

# 2022 List of Covered Drugs/Formulary

## Aetna Better Health<sup>SM</sup> Premier Plan

Aetna Better Health Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week or visit **[www.AetnaBetterHealth.com/Michigan](http://www.AetnaBetterHealth.com/Michigan)**.



# Aetna Better Health Premier Plan | 2022 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, over-the-counter drugs and items are covered by Aetna Better Health Premier Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Better Health Premier Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

## Table of Contents

A. Disclaimers.....	III
B. Frequently Asked Questions (FAQ) .....	IV
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.) .....	IV
B2. Does the Drug List ever change? .....	IV
B3. What happens when there is a change to the Drug List? .....	V
B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs? .....	VI
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? .....	VI
B6. What happens if Aetna Better Health Premier Plan changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)? .....	VII
B7. How can I find a drug on the Drug List? .....	VII
B8. What if the drug I want to take is not on the Drug List?.....	VII
B9. What if I am a new Aetna Better Health Premier Plan member and can’t find my drug on the Drug List or have a problem getting my drug?.....	VII
B10. Can you ask for an exception to cover your drug? .....	IX
B11. How can I ask for an exception?.....	IX
B12. How long does it take to get an exception? .....	IX
B13. What are generic drugs? .....	IX



B14. What are OTC drugs? .....	IX
B15. Does Aetna Better Health Premier Plan cover non-drug OTC products?.....	X
B16. What is my copay? .....	X
B17. What are drug tiers?.....	X
C. Overview of the <i>List of Covered Drugs</i> .....	XI
C1. Drugs Grouped by Medical Condition .....	1
D. Index of Covered Drugs.....	122



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](http://AetnaBetterHealth.com/Michigan)**.

## A. Disclaimers

This is a list of drugs that members can get in Aetna Better Health Premier Plan.

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak Spanish or Arabic, language assistance services, free of charge, are available to you. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

Si habla español o árabe, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-676-5772 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

يرجى الانتباه: إذا كنت تتكلم الإسبانية أو العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم **1-855-676-5772 (الهاتف النصي: 711)** على مدار الساعة، وطوال أيام الأسبوع. الاتصال بهذا الرقم مجاني.

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.



## 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.

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### **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 1 are the drugs covered by Aetna Better Health Premier Plan. 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.”

- Aetna Better Health Premier Plan 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 Aetna Better Health Premier Plan network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at **AetnaBetterHealth.com/Michigan**, ask your Care Coordinator for help, or call Member Services toll-free at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.

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### **B2. Does the Drug List ever change?**

Yes, and Aetna Better Health Premier Plan must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

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

If you 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**



IV

**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Michigan**.

- 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 Aetna Better Health Premier Plan's up to date Drug List online at **AetnaBetterHealth.com/Michigan**.
- You can also call Member Services to check the current Drug List at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.

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

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

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

**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 in an outpatient setting and 31-day supply of the drug in a long-term care setting after you ask for a refill.

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

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Aetna Better Health Premier Plan before you fill your prescription. If you don't get approval, Aetna Better Health Premier Plan may not cover the drug.
- **Quantity limits:** Sometimes Aetna Better Health Premier Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health Premier Plan 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 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 1 - 121. You can also get more information by visiting our website at **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan)**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also 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.

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

The table of drugs on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."



VI

**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan)**.

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## **B6. What happens if Aetna Better Health Premier Plan changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. 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.

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## **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**, go to the Index of Covered Drugs section. You can find it on page 122. Both brand name drugs and generic drugs are listed in the index. Find your drug in the index. 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 page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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## **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 **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week and ask about it. If you learn that Aetna Better Health Premier Plan 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.

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## **B9. What if I am a new Aetna Better Health Premier Plan 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 in an outpatient setting and 31-day supply of your drug in a long-term care facility during the first 90 days you are a member of Aetna Better Health Premier Plan. 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.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Michigan**.



If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility.

We will cover a 30-day supply of your drug in an outpatient setting and 31-day supply of your drug in a long-term care 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 prior approval by Aetna Better Health Premier Plan, **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 Aetna Better Health Premier Plan member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Better Health Premier Plan.

#### **Current members with a change in level of care**

- We will cover a one-time temporary 31-day supply if you move from a hospital or a long-term care facility to a home setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited
- We will cover a one-time temporary 31-day supply (see the note below for exceptions) if you move into or out of a long-term care setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited

Note: Oral brand name solid dosage forms such as tablets or capsules are limited to 14 day fills with exceptions as required by Medicare Part D rules. To ask for a temporary supply of a drug, call Member Services.

During the time when you are getting a temporary supply of a drug, you should talk to your provider to decide what to do when the temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. For example, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your provider says you have a good medical reason for an exception, they can help you ask for one.



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

Yes. You can ask Aetna Better Health Premier Plan 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, Aetna Better Health Premier Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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## **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.

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## **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.

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.

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## **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).

Aetna Better Health Premier Plan covers both brand name drugs and generic drugs.

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## **B14. What are OTC drugs?**

OTC stands for "over-the-counter." Aetna Better Health Premier Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Aetna Better Health Premier Plan Drug List to find out what OTC drugs are covered.

Examples of OTC non-drug products include insulin syringes, alcohol swabs, and gauze pads. There is no cost sharing or copays.

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### **B15. Does Aetna Better Health Premier Plan cover non-drug OTC products?**

Aetna Better Health Premier Plan covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include insulin syringes, alcohol swabs, and gauze pads.

You can read the Aetna Better Health Premier Plan Drug List to find out what non-drug OTC products are covered.

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### **B16. What is my copay?**

As an Aetna Better Health Premier Plan member, you have no copays for prescription and OTC drugs as long as you follow Aetna Better Health Premier Plan's rules.

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### **B17. What are drug tiers?**

Tiers are groups of drugs.

- Tier 1 drugs are Part D prescription brand name and generic drugs.
- Tier 2 drugs are Part D prescription brand name and generic drugs.
- Tier 3 drugs are Non-Part D prescription and over-the-counter drugs.

All tiers have no copay.



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## C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Aetna Better Health Premier Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 122. The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan.

The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Aetna Better Health Premier Plan has any rules for covering your drug.

**Note:** The asterisk \* next to a drug means the drug is not a “Part D drug.”

- These drugs 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 Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. You can also read Chapter 9 in the Member Handbook to learn how to appeal a decision.



## C1. Drugs Grouped by Medical Condition

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

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:		
* = Non-Part D drugs or OTC items that are covered by Medicaid		
PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	LA = Limited Access
NDS = Non-Extended Days Supply		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	
<b>MISCELLANEOUS</b>		
<i>acetaminophen</i> SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg, 650mg; SUSP 160mg/5ml, 325mg/10.15ml; TABS 325mg, 500mg; TBCR 650mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *

\* - Non-Part D drugs or OTC items that are covered by Medicaid **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply  
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
ASPIRIN SUPP 300mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult low strengt</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>childrens silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>feverall adults</i> SUPP 650mg	\$0(3)	NM; *
<i>feverall childrens</i> SUPP 120mg	\$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	\$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	NM; *
<i>gnp 8 hour arthritis reli</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp 8 hour pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp 8 hour pain reliever</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>gnp acetaminophen extra s</i> TABS 500mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain &amp; fever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	NM; *
<i>goodsense arthritis pain</i> TBCR 650mg	\$0(3)	NM; *

\* - Non-Part D drugs or OTC items that are covered by Medicaid **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply  
Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>goodsense aspirin adult I</i> CHEW 81mg	\$0(3)	NM; *
<i>goodsense pain &amp; fever ch</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain &amp; fever in</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>goodsense pain relief ext</i> TABS 500mg	\$0(3)	NM; *
<i>hm arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>hm aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>hm pain &amp; fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>hm pain &amp; fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>hm pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>hm pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>hm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>8 hour arthritis pain rel</i> TBCR 650mg	\$0(3)	NM; *
<i>8hr muscle aches &amp; pain</i> TBCR 650mg	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap</i> CAPS 500mg	\$0(3)	NM; *
<i>mapap acetaminophen extra</i> LIQD 500mg/15ml	\$0(3)	NM; *
<i>mapap arthritis pain</i> TBCR 650mg	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg	\$0(3)	NM; *
<i>non-aspirin pain relief e</i> TABS 500mg	\$0(3)	NM; *
<i>pain &amp; fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain &amp; fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain relief extra strengt</i> TABS 500mg	\$0(3)	NM; *
<i>pharbetol</i> TABS 325mg	\$0(3)	NM; *

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pharbetol extra strength</i> TABS 500mg	\$0(3)	NM; *
<i>qc arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>qc aspirin</i> TABS 325mg; TBEC 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc chewable aspirin low d</i> CHEW 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>qc non-aspirin childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc non-aspirin extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>qc pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm arthritis pain relieve</i> TBCR 650mg	\$0(3)	NM; *
<i>sm aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg	\$0(3)	NM; *
<i>sm childrens aspirin</i> CHEW 81mg	\$0(3)	NM; *
<i>sm pain &amp; fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	NM; *
<i>sm pain &amp; fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>sm pain reliever extra st</i> TABS 500mg; TBCR 650mg	\$0(3)	NM; *
<i>st joseph aspirin</i> TBEC 81mg	\$0(3)	NM; *
<i>st joseph low dose aspiri</i> CHEW 81mg	\$0(3)	NM; *
<i>tension headache</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
ADVIL CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>advil junior strength</i> CHEW 100mg	\$0(3)	NM; *
ADVIL MIGRAINE CAPS 200mg	\$0(3)	NM; *
<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 100mg/5ml	\$0(3)	NM; *
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp ibuprofen junior stre</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen ib/junior st</i> CHEW 100mg	\$0(3)	NM; *
<i>hm ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 600mg, 800mg	\$0(1)	
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen infants drops</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>INFANTS ADVIL</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>qc ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>qc ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	\$0(2)	
<i>endocet tab 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	\$0(1)	QL (180 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<b>ANESTHETICS - DRUGS FOR NUMBING</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg	\$0(2)	NDS

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<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
<i>gentamicin in saline inj</i> 0.8 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.2 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.6 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 2 mg/ml	\$0(1)	

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<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(1)	
SULFADIAZINE TABS 500mg	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	

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<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tobramycin NEBU 300mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	\$0(1)	
<i>trimethoprim TABS 100mg</i>	\$0(1)	
<i>vancomycin hcl CAPS 125mg</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
AMBISOME SUSR 50mg	\$0(2)	NDS, B/D
<i>amphotericin b SOLR 50mg</i>	\$0(1)	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	\$0(1)	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	

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<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
NOXAFIL SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl</i> TABS 250mg	\$0(1)	
<i>primaquine phosphate</i> TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS 324mg	\$0(1)	PA
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)	NM
APTIVUS CAPS 250mg	\$0(2)	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	NM
EDURANT TABS 25mg	\$0(2)	NDS, NM

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	NM
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM
INTELENCE TABS 25mg	\$0(2)	NM
INVIRASE TABS 500mg	\$0(2)	NDS, NM
ISENTRESS CHEW 25mg; PACK 100mg	\$0(2)	NM
ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	NM
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM

