HCl.....	28	Dexmethylphenidate HCl.....	67	Differin.....	69
Depo-SubQ Provera 104.....	139	Dexmethylphenidate HCl ER		Difcid.....	28
Dermabase.....	73	67		Diflunisal.....	15
DermacinRx Atrix Antibacterial		Dextroamphetamine Sulfate.	66	Digoxin.....	63
Wash.....	73	Dextromethorphan HBr.....	179	Dihydroergotamine Mesylate	38
DermacinRx Atrix Clarify Toner		Dextromethorphan Polistirex		Dilantin.....	31
.....	73	ER.....	179	Dilantin INFATABS.....	31
DermacinRx Circatrix.....	73	Dextromethorphan-Guaifenesin		Dilt-XR.....	62
DermacinRx Davimet.....	97	.....	179	Diltiazem HCl.....	62
DermacinRx Dotremin.....	97	Dextrose.....	80	Diltiazem HCl ER.....	62
DermacinRx Foltamin.....	97	Dextrose-NaCl.....	80		
		Diabetes Health.....	97		

Diltiazem HCl ER Beads.....	62	Donepezil HCl ODT.....	32	E-400.....	98
Diltiazem HCl ER Coated Beads.....	62	Doptelet.....	60	E-400-Clear.....	98
Dimaphen DM Cold/Cough	179	Dorzolamide HCl.....	167	E-Oil.....	98
Dimethyl Fumarate.....	68	Dorzolamide HCl-Timolol Maleate.....	163	E-Ointment.....	73
Dimethyl Fumarate Starter Pack.....	68	Dorzolamide HCl-Timolol Maleate Preservative Free	163	E200.....	98
Dipentum.....	148	Dovato.....	51	E400.....	98
Diphenhydramine HCl.....	170	Doxazosin Mesylate.....	60	Eagle Watch Mosquito Eliminator.....	152
Diphenhydramine HCl Childrens.....	170	Doxepin HCl.....	34, 70	Ear Drops.....	168
Diphenhydramine-Zinc Acetate	73	Doxercalciferol.....	149	Earwax Removal.....	168
Diphenoxylate-Atropine.....	123	Doxy 100.....	29	Earwax Removal Kit.....	168
Diphtheria-Tetanus Toxoids DT	146	Doxycycline Hyclate.....	29	EC-Naproxen.....	15
Distilled Water.....	152	Doxycycline Monohydrate....	29	Econazole Nitrate.....	76
Disulfiram.....	21	Doxylamine-Phenylephrine.	179	EContra EZ.....	139
Diuril.....	64	Driminate.....	34	EContra One-Step.....	139
Divalproex Sodium.....	54	Drisdol.....	97	Ed A-Hist.....	170, 179
Divalproex Sodium ER.....	54	Dronabinol.....	35	Ed A-Hist DM.....	179
DML Forte.....	73	Drospirenone-Ethinyl Estradiol	135	ED Bron GP.....	179
Docusate Calcium.....	119	Droxia.....	40	Ed Chlorped Jr.....	170
Docusate Mini.....	119	Droxidopa.....	60	Ed-A-Hist DM.....	179
Docusate Sodium.....	119	Dry Eye Formula.....	98	Ed-APAP.....	14
DocuSol Kids.....	119	Dry Eye Relief.....	163	Edurant.....	51
DocuSol Mini.....	119	Dry Eye Relief Drops.....	163	Efavirenz.....	51
DocuSol Plus Mini-Enema..	119	Dry Skin Treatment.....	73	Efavirenz-Emtricitabine- Tenofovir.....	51
Dodex.....	97	Duavee.....	135	Efavirenz-Lamivudine-Tenofovir	51
Dofetilide.....	61	Duloxetine HCl.....	67	Eldertonic.....	98
DOK.....	119	Dupixent.....	142	Elestrin.....	135
Dolishale.....	135	Duraflu.....	179	Eligard.....	140
Dologesic.....	179	Durex RealFeel.....	152	Eliquis.....	59
Dologesic-DF.....	179	Dutasteride.....	132	Eliquis Starter Pack.....	59
Donepezil HCl.....	32	E		Ellume Covid-19 Home Test	152
		E 1000.....	98	Elmiron.....	133
		E-200.....	98		

EluRyng.....	135	Empty Capsule Size 0 Green	153	Empty Capsule Size 000 White	153
Emergen-C Blue.....	98	Empty Capsule Size 0 Green/ Clear.....	153	Empty Capsule Size 1 Aqua Blue.....	153
Emergen-C Heart Health.....	98	Empty Capsule Size 0 Maroon	153	Empty Capsule Size 1 Blue.....	153
Emergen-C Immune Plus.....	98	Empty Capsule Size 0 Orange	153	Empty Capsule Size 1 Blue/ Pink.....	153
Emergen-C Kidz.....	98	Empty Capsule Size 0 Pink.....	153	Empty Capsule Size 1 Blue/ Red.....	153
Emergen-C MSM Lite.....	98	Empty Capsule Size 0 Purple	153	Empty Capsule Size 1 Blue/ White.....	153
Emergen-C Pink.....	98	Empty Capsule Size 0 Red.....	153	Empty Capsule Size 1 BlueClear.....	153
Emergen-C Vitamin C.....	98	Empty Capsule Size 0 Red/ Clear.....	153	Empty Capsule Size 1 Brown/ Ivory.....	153
Emergen-C Vitamin D/Calcium	98	Empty Capsule Size 0 Red/ White.....	153	Empty Capsule Size 1 Clear	153
Emgality.....	39	Empty Capsule Size 0 White	153	Empty Capsule Size 1 Green	153
Emollia-Creme.....	73	Empty Capsule Size 0 White/ Clear.....	153	Empty Capsule Size 1 Green/ Yellow.....	153
Emollient Base.....	152	Empty Capsule Size 0 Yellow	153	Empty Capsule Size 1 Light Blue.....	154
Empty Capsule.....	152	Empty Capsule Size 00 Blue	153	Empty Capsule Size 1 Orange	154
Empty Capsule #0 Red/White	152	Empty Capsule Size 00 Clear	153	Empty Capsule Size 1 Orange/ White.....	154
Empty Capsule #00 Black/Red	152	Empty Capsule Size 00 Dark Green.....	153	Empty Capsule Size 1 Pink.....	154
Empty Capsule #00 Blue/ White.....	152	Empty Capsule Size 00 Green	153	Empty Capsule Size 1 Pink/ Blue.....	154
Empty Capsule #00 Pink/Pink	152	Empty Capsule Size 00 Orange	153	Empty Capsule Size 1 Pink/ White.....	154
Empty Capsule #00 Purple.....	152	Empty Capsule Size 00 Red	153	Empty Capsule Size 1 Powder Blue.....	154
Empty Capsule #00 Purple/ White.....	152	Empty Capsule Size 00 White	153	Empty Capsule Size 1 Purple	154
Empty Capsule #00 Red/White	152	Empty Capsule Size 000 Clear	153	Empty Capsule Size 1 Red.....	154
Empty Capsule #00 Yellow/ Yellow.....	152				
Empty Capsule Size 0.....	153				
Empty Capsule Size 0 Blue.....	153				
Empty Capsule Size 0 Blue/ White.....	153				
Empty Capsule Size 0 Clear	153				
Empty Capsule Size 0 Fun Caps.....	153				

Empty Capsule Size 1 Red/ White.....	154	Empty Capsule Size 3 Red.	155	Endari.....	80
Empty Capsule Size 1 White	154	Empty Capsule Size 3 Red/ Clear.....	155	Endocet.....	19
Empty Capsule Size 1 White/ Clear.....	154	Empty Capsule Size 3 White	155	Endur-Acin.....	98
Empty Capsule Size 10 Clear	154	Empty Capsule Size 3 White/ Clear.....	155	Endur-VM.....	98
Empty Capsule Size 11 Clear	154	Empty Capsule Size 3 Yellow	155	Endur-VM With Iron.....	98
Empty Capsule Size 13 Clear	154	Empty Capsule Size 4 Black	155	Enema.....	119
Empty Capsule Size 2 Blue.	154	Empty Capsule Size 4 Blue/ White.....	155	Enema Mineral Oil.....	119
Empty Capsule Size 2 Clear	154	Empty Capsule Size 4 Clear	155	Enema Ready-To-Use.....	119
Empty Capsule Size 2 Green	154	Empty Capsule Size 4 Dark Blue.....	155	Enemeez Mini.....	119
Empty Capsule Size 2 White	154	Empty Capsule Size 4 Purple	155	Enemeez Plus.....	119
Empty Capsule Size 3 Blue.	154	Empty Capsule Size 4 White	155	Enfamil Enfalyte.....	80
Empty Capsule Size 3 Clear	154	Empty Capsule Size 5 Clear	155	Engerix-B.....	146
Empty Capsule Size 3 Gray/ Pink.....	154	Empty Capsule Size 7 Clear	155	EnilloRing.....	135
Empty Capsule Size 3 Gray/ Yellow.....	154	Emsam.....	33	Enoxaparin Sodium.....	59
Empty Capsule Size 3 Green	154	Emtricitabine.....	52	Enpresse-28.....	135
Empty Capsule Size 3 Green/ Blue.....	154	Emtricitabine-Tenofovir Disoproxil Fumarate.....	52	Enskyce.....	135
Empty Capsule Size 3 Maroon	154	Emtriva.....	52	Ensure Clear.....	80
Empty Capsule Size 3 Olive	154	Enalapril Maleate.....	61	Entacapone.....	47
Empty Capsule Size 3 Orange	154	Enalapril-Hydrochlorothiazide	63	Entecavir.....	50
Empty Capsule Size 3 Orange	154	Enbrel.....	144	Entresto.....	63
Empty Capsule Size 3 Pink.	154	Enbrel Mini.....	144	Enulose.....	119
Empty Capsule Size 3 Pink/ Clear.....	155	Enbrel SureClick.....	144	Envarsus XR.....	144
		EndaCof-DM.....	179	Epclusa.....	51
				Epidiolex.....	29
				Epinastine HCl.....	166
				Epinephrine.....	175
				Epitol.....	31
				Eplerenone.....	64
				Eprontia.....	29
				Epsom Salt.....	119
				EQ Calcium 500+D.....	80
				EQ Calcium 600+D.....	80
				EQ Calcium 600+D+Minerals	81

EQ Calcium Citrate+D.....	81	EQL Omega 3 Fish Oil.....	155	Estradiol.....	135
EQ Complete Multivitamin Adult 50+.....	98	EQL One Daily Mens 50+ Advance.....	99	Estradiol Valerate.....	135
EQ Complete Multivitamin Child.....	98	EQL One Daily Mens Health.....	99	Estring.....	135
EQ Complete Multivitamin- Adult.....	98	EQL One Daily Womens 50+ Advanced.....	99	Estroven Menopause Supplement.....	99
EQ Multivitamin Gummies....	98	EQL Probiotic Acidophilus..	125	Ethambutol HCl.....	39
EQ One Daily Mens 50+.....	98	EQL Saline Nasal Spray.....	179	Ethosuximide.....	30
EQ One Daily Mens Health...	99	EQL Slow Release Iron.....	81	Ethinodiol Diacetate-Ethinyl Estradiol.....	135
EQ One Daily Womens Health	99	EQL Stress B-Complex C/Zinc	99	Etodolac.....	15
EQ Saline Nasal Spray.....	179	EQL Super B Complex/Vitamin C.....	99	Etonogestrel-Ethinyl Estradiol	135
EQ Slow-Release Iron.....	81	EQL Vision Formula.....	99	Etravirine.....	51
EQ Therapeutic Moisturizing	73	EQL Vitamin C.....	99	Eucerin Advanced Repair Hand.....	73
EQL B-6.....	99	EQL Vitamin C/Rose Hips....	99	Eucerin Calming Daily Moisturizer.....	73
EQL Calcium Citrate/Vitamin D	81	EQL Vitamin D3.....	99	Eucerin Original Healing.....	73
EQL Calcium Citrate/Vitamin D3.....	81	EQL Vitamin E.....	99	Eucerin Plus.....	74
EQL Calcium/Vitamin D.....	81	Ergocalciferol.....	99	Eucerin Skin Calming.....	74
EQL Calcium/Vitamin D3.....	81	Ergotamine-Caffeine.....	38	Euthyrox.....	139
EQL Carbonyl Iron.....	81	Erivedge.....	42	Everolimus.....	42, 144
EQL Castor Oil.....	119	Erleada.....	40	Evotaz.....	53
EQL Century.....	99	Erlotinib HCl.....	42	Exemestane.....	41
EQL Century Mature.....	99	Errin.....	139	Exkivity.....	42
EQL Century Mature Adults 50+.....	99	Ertapenem Sodium.....	27	Eye Health + Lutein.....	99
EQL Century Mens.....	99	Ery.....	76	Eye Itch Relief.....	167
EQL Child Multivitamins/ Minerals.....	99	Erythrocin Lactobionate.....	28	Eye Multivitamin.....	99
EQL CoQ10.....	155	Erythromycin.....	28, 76, 166	Eye Multivitamin/Lutein.....	99
EQL Digestive Probiotic.....	125	Erythromycin Base.....	28	Eye Multivitamin/Sodium.....	99
EQL Fish Oil.....	155	Erythromycin Ethylsuccinate	28	Ezetimibe.....	65
EQL Iron Supplement Therapy	81	Escitalopram Oxalate.....	33	Ezetimibe-Simvastatin.....	65
		Esomeprazole Magnesium.	130	EZFE 200.....	81
		Essentia.....	99		
		Essential Balance.....	99	F	
		Estarylla.....	135	FA-8.....	99
				FaBB.....	99

Falmina.....	135	Ferric x-150.....	81	Fish Oil Ultra.....	156
Famciclovir.....	51	Ferrlecit.....	81	Fish Oil/Super Potent/No Burp	156
Famotidine.....	129	Ferrous Gluconate.....	81	Flac.....	168
Famotidine Maximum Strength	129	Ferrous Sulfate.....	81	Flanders Buttocks.....	74
Famotidine Orig Strength...	129	Ferrous Sulfate ER.....	81	Flavor Sweet-SF.....	156
Fanapt.....	49	Fetzima.....	33	Flecainide Acetate.....	61
Fanapt Titration Pack.....	49	Fetzima Titration.....	33	Fleet Bisacodyl.....	119
Fantasy Lubricated.....	155	FeverAll Adults.....	14	Fleet Enema.....	119
Fantasy Lubricated/ Spermicide.....	155	FeverAll Childrens.....	14	Fleet Oil.....	120
Farxiga.....	55	FeverAll Infants.....	14	Fleet Pediatric.....	120
Fasenra.....	179	FeverAll Junior Strength.....	14	Flintstones Gummies Omega-3 DHA.....	99
Fasenra Pen.....	179	Fexofenadine HCl.....	170	Flintstones Complete.....	99
Fattibase.....	155	Fexofenadine- Pseudoephedrine ER.....	170	Flintstones Gummies.....	99
FC2 Female Condom.....	155	Fiber.....	119	Flintstones Gummies Bone Build.....	99
Fe-Vite Iron.....	81	Fiber-Lax.....	119	Flintstones Gummies Complete.....	100
Febuxostat.....	38	Finacea.....	69	Flintstones Gummies Plus..	100
Felbamate.....	29	Finasteride.....	132	Flintstones Plus Calcium....	100
Felodipine ER.....	62	Fingolimod HCl.....	68	Flintstones Sour Gummies.	100
Fenofibrate.....	64	Fintepla.....	29	Flintstones w/Iron.....	100
Fenofibrate Micronized.....	64	Finzala.....	135	Flintstones/My First.....	100
Fentanyl.....	19	Firmagon.....	140	Flonase Allergy Relief.....	173
Fentanyl Citrate.....	20	First Aid Antibiotic.....	23	Florajen Acidophilus.....	125
Feosol.....	81	Fish Oil.....	155	Florajen Women.....	125
Feosol Natural Release.....	81	Fish Oil Adult Gummies.....	155	Floranex.....	125
Fer-In-Sol.....	81	Fish Oil Burp-Less.....	155	Floriva.....	100
Feraheme.....	81	Fish Oil Concentrate.....	155	Floriva Plus.....	100
Ferate.....	81	Fish Oil Double Strength....	155	Flowflex COVID-19 Antigen Home Test.....	156
Fergon.....	81	Fish Oil Extra Strength.....	155	Flu HBP.....	179
FeRiva 21/7.....	81	Fish Oil Maximum Strength	155	Flu/Severe Cold & Cough Day	179
FeRivaFA.....	81	Fish Oil Odor-Less.....	155	Fluconazole.....	36
FeroSul.....	81	Fish Oil Omega-3.....	155		
Ferralet 90.....	81	Fish Oil Pearls.....	155		
Ferrex 150.....	81	Fish Oil Triple Strength.....	156		

Fluconazole in Sodium Chloride.....	36	Fosamprenavir Calcium.....	53	Gas-X Ultra Strength.....	125
Flucytosine.....	36	Fosfree.....	100	Gauze.....	156
Fludrocortisone Acetate.....	133	Fosinopril Sodium.....	61	GaviLAX.....	120
Flunisolide.....	174	Fosinopril Sodium-HCTZ.....	63	GaviLyte-C.....	125
Fluocinolone Acetonide. 70, 71, 168		Fotivda.....	40	GaviLyte-G.....	125
Fluocinonide.....	71	Freedavite.....	100	Gaviscon.....	126
Fluocinonide Emulsified Base	71	Freeze Dried Acidophilus....	125	Gaviscon Extra Relief Formula	126
Fluorometholone.....	167	FreshKote.....	163	Gaviscon Extra Strength.....	126
Fluorouracil.....	74	FreshKote PF.....	163	Gavreto.....	42
Fluoxetine HCl.....	33	Fructose.....	56	Gefitinib.....	43
Fluphenazine Decanoate.....	47	Fruity Chews.....	100	Gemfibrozil.....	65
Fluphenazine HCl.....	47, 48	Fruity Chews/Iron.....	100	Gemtesa.....	132
Flurbiprofen.....	15	Fruzaqla.....	42	Genabio Covid-19 Rapid Test	156
Flurbiprofen Sodium.....	167	Full Spectrum B/Vitamin C.	100	GenADEK.....	100
Fluticasone Propionate. 71, 174		Fungoid Tincture.....	36	GenADEK Step 1.....	100
Fluticasone-Salmeterol.....	180	Furosemide.....	64	GenADEK Step 2.....	101
Fluvastatin Sodium.....	65	Fusion Plus.....	100	Generlac.....	120
Fluvastatin Sodium ER.....	65	Fuzeon.....	53	Gengraf.....	144
Fluvoxamine Maleate.....	33	Fyavolv.....	135	Genotropin.....	133
Folate.....	100	Fycompa.....	29	Genotropin MiniQuick.....	133
Folditam.....	100	G			GenTamicin Sulfate. 23, 76, 166
Folic Acid.....	100	Gabapentin.....	30	GenTamicin Sulfate-0.9% Sodium Chloride.....	23
Foliflex.....	100	Galzin.....	82	GenTeal Severe.....	163
Folite.....	100	Gammagard.....	141	GenTeal Tears.....	163
Folitin-Z.....	100	Gammagard S/D Less IgA..	141	GenTeal Tears Moderate PF	163
Folivane-F.....	81	Gammaked.....	141	GenTeal Tears Night-Time..	163
Folixapure.....	100	Gammaplex.....	141	GenTeal Tears PF.....	163
Foltrate.....	100	Gamunex-C.....	141	GenTeal Tears Severe Day/ Night.....	163
Foltrexyl.....	100	Gardasil 9.....	146	Gentle Laxative.....	120
Fondaparinux Sodium.....	59	Gas Relief.....	125	Genvoya.....	51
Formoterol Fumarate.....	175	Gas Relief Extra Strength....	125		
Forteo.....	149	Gas Relief Infants.....	125		
		Gas Relief Ultra Strength....	125		
		Gas-X Extra Strength.....	125		

Gerber Grow Mighty.....	101	GNP Allergy.....	171	GNP Childrens Allergy.....	171
Gerber Lil' Brainies.....	101	GNP Allergy & Congestion.	171	GNP Childrens Chewables/ Extra C.....	101
Gerivite Complete.....	101	GNP Allergy Multi-Symptom	180	GNP Childrens Chewables/ Iron.....	101
Gilotrif.....	43	GNP Allergy Relief.....	171	GNP Childrens Ibuprofen.....	16
Glatiramer Acetate.....	68	GNP Allergy Relief 24 HR...	171	GNP ClearLax.....	120
Glatopa.....	68	GNP Allergy Relief Max Strength.....	171	GNP Clotrimazole 3.....	36
Gleostine.....	40	GNP Allergy/Congestion Relief	171	GNP Co Q10.....	156
Glimepiride.....	55	GNP Antacid & Anti-Gas....	126	GNP Cold/Cough Childrens	180
Glipizide.....	55	GNP Antacid Extra Strength	126	GNP Cough DM ER.....	180
Glipizide ER.....	55	GNP Antacid Regular Strength	126	GNP D 1000.....	101
Glipizide-Metformin HCl.....	55	GNP Anti-Diarrheal.....	123, 126	GNP Day Time Cold/Flu.....	180
GlucaGen HypoKit.....	56	GNP Anti-Gas.....	126	GNP Esomeprazole Magnesium.....	130
Glucagon.....	56	GNP Anti-Itch.....	74	GNP Essential One Daily.....	101
Glucose.....	56	GNP Artificial Tears.....	163	GNP Fiber Therapy.....	120
Glucoten.....	101	GNP Aspirin.....	16	GNP Fiber-Caps.....	120
Glutamine.....	156	GNP Aspirin Low Dose.....	16	GNP Fish Oil.....	156
Glutathione.....	156	GNP Athletes Foot.....	36	GNP Fish Oil Max Strength.	156
Glycerin.....	120	GNP B-Complex Plus Vitamin C.....	101	GNP Fluticasone Propionate	174
GlycoLax.....	120	GNP Bacitracin Zinc.....	23	GNP Folic Acid.....	101
Glycopyrrolate.....	123	GNP Biotin.....	101	GNP Gas Relief.....	126
Glyxambi.....	55	GNP Boric Acid.....	156	GNP Gas Relief Extra Strength	126
GNP 8 Hour Arthritis Relief..	14	GNP Calcium.....	82	GNP Gentle Laxative.....	120
GNP 8 Hour Pain Relief.....	14	GNP Calcium 500 +D3.....	82	GNP Glucose.....	56
GNP 8 Hour Pain Reliever....	14	GNP Calcium 600 +D/Minerals	82	GNP Hair/Skin/Nails.....	101
GNP Acetaminophen....	15, 156	GNP Calcium 600 +D3.....	82	GNP Healthy Eyes.....	101
GNP Acid Reducer.....	129	GNP Calcium 600 +D3/ Minerals.....	82	GNP Hydrocortisone.....	71
GNP Acid Reducer Max Strength.....	129	GNP Calcium Citrate +D3....	82	GNP Hydrocortisone Max Strength.....	71
GNP Adult Aspirin Low Strength.....	15	GNP Castor Oil.....	120	GNP Hydrocortisone Plus....	71
GNP All Day Allergy.....	170			GNP Hydrocortisone/Aloe....	71
GNP All Day Allergy Childrens	170				
GNP All Day Allergy Relief..	170				
GNP All Day Allergy-D.....	170				

GNP Ibuprofen.....	16	GNP Nasal Spray.....	180	GNP Stool Softener/Laxative	120
GNP Ibuprofen Childrens.....	16	GNP Nasal Spray Extra Moist	180	GNP Tab Tussin.....	181
GNP Ibuprofen Infants.....	16	GNP Nasal Spray Fast Acting	180	GNP Tab Tussin DM.....	181
GNP Infants Pain/Fever.....	16	GNP Natural Fiber.....	120	GNP Terbinafine	
GNP Iron.....	82	GNP Nicotine.....	21	Hydrochloride.....	36
GNP Lansoprazole.....	130	GNP Nicotine Mini.....	21	GNP Therapeutic-M.....	101
GNP Lice Treatment.....	75	GNP Nicotine Polacrilex.....	21	GNP Tolnaftate.....	36
GNP Little Ones Childrens..	101	GNP Night Time Cold & Flu	181	GNP Triple Antibiotic.....	23
GNP Loperamide HCl.....	126	GNP Night Time Cold-Flu...	181	GNP Triple Antibiotic Plus....	23
GNP Loratadine.....	171	GNP Night Time Cough.....	181	GNP Tussin CF Cough & Cold	181
GNP Loratadine Childrens..	171	GNP No Drip Nasal Spray...	181	.....	181
GNP Lubricating Plus Eye		GNP Omeprazole.....	130	GNP Tussin Cough Long	
Drops.....	163	GNP One Daily Mens Health		Acting.....	181
GNP Mega Multi for Men....	101	50+.....	101	GNP Tussin DM.....	181
GNP Mega Multi for Women		GNP One Daily Mens/		GNP Tussin DM Cough.....	181
.....	101	Lycopene.....	101	GNP Tussin DM Max.....	181
GNP Miconazole 1.....	36	GNP One Daily Womens.....	101	GNP Tussin Mucus & Chest	
GNP Miconazole 3.....	36	GNP One Daily Womens 50+		Congestion.....	181
GNP Miconazole 7.....	36	.....	101	GNP Urinary Pain Relief.....	133
GNP Miconazorb AF.....	36	GNP Pain & Fever Childrens.	16	GNP Vitamin A.....	101
GNP Milk of Magnesia.....	120	GNP Pain Relief.....	16	GNP Vitamin B-6.....	101
GNP Mineral Oil.....	120	GNP Pain Relief Extra Strength	16	GNP Vitamin C.....	101
GNP Motion Sickness Relief.	34	.....	16	GNP Vitamin C/Rose Hips..	101
GNP Mucus DM Max Strength		GNP Pink Bismuth.....	126	GNP Vitamin D.....	101
.....	180	GNP Pseudoephedrine HCl	12	GNP Vitamin D Maximum	
GNP Mucus ER.....	180	Hr.....	181	Strength.....	101
GNP Mucus Relief.....	180	GNP Quick Dissolve Glucose		GNP Vitamin D Super Strength	
GNP Mucus Relief DM.....	180	.....	56	.....	101
GNP Mucus Relief PE.....	180	GNP Senna Lax.....	120	GNP Vitamin D-400.....	101
GNP Naproxen Sodium.....	16	GNP Senna Plus.....	120	GNP Vitamin D3 Extra Strength	
GNP Nasal Decongestant..	180	GNP Sinus Pressure/Pain...	181	.....	101
GNP Nasal Decongestant PE		GNP Sinus/Headache.....	181	GNP Vitamin E.....	101
.....	180	GNP Stomach Relief.....	126	GNP Wart Remover.....	74
GNP Nasal Four Spray.....	180	GNP Stool Softener.....	120	GNP Womens Gentle Laxative	
GNP Nasal Moisturizing.....	180			.....	120