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SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0(1)	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0(2)	NDS, NM
BIKTARVY TAB	\$0(2)	NDS, NM
CIMDUO TAB 300-300	\$0(2)	NDS, NM
COMPLERA TAB	\$0(2)	NDS, NM
DELSTRIGO TAB	\$0(2)	NDS, NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM

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<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(2)	NDS, NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TEMIXYS TAB 300-300	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine CAPS 250mg</i>	\$0(2)	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	\$0(1)	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide TABS 500mg</i>	\$0(1)	

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<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECTOR TABS 250mg	\$0(2)	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(2)	NDS, NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	NM
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, NM, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	NDS
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate chew tab</i> 200-28.5 mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate chew tab</i> 400-57 mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab er</i> 12hr 1000-62.5 mg	\$0(1)	
<i>ampicillin</i> CAPS 500mg	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm	\$0(1)	

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<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	\$0(2)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	

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<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>doxy 100 SOLR 100mg</i>	\$0(1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	\$0(1)	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>mondoxyne nl CAPS 100mg</i>	\$0(1)	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	\$0(1)	PA
<i>tigecycline SOLR 50mg</i>	\$0(1)	
TIGECYCLINE SOLR 50mg	\$0(2)	NDS
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	\$0(1)	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	\$0(1)	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
LEUKERAN TABS 2mg	\$0(2)	

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<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
<b>ANTIBIOTICS</b>		
<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D
<b>ANTIMETABOLITES</b>		
ALIMTA SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, NM, LA, PA
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM
TABLOID TABS 40mg	\$0(2)	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMCYT CAPS 140mg	\$0(2)	NDS
ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	\$0(1)	
<i>flutamide</i> CAPS 125mg	\$0(1)	
<i>fulvestrant</i> SOLN 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA

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LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, NM, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, NM, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, NM, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, NM, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg, 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg, 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg, 60mg	\$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg, 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg, 50mg	\$0(2)	NDS, NM, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, NM, LA, PA
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	\$0(1)	QL (30 caps / 30 days)

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<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
BENZAEPRIIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	\$0(1)	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	\$0(1)	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	\$0(1)	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	\$0(1)	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	\$0(1)	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	\$0(1)	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	\$0(1)	QL (30 tabs / 30 days)

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 Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
VASCEPA CAPS .5gm, 1gm	\$0(2)	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg	\$0(1)	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	\$0(1)	
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	\$0(1)	
<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg	\$0(1)	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	\$0(2)	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek</i> TABS .125mg, .25mg	\$0(1)	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA

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<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
METHYLDOPA TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ANTIANXIETY - DRUGS TO TREAT ANXIETY</b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS

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<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	

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<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	\$0(2)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	\$0(1)	
<i>roovepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	\$0(2)	NDS, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg	\$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA

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<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA

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<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
PAXIL SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	

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<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	\$0(1)	

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<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$0(2)	PA; PA if 70 years and older
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)

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ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zaleplon</i> CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
<i>AUSTEDO</i> TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	NM, PA
GILENYA CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil</i> TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHANTIX TABS .5mg, 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	\$0(2)	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine gum</i> GUM 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	NM; *
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>goodsense nicotine</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>goodsense nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>goodsense nicotine polacr</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>hm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>hm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
NARCAN LIQD 4mg/0.1ml	\$0(2)	
<i>NICODERM CQ</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>NICORETTE</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>NICORETTE MINI</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>NICORETTE STARTER KIT</i> GUM 2mg, 4mg	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
VIVITROL SUSR 380mg	\$0(2)	NDS, NM
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)

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Formulary ID 00022044 v7

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<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)

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Formulary ID 00022044 v7

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VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)

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NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/ OWEN/TRIVIDIA	\$0(2)	
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/ act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM

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<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<i>afirmelle</i>	\$0(1)	
<i>aftera</i> TABS 1.5mg	\$0(3)	NM; *
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	

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<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila TABS .35mg</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *
<i>econtra one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>ELLA TABS 30mg</i>	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	

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<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> 1 mg-35 mcg	\$0(1)	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> 1 mg-50 mcg	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring</i> 0.120-0.015 mg/24hr	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>fayosim</i>	\$0(1)	
<i>femynor</i>	\$0(1)	
<i>hailey</i> 1.5/30	\$0(1)	
<i>hailey</i> 24 fe	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel</i> 1.5/30	\$0(1)	
<i>junel</i> 1/20	\$0(1)	
<i>junel fe</i> 1.5/30	\$0(1)	
<i>junel fe</i> 1/20	\$0(1)	
<i>junel fe</i> 24	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor</i> 1/35	\$0(1)	

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<i>kelnor 1/50</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>larissia</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	

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<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luter</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	

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<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<b>PLAN B ONE-STEP TABS 1.5mg</b>	\$0(3)	NM; *
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	

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<i>sharobel</i> TABS .35mg	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action</i> TABS 1.5mg	\$0(3)	NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
wera	\$0(1)	
wymzya fe	\$0(1)	
xulane	\$0(1)	
zafemy	\$0(1)	
zarah	\$0(1)	
zovia 1/35	\$0(1)	
zumandimine	\$0(1)	
<b>ENDOMETRIOSIS</b>		
danazol CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
amabelz	\$0(2)	
DELESTROGEN OIL 10mg/ml	\$0(2)	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	\$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	\$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	\$0(1)	
estradiol valerate OIL 20mg/ml, 40mg/ml	\$0(1)	
fyavolv tab 0.5mg-2.5mcg	\$0(2)	
fyavolv tab 1mg-5mcg	\$0(2)	
jinteli	\$0(2)	

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<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i> tab 0.5 mg-2.5 mcg	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i> tab 1 mg-5 mcg	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D

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SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
<b>MISCELLANEOUS</b>		
ALDURAZIME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	\$0(2)	NDS, NM, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA

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KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	\$0(2)	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	\$0(2)	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
XENICAL CAPS 120mg	\$0(3)	NM; *
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)

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<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	

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SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTACIDS</b>		
<i>acid gone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	\$0(3)	NM; *
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	\$0(3)	NM; *
<i>alumina/magnesia/simethic</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid fast relief</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid plus anti-gas fas</i>	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *

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<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength CHEW 1000mg</i>	\$0(3)	NM; *
<i>cal-gest antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid extra str CHEW 750mg</i>	\$0(3)	NM; *
GAVISCON SUS	\$0(3)	NM; *
GAVISCON SUS CHERRY	\$0(3)	NM; *
<i>gnp antacid &amp; anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt CHEW 750mg</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>gnp foaming antacid</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm advanced antacid maxim</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>hm antacid regular streng CHEW 500mg</i>	\$0(3)	NM; *
<i>hm antacid/antigas</i>	\$0(3)	NM; *
<i>hm calcium antacid extra CHEW 750mg</i>	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide TABS 400mg, 420mg</i>	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>qc antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>sm antacid CHEW 500mg</i>	\$0(3)	NM; *

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<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sm calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>sm calcium antacid extra CHEW 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
TUMS CHEW 500mg	\$0(3)	NM; *
TUMS CHEWY BITES CHEW 750mg	\$0(3)	NM; *
TUMS CHEWY DELIGHTS CHEW 1177mg	\$0(3)	NM; *
TUMS E-X 750 CHEW 750mg	\$0(3)	NM; *
TUMS EXTRA STRENGTH 750 CHEW 750mg	\$0(3)	NM; *
<i>tums smoothies CHEW 750mg</i>	\$0(3)	NM; *
TUMS SMOOTHIES CHEW 750mg	\$0(3)	NM; *
TUMS ULTRA 1000 CHEW 1000mg	\$0(3)	NM; *
<b>ANTI-DIARRHEAL</b>		
<i>anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>bismatrol CHEW 262mg</i>	\$0(3)	NM; *
<i>bismuth subsalicylate CHEW 262mg</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>gnp k-pec SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor LIQD 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp pink bismuth CHEW 262mg; TABS 262mg</i>	\$0(3)	NM; *
<i>gnp stomach relief SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal LIQD 1mg/7.5ml</i>	\$0(3)	NM; *
<i>goodsense stomach relief CHEW 262mg</i>	\$0(3)	NM; *

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<i>hm anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>hm stomach relief</i> CHEW 262mg; SUSP 262mg/15ml, 525mg/30ml	\$0(3)	NM; *
<i>hm stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>loperamide hcl</i> LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	\$0(3)	NM; *
LOPERAMIDE HYDROCHLORIDE SOLN 1mg/7.5ml, 2mg/15ml	\$0(3)	NM; *
<i>peptic relief</i> CHEW 262mg	\$0(3)	NM; *
PEPTO BISMOL TABS 262mg	\$0(3)	NM; *
PEPTO-BISMOL CHEW 262mg	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>qc diarrhea relief</i> SUSP 262mg/15ml	\$0(3)	NM; *
<i>qc pink bismuth</i> CHEW 262mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/15ml, 525mg/30ml	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D

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<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine maximum streng TABS 20mg</i>	\$0(3)	NM; *
<i>gnp acid reducer TABS 10mg</i>	\$0(3)	NM; *
<i>gnp acid reducer maximum TABS 20mg</i>	\$0(3)	NM; *
<i>gnp heartburn relief TABS 200mg</i>	\$0(3)	NM; *
<i>heartburn relief TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>heartburn relief maximum TABS 20mg</i>	\$0(3)	NM; *
<i>hm famotidine TABS 10mg, 20mg</i>	\$0(3)	NM; *
<i>nizatidine CAPS 150mg, 300mg</i>	\$0(1)	
<i>qc acid controller TABS 10mg</i>	\$0(3)	NM; *
<i>qc acid controller maximu TABS 20mg</i>	\$0(3)	NM; *
<i>sm acid reducer TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>sm acid reducer maximum s TABS 20mg</i>	\$0(3)	NM; *
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium CAPS 750mg</i>	\$0(1)	
<i>budesonide CPEP 3mg</i>	\$0(1)	PA
<i>budesonide TB24 9mg</i>	\$0(2)	NDS, PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	\$0(1)	
<i>mesalamine CP24 .375gm</i>	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	\$0(1)	
<i>mesalamine TBEC 1.2gm</i>	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	\$0(1)	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	\$0(1)	
<b>LAXATIVES</b>		
<i>bisacodyl SUPP 10mg</i>	\$0(3)	NM; *
<i>bisacodyl ec TBEC 5mg</i>	\$0(3)	NM; *
<i>COLACE CAPS 100mg</i>	\$0(3)	NM; *
<i>constulose SOLN 10gm/15ml</i>	\$0(1)	

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<i>docu</i> LIQD 50mg/5ml	\$0(3)	NM; *
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml	\$0(3)	NM; *
<i>dok</i> CAPS 100mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
FLEET ENE	\$0(3)	NM; *
FLEET ENE ENEMA	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/</i> flavor pack	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp natural fiber</i> POWD 48.57%	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 250mg; LIQD 50mg/5ml; SYRP 60mg/15ml	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber</i> POWD 48.57%	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	