Gold Bond Ultimate Healing. 74	GoodSense Pain & Fever Child 16	Haloperidol..... 48
GoodSense All Day Allergy. 171	GoodSense Pain & Fever Infants..... 16	Haloperidol Decanoate..... 48
GoodSense Aller-Ease..... 171	GoodSense Pain Relief..... 16	Haloperidol Lactate..... 48
GoodSense Allergy Relief... 171	GoodSense Pain Relief Extra Strength..... 16	Hard Nails..... 102
GoodSense Anti-Diarrheal.. 126	GoodSense Tussin CF..... 181	Havrix..... 146
GoodSense Arthritis Pain..... 14	GoodSense Tussin DM..... 181	Head Congestion/Mucus... 182
GoodSense Aspirin..... 16	GoodSense Tussin DM Max 181	Healthy Eyes..... 102
GoodSense Aspirin Adults.... 16	Granisetron HCl..... 35	Healthy Eyes Supervision 2 102
GoodSense ClearLax..... 120	Grape Syrup..... 156	Healthy Eyes/Lutein- Zeaxanthin..... 102
GoodSense Cold & Flu..... 181	Griseofulvin Microsize..... 36	Healthy Hair/Skin/Nails..... 102
GoodSense Cough DM..... 181	Griseofulvin Ultramicrosize... 36	Healthy Kids Gummies..... 102
GoodSense Cough DM Childrens..... 181	Guaifenesin..... 181	Healthy Kids Vitamin D3.... 102
GoodSense Day Time Cold & Flu..... 181	Guaifenesin AC..... 181	HealthyLax..... 120
GoodSense Esomeprazole. 130	Guaifenesin ER..... 181	Heartburn Relief..... 129
GoodSense Hemorrhoidal.... 74	Guaifenesin-Codeine..... 181	Heartburn Relief Extra Strength 126
GoodSense Ibuprofen..... 16	Guaifenesin-DM..... 181	Heartburn Relief Max Strength 129
GoodSense Ibuprofen Childrens..... 16	Guanfacine HCl..... 60	Heather..... 139
GoodSense Ibuprofen Infants 16	Guanfacine HCl ER..... 67	Hematex..... 82
GoodSense Lansoprazole.. 130	Gummi Bear Multivitamin/ Mineral..... 101	Hematex Iron Complex..... 82
GoodSense Lice Killing..... 75	Gvoke HypoPen 2-Pack..... 56	Hematogen FA..... 82
GoodSense Lubricating Eye Drop..... 163	Gvoke Kit..... 56	Hemocyte Plus..... 82
GoodSense Mucus Relief Child 181	Gvoke PFS..... 56	Heparin Sodium..... 59
GoodSense Naproxen Sodium 16	H	Heplisav-B..... 146
GoodSense Nicotine..... 21, 22	H-E-B Oral Electrolyte..... 82	Hiberix..... 146
GoodSense Night Time Cough 181	Haegarda..... 141	High Potency Multivitamin.. 102
GoodSense Nighttime Cold & Flu..... 181	Hailey 24 Fe..... 135	High Potency Multivitamin/ Beta-Carotene..... 102
	Hair Skin & Nails Advanced 102	High Potency MultiVitamin/ Folic Acid..... 102
	Hair Skin Nails..... 102	Histex..... 171
	Hair/Skin/Nails..... 102	Histex PD..... 171
	Halobetasol Propionate..... 71	Histex-DM..... 182
	Haloette..... 135	

HM Acetaminophen Childrens	156	HM E Vitamin.....	102	HM Nose Drops.....	182
HM Adult Aspirin.....	16	HM Enema.....	120	HM Omeprazole.....	130
HM All Day Allergy Childrens	171	HM Enema Mineral Oil.....	120	HM Pain & Fever Childrens...	17
HM Allergy Relief.....	171, 174	HM Esomeprazole Magnesium DR.....	130	HM Pain Relief.....	14
HM Allergy Relief/Nasal Decongestant.....	171	HM Fexofenadine HCl.....	171	HM Pain Reliever.....	17
HM Antacid.....	126	HM Gas Relief.....	126	HM Senna.....	121
HM Antacid Anti-Gas Extra Strength.....	126	HM Gas Relief Extra Strength	126	HM Stomach Relief.....	126
HM Antacid Extra Strength.	126	HM Gas Relief Infants Drops	126	HM Stomach Relief Ultra....	126
HM Arthritis Pain Relief.....	14	HM Gentle Laxative.....	121	HM Stool Softener.....	121
HM Aspirin.....	16	HM Hair/Skin/Nails.....	102	HM Stool Softener/Laxative	121
HM Aspirin EC Low Dose.....	16	HM Hydrocortisone Plus.....	71	HM Triple Antibiotic.....	23
HM Bacitracin Zinc.....	23	HM Hydrocortisone-Aloe Max Strength.....	71	HM Triple Antibiotic Max Strength.....	23
HM Biotin.....	102	HM Ibuprofen.....	17	HM Urinary Pain Relief.....	133
HM Calcium Citrate+D3 Petite	82	HM Ibuprofen Childrens.....	17	HM Womens 50+ Advanced Daily.....	102
HM Calcium-Vitamin D- Minerals.....	82	HM Laxative.....	121	Honey Bears.....	102
HM Cetirizine HCl.....	171	HM Loratadine.....	171	Honey Bears w/Iron-Zinc....	102
HM Chest Congestion Relief	182	HM Loratadine Childrens....	171	Humalog.....	57
HM Chest Congestion Relief DM.....	182	HM Lubricating Tears.....	163	Humalog Junior KwikPen.....	57
HM ClearLax.....	120	HM Magnesium Citrate.....	121	Humalog KwikPen.....	57
HM Cold & Cough Childrens	182	HM Milk of Magnesia.....	121	Humalog Mix 50/50 KwikPen	57
HM Cold & Sinus Relief.....	182	HM Motion Sickness.....	34	Humalog Mix 75/25.....	57
HM Complete Men.....	102	HM Mucus Relief DM.....	182	Humalog Mix 75/25 KwikPen	57
HM Complete Women.....	102	HM Naproxen Sodium.....	17	Humira.....	144
HM Cough DM.....	182	HM Nasal Decongestant 12 Hour.....	182	Humira Pediatric Crohns Start	145
HM Daytime Cold & Flu.....	182	HM Nasal Decongestant PE	182	Humira Pen Crohn's Disease/ Ulcerative Colitis/Hidradenitis Suppurativa Starter.....	144
HM Double Antibiotic.....	23	HM Nicotine.....	22	Humira Pen Psoriasis Starter	145
HM Dry Eye Relief.....	163	HM Nicotine Polacrilex.....	22		
		HM Night Time Cold & Flu..	182		
		HM Nighttime Cold & Flu Relief	182		

Humira Pen Psoriasis/Uveitis Starter.....	145	Hydrocortisone/Aloe Max Strength.....	71	IDHIFA.....	41
Humira Pen-Pediatric UC Start	145	Hydrolatum.....	74	IHealth COVID-19 Rapid Test	156
Humulin 70/30.....	57	Hydromet.....	182	Ilevro.....	167
Humulin 70/30 KwikPen.....	57	Hydromorphone HCl.....	20	Imatinib Mesylate.....	43
Humulin N.....	57	Hydromorphone HCl Preservative Free.....	20	Imbruvica.....	43
Humulin N KwikPen.....	57	Hydrophilic Petrolatum.....	156	Imipenem-Cilastatin.....	27
Humulin R.....	57	Hydrophor.....	74	Imipramine HCl.....	34
Humulin R U-500.....	57	Hydrous Emulsified Base....	156	Imipramine Pamoate.....	34
Humulin R U-500 KwikPen....	58	Hydroxocobalamin.....	102	Imiquimod.....	74
Hy-Vee Glucose.....	57	Hydroxocobalamin Acetate	102	Immune Support.....	103
Hycodan.....	182	Hydroxychloroquine Sulfate.	46	Imovax Rabies.....	146
Hydralazine HCl.....	66	Hydroxyurea.....	40	Impavido.....	46
Hydralyte.....	82	Hydroxyzine HCl.....	54	Imvexxy Maintenance Pack	135
Hydrasyn25.....	74	Hydroxyzine Pamoate.....	54	Imvexxy Starter Pack.....	135
Hydrochlorothiazide.....	64	Hypromellose.....	156	Inbrija.....	47
Hydrocodone Bitartrate-Homatropine Methylbromide	182	I		Incassia.....	139
Hydrocodone Polistirex-Chlorpheniramine Polistirex ER.....	182	I-Vite.....	103	Increlex.....	133
Hydrocodone-Acetaminophen	20	Ibandronate Sodium.....	149	Incruse Ellipta.....	174
Hydrocodone-Ibuprofen.....	20	Ibrance.....	43	Indapamide.....	64
Hydrocortisone.....	71, 133, 149	Ibu.....	17	Indicaid COVID-19 Rapid Test	156
Hydrocortisone Acetate	71, 133	Ibuprofen.....	17	Indomethacin.....	17
Hydrocortisone Butyrate.....	71	Ibuprofen Childrens.....	17	Infanrix.....	146
Hydrocortisone Max Strength	71	Ibuprofen Infants.....	17	Infants Ibuprofen.....	17
Hydrocortisone Max Strength/12 Moisturizers.....	71	Ibuprofen Junior Strength....	17	Infuvite Pediatric.....	103
Hydrocortisone Valerate.....	71	ICaps.....	102	Ingrezza.....	67
Hydrocortisone-Acetic Acid	168	ICaps AREDS Formula.....	102	Inlyta.....	43
		ICaps Lutein & Omega-3....	102	Inqovi.....	43
		ICaps MV.....	102	Inrebic.....	43
		Icar.....	82	Insulin Lispro.....	58
		Icatibant Acetate.....	141	Insulin Lispro Junior KwikPen	58
		Iclevia.....	135	Insulin Lispro Prot & Lispro...58	
		Iclusig.....	43	Insulin Syringes, Needles....	156
		Ideal Bowel Support.....	126		

Integra F.....	82	Isosorbide Mononitrate.....	66	Kalydeco.....	175	
Integra Plus.....	82	Isosorbide Mononitrate ER...	66	Kariva.....	136	
Intelence.....	52	Isotretinoin.....	69	KCl in Dextrose-NaCl.....	83	
InteliSwab COVID-19 Rapid Test.....	156	Isturisa.....	140	KCl-Lactated Ringers-D5W...	83	
Intralipid.....	82	Itch Relief Extra Strength.....	74	Kelnor 1/35.....	136	
Introvale.....	135	Itraconazole.....	36	Kelnor 1/50.....	136	
Invega Hafyera.....	49	Ivermectin.....	46	Keradan.....	74	
Invega Sustenna.....	49	Iwilfin.....	41	Kerendia.....	63	
Invega Trinza.....	49	Ixchiq.....	147	Kesimpta.....	68	
IPOL.....	147	Ixiaro.....	147	Ketoconazole.....	36, 77	
Ipratropium Bromide.....	174	J			Ketoprofen.....	17
Ipratropium-Albuterol.....	182	Jakafi.....	43	Ketorolac Tromethamine....	167	
Irbesartan.....	60	Jantoven.....	59	Ketotifen Fumarate.....	167	
Irbesartan-Hydrochlorothiazide	63	Jardiance.....	55	Kids First Vitamin D3 Gummies	103	
Iron.....	82	Jasmiel.....	135	Kimono.....	156	
Iron 27.....	82	Jaypirca.....	43	Kimono Colors.....	156	
Iron Chews Pediatric.....	82	Jentadueto.....	55	Kimono Micro Thin.....	156	
Iron High-Potency.....	82	Jentadueto XR.....	55	Kimono Micro Thin Plus.....	157	
Iron Infant & Toddler.....	82	Jinteli.....	135	Kimono Plus.....	157	
Iron Infant/Toddler.....	82	Jublia.....	76	Kimono Sensation.....	157	
Iron Slow Release.....	82	Juleber.....	135	Kimono Sensation Plus.....	157	
Iron Supplement.....	83	Juluca.....	51	Kimono Special.....	157	
Iron Supplement Childrens...	83	Junel 1.5/30.....	135	Kinderlyte.....	83	
Iron Up.....	83	Junel 1/20.....	135	Kinderlyte PreMax.....	83	
Irospan 24/6.....	83	Junel Fe 1.5/30.....	135	Kinrix.....	147	
IS-D 10,000.....	103	Junel Fe 1/20.....	135	Kisqali.....	43	
Isentress.....	51	Junel Fe 24.....	136	Kisqali Femara.....	43	
Isentress HD.....	51	Just 4 Kidz Multivitamin/ Probiotic.....	103	Klor-Con.....	83	
Isibloom.....	135	Jynneos.....	147	Klor-Con 10.....	83	
Isolyte-P in D5W.....	83	K			Klor-Con 8.....	83
Isolyte-S pH 7.4.....	83	K-Pax Immune Professional Strength.....	103	Klor-Con M10.....	83	
Isoniazid.....	39	Kaitlib Fe.....	136	Klor-Con M15.....	83	
Isosorbide Dinitrate.....	66	Kala.....	126	Klor-Con M20.....	83	

Konsyl Daily Fiber.....	121	L	Lansinoh Lanolin Minis Nipple	157	
Korlym.....	134	L-Arginine.....	157	Lansinoh Lanolin Nipple.....	157
Koselugo.....	43	L-Arginine Maximum Strength	157	Lansoprazole.....	130
Kourzeq.....	69	L-Carnitine.....	157	Lantus.....	58
KP Adults 50+ Daily Formula	103	L-Citrulline.....	157	Lantus SoloStar.....	58
KP Adults Daily Formula.....	103	L-Glutamine.....	157	Lapatinib Ditosylate.....	43
KP B Complex-C.....	103	L-Glutathione.....	83	LARIN 1.5/30.....	136
KP Calcium 600+D.....	83	L-Isoleucine.....	157	LARIN 1/20.....	136
KP Calcium 600+D3.....	83	L-Lysine HCl.....	157	LARIN Fe 1.5/30.....	136
KP Calcium Citrate+D.....	83	L-Valine.....	157	LARIN Fe 1/20.....	136
KP Ferrous Gluconate.....	83	Labetalol HCl.....	61	Latanoprost.....	167
KP Ferrous Sulfate.....	83	Lacosamide.....	31	Laxative Max Strength.....	121
KP Fish Oil.....	157	Lacrisert.....	163	Laxative Regular Strength..	121
KP Folic Acid.....	103	Lactinex.....	127	Layolis Fe.....	136
KP Mag-Oxide Magnesium...	83	Lactobacillus.....	127	Leader Finger Cream.....	74
KP Mens 50+ Daily Formula	103	Lactobacillus Extra Strength	127	Leader Glucose.....	57
KP Mens Daily Formula.....	103	Lactobacillus Probiotic.....	127	Leader Quick Dissolve Glucose	57
KP Mens Daily Pack.....	103	Lactose.....	157	Leena.....	136
KP Niacin.....	103	Lactose Anhydrous.....	157	Leflunomide.....	145
KP Omega-3 Fish Oil.....	157	Lactose Hydrous.....	157	Lenalidomide.....	40
KP Vision Formula.....	103	Lactose Monohydrate.....	157	Lenvima 10MG Daily Dose....	43
KP Vision Formula/Lutein...	103	Lactulose.....	121	Lenvima 12MG Daily Dose....	43
KP Vitamin B-6.....	103	Lagevrio.....	157	Lenvima 14MG Daily Dose....	43
KP Vitamin D.....	103	Lamisil AT.....	36	Lenvima 18MG Daily Dose...	43
KP Vitamin D3.....	103	Lamivudine.....	50, 52	Lenvima 20MG Daily Dose....	43
KP Vitamin E.....	103	Lamivudine-Zidovudine.....	52	Lenvima 24MG Daily Dose....	43
KP Womens 50+ Daily Formula	103	Lamotrigine.....	29	Lenvima 4MG Daily Dose.....	44
KP Womens Daily.....	103	Lanaphilic.....	74	Lenvima 8MG Daily Dose.....	44
KP Womens Daily Formula.	103	Land Before Time Multivitamin	103	Lessina.....	136
Krazati.....	41	Lanolor.....	157	Letrozole.....	41
Kroger Glucose.....	57	Lansinoh Lanolin.....	157	Leucovorin Calcium.....	46
Kurveo.....	136			Leukeran.....	40
				Leuprolide Acetate.....	140

Levalbuterol HCl.....	175	Linezolid.....	23	Lortuss LQ.....	172
Levemir.....	58	Linzess.....	121	Loryna.....	136
Levemir FlexPen.....	58	Liothyronine Sodium.....	140	Losartan Potassium.....	60
Levetiracetam.....	29	Lip Balm Base.....	157	Losartan Potassium-HCTZ....	63
Levetiracetam ER.....	29	Lipoic Acid.....	157	Lotemax.....	167
Levobunolol HCl.....	167	Liq-10.....	157	Lotemax SM.....	167
Levocarnitine.....	131	Liquid Acetaminophen.....	14	Loteprednol Etabonate.....	167
Levocetirizine Dihydrochloride	171	Liquid Calcium with D3.....	83	Lovastatin.....	65
Levofloxacin.....	28, 166	Liquid Calcium/Vitamin D....	83	Low-Ogestrel.....	136
Levofloxacin in D5W.....	28	Lisdexamfetamine Dimesylate	66	Loxapine Succinate.....	48
Levonest.....	136	Lisinopril.....	61	Lubiprostone.....	121
Levonorgestrel.....	139	Lisinopril-Hydrochlorothiazide	63	Lubricant Eye Drops... 163, 164	
Levonorgestrel-Ethinyl Estradiol.....	136	Lithium.....	55	Lubricant Eye Nighttime.....	164
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol	136	Lithium Carbonate.....	55	Lubricating Eye Drops.....	164
Levonorgestrel-Ethinyl Estradiol 91-Day.....	136	Lithium Carbonate ER.....	54	Lubricating Plus Eye Drops	164
Levonorgestrel-Ethinyl Estradiol Triphasic.....	136	Little Remedies Saline.....	182	Lubricating Tears Eye Drops	164
Levora 0.15/30.....	136	Little Remedies Saline Mist	182	LubriFresh P.M.....	164
Levothyroxine Sodium.....	140	Livalo.....	65	Lucira Check It COVID-19 Test	157
Levoxyl.....	140	LoHist-D.....	171	Lumakras.....	41
Lexiva.....	53	LoHist-DM.....	182	Lumigan.....	167
Lice Killing.....	75	Lokelma.....	89	Lumryz.....	192
Lice Killing Maximum Strength	75	Lollibase.....	157	Lupron Depot.....	140
Lice Treatment Creme Rinse	75	Longs Glucose.....	57	Lupron Depot-Ped.....	140, 141
Lidocaine.....	21	Lonsurf.....	41	Lurasidone HCl.....	49
Lidocaine HCl.....	21	Loperamide HCl.....	123, 127	Lutera.....	136
Lidocaine Viscous.....	21	Lopinavir-Ritonavir.....	53	Lybalvi.....	49
Lidocaine-Prilocaine.....	21	Loratadine.....	171	Lyleq.....	139
Life Pack Mens.....	103	Loratadine Childrens..	171, 172	Lynparza.....	44
Life Pack Womens.....	103	Loratadine-D 12HR.....	172	Lysiplex Plus.....	103
		Loratadine-D 24HR.....	172	Lysodren.....	140
		Lorazepam.....	54	Lytgobi.....	44
		Lorazepam Intensol.....	54	Lyumjev.....	58
		Lorbrena.....	44	Lyumjev KwikPen.....	58

Lyza.....	139	Mapap Childrens.....	157	Medela Tender Care Lanolin	158
M					
M-Clear WC.....	183	Mapap Cold Formula Multi- Symptom.....	182	Medi-Lyte.....	84
M-Dryl.....	172	Mar-cof BP.....	183	Medicated Callus Removers..	74
M-End DMX.....	183	Mar-Cof CG Expectorant....	183	Medicated Corn Removers... 74	
M-End PE.....	183	Maraviroc.....	53	Medroxyprogesterone Acetate	139
M-M-R II.....	147	Marinol.....	35	Mefloquine HCl.....	46
M-PAP.....	14	Marlissa.....	136	Mega Biotin.....	104
Macular Health Formula.....	103	Marplan.....	33	Mega Multi Men.....	104
Macuvite.....	103	Matulane.....	40	Mega-Marathon 100 TR.....	104
Macuvite Eye Care.....	103	Matzim LA.....	62	MegaRed Kids.....	158
Macuvite/Lutein.....	103	Mavyret.....	51	Megavite Fruits & Veggies..	104
Mag-AI.....	127	Maxi Deet.....	157	Megavite Golden Years 55+	104
Mag-AI Plus.....	127	Maxi-Tuss AC.....	183	Megestrol Acetate.....	139
Mag-AI Plus XS.....	127	Maxi-Tuss CD.....	183	Meijer Advanced Formula... 104	
Mag-G.....	83	Maxi-Tuss G.....	183	Meijer C.....	104
Mag-Oxide.....	84	Maxi-Tuss GMX.....	183	Meijer Glucose.....	57
Mag-Tab SR.....	84	Maxi-Tuss Jr.....	183	Meijer Saline Nasal Spray... 183	
Mag64.....	83	Maxi-Tuss PE.....	172	Mekinist.....	44
MagDelay.....	83	Maxi-Tuss PE Jr.....	183	Mektovi.....	44
Magnesium Chloride.....	83	Maxi-Tuss PE Max.....	183	Meloxicam.....	17
Magnesium Citrate.....	83	Maxi-Tuss TR.....	183	Memantine HCl.....	32
Magnesium Extra Strength... 83		Maxichlor PEH DM.....	183	Memantine HCl ER.....	32
Magnesium Gluconate.....	83	Maxifed.....	183	Memantine HCl Titration Pak32	
Magnesium Lactate.....	83	Maxifed TR.....	183	Menactra.....	147
Magnesium Oxide.....	127	Maximin Pack.....	103	Menest.....	136
Magnesium Oxide -Magnesium Supplement.....	84	Maximum D3.....	103	MenQuadfi.....	147
Magnesium Sulfate.....	84	Maximum Daily Green.....	104	Mens 50+ Advanced.....	104
Magnesium-Oxide.....	84	Maximum EPA.....	158	Mens 50+ Multivitamin.....	104
Magonate.....	84	Maxx.....	158	Mens Daily Formula/Lycopene	104
MagOx 400.....	84	Maxx Plus.....	158	Mens Daily Pack.....	104
Malathion.....	75	Mayzent.....	68	Mens Multivitamin.....	104
Mapap.....	14	Mayzent Starter Pack.....	68		
Mapap Arthritis Pain.....	14	Meclizine HCl.....	34		

Mens Pack.....	104	Mibelas 24 Fe.....	136	Mirtazapine.....	32
Menveo.....	147	Micafungin Sodium.....	36	Mirtazapine ODT.....	32
Mercaptopurine.....	41	Miclara DM.....	183	Misoprostol.....	129
Meribin.....	104	Miclara LQ.....	172	Modafinil.....	192
Meropenem.....	27	Miconazole 3.....	36	Moexipril HCl.....	61
Mesalamine.....	148	Miconazole 3 Combo- Suppository.....	37	Moisturizing Cream.....	74
Mesalamine ER.....	148	Miconazole 7.....	37	Molindone HCl.....	48
Mesnex.....	46	Miconazole Nitrate.....	37	Mometasone Furoate.....	71
Metformin HCl.....	55	Micotrin AC.....	37	Montelukast Sodium.....	174
Metformin HCl ER.....	55	Micotrin AL.....	37	Mood Food ES.....	104
Methadone HCl.....	19	Micotrin AP.....	37	More-Dophilus Acidophilus	127
Methazolamide.....	167	Microderm Base.....	158	Morphine Sulfate.....	20
Methenamine Hippurate.....	24	Microgestin 1.5/30.....	136	Morphine Sulfate ER.....	19
Methimazole.....	141	Microgestin 1/20.....	136	Motegrity.....	121
Methocel E4M Premium.....	158	Microgestin 24 Fe.....	136	Motion Sickness Relief.....	34
Methocel E4M Premium CR	158	Microgestin Fe 1.5/30.....	137	Motion-Time.....	34
Methotrexate Sodium.....	145	Microgestin Fe 1/20.....	137	Movantik.....	121
Methoxsalen Rapid.....	74	Microsome Base.....	158	Moxifloxacin HCl.....	28, 166
Methscopolamine Bromide	123	Midodrine HCl.....	60	Moxifloxacin HCl in NaCl.....	28
Methsuximide.....	30	Mifepristone.....	134	Mucinex.....	183
Methylcellulose.....	121	Miglustat.....	131	Mucinex Child Freefrom Cold/ Flu.....	172
Methylphenidate HCl.....	67	Mili.....	137	Mucinex Child Multi-Symptom Day-Night Cold.....	183
Methylphenidate HCl ER.....	67	Milk of Magnesia.....	121	Mucinex Childrens Freefrom	183
Methylprednisolone.....	133	Milk of Magnesia Concentrate	121	Mucinex Childrens Stuffy Nose	183
Metoclopramide HCl.....	34	Milltrium Senior.....	104	Mucinex Cold Childrens.....	183
Metolazone.....	64	Mineral Oil.....	121	Mucinex Cough & Chest Congestion.....	183
Metoprolol Succinate ER.....	61	Mineral Oil-Hydrophilic Petrolatum.....	158	Mucinex Cough Childrens..	183
Metoprolol- Hydrochlorothiazide.....	63	Minerin Creme.....	74	Mucinex Cough For Kids....	183
Metronidazole.....	24	Minocycline HCl.....	29	Mucinex D.....	183
Metyrosine.....	63	Minoxidil.....	66	Mucinex D Max Strength....	183
Mexiletine HCl.....	61	Mintox Maximum Strength.	127		
MgO.....	84	Mintox Plus.....	127		

Mucinex DM.....	183	Mucinex Freefrom Day-Night	184	Mucus Relief Childrens.....	185
Mucinex DM Maximum Strength.....	183	Mucinex Freefrom Severe Congestion/Cough.....	185	Mucus Relief Cough Childrens	185
Mucinex Fast-Max Chest Congestion Maximum Strength.....	183	Mucinex Maximum Strength	185	Mucus Relief D.....	185
Mucinex Fast-Max Cold & Sinus.....	183	Mucinex Night Cold/Flu Max Strength.....	172	Mucus Relief DM.....	185
Mucinex Fast-Max Cold Flu	183	Mucinex Night Severe Cold/Flu Max.....	172	Mucus Relief DM Cough.....	185
Mucinex Fast-Max Cold Flu Night.....	183	Mucinex Nightshift Cold/Flu	172	Mucus Relief DM Max.....	185
Mucinex Fast-Max Cold Flu Sore Throat.....	184	Mucinex Nightshift Sinus....	172	Mucus Relief ER.....	185
Mucinex Fast-Max Cold/Flu	184	Mucinex Nightshift Sinus Clear	172	Mucus Relief Max Strength	185
Mucinex Fast-Max Cold/Flu Day/Night.....	184	Mucinex Nightshift Sinus Max Strength.....	172	Mucus Relief PE Sinus.....	185
Mucinex Fast-Max Cold/Flu Maximum Strength.....	184	Mucinex Sinus-Max.....	185	Mucus-DM Maximum Strength	186
Mucinex Fast-Max Congestion Cough.....	184	Mucinex Sinus-Max Clear & Cool.....	185	Multaq.....	61
Mucinex Fast-Max Congestion Headache.....	184	Mucinex Sinus-Max Congestion.....	185	Multi + Omega-3 Adult Gummies.....	104
Mucinex Fast-Max Congestion/ Cough/Cold/Flu.....	184	Mucinex Sinus-Max Day/Night	185	Multi Adult Gummies.....	104
Mucinex Fast-Max Day/Night Maximum Strength.....	184	Mucinex Sinus-Max Night Time	185	Multi Complete/Iron.....	104
Mucinex Fast-Max DM Max	184	Mucinex Sinus-Max Pressure/ Pain/Cough.....	185	Multi For Her.....	104
Mucinex Fast-Max Night Cold/ Flu.....	184	Mucinex Sinus-Max Severe Congestion/Pain.....	185	Multi For Her 50+.....	104
Mucinex For Kids.....	184	Mucinex Sinus-Max Sinus/ Allergy.....	185	Multi For Him.....	104
Mucinex Freefrom Cold/Flu Day.....	184	Mucinex Sinus-Max/Nightshift	185	Multi For Him 50+.....	104
Mucinex Freefrom Cold/Flu Day/Night.....	184	Mucinex Stuffy Nose & Chest	185	Multi Symptom Flu/Severe Cold.....	186
Mucinex Freefrom Cold/Flu Nght.....	172	Mucus & Chest Congestion	185	Multi Vitamin.....	105
Mucinex Freefrom Cold/Flu/ Congestion.....	184	Mucus Relief.....	185	Multi Vitamin w/D-3.....	105
				Multi Vitamin/Minerals.....	105
				Multi-Symptom Cold Childrens	186
				Multi-Vitamin.....	105
				Multi-Vitamin Gummies.....	105
				Multi-Vitamin Monocaps.....	105
				Multi-Vitamin/Iron.....	105
				Multi-Vitamin/Minerals.....	105
				Multi-Vite.....	106
				Multiple Electrolytes Type 1 pH 5.5.....	84