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<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	\$0(1)	
<i>metamucil POWD 28.3%</i>	\$0(3)	NM; *
NULYTELY SOL LMN/LIME	\$0(2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 PACK 17gm</i>	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative SUPP 10mg</i>	\$0(3)	NM; *
<i>qc natural vegetable POWD 95%</i>	\$0(3)	NM; *
<i>qc stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>silace LIQD 150mg/15ml; SYRP 60mg/15ml</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber POWD 58.6%</i>	\$0(3)	NM; *
<i>sm gentle laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>sm laxative SUPP 10mg</i>	\$0(3)	NM; *
<i>sm stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>stool softener laxative CAPS 100mg</i>	\$0(3)	NM; *
<i>stool softener laxative e CAPS 250mg</i>	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>womens laxative TBEC 5mg</i>	\$0(3)	NM; *
<b>MISCELLANEOUS</b>		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosetron hcl TABS 1mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA

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<i>alosetron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	\$0(2)	
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XERMELO TABS 250mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	

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ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
gnp lansoprazole CPDR 15mg	\$0(3)	NM; *
gnp omeprazole TBEC 20mg	\$0(3)	NM, PA; *
goodsense lansoprazole CPDR 15mg	\$0(3)	NM; *
hm lansoprazole CPDR 15mg	\$0(3)	NM; *
hm omeprazole TBEC 20mg	\$0(3)	NM, PA; *
lansoprazole CPDR 15mg	\$0(3)	NM; *
lansoprazole CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	\$0(1)	
omeprazole TBEC 20mg	\$0(3)	NM, PA; *
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
PREVACID 24HR CPDR 15mg	\$0(3)	NM; *
qc lansoprazole CPDR 15mg	\$0(3)	NM; *
rabeprazole sodium TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
sm lansoprazole CPDR 15mg	\$0(3)	NM; *
sm omeprazole TBEC 20mg	\$0(3)	NM, PA; *
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
alfuzosin hcl TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	\$0(1)	
tamsulosin hcl CAPS .4mg	\$0(1)	

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<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
3 day vaginal CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 1</i>	\$0(3)	NM; *
<i>miconazole 3</i> CREA 4%	\$0(3)	NM; *
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *

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<i>miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal CREA 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	\$0(3)	NM; *
<i>qc 3 day vaginal cream CREA 4%</i>	\$0(3)	NM; *
<i>qc miconazole 7 CREA 2%</i>	\$0(3)	NM; *
<i>sm 3-day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>sm tioconazole-1 OINT 6.5%</i>	\$0(3)	NM; *
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	\$0(1)	
<i>tioconazole 1 OINT 6.5%</i>	\$0(3)	NM; *
<i>vandazole GEL .75%</i>	\$0(1)	
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	\$0(1)	B/D

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<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, NM, PA
<b>IRON</b>		
<i>wee care SUSP 15mg/1.25ml</i>	\$0(3)	NM; *
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl CAPS .5mg, 1mg</i>	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol TABS 50mg, 100mg</i>	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA

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Formulary ID 00022044 v7

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HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>AUTOIMMUNE AGENTS</b>		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA

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ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), NM, PA

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
<b>IMMUNOGLOBULINS</b>		
BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	\$0(2)	NDS, B/D, NM
INTRON A SOLR 10mu, 18mu	\$0(2)	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	\$0(2)	NDS, B/D, NM

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Formulary ID 00022044 v7

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<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	\$0(1)	B/D, NM
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D, NM
REZUROCK TABS 200mg	\$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
ZORTRESS TABS 1mg	\$0(2)	NDS, B/D, NM
<b>VACCINES</b>		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	

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Formulary ID 00022044 v7

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IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
D2.5W/NACL INJ 0.45%	\$0(1)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	

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<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	\$0(2)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	\$0(2)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	

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<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln</i> 1 gm/100ml	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	

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Formulary ID 00022044 v7

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PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<b>IV NUTRITION</b>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
<i>chromic chloride SOLN 40mcg/10ml</i>	\$0(3)	NM; *
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>cupric chloride SOLN .4mg/ml</i>	\$0(3)	NM; *
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D

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<b>MINERALS</b>		
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium carbonate</i> TABS 600mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium high potency</i> TABS 1500mg	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
K-PHOS TABS 500mg	\$0(3)	NM; *
<i>manganese chloride</i> SOLN .1mg/ml	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
<b>VITAMINS</b>		
BACMIN TAB	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
<i>cholecalciferol</i> CAPS 10000unit	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
<i>cyanocobalamin</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>dialyvite</i>	\$0(3)	NM; *
DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
DRISDOL CAPS 50000unit	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit	\$0(3)	NM; *
<i>fabb</i>	\$0(3)	NM; *
FOLBIC TAB	\$0(3)	NM; *
<i>folic acid</i> SOLN 5mg/ml; TABS 1mg	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *

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<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
M.V.I PEDIAT INJ	\$0(3)	NM; *
MEPHYTON TABS 5mg	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multivitamin with fluorid</i>	\$0(3)	NM; *
<i>multivitamin/fluoride</i>	\$0(3)	NM; *
<i>multivitamin/fluoride/iro</i>	\$0(3)	NM; *
<i>mvc-fluoride</i>	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
<i>niacin</i> CPCR 500mg	\$0(3)	NM; *
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	\$0(3)	NM; *
<i>pyridoxine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
STROVITE FOR TAB	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
<i>tri-vitamin/fluoride</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitamins a/c/d/fluoride</i>	\$0(3)	NM; *
<i>westab mini</i>	\$0(3)	NM; *

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<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
BLEPHAMIDE OIN S.O.P.	\$0(2)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentak OINT .3%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	

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Formulary ID 00022044 v7

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<i>neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth) SOLN .3%</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth) SOLN .09%</i>	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth) SUSP .1%</i>	\$0(1)	
<i>flurbiprofen sodium SOLN .03%</i>	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth) SUSP 1%</i>	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>alaway SOLN .025%</i>	\$0(3)	NM; *
<i>alaway childrens allergy SOLN .025%</i>	\$0(3)	NM; *

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>bepotastine besilate</i> SOLN 1.5%	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>eye itch relief</i> SOLN .025%	\$0(3)	NM; *
<i>ketotifen fumarate (ophth)</i> SOLN .025%	\$0(3)	NM; *
LASTACFT SOLN .25%	\$0(2)	
<i>olopatadine hcl</i> SOLN .1%	\$0(1)	
<i>sm eye itch relief</i> SOLN .025%	\$0(3)	NM; *
ZADITOR SOLN .025%	\$0(3)	NM; *
ZERVIAE SOLN .24%	\$0(2)	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P SOLN .1%	\$0(2)	
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	

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<i>timolol maleate (ophth) once-daily</i> SOLN .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
<b>MISCELLANEOUS</b>		
<i>artificial tears</i> SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>carboxymethylcellulose sodium (ophth)</i> SOLN .5%	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
GENTEAL SEVERE TEARS GEL .3%	\$0(3)	NM; *
<i>genteal tears mild</i>	\$0(3)	NM; *
<i>genteal tears night-time</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye</i> SOLN .5%	\$0(3)	NM; *
<i>goodsense lubricating plu</i> SOLN .5%	\$0(3)	NM; *
<i>hm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
ISOPTO TEARS SOLN .5%	\$0(3)	NM; *
<i>lubricant eye drops</i> SOLN .5%	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubricating plus eye drop</i> SOLN .5%	\$0(3)	NM; *
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>refresh celluvisc</i> GEL 1%	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
<i>refresh p.m.</i>	\$0(3)	NM; *
REFRESH PLUS SOLN .5%	\$0(3)	NM; *
REFRESH TEARS SOLN .5%	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	

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<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
SYSTANE OVERNIGHT THERAPY GEL .3%	\$0(3)	NM; *
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>		
ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	\$0(1)	B/D

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<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>alavert</i> TBDP 10mg	\$0(3)	NM; *
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>all-day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>aller-ease</i> TABS 60mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 25mg; TABS 4mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 180mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>allergy-time</i> TABS 4mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *

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<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>chlorpheniramine maleate</i> TABS 4mg	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp allergy</i> CAPS 25mg; TABS 25mg	\$0(3)	NM; *
<i>gnp allergy antihistamine</i> LIQD 50mg/20ml	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; TABS 4mg	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 4mg, 10mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
HISTEX PD LIQD .938mg/ml	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *

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<i>hm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hcl childre</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	
<i>loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>PEDIAVENT</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc chlor-pheniramine</i> TABS 4mg	\$0(3)	NM; *
<i>qc complete allergy medic</i> TABS 25mg	\$0(3)	NM; *
<i>qc fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *

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<i>sm allergy relief</i> LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .938mg/ml	\$0(3)	NM; *
TRIPROLIDINE HYDROCHLORID LIQD 2.5mg/5ml	\$0(3)	NM; *
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D

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ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
FLONASE ALLERGY RELIEF SUSP 50mcg/act	\$0(3)	NM; *
FLONASE ALLERGY RELIEF CH SUSP 50mcg/act	\$0(3)	NM; *
FLONASE SENSIMIST SUSP 27.5mcg/spray	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>gnp budesonide nasal spra</i> SUSP 32mcg/act	\$0(3)	NM; *

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Formulary ID 00022044 v7

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp fluticasone propionat</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>qc allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>accutane</i> CAPS 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	NM; *
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
<i>adapalene</i> GEL .1%	\$0(3)	NM; *
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>avita</i> CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
DIFFERIN GEL .1%	\$0(3)	NM; *
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>first aid antibiotic</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLON CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>anti-fungal powder</i> POWD 1%	\$0(3)	NM; *
<i>antifungal</i> CREA 1%, 2%	\$0(3)	NM; *
<i>baza antifungal</i> CREA 2%	\$0(3)	NM; *
<i>carrington antifungal</i> CREA 2%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole athletes foo</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	\$0(1)	QL (45 gm / 30 days)
FUNGOID TINCTURE SOLN 2%	\$0(3)	NM; *
<i>gnp athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>gnp tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>ketconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>soothe &amp; cool inzo antifu</i> CREA 2%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *
<i>tolnaftate antifungal</i> CREA 1%	\$0(3)	NM; *
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i>	\$0(3)	NM; *

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<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>scalpicin maximum strengt</i> SOLN 1%	\$0(3)	NM; *
<i>sm hydrocortisone</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>sm hydrocortisone plus</i>	\$0(3)	NM; *
<i>sm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
BETADINE SOLN 10%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)

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<i>hm povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(3)	NM; *
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine</i> OINT 10%; SOLN 10%	\$0(3)	NM; *
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>procto-pak</i> CREA 1%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>qc povidone iodine</i> SOLN 10%	\$0(3)	NM; *
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
RENOVA CREA .02%	\$0(3)	NM; *
RENOVA PUMP CREA .02%	\$0(3)	NM; *
<i>rosadan</i> CREA .75%	\$0(1)	QL (45 gm / 30 days)
<i>sm povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>hm lice killing maximum s</i>	\$0(3)	NM; *
<i>hm lice treatment</i> LIQD 1%	\$0(3)	NM; *

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<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment LOTN 1%</i>	\$0(3)	NM; *
<i>malathion LOTN .5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	\$0(1)	QL (60 gm / 30 days)
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment LOTN 1%</i>	\$0(3)	NM; *
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REG GRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl CAPS 30mg</i>	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$0(1)	
<i>clotrimazole TROC 10mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	\$0(1)	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	\$0(1)	
<i>periogard SOLN .12%</i>	\$0(1)	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	\$0(1)	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	\$0(1)	

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Formulary ID 00022044 v7

## D. Index of Covered Drugs

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
*		<i>acne medication 2.5</i> .....	115
*sodium phosphates - enema*** .....	86	<i>acne medication 5</i> .....	115
<b>2</b>		<i>acne medication 10</i> .....	115
<i>24hr allergy relief</i> .....	110	ACNE MEDICATION 10 .....	115
<b>3</b>		ACTHIB INJ.....	96
<i>3 day vaginal</i> .....	89	ACTIMMUNE .....	95
<b>8</b>		<i>acyclovir</i> .....	17
<i>8 hour arthritis pain rel</i> .....	3	<i>acyclovir sodium</i> .....	17
<i>8hr muscle aches &amp; pain</i> .....	3	ADACEL INJ.....	96
<b>A</b>		<i>adapalene</i> .....	115
<i>abacavir sulfate</i> .....	13	<i>adefovir dipivoxil</i> .....	17
<i>abacavir sulfate-lamivudine tab 600-</i> <i>300 mg</i> .....	15	ADEMPAS .....	43
<i>abacavir sulfate-lamivudine-zidovudine tab</i> <i>300-150-300 mg</i> .....	15	ADRENALIN .....	42
ABELCET .....	12	<i>adriamycin</i> .....	23
ABILIFY MAINTENA.....	52, 53	<i>adult aspirin regimen</i> .....	1
<i>abiraterone acetate</i> .....	23	ADVAIR DISKU AER 100/50.....	114
ABRAXANE INJ 100MG .....	25	ADVAIR DISKU AER 250/50 .....	114
<i>acamprosate calcium</i> .....	60	ADVAIR DISKU AER 500/50 .....	114
<i>acarbose</i> .....	62	ADVAIR HFA AER 45/21 .....	114
<i>accutane</i> .....	115	ADVAIR HFA AER 115/21.....	114
<i>acebutolol hcl</i> .....	40	ADVAIR HFA AER 230/21 .....	114
<i>acetaminophen</i> .....	1	ADVIL.....	5
<i>acetaminophen extra stren</i> .....	1	<i>advil junior strength</i> .....	5
<i>acetaminophen w/ codeine soln 120-</i> <i>12 mg/5ml</i> .....	8	ADVIL MIGRAINE .....	5
<i>acetaminophen w/ codeine tab 300-15 mg</i> ..	8	AFINITOR .....	26
<i>acetaminophen w/ codeine tab 300-30 mg</i> ..	8	AFINITOR DISPERZ.....	26
<i>acetaminophen w/ codeine tab 300-60 mg</i> ..	8	<i>afirmelle</i> .....	67
<i>acetazolamide</i> .....	41	<i>aftera</i> .....	67
<i>acetic acid</i> .....	89	AHIST .....	108
<i>acetic acid (otic)</i> .....	107	AIMOVIG .....	58
<i>acetylcysteine</i> .....	111	<i>ala-cort</i> .....	117
<i>acid gone</i> .....	79	ALA-HIST IR.....	108
<i>acid reducer</i> .....	83	<i>alavert</i> .....	108
<i>acid reducer complete</i> .....	86	<i>alaway</i> .....	104
<i>acid reducer maximum stre</i> .....	83	<i>alaway childrens allergy</i> .....	104
<i>acid reducer original str</i> .....	83	<i>albendazole</i> .....	9
<i>acitretin</i> .....	117	<i>albuterol sulfate</i> .....	111
		<i>alclometasone dipropionate</i> .....	117
		ALDURAZYME.....	76
		ALECENSA.....	26
		<i>alendronate sodium</i> .....	66
		<i>alfuzosin hcl</i> .....	88
		ALIMTA.....	23
		<i>aliskiren fumarate</i> .....	42

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>all day allergy</i> .....	108	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>all day allergy childrens</i> .....	108	5-10 mg.....	32
<i>all-day allergy childrens</i> .....	108	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>all day pain relief</i> .....	5	5-20 mg.....	32
<i>all day relief</i> .....	5	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>aller-chlor</i> .....	108	5-40 mg.....	32
<i>aller-ease</i> .....	108	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>allergy</i> .....	108	20 mg .....	33
<i>allergy childrens</i> .....	108	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>allergy relief</i> .....	108, 113	40 mg .....	33
<i>allergy relief 24hr</i> .....	108	<i>amlodipine besylate-olmesartan medoxomil</i>	
<i>allergy relief childrens</i> .....	108	tab 5-20 mg .....	34
<i>allergy relief/indoor/out</i> .....	108	<i>amlodipine besylate-olmesartan medoxomil</i>	
<i>allergy-time</i> .....	108	tab 5-40 mg.....	35
<i>allopurinol</i> .....	1	<i>amlodipine besylate-olmesartan medoxomil</i>	
<i>almacone double strength</i> .....	79	tab 10-20 mg.....	35
<i>alose tron hcl</i> .....	86, 87	<i>amlodipine besylate-olmesartan medoxomil</i>	
ALPHAGAN P .....	105	tab 10-40 mg .....	35
<i>alprazolam</i> .....	44	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	35
ALREX .....	104	<i>amlodipine besylate-valsartan tab</i>	
<i>altavera</i> .....	67	5-320 mg .....	35
<i>alumina/magnesia/simethic</i> .....	79	<i>amlodipine besylate-valsartan tab 10-</i>	
ALUMINUM HYDROXIDE .....	79	160 mg.....	35
<i>alum &amp; mag hydroxide-simethicone susp</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
200-200-20 mg/5ml .....	79	320 mg .....	35
<i>alum &amp; mag hydroxide-simethicone susp</i>		<i>amlodipine-valsartan-hydrochlorothiazide</i>	
400-400-40 mg/5ml.....	79	tab 5-160-12.5 mg .....	35
ALUNBRIG .....	26	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
ALUNBRIG PAK .....	26	tab 5-160-25 mg.....	35
<i>alyacen 1/35</i> .....	67	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>alyacen 7/7/7</i> .....	67	tab 10-160-12.5 mg .....	35
<i>amabelz</i> .....	74	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amantadine hcl</i> .....	51	tab 10-160-25 mg .....	35
AMBISOME .....	12	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>ambrisentan</i> .....	43	tab 10-320-25 mg .....	35
<i>amethia</i> .....	67	<i>amnestem</i> .....	115
<i>amikacin sulfate</i> .....	10	<i>amoxapine</i> .....	49
<i>amiloride hcl</i> .....	41	<i>amoxicillin</i> .....	20
<i>amiloride &amp; hydrochlorothiazide tab</i>		<i>amoxicillin &amp; k clavulanate chew tab 200-</i>	
5-50 mg.....	41	28.5 mg .....	20
AMINOSYN-PF INJ 7% .....	100	<i>amoxicillin &amp; k clavulanate chew tab 400-</i>	
<i>amiodarone hcl</i> .....	37	57 mg.....	20
<i>amitriptyline hcl</i> .....	49	<i>amoxicillin &amp; k clavulanate for susp 200-</i>	
<i>amlodipine besylate</i> .....	40	28.5 mg/5ml .....	20
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		<i>amoxicillin &amp; k clavulanate for susp 250-</i>	
10 mg .....	32	62.5 mg/5ml .....	20

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	20	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	21
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	20	<i>anagrelide hcl</i> .....	91
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .20		<i>anastrozole</i> .....	23
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .20		ANDRODERM .....	62
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> ..20		ANORO ELLIPT AER 62.5-25 .....	107
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	20	<i>antacid</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	56	<i>antacid anti-gas maximum</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	56	<i>antacid calcium regular s</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	56	<i>antacid extra strength</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	56	<i>antacid fast relief</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	56	<i>antacid maximum strength</i> .....	79
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	56	<i>antacid plus anti-gas fas</i> .....	79
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	56	<i>antacid plus anti-gas rel</i> .....	79
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	56	<i>antacid regular strength</i> .....	80
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	56	<i>antacid ultra strength</i> .....	80
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	56	<i>anti-diarrheal</i> .....	81
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	56	<i>antifungal</i> .....	116
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	56	<i>anti-fungal powder</i> .....	116
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	56	<i>anti-gas/ and gnp antacid</i> .....	80
<i>amphotericin b</i> .....	12	<i>anti-itch maximum strengt</i> .....	117
<i>ampicillin</i> .....	20	<i>aprepitant</i> .....	82
<i>ampicillin sodium</i> .....	21	<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	82
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	20	<i>apri</i> .....	67
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	21	APTIOM .....	44
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	21	APTIVUS.....	13
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	21	ARALAST NP .....	112
		<i>aranelle</i> .....	67
		ARCALYST .....	95
		<i>aripiprazole</i> .....	53
		ARISTADA .....	53
		ARISTADA INITIO .....	53
		<i>armodafinil</i> .....	60
		ARNUITY ELLIPTA.....	114
		<i>arthritis pain relief</i> .....	2
		<i>artificial tears</i> .....	106
		<i>asenapine maleate</i> .....	53
		<i>ashlyna</i> .....	67
		<i>aspirin</i> .....	2
		ASPIRIN.....	2
		<i>aspirin adult low dose</i> .....	2
		<i>aspirin adult low strengt</i> .....	2
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	92
		<i>aspirin low dose</i> .....	2

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>atazanavir sulfate</i> .....	13	<i>bekyree</i> .....	67
<i>atenolol</i> .....	40	BELSOMRA.....	57
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	39	<i>benazepril hcl</i> .....	34
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	39	BENAZEPRIL & HYDROCHLOROTHIAZIDE	
<i>atomoxetine hcl</i> .....	56, 57	TAB 5-6.25MG.....	33
<i>atorvastatin calcium</i> .....	38	<i>benazepril &amp; hydrochlorothiazide tab 10-</i>	
<i>atovaquone</i> .....	10	12.5 mg .....	33
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> ....	13	<i>benazepril &amp; hydrochlorothiazide tab 20-</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> ...	13	12.5 mg .....	33
ATROPINE SULFATE .....	106	<i>benazepril &amp; hydrochlorothiazide tab 20-</i>	
ATROVENT HFA .....	107	25 mg.....	33
<i>aubra eq</i> .....	67	BENDEKA.....	22
<i>aurovela 1/20</i> .....	67	BENLYSTA.....	95
<i>aurovela 24 fe</i> .....	67	<i>benzoyl peroxide</i> .....	115
<i>aurovela fe 1.5/30</i> .....	67	<i>benzoyl peroxide-erythromycin gel 5-3%</i> ...	115
<i>aurovela fe 1/20</i> .....	67	<i>benzoyl peroxide wash</i> .....	115
AUSTEDO .....	58, 59	<i>benztropine mesylate</i> .....	51
AVASTIN.....	26	<i>bepotastine besilate</i> .....	105
<i>aviane</i> .....	67	BEPREVE.....	105
<i>avita</i> .....	115	BERINERT .....	91
<i>ayuna</i> .....	67	BESIVANCE.....	103
AYVAKIT .....	26	BETADINE .....	119
<i>azacitidine</i> .....	23	<i>betamethasone dipropionate augmented</i> ...	118
<i>azathioprine</i> .....	95	<i>betamethasone dipropionate (topical)</i> .....	117
<i>azelastine hcl</i> .....	108	<i>betamethasone valerate</i> .....	118
<i>azelastine hcl (ophth)</i> .....	105	BETASERON .....	59
<i>azithromycin</i> .....	19	<i>betaxolol hcl</i> .....	40
<i>aztreonam</i> .....	10	<i>betaxolol hcl (ophth)</i> .....	105
<i>azurette</i> .....	67	<i>bethanechol chloride</i> .....	89
<b>B</b>		BETOPTIC-S .....	105
<i>bacitracin (ophthalmic)</i> .....	103	BEVESPI AER 9-4.8MCG .....	107
<i>bacitracin-polymyxin b ophth oint</i> .....	103	<i>bexarotene</i> .....	25
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		BEXSERO INJ .....	96
<i>oint 1%</i> .....	103	<i>bicalutamide</i> .....	23
<i>baclofen</i> .....	60	BICILLIN L-A .....	21
BACMIN TAB .....	101	BIKTARVY TAB .....	15
<i>balsalazide disodium</i> .....	84	<i>bisacodyl</i> .....	84
BALVERSA .....	26	<i>bisacodyl ec</i> .....	84
<i>balziva</i> .....	67	<i>bismatrol</i> .....	81
<i>banophen</i> .....	108	<i>bismuth subsalicylate</i> .....	81
BARACLUDE.....	17	<i>bisoprolol fumarate</i> .....	40
BASAGLAR KWIKPEN .....	65	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-</i>	
<i>baza antifungal</i> .....	116	6.25 mg .....	39
BCG VACCINE INJ .....	96	<i>bisoprolol &amp; hydrochlorothiazide tab</i>	
BD ALCOHOL SWABS.....	65	5-6.25 mg .....	39