Multiple Vitamin/Minerals/No Iron.....	105	Multivitamins Plus Iron Child	106	Namzarc.....	32
Multiple Vitamins.....	105	Mupirocin.....	77	NanoVM 1-3 years.....	106
Multiple Vitamins Essential.....	105	Muro 128.....	164	NanoVM 4-8 years.....	106
Multiple Vitamins-Iron.....	105	MVW Complete Formulation	106	NanoVM 9-18 years.....	106
Multiple Vitamins/Iron.....	105	MVW Complete Formulation D3000.....	106	NanoVM t/f.....	106
Multiple Vitamins/Womens.....	105	MVW Complete Formulation D5000.....	106	Naproxen.....	17
Multivitamin.....	105	MVW Complete Formulation Minis.....	106	Naproxen Sodium.....	17
Multivitamin & Mineral.....	105	MVW Hi-D Drops w/Extra Vitamin D.....	106	Naratriptan HCl.....	38
Multivitamin Adult.....	105	MX-Sol.....	158	NasaDrops Saline on the Go	186
Multivitamin Adults.....	105	MX-Sol Blend.....	158	Nasal Decongestant.....	186
Multivitamin Adults 50+.....	105	MX-Sol Blend SF.....	158	Nasal Decongestant PE.....	186
Multivitamin Childrens.....	105	MX-Sol SF.....	158	Nasal Decongestant PE Max Strength.....	186
Multivitamin Childrens Gummies.....	105	MX-Sol Suspend.....	158	Nasal Decongestant Spray.....	186
Multivitamin Gummies Adult	105	My Choice.....	139	Nasal Four.....	186
Multivitamin Gummies Childrens.....	105	My Way.....	139	Nasal Mist.....	186
Multivitamin Gummies Mens	105	Myamulti.....	106	Nasal Moist.....	186
Multivitamin Gummies Womens.....	105	Mycophenolate Mofetil.....	145	Nasal Moisturizing Spray....	186
Multivitamin Infant & Toddler	105	Mycophenolate Sodium.....	145	Nasal Relief.....	186
Multivitamin Men 50+.....	105	Mycozyl AC.....	37	Nasal Spray 12 Hour.....	186
Multivitamin Women.....	105	Mycozyl AL.....	37	Nasal Spray Extra Moisturizing	186
Multivitamin Women 50+....	105	Mycozyl AP.....	37	Nasal Spray No Drip.....	186
Multivitamin Womens 50+ Advanced.....	105	Myrbetriq.....	132	Nascobal.....	106
Multivitamin+.....	106	N		NasoGel.....	186
Multivitamin-Minerals.....	106	Na Ferric Gluc Cplx in Sucrose	84	NasOpen PE.....	172
Multivitamin-Minerals Gummies Childrens.....	106	Nabumetone.....	17	Natacyn.....	166
Multivitamin/Zinc Stress.....	106	Nadolol.....	61	Nateglinide.....	55
		Nafacillin Sodium.....	27	Natrapel.....	158
		Naloxone HCl.....	21	Natrapel 12-Hour Tick/Insect	158
		Naltrexone HCl.....	21	Natural C/Rose Hips.....	106
				Natural Vitamin D-3.....	106
				Natural Vitamin E.....	106

Nayzilam.....	30	NiaVasc.....	107	Nitrofurantoin Macrocrystal..	24
Nebivolol HCl.....	61	NiaVasc 750.....	107	Nitrofurantoin Monohydrate.	24
Necon 0.5/35.....	137	Nicardipine HCl.....	62	Nitroglycerin.....	66
Nefazodone HCl.....	33	Nice Distilled Water.....	158	Nitrostat.....	66
Neo-Polycin.....	166	Nicoderm CQ.....	22	Nivanex DMX.....	186
Neo-Polycin HC.....	164	Nicomide.....	107	Nizatidine.....	129
Neo-Synephrine Cold/Allrgy Reg.....	186	Nicorette.....	22	No Drip Nasal Spray.....	186
Neomycin Sulfate.....	23	Nicorette Mini.....	22	No Iron Multi Vitamin-Minerals	107
Neomycin-Bacitracin- Polymyxin.....	166	Nicorette Starter Kit.....	22	NoHist-DM.....	186
Neomycin-Polymyxin- Bacitracin-Hydrocortisone	164	Nicotinamide.....	107	NoHist-LQ.....	172
Neomycin-Polymyxin- Dexamethasone.....	164	Nicotine.....	22	Nora-BE.....	139
Neomycin-Polymyxin- Gramicidin.....	166	Nicotine Mini.....	22	Norel AD.....	186
Neomycin-Polymyxin-HC....	164,	Nicotine Polacrilex.....	22	Norethindrone.....	139
168		Nicotine Polacrilex Mini.....	22	Norethindrone Acetate.....	139
NeoQ10.....	158	Nicotine Step 1.....	22	Norethindrone Acetate-Ethinyl Estradiol.....	137
Nephplex Rx.....	106	Nicotine Step 2.....	22	Norethindrone Acetate-Ethinyl Estradiol-Fe.....	137
Nephro-Vite.....	107	Nicotine Step 3.....	22	Norethindrone-Ethinyl Estradiol-Fe.....	137
Nephron FA.....	84	Nicotrol.....	22	Norgestimate-Ethinyl Estradiol	137
Nephronex.....	106	Nifedipine ER.....	62	Norgestimate-Ethinyl Estradiol Triphasic.....	137
Nerlynx.....	44	Nifedipine ER Osmotic Release.....	62	Nortrel 0.5/35.....	137
Neuac.....	69	Niferex.....	84	Nortrel 1/35.....	137
Neulasta.....	59	Nighttime Cold/Flu Relief..	186	Nortrel 7/7/7.....	137
Neupro.....	47	Nighttime Cough.....	186	Nortriptyline HCl.....	34
Neutrogena Hand.....	74	Nikki.....	137	Norvir.....	53
Nevirapine.....	52	Nilutamide.....	40	Norwegian Salmon Oil.....	158
Nevirapine ER.....	52	Nimodipine.....	62	NovaFerrum.....	84
New Day.....	139	Ninjacof.....	186	NovaFerrum Pediatric Drops	84
NewFlora Probiotic.....	127	Ninjacof-A.....	186	NovaMV Pediatric Multi- Vitamin.....	107
Niacin.....	65, 107	Ninjacof-XG.....	186	Noxafil.....	37
Niacin ER.....	65, 107	Ninlaro.....	41		
Niacor.....	65	Nitazoxanide.....	46		
		Nitisinone.....	131		
		Nitro-Bid.....	66		

Nu-Iron.....	84	Ofev.....	176	OmegaPure 900 EC.....	159
Nu-Mag.....	84	OFF Active.....	158	Omeprazole.....	130
Nubeqa.....	40	OFF Deep Woods.....	158	Omeprazole Magnesium....	130, 131
Nucala.....	187	OFF Deep Woods Dry.....	158	Omera.....	159
Nuedexta.....	67	OFF Deep Woods Sportsmen		Omnicap.....	107
NuFera.....	84	.....	158	On/Go Covid-19 Antigen Test	
NumbCream.....	21	OFF Deep Woods Towelettes		.....	159
Nuplazid.....	49	.....	158	On/Go One COVID-19 Home	
Nurtec ODT.....	38	OFF Familycare Clean Feel.	158	Test.....	159
Nutraderm.....	74	OFF Familycare Tropical Fresh		Oncovite.....	107
Nutrilipid.....	84	.....	159	Ondansetron HCl.....	35
Nyamyc.....	77	OFF Familycare Unscented	159	Ondansetron ODT.....	35
Nylia 1/35.....	137	OFF Smooth & Dry.....	159	One Daily Calcium/Iron.....	107
Nylia 7/7/7.....	137	Ofloxacin.....	28, 166, 168	One Daily Complete.....	107
Nymyo.....	137	Ogsiveo.....	41	One Daily Essential.....	107
Nystatin.....	37, 77	Ointment Base.....	74	One Daily For Men 50+	
Nystop.....	77	Ojjaara.....	44	Advanced.....	107
O					
Ocean for Kids.....	187	Olanzapine.....	49	One Daily For Men/Lycopene	
Ocean Nasal Spray.....	187	Olanzapine ODT.....	49	.....	107
Ocella.....	137	Olmesartan Medoxomil.....	60	One Daily For Women.....	107
Octagam.....	142	Olmesartan Medoxomil-HCTZ		One Daily For Women 50+	
Octreotide Acetate.....	141	.....	63	Advanced.....	107
Ocular Vitamins.....	107	Olmesartan-Amlodipine-HCTZ		One Daily Healthy Weight	
Ocutabs.....	107	.....	63	Advanced.....	107
Ocutabs-Lutein.....	107	Omega 3.....	159	One Daily Maximum.....	107
Ocuvite Adult 50+.....	107	Omega III EPA+DHA.....	159	One Daily Mens.....	107
Ocuvite Adult Formula.....	107	Omega Monopure 1300 EC	159	One Daily Mens 50+	
Ocuvite Extra.....	107	Omega-3.....	159	Multivitamin.....	107
Ocuvite Eye + Multi.....	107	Omega-3 Fatty Acids.....	159	One Daily Mens Health.....	107
Ocuvite Eye Health Gummies		Omega-3 Fish Oil.....	159	One Daily Multivitamin Adult	
.....	107	Omega-3 Fish Oil Extra		.....	107
Ocuvite-Lutein.....	107	Strength.....	159	One Daily Multivitamin/Iron	107
Odefsey.....	52	Omega-3 Microgel.....	159	One Daily Womens 50 Plus	108
Odomzo.....	44	Omega-3-Acid Ethyl Esters...	65	One Daily Womens 50+.....	108
		OmegaPure 600 EC.....	159	One Daily/Minerals.....	108
		OmegaPure 780 EC.....	159		

One-A-Day Adult VitaCraves+DHA.....	108	One-A-Day Womens Healthy Skin.....	109	Oral Mix.....	159
One-A-Day Energy.....	108	One-A-Day Womens Mind & Body.....	109	Oral Mix SF.....	159
One-A-Day Essential.....	108	One-A-Day Womens Petites.....	109	Oral Suspend.....	159
One-A-Day for Her VitaCraves.....	108	One-A-Day Womens VitaCraves.....	109	Oral Syrup.....	159
One-A-Day for Him VitaCraves.....	108	One-Daily Multi Caps.....	109	Oral Syrup SF.....	159
One-A-Day Jolly Rancher....	108	One-Daily Multi Vitamins.....	109	Oralyte.....	84
One-A-Day Menopause Formula.....	108	One-Daily Multi-Vitamin.....	109	OraPenn SD Anhydrous Sweetened.....	159
One-A-Day Mens.....	108	One-Daily Multi-Vitamin/Iron.....	109	OraPenn SD Anhydrous Unsweetened.....	159
One-A-Day Mens 50+ Advantage.....	108	One-Daily Multi-Vitamin/Mineral.....	109	Orazinc.....	84
One-A-Day Mens Health Formula.....	108	One-Daily/Mineral.....	109	Orencia.....	143
One-A-Day Mens VitaCraves.....	108	OneLAX Senna.....	121	Orencia ClickJect.....	142
One-A-Day Proactive 65+....	108	Onureg.....	41	Orenitram.....	176
One-A-Day Teen Advantage/Her.....	108	Opcicon One-Step.....	139	Orenitram Month 1.....	176
One-A-Day Teen Advantage/Him.....	108	Opsumit.....	176	Orenitram Month 2.....	176
One-A-Day VitaCraves.....	108	Optic-Vites.....	109	Orenitram Month 3.....	176
One-A-Day VitaCraves Adult.....	108	OPTIFAST Post Bariatric.....	109	Orgovyx.....	141
One-A-Day VitaCraves Immunity.....	108	Optimal D3.....	109	Orkambi.....	175
One-A-Day VitaCraves Sour.....	108	Optimal D3 M.....	109	Orserdu.....	40
One-A-Day VitaCraves+Omega-3.....	108	Optimum PMS.....	109	Os-Cal.....	84
One-A-Day Weight Smart Advance.....	108	Option 2.....	139	Os-Cal Calcium + D3.....	85
One-A-Day Womens 50 Plus.....	108	Optisource Post Bariatric Surg.....	109	Os-Cal Extra D3.....	85
One-A-Day Womens 50+....	108	Optivite P.M.T.....	109	Oseltamivir Phosphate.....	53
One-A-Day Womens 50+ Advantage.....	108	Opurity Bypass Optimized..	109	Osphena.....	139
		Ora-Blend.....	159	Osteo-Vit3.....	109
		Ora-Blend SF.....	159	Otezla.....	143
		Ora-Plus.....	159	Ovega-3.....	159
		Ora-Sweet.....	159	Ovidrel.....	133
		Ora-Sweet SF.....	159	Oxacillin Sodium.....	27
		Oracit.....	84	Oxacillin Sodium in Dextrose.....	27
		Oral Electrolytes.....	84	Oxcarbazepine.....	31
				Oxybutynin Chloride.....	132
				Oxybutynin Chloride ER.....	132
				Oxycodone HCl.....	20