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	39	<i>buspirone hcl</i> .....	44
BIVIGAM .....	94	<i>butorphanol tartrate</i> .....	8
BLEPHAMIDE OIN S.O.P.....	103	BYDUREON BCISE .....	62
<i>blisovi 24 fe</i> .....	67	BYETTA .....	62
<i>blisovi fe 1.5/30</i> .....	68	BYSTOLIC .....	40
BOOSTRIX INJ.....	96	<b>C</b>	
BORTEZOMIB .....	26	<i>cabergoline</i> .....	76
<i>bosentan</i> .....	43	CABOMETYX.....	26
BOSULIF .....	26	<i>calcipotriene</i> .....	117
BP VIT 3 CAP .....	101	<i>calcitonin (salmon) spray</i> .....	66
BRAFTOVI .....	26	<i>calcitrene</i> .....	117
BREO ELLIPTA INH 100-25 .....	114	<i>calcitriol</i> .....	79
BREO ELLIPTA INH 200-25 .....	114	<i>calcium 600+d</i> .....	101
BREZTRI AERO AER SPHERE .....	107	<i>calcium acetate (phosphate binder)</i> .....	77, 78
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....	107	<i>calcium antacid</i> .....	80
<i>briellyn</i> .....	68	<i>calcium antacid extra str</i> .....	80
BRILINTA .....	92	<i>calcium carbonate</i> .....	101
<i>brimonidine tartrate</i> .....	105	<i>calcium carbonate (antacid)</i> .....	101
<i>brinzolamide</i> .....	105	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i> .....	101
BRIVIACT .....	44	<i>calcium high potency</i> .....	101
<i>bromfenac sodium (ophth)</i> .....	104	<i>calcium high potency + vi</i> .....	101
<i>bromocriptine mesylate</i> .....	51	<i>cal-gest antacid</i> .....	80
BROMSITE .....	104	CALQUENCE.....	26
BRUKINSA .....	26	<i>camila</i> .....	68
<i>budesonide</i> .....	84	<i>camrese</i> .....	68
<i>budesonide (inhalation)</i> .....	114	<i>camrese lo</i> .....	68
<i>budesonide (nasal)</i> .....	113	<i>candesartan cilexetil</i> .....	37
<i>bumetanide</i> .....	41	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	35
<i>buprenorphine</i> .....	7	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	35
<i>buprenorphine hcl</i> .....	60	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	35
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	60	CAPLYTA .....	53
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	60	CAPRELSA .....	26
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	60	<i>captopril</i> .....	34
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	60	CARBAGLU .....	76
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	60	<i>carbamazepine</i> .....	44
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	60	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	52
<i>bupropion hcl</i> .....	49	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	52
<i>bupropion hcl (smoking deterrent)</i> .....	60	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	52

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	52	CELONTIN.....	44
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	52	<i>cephalexin</i> .....	19
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	52	CERDELGA.....	76
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	51	CEREZYME .....	76
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	51	<i>cetirizine hcl</i> .....	108
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	51	<i>cetirizine hcl allergy ch</i> .....	108
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	52	<i>cetirizine hcl childrens</i> .....	108
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	52	<i>cetirizine hydrochloride</i> .....	108
CARB/LEVO ORALLY DISINTEGRATING TAB		<i>cevimeline hcl</i> .....	121
10-100MG.....	51	CHANTIX.....	61
CARB/LEVO ORALLY DISINTEGRATING TAB		CHANTIX CONTINUING MONTH.....	61
25-100MG .....	51	CHANTIX PAK 0.5& 1MG .....	61
CARB/LEVO ORALLY DISINTEGRATING TAB		<i>chateal</i> .....	68
25-250MG.....	51	CHEMET .....	67
<i>carboplatin</i> .....	22	<i>childrens acetaminophen</i> .....	2
<i>carboxymethylcellulose sodium (ophth)</i> .....	106	CHILDRENS ADVIL .....	5
<i>carisoprodol</i> .....	60	<i>childrens ibuprofen</i> .....	5
<i>carrington antifungal</i> .....	116	<i>childrens loratadine</i> .....	109
<i>carteolol hcl (ophth)</i> .....	105	<i>childrens silapap</i> .....	2
<i>cartia xt</i> .....	40	<i>chlorhexidine gluconate (mouth-throat)</i> .....	121
<i>carvedilol</i> .....	40	<i>chloroquine phosphate</i> .....	13
<i>caspofungin acetate</i> .....	12	<i>chlorpheniramine maleate</i> .....	109
CAYSTON .....	10	<i>chlorpromazine hcl</i> .....	53
<i>caziant</i> .....	68	CHLORPROMAZINE HYDROCHLOR.....	53
<i>cefaclor</i> .....	18	<i>chlorthalidone</i> .....	41
CEFACTOR ER .....	18	<i>cholecalciferol</i> .....	101
<i>cefadroxil</i> .....	18	<i>cholestyramine</i> .....	39
CEFAZOLIN INJ 1GM/50ML .....	18	<i>cholestyramine light</i> .....	39
<i>cefazolin sodium</i> .....	18	<i>chromic chloride</i> .....	100
CEFAZOLIN SOLN 2GM/100ML-4%.....	18	<i>ciclopirox olamine</i> .....	116
<i>cefdinir</i> .....	18	<i>cilostazol</i> .....	91
<i>cefepime hcl</i> .....	18	CILOXAN .....	103
<i>cefixime</i> .....	18	CIMDUO TAB 300-300 .....	15
<i>cefoxitin sodium</i> .....	18	<i>cinacalcet hcl</i> .....	76
<i>cefpodoxime proxetil</i> .....	18	CIPRO .....	19
<i>cefprozil</i> .....	18	<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	19
<i>ceftazidime</i> .....	18	<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	19
CEFTAZIDIME/ SOL D5W 1GM .....	18	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	107
CEFTAZIDIME/ SOL D5W 2GM.....	18	<i>ciprofloxacin hcl</i> .....	19
<i>ceftriaxone sodium</i> .....	19	<i>ciprofloxacin hcl (ophth)</i> .....	103
<i>cefuroxime axetil</i> .....	19	<i>cisplatin</i> .....	22
<i>cefuroxime sodium</i> .....	19	<i>citalopram hydrobromide</i> .....	49
<i>celecoxib</i> .....	5	<i>claravis</i> .....	115
		<i>clarithromycin</i> .....	19
		<i>clindamycin hcl</i> .....	10

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>clindamycin palmitate hydrochloride</i> .....	10	<i>colistimethate sodium</i> .....	10
<i>clindamycin phosphate</i> .....	10	COMBIGAN SOL 0.2/0.5% .....	105
<i>clindamycin phosphate in d5w iv soln</i>		COMBIVENT AER 20-100 .....	107
300 mg/50ml .....	10	COMETRIQ (60MG DOSE) .....	26
<i>clindamycin phosphate in d5w iv soln</i>		COMETRIQ KIT 100MG .....	26
600 mg/50ml .....	10	COMETRIQ KIT 140MG .....	26
<i>clindamycin phosphate in d5w iv soln</i>		COMPLERA TAB .....	15
900 mg/50ml .....	10	<i>complete allergy medicine</i> .....	109
<i>clindamycin phosphate (topical)</i> .....	115	<i>compro</i> .....	82
<i>clindamycin phosphate vaginal</i> .....	89	<i>constulose</i> .....	84
CLINDMYC/NAC INJ 300/50ML .....	10	COPIKTRA .....	26
CLINDMYC/NAC INJ 600/50ML .....	10	CORLANOR .....	42
CLINDMYC/NAC INJ 900/50ML .....	10	<i>corvita</i> .....	101
CLINIMIX INJ 4.25/D5W .....	100	COTELLIC .....	26
CLINIMIX INJ 4.25/D10 .....	100	CREON CAP 3000UNIT .....	87
CLINIMIX INJ 5%/D15W .....	100	CREON CAP 6000UNIT .....	87
CLINIMIX INJ 5%/D20W .....	100	CREON CAP 12000UNT .....	87
CLINIMIX INJ 6/5 .....	100	CREON CAP 24000UNT .....	87
CLINIMIX INJ 8/10 .....	100	CREON CAP 36000UNT .....	87
CLINIMIX INJ 8/14 .....	100	<i>cromolyn sodium</i> .....	112
<i>clinisol sf 15%</i> .....	100	<i>cromolyn sodium (mastocytosis)</i> .....	87
CLINOLIPID EMU 20% .....	100	<i>cromolyn sodium (nasal)</i> .....	112
<i>clobazam</i> .....	44	<i>cromolyn sodium (ophth)</i> .....	105
<i>clobetasol propionate</i> .....	118	<i>cryselle-28</i> .....	68
<i>clobetasol propionate e</i> .....	118	<i>cupric chloride</i> .....	100
<i>clomipramine hcl</i> .....	49	<i>cyanocobalamin</i> .....	101
<i>clonazepam</i> .....	44, 45	<i>cyclafem 1/35</i> .....	68
<i>clonidine</i> .....	42	<i>cyclafem 7/7/7</i> .....	68
<i>clonidine hcl</i> .....	42	<i>cyclobenzaprine hcl</i> .....	60
<i>clopidogrel bisulfate</i> .....	92	<i>cyclophosphamide</i> .....	22
<i>clorazepate dipotassium</i> .....	45	CYCLOPHOSPHAMIDE .....	22
<i>clotrimazole</i> .....	121	<i>cycloserine</i> .....	16
<i>clotrimazole 3</i> .....	89	<i>cyclosporine</i> .....	95
<i>clotrimazole antifungal</i> .....	116	<i>cyclosporine modified (for microemulsion)</i> ..	95
<i>clotrimazole athletes foo</i> .....	116	<i>cyproheptadine hcl</i> .....	109
<i>clotrimazole (topical)</i> .....	116	<i>cyred eq</i> .....	68
<i>clotrimazole vaginal</i> .....	89	CYSTADANE POW .....	76
<i>clotrimazole w/ betamethasone cream</i>		CYSTADROPS .....	106
1-0.05% .....	116	CYSTAGON .....	76
<i>clozapine</i> .....	53	CYSTARAN .....	106
COARTEM TAB 20-120MG .....	13	<i>cytarabine</i> .....	23
COLACE .....	84		
<i>colchicine</i> .....	1	<b>D</b>	
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1	D2.5W/NACL INJ 0.45% .....	97
<i>colesevelam hcl</i> .....	39	D5W/LYTES INJ #48 .....	97
<i>colestipol hcl</i> .....	39	D10W/NACL INJ 0.2% .....	97