Oxycodone-Acetaminophen. 20	PCCA Base 7542..... 159	Pentoxifylline ER..... 63
Oxytrol For Women..... 132	PCCA Emollient Cream Base 160	Pentravan..... 74
Oysco 500+D..... 85	Ped Electrolyte Freeze Pops.85	Pentravan Plus..... 75
Oyster Calcium..... 85	Ped Electrolyte Freezer Pops 85	Perforomist..... 175
Oyster Shell Calcium..... 85	Pedia Vance..... 85	Perindopril Erbumine..... 61
Oyster Shell Calcium + D..... 85	Pedia-Lax..... 121	Periogard..... 69
Oyster Shell Calcium + D3.... 85	PediaClear PD Childrens.... 172	Permethrin..... 75
Oyster Shell Calcium Plus D.85	Pedialyte..... 85	Perphenazine..... 34
Oyster Shell Calcium w/D..... 85	Pedialyte Advanced Care.....85	Perseris..... 49
Oyster Shell Calcium/D.....85	Pedialyte Freezer Pops..... 85	PFCB..... 160
Oyster Shell Calcium/D3.....85	Pedialyte Singles..... 85	Pharbedryl..... 172
Oyster Shell Calcium/Vitamin D..... 85	Pediarix..... 147	Pharbetol..... 17
Oyster Shell Calcium/Vitamin D3..... 85	Pediatric Electrolyte.....85	Pharbetol Extra Strength..... 17
P	Pediatric Electrolyte-Zinc..... 85	Pharmabase Antioxidant.... 160
Pacerone..... 61	PediaVent..... 172	Pharmabase Cosmetic..... 160
Pain & Fever Childrens..... 17	Pedvax HIB..... 147	Pharmabase Cosmetic Natural 160
Pain & Fever Infants..... 17	PEG..... 160	Pharmabase Light..... 160
Pain Relief Extra Strength..... 17	PEG 3350..... 121	Pharmabase Vaginal..... 160
Paliperidone ER..... 49	PEG Blend..... 160	Pharmacist Choice D-Vitamin 109
Panretin..... 45	PEG-3350-Electrolytes..... 127	Phenelzine Sulfate..... 33
Pantoprazole Sodium..... 131	PEG-3350-NaCl-Na Bicarbonate-KCl..... 127	Phenobarbital..... 30
Panzyga..... 142	Pegasys..... 143	Phenylephrine HCl..... 187
Paricalcitol..... 149	Pemazyre..... 41	Phenylephrine- Dextromethorphan- Guaifenesin..... 187
Paroxetine HCl..... 33	Pen-Kera..... 74	Phenytek..... 31
Parvlex..... 109	Penbraya..... 147	Phenytoin..... 31
Paxlovid..... 159	Penicillamine..... 133	Phenytoin Sodium Extended 31
Pazopanib HCl..... 44	Penicillin G Potassium..... 27	Phlexy-Vits..... 109
PC Pediatric Iron Drops..... 85	Penicillin G Sodium..... 27	Phos-NaK..... 85
PC Pediatric Poly-Vitamin Drop 109	Penicillin V Potassium..... 27	Phosphorus Supplement..... 85
PC Pediatric Poly-Vitamin/Iron Drop..... 109	Pentacel..... 147	Phosphorus w/Sodium & Potassium..... 85
PC Pediatric Tri-Vitamin Drops 109	Pentamidine Isethionate..... 46	
	Pentasa..... 148	

PhytoBase.....	160	Poly-Vita.....	109	Prazosin HCl.....	60
PhytoMulti.....	109	Poly-Vita/Iron.....	109	Prednisolone.....	133
Phytonadione.....	109	Poly-Vite Pediatric.....	109	Prednisolone Acetate.....	167
Pifeltro.....	52	Poly-Vite/Iron.....	109	Prednisolone Sodium Phosphate.....	133, 167
Pilocarpine HCl.....	69, 167	Polycin.....	166	Prednisone.....	133
Pilot COVID-19 At-Home Test	160	Polyethylene Glycol 1000...	121	Prednisone Intensol.....	133
Pimecrolimus.....	71	Polyethylene Glycol 3350...	121	Preferred Plus Glucose.....	57
Pimozide.....	48	Polyethylene Glycol 8000...	121	Pregabalin.....	67
Pimtree.....	137	Polymyxin B Sulfate.....	24	PreHevbrio.....	147
Pin-Away.....	46	Polymyxin B-Trimethoprim..	166	Premarin.....	137
Pindolol.....	61	Polysaccharide Iron Complex	85	Premasol.....	86
Pinworm Medicine.....	46	Polysaccharide-Iron Complex	85	Premphase.....	137
Pioglitazone HCl.....	55	Polytussin DM.....	187	Prempro.....	137
Pioglitazone HCl-Glimepiride	55	Polyvinyl Alcohol.....	164	Prenatal.....	109
Pioglitazone HCl-Metformin HCl.....	55	Pomalyst.....	40	Prenatal Omega Baby.....	160
Piperacillin-Tazobactam.....	27	Portia-28.....	137	PreserVision AREDS.....	110
Piqray.....	44	Posaconazole.....	37	PreserVision AREDS 2.....	110
Pirfenidone.....	176	Potassium Bromide.....	160	PreserVision/Lutein.....	110
Plain Niacin.....	109	Potassium Chloride.....	85, 86	Pretty Feet/Hands.....	75
Plan B One-Step.....	139	Potassium Chloride ER.....	86	Prevacid 24HR.....	131
Plasma-Lyte 148.....	85	Potassium Chloride in Dextrose 5%.....	86	Prevalite.....	65
Plasma-Lyte A.....	85	Potassium Chloride in NaCl..	86	Prevymis.....	50
Plenamaine.....	85	Potassium Chloride Microencapsulated ER.....	86	Prezcobix.....	53
Podofilox.....	75	Potassium Chloride Citrate ER.....	86	Prezista.....	53
Poly Bacitracin.....	24	Potassium Iodide.....	160	Priftin.....	39
Poly Hist Forte.....	187	Praluent.....	65	Primaquine Phosphate.....	46
Poly-Hist DM.....	187	Pramipexole Dihydrochloride	47	Primidone.....	31
Poly-Iron 150.....	85	Prasugrel HCl.....	60	Priorix.....	147
Poly-Tussin AC.....	187	Pravastatin Sodium.....	65	Privigen.....	142
Poly-Vent DM.....	187	Praziquantel.....	46	Pro-Cal.....	110
Poly-Vent IR.....	187			Pro-Red AC.....	187
Poly-Vi-Sol.....	109			Probenecid.....	38
Poly-Vi-Sol/Iron.....	109			Probiata.....	127

Probiotic.....	127	Prosol.....	86	PX Niacin.....	110
Probiotic Acidophilus.....	127	Protect Cardio AF.....	110	PX Saline Nasal Spray.....	187
Probiotic Gold Extra Strength	127	Protect Iron.....	110	PX Vitamin A.....	110
ProCerv HP.....	110	Protect Plus SO.....	110	PX Vitamin C.....	110
Prochlorperazine.....	35	Protegra.....	110	PX Vitamin E.....	110
Prochlorperazine Maleate.....	35	Protriptyline HCl.....	34	Pyrazinamide.....	39
Procrit.....	59	Proxceed Plus.....	110	Pyridostigmine Bromide.....	39
Procto-Med HC.....	149	Pseudoephedrine HCl.....	187	Pyridostigmine Bromide ER..	39
Proctosol HC.....	149	Pseudoephedrine HCl ER...	187	Pyridoxine HCl.....	110
Proctozone-HC.....	149	Pseudoephedrine- Brompheniramine- Dextromethorphan.....	187	Pyrimethamine.....	46
ProFe.....	86	Pseudoephedrine- Dexchlorpheniramine- Chlophedianol.....	187	Pyrukynd.....	59
Prograf.....	145	Pseudoephedrine- Dexchlorpheniramine- Chlophedianol.....	187	Pyrukynd Taper Pack.....	59
Prolastin-C.....	131	Pseudoephedrine-Guaifenesin ER.....	187	Q	
Prolensa.....	167	Pulmozyme.....	175	Q-Sorb Co Q-10.....	160
Prolia.....	149	Pure Calcium Carbonate.....	86	QC 3 Day.....	37
Promacta.....	59	Pure L-Arginine HCl.....	160	QC Acetaminophen 8 Hours..	14
Promethazine HCl.....	35	Pure L-Citrulline.....	160	QC Acetaminophen Infants..	17
Promethazine VC.....	187	PureVit DualFe Plus.....	86	QC Acid Controller.....	129
Promethazine VC/Codeine..	187	PureWay-C.....	110	QC Acid Controller Max Strength.....	129
Promethazine-Codeine.....	187	Purixan.....	41	QC All Day Allergy.....	172
Promethazine-DM.....	187	PX Advanced Formula Multivitamins.....	110	QC Allergy Childrens.....	172
Promethegan.....	35	PX B Complex/Vitamin C....	110	QC Allergy Relief.....	172, 174
Pronutrients Calcium+D3.....	86	PX Calcium&D.....	86	QC Antacid.....	127
Propafenone HCl.....	61	PX Childrens Vitamin.....	110	QC Antacid/Anti-Gas.....	127
Propafenone HCl ER.....	61	PX Complete Senior Multivitamins.....	110	QC Anti-Diarrheal.....	123, 127
Propranolol HCl.....	62	PX Fish Oil.....	160	QC Anti-Itch Aloe.....	71
Propranolol HCl ER.....	62	PX Folic Acid.....	110	QC Anti-Itch Extra Strength..	75
Propylene Glycol.....	160	PX Glucose.....	57	QC Antifungal.....	37
Propylthiouracil.....	141	PX Iron.....	86	QC Arthritis Pain Relief.....	15
ProQuad.....	147	PX Mens Multivitamins.....	110	QC Aspirin.....	17
ProRenal + D.....	110			QC Aspirin Low Dose.....	17
ProRenal + D w/ Omega-3..	110			QC Boric Acid.....	160
Prosight.....	110			QC Calcium Fast Dissolution	86

QC Calcium/Minerals/Vitamin D..... 86	QC Mucus Relief ER..... 188	Quadracel..... 147
QC Castor Oil..... 160	QC Multi-Vite..... 111	Quetiapine Fumarate..... 49
QC Childrens Allergy..... 172	QC Multi-Vite 50 & Over..... 111	Quetiapine Fumarate ER..... 49
QC Childrens Complete..... 111	QC Naproxen Sodium..... 18	Quflora Fe..... 111
QC Childrens Ibuprofen..... 17	QC Nasal Decongestant PE188	QuickVue At-Home Covid-19 Test..... 160
QC Childrens Vitamins/Extra C 111	QC Natura-LAX..... 122	Quin B Strong..... 111
QC Childrens Vitamins/Iron 111	QC Non-Aspirin Childrens..... 18	Quinapril HCl..... 61
QC Chocolated Laxative..... 121	QC Non-Aspirin Extra Strength 18	Quinidine Gluconate ER..... 61
QC Clotrimazole..... 37	QC Omeprazole Magnesium 131	Quinidine Sulfate..... 61
QC Daily Multivitamin/ Multimineral..... 111	QC Pain Relief..... 18	Quinine Sulfate..... 47
QC Daily Multivitamins/Iron 111	QC Pain Relief Childrens..... 18	Quintabs..... 111
QC Enema..... 121	QC Pain Relief Extra Strength 18	Quintabs-M..... 111
QC Enteric Aspirin..... 17	QC Stool Softener..... 122	Qulipta..... 39
QC Esomeprazole Magnesium 131	QC Stool Softener Plus Laxative..... 122	Quviviq..... 67
QC Ferrous Sulfate..... 86	QC Suphedrine Maximum Strength..... 188	Qvar RediHaler..... 174
QC Gas Relief Extra Strength 127	QC Therin-M..... 111	R
QC Gentle Laxative..... 121	QC Tolnaftate..... 37	RA Advanced Healing..... 75
QC Ibuprofen..... 18	QC Triple Antibiotic Max Strength..... 24	RA B-Complex/Vitamin C CR 111
QC Ibuprofen Cold/Sinus... 187	QC Tussin CF..... 188	RA Biotin..... 111
QC Lansoprazole..... 131	QC Tussin DM Cough/ Congestion..... 188	RA Calcium 600..... 86
QC Loratadine Allergy Relief 172	QC Tussin Expectorant Adult 188	RA Calcium 600/Vitamin D-387
QC Loratadine-D..... 172	QC Tussin Mucus/Congestion 188	RA Calcium 600/Vitamin D/ Minerals..... 86, 87
QC Magnesium Citrate..... 121	QC Urinary Pain Relief..... 133	RA Calcium Citrate Plus Vitamin D..... 87
QC Medifin 400..... 187	QC Vegetable Laxative..... 122	RA Calcium Citrate Plus Vitamin D-3..... 87
QC Medifin DM..... 188	QC Womens Daily Multivitamin 111	RA Calcium Citrate-Vitamin D-3 Petites..... 87
QC Mens Daily Multivitamin 111	Qinlock..... 40	RA Calcium Plus Vitamin D... 87
QC Miconazole 7..... 37		RA Calcium/Vitamin D/ Minerals..... 87
QC Milk of Magnesia..... 121		RA Central-Vite..... 111
QC Mineral Oil Heavy..... 122		
QC Mucus Relief..... 188		