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>dalfampridine</i> .....	59	DIALYVITE TAB SUPREM D.....	101
DALIRESP.....	112	DIALYVITE/ TAB ZINC .....	101
<i>danazol</i> .....	74	<i>diazepam</i> .....	45
<i>dantrolene sodium</i> .....	60	<i>diazepam (anticonvulsant)</i> .....	45
<i>dapsone</i> .....	10	<i>diazepam inj</i> .....	45
DAPTACEL INJ .....	96	<i>diazoxide</i> .....	76
<i>daptomycin</i> .....	10	<i>diclofenac potassium</i> .....	5
DAPTOMYCIN .....	10	<i>diclofenac sodium</i> .....	5
<i>dasetta 1/35</i> .....	68	<i>diclofenac sodium (ophth)</i> .....	104
<i>dasetta 7/7/7</i> .....	68	<i>diclofenac sodium (topical)</i> .....	119
DAURISMO .....	27	<i>dicloxacillin sodium</i> .....	21
<i>daysee</i> .....	68	<i>dicyclomine hcl</i> .....	83
<i>deblitane</i> .....	68	DIFFERIN .....	115
<i>deferasirox</i> .....	67	DIFICID .....	19
DELESTROGEN .....	74	<i>diflunisal</i> .....	5
DELSTRIGO TAB.....	15	<i>digitek</i> .....	42
DESCOVY TAB 200/25MG .....	15	<i>digox</i> .....	42
<i>desipramine hcl</i> .....	50	<i>digoxin</i> .....	42
<i>desmopressin acetate</i> .....	76	<i>dihydroergotamine mesylate</i> .....	58
<i>desmopressin acetate spray</i> .....	76	DILANTIN .....	45
<i>desmopressin acetate spray refrigerated</i> ....	76	DILANTIN-125.....	45
<i>desogest-eth estrad &amp; eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i> .....	68	DILANTIN INFATABS .....	45
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i> .....	68	<i>diltiazem hcl</i> .....	41
<i>desvenlafaxine succinate</i> .....	50	<i>diltiazem hcl coated beads</i> .....	41
<i>dexamethasone</i> .....	75	<i>diltiazem hcl extended release beads</i> .....	41
DEXAMETHASONE INTENSOL.....	75	<i>dilt-xr</i> .....	41
<i>dexamethasone sodium phosphate</i> .....	75	<i>diphenhist</i> .....	109
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	104	<i>diphenhydramine hcl</i> .....	109
DEXILANT .....	88	<i>diphenoxylate w/ atropine liq 2.5-</i> <i>0.025 mg/5ml</i> .....	87
<i>dexmethylphenidate hcl</i> .....	57	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> .....	87
<i>dextrose</i> .....	100	DIP/TET PED INJ 25-5LFU.....	96
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> ...	97	<i>dipyridamole</i> .....	92
<i>dextrose 5% in lactated ringers</i> .....	98	<i>disopyramide phosphate</i> .....	38
<i>dextrose 5% w/ sodium chloride 0.2%</i> .....	98	<i>disulfiram</i> .....	61
<i>dextrose 5% w/ sodium chloride 0.3%</i> .....	98	<i>divalproex sodium</i> .....	45
<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	98	<i>docetaxel</i> .....	25
<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	98	DOCETAXEL .....	25
<i>dextrose 5% w/ sodium chloride 0.225%</i> ...	98	<i>docu</i> .....	85
<i>dextrose 10% w/ sodium chloride 0.45%</i> ....	98	<i>docusate calcium</i> .....	85
DIACOMIT .....	45	<i>docusate sodium</i> .....	85
<i>dialyvite</i> .....	101	<i>dofetilide</i> .....	38
DIALYVITE TAB 3000 .....	101	<i>dok</i> .....	85
DIALYVITE TAB 5000 .....	101	<i>donepezil hydrochloride</i> .....	48, 49
		DOPTELET .....	91

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>dorzolamide hcl</i> .....	105	ELLA .....	68
<i>dorzolamide hcl-timolol maleate ophth soln</i>		<i>eluryng</i> .....	68
<i>22.3-6.8 mg/ml</i> .....	105	EMCYT .....	24
<i>dotti</i> .....	74	<i>emoquette</i> .....	68
DOVATO TAB 50-300MG.....	15	EMSAM .....	50
<i>doxazosin mesylate</i> .....	34	<i>emtricitabine</i> .....	14
<i>doxepin hcl</i> .....	50	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>doxepin hcl (sleep)</i> .....	57	<i>tab 100-150 mg</i> .....	16
<i>doxorubicin hcl</i> .....	23	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>doxorubicin hcl liposomal</i> .....	23	<i>tab 133-200 mg</i> .....	16
<i>doxy 100</i> .....	22	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>doxycycline hyclate</i> .....	22	<i>tab 167-250 mg</i> .....	16
<i>doxycycline (monohydrate)</i> .....	22	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
DRISDOL .....	101	<i>tab 200-300 mg</i> .....	16
DRIZALMA SPRINKLE .....	50	EMTRIVA .....	14
<i>dronabinol</i> .....	82	EMVERM .....	10
<i>drospirenone-ethinyl estradiol tab</i>		<i>enalapril maleate</i> .....	34
<i>3-0.02 mg</i> .....	68	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
<i>drospirenone-ethinyl estradiol tab</i>		<i>5-12.5 mg</i> .....	33
<i>3-0.03 mg</i> .....	68	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
<i>drospirenone-ethinyl estrad-levomefolate</i>		<i>10-25 mg</i> .....	33
<i>tab 3-0.03-0.451 mg</i> .....	68	ENBREL .....	92, 93
DROXIA .....	91	ENBREL MINI.....	93
<i>droxidopa</i> .....	42, 43	ENBREL SURECLICK .....	93
<i>duloxetine hcl</i> .....	50	ENDARI.....	91
DUREZOL .....	104	<i>endocet tab 2.5-325mg</i> .....	8
<i>dutasteride</i> .....	88	<i>endocet tab 5-325mg</i> .....	8
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .88		<i>endocet tab 7.5-325mg</i> .....	8
		<i>endocet tab 10-325mg</i> .....	8
<b>E</b>		<i>enema ready-to-use</i> .....	85
<i>ec-naproxen</i> .....	5	ENGERIX-B.....	96
<i>econtra ez</i> .....	68	ENLYTE CAP .....	101
<i>econtra one-step</i> .....	68	<i>enoxaparin sodium</i> .....	90
<i>ed-apap</i> .....	2	<i>enpresse-28</i> .....	69
<i>ed chlorped jr</i> .....	109	<i>enskyce</i> .....	69
EDURANT.....	13	ENSTILAR AER .....	118
<i>efavirenz</i> .....	14	<i>entacapone</i> .....	52
<i>efavirenz-emtricitabine-tenofovir df tab 600-</i>		<i>entecavir</i> .....	17
<i>200-300 mg</i> .....	15	ENTRESTO TAB 24-26MG.....	35
<i>efavirenz-lamivudine-tenofovir df tab 400-</i>		ENTRESTO TAB 49-51MG .....	35
<i>300-300 mg</i> .....	15	ENTRESTO TAB 97-103MG .....	35
<i>efavirenz-lamivudine-tenofovir df tab 600-</i>		<i>enulose</i> .....	85
<i>300-300 mg</i> .....	16	EPCLUSA TAB 200-50MG.....	17
<i>elinest</i> .....	68	EPCLUSA TAB 400-100 .....	17
ELIQUIS .....	90	EPIDIOLEX .....	45
ELIQUIS STARTER PACK .....	90	<i>epinephrine (anaphylaxis)</i> .....	112

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>epirubicin hcl</i> .....	23	<i>exemestane</i> .....	24
<i>epitol</i> .....	45	<i>eye itch relief</i> .....	105
EPIVIR HBV.....	17	<i>ezetimibe</i> .....	39
<i>eplerenone</i> .....	34	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	39
<i>ergocalciferol</i> .....	101	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	39
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	58	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	39
ERIVEDGE.....	27	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	39
ERLEADA.....	24	<b>F</b>	
<i>erlotinib hcl</i> .....	27	<i>fabb</i> .....	101
<i>errin</i> .....	69	FABRAZYME.....	76
<i>ertapenem sodium</i> .....	10	<i>falmina</i> .....	69
<i>ery</i> .....	115	<i>famciclovir</i> .....	17
<i>ery-tab</i> .....	19	<i>famotidine</i> .....	83
ERYTHROCIN LACTOBIONATE.....	19	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	84
<i>erythrocin stearate</i> .....	19	<i>famotidine maximum streng</i> .....	84
<i>erythromycin (acne aid)</i> .....	115	FANAPT.....	53
<i>erythromycin base</i> .....	19	FANAPT PAK.....	53
<i>erythromycin ethylsuccinate</i> .....	19	FARXIGA.....	63
<i>erythromycin (ophth)</i> .....	103	FARYDAK.....	27
ESBRIET.....	112	FASENRA.....	112
<i>escitalopram oxalate</i> .....	50	FASENRA PEN.....	112
<i>esomeprazole magnesium</i> .....	88	<i>fayosim</i> .....	69
<i>estarylla</i> .....	69	<i>felbamate</i> .....	45, 46
<i>estradiol</i> .....	74	<i>felodipine</i> .....	41
<i>estradiol &amp; norethindrone acetate tab 0.5-</i> <i>0.1 mg</i> .....	74	<i>femynor</i> .....	69
<i>estradiol &amp; norethindrone acetate tab</i> <i>1-0.5 mg</i> .....	74	<i>fenofibrate</i> .....	38
<i>estradiol vaginal</i> .....	74	<i>fenofibrate micronized</i> .....	38
<i>estradiol valerate</i> .....	74	<i>fentanyl</i> .....	7
<i>eszopiclone</i> .....	57	<i>fentanyl citrate</i> .....	8
<i>ethambutol hcl</i> .....	16	FETZIMA.....	50
<i>ethosuximide</i> .....	45	FETZIMA CAP TITRATIO.....	50
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-35 mcg</i> .....	69	<i>feverall adults</i> .....	2
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-50 mcg</i> .....	69	<i>feverall childrens</i> .....	2
<i>etodolac</i> .....	5	FEVERALL INFANTS.....	2
<i>etonogestrel-ethinyl estradiol va ring 0.120-</i> <i>0.015 mg/24hr</i> .....	69	FEVERALL JUNIOR STRENGTH.....	2
<i>etoposide</i> .....	25	<i>fexofenadine hcl</i> .....	109
<i>etravirine</i> .....	14	FIASP FLEX INJ TOUCH.....	65
<i>euthyrox</i> .....	78	FIASP INJ 100/ML.....	65
<i>everolimus</i> .....	27	FIASP PENFIL INJ U-100.....	65
<i>everolimus (immunosuppressant)</i> .....	95	<i>finasteride</i> .....	88
EVOTAZ TAB 300-150.....	16	FINTEPLA.....	46
		<i>first aid antibiotic</i> .....	115
		<i>flac</i> .....	107
		FLAREX.....	104
		FLEBOGAMMA DIF.....	94