RA Central-Vite Womens Mature.....	111	Raloxifene HCl.....	139	Rehydralyte.....	87
RA Coenzyme Q-10.....	160	Ramelteon.....	191	Rejuvaflor.....	127
RA Digestive Health.....	127	Ramipril.....	61	Relenza Diskhaler.....	53
RA Essence-C.....	111	Ranger Ready Repellent.....	160	Relistor.....	122
RA Fish Oil.....	160	Ranolazine ER.....	63	Rena-Vite.....	112
RA Folic Acid.....	111	Rasagiline Mesylate.....	47	Rena-Vite Rx.....	112
RA Hi Cal.....	87	Rasuvo.....	145	Renal.....	111
RA High Potency Iron.....	87	React.....	139	Renal Vitamin.....	112
RA Iron.....	87	Reality Latex Condoms.....	160	RenaPlex.....	112
RA L-Arginine.....	160	Rebif.....	68	RenaPlex-D.....	112
RA Magnesium.....	87	Rebif Rebidose.....	68	Repaglinide.....	55
RA Niacin.....	111	Rebif Rebidose Titration Pack	68	Repatha.....	65
RA No Flush Niacin.....	111	Rebif Titration Pack.....	68	Repatha Pushtronex System	65
RA One Daily Maximum.....	111	Reclipsen.....	137	Repatha SureClick.....	65
RA One Daily Mens 50+ w/ Vitamin D3.....	111	Recombivax HB.....	147	Repel 100.....	160
RA One Daily Mens/Vitamin D-3.....	111	Rectiv.....	66	Repel Family.....	161
RA Pediatric Electrolyte.....	87	Reeses Pinworm Medicine...	46	Repel Family Dry.....	161
RA Saline Nasal Spray.....	188	Refresh.....	164	Repel Hunters Formula.....	161
RA Slow Release Iron.....	87	Refresh Celluvisc.....	164	Repel Lemon Eucalyptus....	161
RA Sterile Saline Nasal Mist	188	Refresh Digital.....	164	Repel Mosquito Wipes.....	161
RA Vitamin A.....	111	Refresh Digital PF.....	164	Repel Sportsmen.....	161
RA Vitamin B-6.....	111	Refresh Digital PF.....	164	Repel Sportsmen Dry.....	161
RA Vitamin C.....	111	Refresh Lacri-Lube.....	164	Repel Sportsmen Max.....	161
RA Vitamin C/Rose Hips.....	111	Refresh Liquigel.....	164	Repel Tick Defense.....	161
RA Vitamin D-3.....	111	Refresh Optive.....	164	Replesta.....	112
RA Vitamin E.....	111	Refresh Optive Advanced...	164	Replesta NX.....	112
RA Vitamins Complete Childrens.....	111	Refresh Optive Advanced PF	164	Restasis MultiDose.....	165
RabAvert.....	147	Refresh Optive Mega-3.....	164	Restasis Single-Use Vials....	165
Rabeprazole Sodium.....	131	Refresh Optive PF.....	164	Retacrit.....	59
Radiance Platinum Vitamin D3	111	Refresh Plus.....	164	Retevmo.....	41
		Refresh Relieva.....	165	Revcovi.....	131
		Refresh Relieva PF.....	165	Revlimid.....	40
		Refresh Tears.....	165	Rexulti.....	49
		Regranex.....	75	Reyataz.....	53

Rezlidhia.....	44	Ru-Hist D.....	173	SB Loratadine.....	173
Rhopressa.....	167	Rubraca.....	44	SB Milk of Magnesia.....	122
Ribavirin.....	51	Rufinamide.....	31	SB Mucus Relief DM.....	188
Ridaura.....	143	Rukobia.....	53	SB Mucus Relief PE.....	188
Rifabutin.....	39	Rydapt.....	44	SB Naproxen Sodium.....	18
Rifampin.....	39	Rydex.....	188	SB Omega-3 Fish Oil.....	161
Riluzole.....	67	Rymed.....	173	SB Oyster Shell Calcium.....	87
Rimantadine HCl.....	53	Rynex DM.....	188	SB Pediatric Electrolyte.....	87
Rinvoq.....	143	Rynex PE.....	173	SB Saline Nose.....	188
RisaBal-pH.....	75	Rynex PSE.....	173	SB Tab Tussin DM.....	188
Risacal-D.....	87	Rytary.....	47	SB Vitamin C.....	112
Risperdal Consta.....	49	S		Scar Care.....	161
Risperidone.....	49	Sajazir.....	141	Scemblix.....	45
Risperidone Microspheres ER	49	Salicylic Acid.....	161	Scopolamine.....	35
Risperidone ODT.....	49	Saline.....	188	Se-Tan PLUS.....	87
Ritonavir.....	53	Saline Mist Spray.....	188	Sea-Omega.....	161
Rivastigmine.....	32	Saline Nasal Spray.....	188	Sebex.....	161
Rivastigmine Tartrate.....	32	Sam-E.P.A.....	161	Secuado.....	49
Rivelsa.....	137	Sancuso.....	35	Selegiline HCl.....	47
Rizatriptan Benzoate.....	38	Sandimmune.....	145	Selenium Sulfide.....	72
Rizatriptan Benzoate ODT....	38	Santyl.....	75	Selzentry.....	53
Robafen CF Multi-Symptom Cold.....	188	Sapropterin Dihydrochloride	131	Senexon.....	122
Robafen DM.....	188	Savella.....	67	Senexon-S.....	122
Robafen Mucus/Chest Congestion.....	188	Savella Titration Pack.....	67	Senior Tabs.....	112
Rocklatan.....	165	Sawyer Insect Repellent....	161	Senna.....	122
Roflumilast.....	175	SB 12HR Nasal Spray.....	188	Senna Laxative.....	122
Ropinirole HCl.....	47	SB Acid Reducer.....	129	Senna Plus.....	122
Rosuvastatin Calcium.....	65	SB Allergy.....	173	Senna-Lax.....	122
Rotarix.....	147	SB Antacid.....	127	Senna-Tabs.....	122
RotaTeq.....	147	SB Antacid Extra Strength..	127	Senna-Time.....	122
Roweepra.....	29	SB Anti-Diarrhea.....	127	Senna-Time S.....	122
Rozlytrek.....	44	SB Calcium + D.....	87	Sennosides-Docusate Sodium	122
		SB Cough Control.....	188	Senokot.....	122
		SB CoughTab.....	188		

Senokot Extra Strength.....	122	Sinus Relief Extra Strength.	189	SM Antacid Advanced Max Strength.....	128
Senokot S.....	122	Sinus Wash Salt.....	189	SM Antacid Maximum Strength	128
Sensi-Care Moisturizing.....	75	Sirolimus.....	145	SM Anti-Diarrheal.....	123, 128
Sentry.....	112	Sirturo.....	39	SM Anti-Itch Extra Strength...	75
Sentry Senior.....	112	Skyclarys.....	67	SM Antibiotic.....	24
Serevent Diskus.....	175	Skyrizi.....	143	SM Antibiotic Plus Pain Relief	24
Serostim.....	133	Skyrizi Pen.....	143	SM Antifungal Clotrimazole..	37
Sertraline HCl.....	33	Slo-Niacin.....	112	SM Antifungal Miconazole....	37
Sesame Oil.....	161	Slow Fe.....	87	SM Antifungal Tolnaftate.....	37
Setlakin.....	137	Slow Iron.....	87	SM Antioxidant Vitamins.....	112
Sevelamer Carbonate.....	89	Slow Magnesium/Calcium....	87	SM Arthritis Pain Relief.....	15
Severe Cold & Flu.....	188	Slow Release Iron.....	87	SM Aspirin.....	18
Severe Cold/Cough.....	189	Slow-Mag.....	87	SM Aspirin Adult Low Strength	18
Sharobel.....	139	SM 3-Day Vaginal.....	37	SM Aspirin EC.....	18
Shingrix.....	147	SM 8 Hour Pain Relief.....	15	SM Aspirin Low Dose.....	18
Signifor.....	141	SM Acid Reducer.....	129	SM Athletes Foot.....	37
Siladryl Allergy.....	173	SM Acid Reducer Max Strength.....	129	SM B Super Vitamin Complex	112
Sildenafil Citrate.....	176	SM Acidophilus.....	128	SM B-Complex/Vitamin C...	112
Silodosin.....	132	SM All Day Allergy.....	173	SM Benzoin Tincture.....	161
Siltussin SA.....	189	SM All Day Allergy Childrens	173	SM Benzoin Tincture NFXI..	161
Siltussin-DM Alcohol Free..	189	SM All Day Allergy Relief...	173	SM Biotin.....	112
Silver Sulfadiazine.....	75	SM All Day Allergy-D.....	173	SM Boric Acid.....	161
Simethicone.....	127	SM Allergy 4 Hour.....	173	SM Calcium 500/Vitamin D3	87
Simethicone Drops Infants.	127	SM Allergy Childrens.....	173	SM Calcium 600+D3.....	87
Simethicone Ultra Strength	127	SM Allergy Relief.....	173, 174	SM Calcium 600/Vitamin D..	87
Simply Saline.....	189	SM Allergy Relief Childrens	173	SM Calcium Antacid.....	128
Simponi.....	145	SM Allergy Relief Complete	112	SM Calcium Antacid Extra Strength.....	128
Simvastatin.....	65	SM Animal Shapes Kids First	112	SM Calcium Citrate+/Vitamin D3.....	87
Sinus + Headache.....	189	SM Antacid.....	128		
Sinus Congestion/Pain.....	189	SM Antacid Advanced.....	128		
Sinus Nasal Spray.....	189				
Sinus Pressure + Pain.....	189				
Sinus Relief Congestion-Pain	189				

SM Calcium Citrate+D3 Petite 87	SM Day Time Cold & Flu Relief 189	SM Lice Killing Max Strength 75
SM Calcium Citrate+Vitamin D3 Max..... 87	SM Double Antibiotic..... 24	SM Lice Treatment..... 75
SM Calcium-Vitamin D.....87	SM Dry Eye Relief..... 165	SM Lorata-dine D..... 173
SM Calcium/Vitamin D..... 87	SM Ear Drops..... 168	SM Loratadine..... 173
SM Calcium/Vitamin D3.....87	SM Enema..... 122	SM Loratadine Allergy Relief 173
SM Chest Congestion Relief 189	SM Epsom Salt..... 122	SM Loratadine D 12HR..... 173
SM Chest Congestion Relief DM..... 189	SM Esomeprazole Magnesium 131	SM Lubricant Eye Drops..... 165
SM Chest Congestion Relief PE..... 189	SM Eye Itch Relief..... 167	SM Lubricating Plus..... 165
SM Childrens Aspirin..... 18	SM Fexofenadine HCl..... 173	SM Lubricating Tears..... 165
SM Childrens Loratadine.... 173	SM Fiber..... 122, 123	SM Magnesium Citrate..... 123
SM ClearLax..... 122	SM Fiber Laxative..... 123	SM Magnesium Oxide..... 88
SM Clotrimazole Vaginal..... 37	SM Fish Oil..... 161	SM Miconazole 3..... 37
SM Co Q-10..... 161	SM Folic Acid..... 112	SM Miconazole 3 Applicator.37
SM Coenzyme Q-10..... 161	SM Gas Relief..... 128	SM Miconazole 7..... 37
SM Cold & Allergy Childrens 173	SM Gas Relief Extra Strength 128	SM Milk of Magnesia..... 123
SM Cold & Cough Childrens 189	SM Gas Relief Infants..... 128	SM Mineral Oil..... 123
SM Cold & Flu Severe..... 189	SM Gentle Laxative..... 123	SM Motion Sickness..... 35
SM Cold & Sinus Relief..... 189	SM Glucose..... 57	SM Mucus Relief..... 189
SM Complete..... 112	SM Guaifenesin/ Pseudoephedrine..... 189	SM Mucus Relief Max Strength 189
SM Complete 50+..... 112	SM Hair/Skin/Nails..... 112	SM Multiple Vitamins Essential 112
SM Complete 50+ Ultimate Mens..... 112	SM Hydrocortisone..... 72	SM Multiple Vitamins/Iron.. 112
SM Complete 50+ Ultimate Women..... 112	SM Hydrocortisone Max Strength..... 72	SM Naproxen Sodium..... 18
SM Complete Advanced Formula..... 112	SM Hydrocortisone Plus..... 72	SM Nasal Decongestant..... 189
SM Complete Senior Formula 112	SM Ibuprofen..... 18	SM Nasal Decongestant Max Strength..... 189
SM CoQ-10..... 161	SM Ibuprofen IB..... 18	SM Nasal Decongestant PE189
	SM Ibuprofen IB Childrens... 18	SM Nasal Spray..... 189
	SM Infants Ibuprofen..... 18	SM Nasal Spray 12 Hour..... 189
	SM Iron..... 87	SM Nasal Spray Moisturizing 189
	SM Iron Slow Release..... 87	SM Nasal Spray Saline..... 189
	SM Lansoprazole..... 131	SM Nasal Spray Sinus..... 189

SM Niacin CR.....	112	SM Tussin DM.....	190	Soltamox.....	40
SM Nicotine.....	22	SM Tussin DM Max.....	190	Soluble Fiber Therapy.....	123
SM Nicotine Polacrilex.....	22	SM Tussin Mucus+Chest Congestion.....	190	SoluVita E.....	113
SM Nite Time Cold & Flu.....	189	SM Urinary Pain Relief.....	133	Somavert.....	141
SM Nose Drops Nasal Decongestant.....	189	SM Urinary Pain Relief Max Strength.....	133	Sorafenib Tosylate.....	45
SM Omega-3 Fish Oil.....	161	SM Vitamin B Complex/ Vitamin C.....	113	Sorbitol.....	123
SM Omeprazole.....	131	SM Vitamin B6.....	113	Sorine.....	61
SM One Daily Mens.....	113	SM Vitamin C.....	113	SoSweet.....	161
SM One Daily Womens.....	113	SM Vitamin C/Rose Hips....	113	Sotalol HCl.....	61
SM Opti-Vitamins.....	113	SM Vitamin D.....	113	Spectravite.....	113
SM Oyster Shell Calcium/ Vitamin D.....	88	SM Vitamin D3.....	113	Speedy Swab COVID-19 Antigen.....	161
SM Oyster Shell Calcium/ Vitamin D3.....	88	SM Vitamin E.....	113	Spiriva HandiHaler.....	174
SM Pain & Fever Childrens...	18	Smooth Antacid Extra Strength	128	Spiriva Respimat.....	174
SM Pain & Fever Infants.....	18	Sodium Benzoate.....	161	Spironolactone.....	64
SM Pain Relief.....	18	Sodium Bicarbonate.....	128	Spironolactone-HCTZ.....	63
SM Pain Reliever.....	18	Sodium Bromide.....	161	Sprintec 28.....	138
SM Pain Reliever Childrens..	18	Sodium Chloride.....	88, 165	Spritam ODT.....	29
SM Pain Reliever Extra Strength.....	18	Sodium Citrate-Citric Acid....	88	Sprycel.....	45
SM Pediatric Electrolyte.....	88	Sodium Fluoride.....	88	SPS.....	89
SM Sinus Severe for adults.	189	Sodium Oxybate.....	192	Sronyx.....	138
SM Slow Release Iron.....	88	Sodium Phenylbutyrate.....	131	SSD.....	75
SM Stomach Relief.....	128	Sodium Polystyrene Sulfonate	89	St Joseph Low Dose.....	18
SM Stool Softener.....	123	Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate	128	Stahist AD.....	190
SM Stool Softener/Laxative	123	Sodium-Potassium- Phosphorus.....	88	Stahist TP.....	190
SM Super B Complex/C.....	113	Sofosbuvir-Velpatasvir.....	51	Stelara.....	143
SM Triple Antibiotic.....	24	Solifenacin Succinate.....	132	Stimulant Laxative.....	123
SM Triple Antibiotic Max Strength.....	24	Soliqua.....	55	Stiolto Respimat.....	190
SM Triple Antibiotic Original.	24	Solo.....	113	Stivarga.....	45
SM Tussin CF.....	189			Stomach Relief.....	128
SM Tussin Cough/Chest Congestion.....	190			Stomach Relief Extra Strength	128
				Stomach Relief Ultra.....	128
				Stool Softener.....	123