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>flecainide acetate</i> .....	38	FUNGOID TINCTURE .....	116
FLEET ENE .....	85	<i>furosemide</i> .....	42
FLEET ENE ENEMA .....	85	<i>furosemide inj</i> .....	42
FLEET ENE PED .....	85	FUZEON.....	14
FLONASE ALLERGY RELIEF .....	113	<i>fyavolv tab 0.5mg-2.5mcg</i> .....	74
FLONASE ALLERGY RELIEF CH .....	113	<i>fyavolv tab 1mg-5mcg</i> .....	74
FLONASE SENSIMIST.....	113	FYCOMPA .....	46
FLOVENT DISKUS .....	114	<b>G</b>	
FLOVENT HFA .....	114	<i>gabapentin</i> .....	46
<i>fluconazole</i> .....	12	<i>galantamine hydrobromide</i> .....	49
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> ..	12	GAMASTAN INJ .....	94
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> ..	12	GAMMAGARD LIQUID .....	94
<i>flucytosine</i> .....	12	GAMMAGARD S/D IGA LESS TH.....	94
<i>fludrocortisone acetate</i> .....	75	GAMMAKED .....	94
<i>flunisolide (nasal)</i> .....	113	GAMMAPLEX .....	95
<i>fluocinolone acetonide</i> .....	118	GAMUNEX-C .....	95
<i>fluocinolone acetonide (otic)</i> .....	107	<i>ganciclovir sodium</i> .....	17
<i>fluocinonide</i> .....	118	GARDASIL 9 INJ.....	96
<i>fluocinonide emulsified base</i> .....	118	<i>gatifloxacin (ophth)</i> .....	103
<i>fluorometholone (ophth)</i> .....	104	GATTEX.....	87
<i>fluorouracil</i> .....	23	GAUZE PADS 2 .....	65
<i>fluorouracil (topical)</i> .....	119	<i>gavilyte-c</i> .....	85
<i>fluoxetine hcl</i> .....	50	<i>gavilyte-g</i> .....	85
<i>fluphenazine decanoate</i> .....	53	<i>gavilyte-n/flavor pack</i> .....	85
<i>fluphenazine hcl</i> .....	53	GAVISCON SUS.....	80
<i>flurbiprofen</i> .....	5	GAVISCON SUS CHERRY.....	80
<i>flurbiprofen sodium</i> .....	104	GAVRETO .....	27
<i>flutamide</i> .....	24	<i>gemcitabine hcl</i> .....	23
<i>fluticasone propionate</i> .....	118	<i>gemfibrozil</i> .....	38
<i>fluticasone propionate (nasal)</i> .....	113	<i>generlac</i> .....	85
<i>fluvoxamine maleate</i> .....	44	<i>gengraf</i> .....	96
FOLBIC TAB .....	101	GENOTROPIN .....	76
<i>folic acid</i> .....	101	GENOTROPIN MINIQUICK.....	76
FOLTRATE TAB .....	101	<i>gentak</i> .....	103
<i>fondaparinux sodium</i> .....	90	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	10
FORTEO.....	66	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	10
<i>fosamprenavir calcium</i> .....	14	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	10
<i>fosinopril sodium</i> .....	34	<i>gentamicin in saline inj 1 mg/ml</i> .....	10
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i> 10-12.5 mg .....	33	<i>gentamicin in saline inj 2 mg/ml</i> .....	10
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i> 20-12.5 mg .....	33	<i>gentamicin sulfate</i> .....	11
FOTIVDA.....	27	<i>gentamicin sulfate (ophth)</i> .....	103
FREAMINE HBC INJ 6.9%.....	100	<i>gentamicin sulfate (topical)</i> .....	116
FREAMINE III INJ 10% .....	100	GENTEAL SEVERE TEARS .....	106
<i>fulvestrant</i> .....	24	<i>genteal tears mild</i> .....	106
		<i>genteal tears night-time</i> .....	106

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>gentle laxative</i> .....	85	<i>gnp fluticasone propionat</i> .....	114
GENVOYA TAB .....	16	<i>gnp foaming antacid</i> .....	80
GILENYA .....	59	<i>gnp gentle laxative</i> .....	85
GILOTRIF .....	27	<i>gnp heartburn relief</i> .....	84
<i>glatiramer acetate</i> .....	59	<i>gnp hydrocortisone</i> .....	118
<i>glatopa</i> .....	59	<i>gnp hydrocortisone/aloe</i> .....	118
<i>glimepiride</i> .....	63	<i>gnp hydrocortisone maximu</i> .....	118
<i>glipizide</i> .....	63	<i>gnp hydrocortisone plus</i> .....	118
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	63	<i>gnp ibuprofen</i> .....	5
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	63	<i>gnp ibuprofen infants</i> .....	5
<i>glipizide-metformin hcl tab 5-500 mg</i> .....	63	<i>gnp ibuprofen junior stre</i> .....	5
<i>glipizide xl</i> .....	63	<i>gnp infants pain/fever</i> .....	2
<i>glycopyrrolate</i> .....	83	<i>gnp k-pec</i> .....	81
<i>glydo</i> .....	119	<i>gnp lansoprazole</i> .....	88
GLYXAMBI TAB 10-5 MG .....	63	<i>gnp laxative</i> .....	85
GLYXAMBI TAB 25-5 MG .....	63	<i>gnp lice treatment</i> .....	120
<i>gnp 8 hour arthritis reli</i> .....	2	<i>gnp loperamide hydrochlor</i> .....	81
<i>gnp 8 hour pain relief</i> .....	2	<i>gnp loratadine</i> .....	109
<i>gnp 8 hour pain reliever</i> .....	2	<i>gnp loratadine childrens</i> .....	109
<i>gnp acetaminophen</i> .....	2	<i>gnp lubricating plus eye</i> .....	106
<i>gnp acetaminophen extra s</i> .....	2	<i>gnp miconazole 1 combinat</i> .....	89
<i>gnp acid reducer</i> .....	84	<i>gnp miconazole 3</i> .....	89
<i>gnp acid reducer maximum</i> .....	84	<i>gnp miconazole 7</i> .....	89
<i>gnp adult aspirin low str</i> .....	2	<i>gnp naproxen</i> .....	5
<i>gnp all day allergy</i> .....	109	<i>gnp naproxen sodium</i> .....	5
<i>gnp all day allergy child</i> .....	109	<i>gnp natural fiber</i> .....	85
<i>gnp allergy</i> .....	109	<i>gnp nicotine gum</i> .....	61
<i>gnp allergy antihistamine</i> .....	109	<i>gnp nicotine mini lozenge</i> .....	61
<i>gnp allergy relief</i> .....	109	<i>gnp nicotine polacrilex</i> .....	61
<i>gnp antacid and anti-gas/</i> .....	80	<i>gnp nicotine polacrilex m</i> .....	61
<i>gnp antacid anti-gas/maxi</i> .....	80	<i>gnp nicotine transdermal</i> .....	61
<i>gnp antacid &amp; anti-gas/re</i> .....	80	<i>gnp omeprazole</i> .....	88
<i>gnp antacid extra strengt</i> .....	80	<i>gnp pain &amp; fever children</i> .....	2
<i>gnp antacid/regular stren</i> .....	80	<i>gnp pain relief</i> .....	2
<i>gnp anti-diarrheal</i> .....	81	<i>gnp pain relief extra str</i> .....	2
<i>gnp arthritis pain relief</i> .....	2	<i>gnp pink bismuth</i> .....	81
<i>gnp artificial tears</i> .....	106	<i>gnp stomach relief</i> .....	81
<i>gnp aspirin</i> .....	2	<i>gnp stool softener</i> .....	85
<i>gnp aspirin low dose</i> .....	2	<i>gnp tolnaftate</i> .....	116
<i>gnp athletes foot</i> .....	116	<i>gnp triple antibiotic</i> .....	116
<i>gnp budesonide nasal spra</i> .....	113	<i>gnp womens gentle laxativ</i> .....	85
<i>gnp childrens allergy</i> .....	109	GOLYTELY SOL .....	85
<i>gnp childrens ibuprofen</i> .....	5	<i>goodsense all day allergy</i> .....	109
<i>gnp clearlax</i> .....	85	<i>goodsense aller-ease</i> .....	109
<i>gnp clotrimazole 3</i> .....	89	<i>goodsense allergy relief</i> .....	109
<i>gnp enema</i> .....	85	<i>goodsense anti-diarrheal</i> .....	81