Stool Softener Laxative.....	123	Sumatriptan Succinate.....	38	Syrpalta.....	162
Stool Softener Plus Laxative	123	Sunitinib Malate.....	45	SyrSpend SF.....	162
Stool Softener/Laxative.....	123	Sunlenca.....	53	SyrSpend SF Alka.....	162
Streptomycin Sulfate.....	23	Super Antioxidant.....	113	Systane.....	165
Stress B-Complex/Vitamin C/ Zinc.....	113	Super Aytinal.....	113	Systane Balance.....	165
Stress B/Zinc.....	113	Super Aytinal 50 Plus.....	113	Systane Complete.....	165
Stress Formula.....	113	Super B Complex/Folic Acid/ Vitamin C.....	113	Systane Hydration PF.....	165
Stress Formula/Iron.....	113	Super B Complex/Vitamin C	113	Systane ICaps AREDS2.....	114
Stress Formula/Zinc.....	113	Super B-Complex + Vitamin C	113	Systane Nighttime.....	165
Stresstabs Advanced.....	113	Super B-Complex/Vitamin C/ Folic Acid.....	113	Systane Preservative Free...	165
Stresstabs Energy.....	113	Super B/C.....	113	Systane Ultra.....	165
Stribild.....	51	Super Biotin.....	113	Systane Ultra PF.....	165
Strovite ONE.....	113	Super Calcium.....	88	T	
Studio 35 Moisturizing Skin..	75	Super Calcium 600 + D 400..	88	Tab-A-Vite.....	114
Suboxone.....	21	Super Calcium 600 + D3.....	88	Tab-A-Vite/Beta Carotene..	114
Subvenite.....	29	Super Daily D3.....	113	Tab-A-Vite/Iron.....	114
Sucraid.....	131	Super DHA Gems.....	161	Tab-A-Vite/Iron/Beta Carotene	114
Sucralfate.....	129	Super Multiple.....	113	Tabloid.....	41
SudoGest.....	190	Super Omega-3.....	161	Tabrecta.....	40
SudoGest 12 Hour.....	190	Super Thera Vite M.....	113	Tacrolimus.....	72, 145
SudoGest Maximum Strength	190	Super Vita-Mins.....	114	Tadalafil.....	176
SudoGest Sinus/Allergy.....	173	Suphedrine 12Hour.....	190	Tafinlar.....	45
Suflave.....	129	Sutab.....	129	Tagrisso.....	45
Sulfacetamide Sodium.....	166	Syeda.....	138	Take Action.....	139
Sulfacetamide-Prednisolone	165	Symbicort.....	190	Talzenna.....	45
Sulfadiazine.....	28	Sympazan.....	31	Tamoxifen Citrate.....	40
Sulfamethoxazole- Trimethoprim.....	28	Symtuza.....	53	Tamsulosin HCl.....	132
Sulfasalazine.....	148, 149	Synarel.....	141	Tandem Plus.....	88
Sulindac.....	18	Synjardy.....	56	Tarina 24 Fe.....	138
Sumatriptan.....	38	Synjardy XR.....	56	Tarina Fe 1/20 EQ.....	138
		Synthroid.....	140	Taron Forte.....	88
				Tasigna.....	45
				Tasimelteon.....	191
				Tazarotene.....	69

Tazicef.....	26	Thera-D Rapid Repletion....	114	Thiothixene.....	48
Taztia XT.....	62	Thera-M.....	114	Tiadyt ER.....	63
Tazverik.....	41	Thera-Tabs.....	114	Tiagabine HCl.....	31
TDVAX.....	148	Thera-Tabs M.....	114	Tibsovo.....	45
Teflaro.....	26	Therabasic-M.....	114	Ticovac.....	148
Telmisartan.....	60	Theraflu ExpressMax.....	190	Tigecycline.....	24
Telmisartan-Amlodipine.....	64	Theraflu ExpressMax Severe Cold/Cough.....	190	Tilia Fe.....	138
Telmisartan-HCTZ.....	64	Theraflu Flu & Sore Throat..	190	Timolol Maleate.....	39, 167
Temazepam.....	191	Theraflu Severe Cold.....	190	Timolol Maleate Ophthalmic Gel Forming.....	167
Tencon.....	20	Theraflu Severe Cold/Cough Night.....	190	Tinidazole.....	24
Tenivac.....	148	Theragra-M.....	114	Tivicay.....	51
Tenofovir Disoproxil Fumarate	52	Theragra-M Advanced.....	114	Tivicay PD.....	51
Tepmetko.....	45	Theragra-M Advanced 50 Plus.....	114	Tizanidine HCl.....	50
Terazosin HCl.....	132	Theragra-M Fish Oil Conc.	162	Tobi Podhaler.....	175
Terbinafine HCl.....	37	Theragra-M Premier.....	114	TobraDex.....	165
Terconazole.....	37	Theragra-M Premier 50 Plus	114	TobraDex ST.....	165
Teriflunomide.....	68	Theramill Forte.....	114	Tobramycin.....	166, 175
Teriparatide.....	149	Therapeutic Dandruff.....	75	Tobramycin Sulfate.....	23
Testosterone.....	134	Therapeutic Formula/ Hematinics.....	114	Tobramycin-Dexamethasone	165
Testosterone Cypionate.....	134	Therapeutic Moisturizing.....	75	Tobrex.....	166
Testosterone Enanthate.....	134	Therapeutic-M.....	114	Tolnaftate.....	37, 38
Tetrabenazine.....	67	Therapeutic-M/Lutein.....	114	Tolnaftate Antifungal.....	38
Tetracycline HCl.....	29	Theratrums Complete.....	114	Topiramate.....	29
Thalomid.....	40	Theratrums Complete 50 Plus	114	Toremifene Citrate.....	40
The Very Finest Fish Oil.....	162	Therems.....	115	Torseamide.....	64
Theophylline.....	175	Therems-M.....	115	Totalday Multiple.....	115
Theophylline Anhydrous.....	190	Thermotabs.....	88	Toujeo Max SoloStar.....	58
Theophylline ER.....	175	TherOmega.....	162	Toujeo SoloStar.....	58
Thera.....	114	Thiamine HCl.....	115	TPN Electrolytes.....	88
Thera M Plus.....	114	Thioridazine HCl.....	48	Tracleer.....	176
Thera Vital M.....	114			Tradjenta.....	56
Thera-D 2000.....	114			Tramadol HCl.....	19, 20
Thera-D 4000.....	114			Tramadol HCl ER.....	19

Tramadol-Acetaminophen....	21	Tricon.....	88	Trustex Lubricated/Ribbed/ Studded.....	162
Trandolapril.....	61	Triderm.....	72	Trustex Lubricated/Spermicide	162
Trandolapril-Verapamil HCl ER	64	Trientine HCl.....	89	Trustex Lubricated/Spermicide Extra Strength.....	162
Tranexamic Acid.....	59	Triferic.....	88	Trustex Lubricated/Spermicide XL.....	162
Tranylcypromine Sulfate.....	33	Trifluoperazine HCl.....	48	Trustex Non-Lubricated.....	162
Travasol.....	88	Trifluridine.....	166	Trustex Ria Lubricated.....	162
Travoprost.....	168	Trigels-F Forte.....	88	Trustex Ria Lubricated/ Spermicide.....	162
Trazodone HCl.....	33	Trihexyphenidyl HCl.....	47	Trustex Ria Non-Lubricated	162
Trecator.....	39	Trimethoprim.....	24	Trustex-Nonoxynol-9/Ribbed/ Studded.....	162
Trelegy Ellipta.....	190	Trimipramine Maleate.....	34	Tukysa.....	41
Trelstar Mixject.....	141	Trintellix.....	33	Tums.....	129
Tresiba.....	58	Triphrocaps.....	115	Tums Chewy Bites.....	129
Tresiba FlexTouch.....	58	Triple Antibiotic.....	24	Tums Chewy Delights.....	129
Tretinoin.....	46, 69	Triple Antibiotic Plus.....	24	Tums E-X 750.....	129
Tretinoin Microsphere.....	69	Triple Antibiotic+Pain Relief.	24	Tums Extra Strength 750....	129
Trexall.....	145	Tripolidine HCl.....	173	Tums Smoothies.....	129
Tri-Estarylla.....	138	Triumeq.....	52	Tums Ultra 1000.....	129
Tri-Legest Fe.....	138	Triumeq PD.....	52	Turalio.....	45
Tri-Lo-Estarylla.....	138	Trivora.....	138	Turqoz.....	138
Tri-Lo-Sprintec.....	138	Trizivir.....	52	Tusnel.....	190
Tri-Mili.....	138	TrophAmine.....	88	Tusnel C.....	190
Tri-Nymyo.....	138	Tropical Liquid Nutrition....	115	Tusnel Diabetic.....	191
Tri-Sprintec.....	138	TRUEplus Glucose.....	56, 57	Tusnel DM.....	191
Tri-Vi-Sol A/C/D.....	115	TRUEplus Glucose On The Go	57	Tusnel DM Pediatric.....	191
Tri-Vite Pediatric.....	115	Trulance.....	123	Tusnel Pediatric.....	191
Tri-VyLibra.....	138	Trulicity.....	56	Tusnel-DM Pediatric.....	173
Tri-VyLibra Lo.....	138	Trumenba.....	148	Tusnel-EX.....	191
Triamcinolone Acetonide69, 72		Truqap.....	45	Tussin CF.....	191
Triaminic Cold/Cough Day Time.....	190	Trustex Lubricated.....	162	Tussin CF Severe Multi- Symptom.....	191
Triaminic Fever & Cold.....	190	Trustex Lubricated Extra Large	162		
Triaminic Night Time Cold/ Cough.....	173	Trustex Lubricated Extra Strength.....	162		
Triamterene-HCTZ.....	64				

WesTab One.....	118	Xigduo XR.....	56	Zelboraf.....	45	
WesTussin DM.....	173	Xiidra.....	165	Zeldana.....	118	
Wixela Inhub.....	191	Xofluza.....	54	Zemaira.....	132	
Womens 50+ Advanced.....	118	Xolair.....	143	Zenatane.....	69	
Womens 50+ Multi Vitamin.....	118	Xospata.....	45	Zenpep.....	132	
Womens Daily Formula.....	118	Xpovio.....	41	Zidovudine.....	52	
Womens Daily Formula/Folic Acid/Calcium/Iron.....	118	Xtampza ER.....	19	Ziks Arthritis Pain Relief.....	75	
Womens Daily Pack.....	118	Xtandi.....	40	Zinc.....	89, 118	
Womens Multi.....	118	Y			Zinc Oxide.....	75
Womens Multi Gummies.....	118	Yelets Teenage Formula.....	118	Zinc Sulfate.....	89	
Womens Multivitamin.....	118	YF-VAX.....	148	Zinc Sulfate Heptahydrate....	89	
Womens Pack.....	118	YL Beta Carotene.....	118	Zinc Sulfate Monohydrate....	89	
Wound Care.....	163	YL Coenzyme Q10.....	163	Ziprasidone HCl.....	50	
Wymzya Fe.....	138	YL Folic Acid.....	118	Ziprasidone Mesylate.....	50	
X			YL Vitamin B-6.....	118	Zirgan.....	50
Xalkori.....	45	YL Vitamin C.....	118	Zokinvy.....	132	
Xarelto.....	59	YL Vitamin C-Rose Hips.....	118	Zolinza.....	41	
Xarelto Starter Pack.....	59	Your Life Multi Adult Gummies	118	Zolpidem Tartrate.....	191	
Xatmep.....	145	Yuflyma.....	145	Zomacton.....	133	
Xcel 100.....	163	Z			Zonisade.....	32
Xcellent E.....	118	Zaditor.....	167	Zonisamide.....	32	
Xcopri.....	30	Zafirlukast.....	174	Zoo Friends/Extra C.....	118	
Xeljanz.....	143	Zaleplon.....	191	Zovia 1/35.....	138	
Xeljanz XR.....	143	Zarbees Soothing Saline Mist	191	Ztalmy.....	31	
Xerac AC.....	75	Zarxio.....	59	Zurzuvae.....	33	
Xermelo.....	123	Ze-Plus.....	118	Zydelig.....	45	
Xgeva.....	149	Ze-Plus.....	118	Zykadia.....	45	
Xifaxan.....	25	Zejula.....	45	Zyprexa Relprevv.....	50	

For more recent information or if you have questions, please call UnitedHealthcare Connected for MyCareOhio Member Services at:



Toll-free 1-877-542-9236, TTY 711

8 a.m. - 8 p.m. local time, Monday - Friday
(voicemail available 24 hours a day/7 days a week)



UHCommunityPlan.com
myuhc.com/communityplan