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>goodsense arthritis pain</i> .....	2	<i>heparin sodium (porcine)-dextrose iv sol</i>	
<i>goodsense aspirin</i> .....	3	20000 unit/500ml-5%.....	91
<i>goodsense aspirin adult l</i> .....	3	<i>heparin sodium (porcine)-dextrose iv sol</i>	
<i>goodsense ibuprofen</i> .....	5	25000 unit/500ml-5%.....	91
<i>goodsense ibuprofen child</i> .....	6	<i>hepatamine</i> .....	100
<i>goodsense ibuprofen infan</i> .....	6	HEP SOD/NAACL INJ 25000UNT .....	90
<i>goodsense lansoprazole</i> .....	88	HERCEP HYLEC SOL 60-10000.....	27
<i>goodsense lubricating plu</i> .....	106	HERCEPTIN .....	27
<i>goodsense naproxen sodium</i> .....	6	HERZUMA .....	27
<i>goodsense nicotine</i> .....	61	HETLIOZ.....	57
<i>goodsense nicotine gum</i> .....	61	HIBERIX.....	96
<i>goodsense nicotine polacr</i> .....	61	HISTEX .....	109
<i>goodsense pain &amp; fever ch</i> .....	3	HISTEX PD .....	109
<i>goodsense pain &amp; fever in</i> .....	3	<i>hm advanced antacid maxim</i> .....	80
<i>goodsense pain relief</i> .....	3	<i>hm all day allergy childr</i> .....	109
<i>goodsense pain relief ext</i> .....	3	<i>hm allergy relief</i> .....	109
<i>goodsense stomach relief</i> .....	81	<i>hm allergy relief childre</i> .....	110
<i>granisetron hcl</i> .....	82	<i>hm allergy relief nasal s</i> .....	114
<i>griseofulvin microsize</i> .....	12	<i>hm antacid</i> .....	80
<i>griseofulvin ultramicrosize</i> .....	13	<i>hm antacid/antigas</i> .....	80
<i>guanfacine hcl</i> .....	43	<i>hm antacid anti-gas extra</i> .....	80
<i>guanfacine hcl (adhd)</i> .....	57	<i>hm antacid extra strength</i> .....	80
GVOKE HYPOPEN 2-PACK.....	76	<i>hm antacid regular streng</i> .....	80
GVOKE PFS.....	76	<i>hm anti-diarrheal</i> .....	82
<b>H</b>		<i>hm arthritis pain relief</i> .....	3
HAEGARDA.....	92	<i>hm aspirin</i> .....	3
<i>hailey 1.5/30</i> .....	69	<i>hm aspirin ec low dose</i> .....	3
<i>hailey 24 fe</i> .....	69	<i>hm calcium antacid extra</i> .....	80
<i>halobetasol propionate</i> .....	118	<i>hm cetirizine hcl childre</i> .....	110
<i>haloperidol</i> .....	54	<i>hm cetirizine hydrochlori</i> .....	110
<i>haloperidol decanoate</i> .....	54	<i>hm enema saline laxative</i> .....	85
<i>haloperidol lactate</i> .....	54	<i>hm famotidine</i> .....	84
HARVONI PAK 33.75-150MG.....	17	<i>hm fexofenadine hydrochlo</i> .....	110
HARVONI PAK 45-200MG.....	17	<i>hm fiber</i> .....	85
HARVONI TAB 45-200MG .....	17	<i>hm hydrocortisone/aloe ma</i> .....	118
HARVONI TAB 90-400MG .....	17	<i>hm hydrocortisone plus</i> .....	118
HAVRIX.....	96	<i>hm ibuprofen</i> .....	6
<i>heartburn relief</i> .....	84	<i>hm ibuprofen childrens</i> .....	6
<i>heartburn relief extra st</i> .....	80	<i>hm ibuprofen ib</i> .....	6
<i>heartburn relief maximum</i> .....	84	<i>hm ibuprofen ib/junior st</i> .....	6
<i>heather</i> .....	69	<i>hm ibuprofen infants</i> .....	6
HEPARIN/NAACL INJ 25000UNT .....	91	<i>hm lansoprazole</i> .....	88
<i>heparin sodium (porcine)</i> .....	90	<i>hm laxative</i> .....	85
<i>heparin sodium (porcine) 100 unit/ml in</i>		<i>hm lice killing maximum s</i> .....	120
<i>d5w</i> .....	91	<i>hm lice treatment</i> .....	120
		<i>hm loratadine</i> .....	110

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>hm loratadine childrens</i> .....	110	<i>hydroxyurea</i> .....	25
<i>hm lubricating plus</i> .....	106	<i>hydroxyzine hcl</i> .....	110
<i>hm naproxen sodium</i> .....	6	<i>hydroxyzine pamoate</i> .....	110
<i>hm nicotine polacrilex</i> .....	61	HYSINGLA ER.....	7
<i>hm nicotine transdermal s</i> .....	61	<b>I</b>	
<i>hm omeprazole</i> .....	88	<i>ibandronate sodium</i> .....	66
<i>hm pain &amp; fever childrens</i> .....	3	IBRANCE .....	27
<i>hm pain &amp; fever infants</i> .....	3	<i>ibu</i> .....	6
<i>hm pain relief</i> .....	3	<i>ibu-200</i> .....	6
<i>hm pain relief extra stre</i> .....	3	<i>ibuprofen</i> .....	6
<i>hm pain reliever</i> .....	3	<i>ibuprofen childrens</i> .....	6
<i>hm povidone-iodine</i> .....	120	<i>ibuprofen infants</i> .....	6
<i>hm stomach relief</i> .....	82	<i>ibuprofen infants drops</i> .....	6
<i>hm stomach relief ultra</i> .....	82	<i>ibuprofen junior strength</i> .....	6
<i>hm stool softener</i> .....	85	<i>icatibant acetate</i> .....	92
<i>hm triple antibiotic</i> .....	116	<i>iclevia</i> .....	69
HUMIRA .....	93	ICLUSIG.....	27
HUMIRA PEDIA INJ CROHNS .....	93	IDHIFA .....	27
HUMIRA PEDIATRIC CROHNS D .....	93	ILEVRO .....	104
HUMIRA PEN .....	93	<i>imatinib mesylate</i> .....	27
HUMIRA PEN-CD/UC/HS START .....	93	IMBRUVICA.....	27, 28
HUMIRA PEN KIT PS/UV .....	93	<i>imipenem-cilastatin intravenous for soln</i> 250 mg .....	11
HUMIRA PEN-PEDIATRIC UC S.....	93	<i>imipenem-cilastatin intravenous for soln</i> 500 mg .....	11
HUMIRA PEN-PS/UV STARTER .....	93	<i>imipramine hcl</i> .....	50
HUMULIN R U-500 (CONCENTR.....	65	<i>imiquimod</i> .....	120
HUMULIN R U-500 KWIKPEN.....	65	IMOVAX RABIES (H.D.C.V.) .....	96
<i>hydralazine hcl</i> .....	43	<i>incassia</i> .....	69
<i>hydrochlorothiazide</i> .....	42	INCRELEX .....	76
<i>hydrocodone-acetaminophen soln 7.5-</i> 325 mg/15ml.....	8	INCRUSE ELLIPTA.....	107
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .8		<i>indapamide</i> .....	42
<i>hydrocodone-acetaminophen tab 7.5-</i> 325 mg .....	8	INFANRIX INJ .....	96
<i>hydrocodone-acetaminophen tab 10-325 mg</i> 8		INFANTS ADVIL.....	6
<i>hydrocodone bitartrate</i> .....	7	<i>infants ibuprofen</i> .....	6
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8	INFUVITE INJ .....	102
<i>hydrocortisone</i> .....	75	INFUVITE INJ ADULT .....	102
<i>hydrocortisone-aloe vera cream 0.5%</i> .....	119	INFUVITE INJ PEDIATRI.....	102
<i>hydrocortisone-aloe vera cream 1%</i> .....	119	INGREZZA.....	59
<i>hydrocortisone (intrarectal)</i> .....	84	INGREZZA CAP 40-80MG.....	59
<i>hydrocortisone maximum st</i> .....	119	INLYTA.....	28
<i>hydrocortisone (rectal)</i> .....	120	INQOVI TAB 35-100MG .....	23
<i>hydrocortisone (topical)</i> .....	119	INREBIC.....	28
<i>hydromorphone hcl</i> .....	8	INSULIN SAFETY NEEDLES .....	65
<i>hydroxocobalamin acetate</i> .....	102		
<i>hydroxychloroquine sulfate</i> .....	94		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
INSULIN SYRINGES\ BD/ULTIMED/ ALLISON/TRIVIDIA/MHC .....	65	JANUVIA .....	63
INTELENCE .....	14	JARDIANCE .....	63
INTRALIPID .....	100	<i>jasmiel</i> .....	69
INTRON A.....	95	JENTADUETO TAB 2.5-500 .....	63
<i>introvale</i> .....	69	JENTADUETO TAB 2.5-850 .....	63
INVEGA SUSTENNA .....	54	JENTADUETO TAB 2.5-1000 .....	63
INVEGA TRINZA .....	54	JENTADUETO TAB XR 2.5-1000MG .....	63
INVIRASE .....	14	JENTADUETO TAB XR 5-1000MG .....	63
IPOL INJ INACTIVE .....	96	<i>jinteli</i> .....	74
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i> .....	107	<i>jolessa</i> .....	69
<i>ipratropium bromide</i> .....	107	<i>juleber</i> .....	69
<i>ipratropium bromide (nasal)</i> .....	108	JULUCA TAB 50-25MG .....	16
<i>irbesartan</i> .....	37	<i>junel 1.5/30</i> .....	69
<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i> .....	36	<i>junel 1/20</i> .....	69
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i> .....	36	<i>junel fe 1.5/30</i> .....	69
IRESSA .....	28	<i>junel fe 1/20</i> .....	69
<i>irinotecan hcl</i> .....	25	<i>junel fe 24</i> .....	69
ISENTRESS .....	14	<b>K</b>	
ISENTRESS HD.....	14	KADCYLA .....	28
<i>isibloom</i> .....	69	<i>kaitlib fe</i> .....	69
ISOLYTE-P INJ /D5W .....	98	KALYDECO .....	112
ISOLYTE-S INJ.....	98	KANJINTI .....	28
ISOLYTE-S INJ PH 7.4.....	98	<i>kariva</i> .....	69
<i>isoniazid</i> .....	16	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl</i> <i>0.45% inj</i> .....	98
ISOPTO ATROPINE .....	106	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl</i> <i>0.2% inj</i> .....	98
ISOPTO TEARS.....	106	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl</i> <i>0.9% inj</i> .....	98
<i>isosorbide dinitrate</i> .....	43	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl</i> <i>0.45% inj</i> .....	98
<i>isosorbide mononitrate</i> .....	43	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	98
<i>isotretinoin</i> .....	115	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	98
<i>isradipine</i> .....	41	KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ.....	98
<i>itraconazole</i> .....	13	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp;</i> <i>nacl 0.45% inj</i> .....	98
<i>ivermectin</i> .....	11	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl</i> <i>0.45% inj</i> .....	98
IXIARO INJ .....	97	KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ.....	98
<b>J</b>		KCL/D5W/NACL INJ 0.3/0.9%.....	98
JAKAFI .....	28	<i>kelnor 1/35</i> .....	69
<i>jantoven</i> .....	91	<i>kelnor 1/50</i> .....	70
JANUMET TAB 50-500MG.....	63	<i>ketoconazole</i> .....	13
JANUMET TAB 50-1000 .....	63	<i>ketoconazole (topical)</i> .....	116, 117
JANUMET XR TAB 50-500MG.....	63	<i>ketorolac tromethamine (ophth)</i> .....	104
JANUMET XR TAB 50-1000 .....	63		
JANUMET XR TAB 100-1000.....	63		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ketotifen fumarate (ophth)</i> .....	105	LENVIMA 8 MG DAILY DOSE .....	28
KEYTRUDA .....	28	LENVIMA 10 MG DAILY DOSE .....	28
KINRIX INJ .....	97	LENVIMA 12MG DAILY DOSE .....	28
KISQALI 200 DOSE .....	28	LENVIMA 20 MG DAILY DOSE .....	28
KISQALI 200 PAK FEMARA .....	25	LENVIMA CAP 14 MG .....	29
KISQALI 400 DOSE .....	28	LENVIMA CAP 18 MG .....	29
KISQALI 400 PAK FEMARA .....	25	LENVIMA CAP 24 MG .....	29
KISQALI 600 DOSE .....	28	<i>lessina</i> .....	70
KISQALI 600 PAK FEMARA .....	25	<i>letrozole</i> .....	24
<i>klor-con</i> .....	99	<i>leucovorin calcium</i> .....	32
<i>klor-con 8</i> .....	99	LEUKERAN .....	22
<i>klor-con 10</i> .....	99	<i>leuprolide acetate</i> .....	24
<i>klor-con m10</i> .....	99	<i>levalbuterol hcl</i> .....	111
<i>klor-con m15</i> .....	99	<i>levalbuterol tartrate</i> .....	111
<i>klor-con m20</i> .....	99	LEVEMIR .....	65
<i>konsyl daily fiber</i> .....	85	LEVEMIR FLEXTOUCH .....	65
KORLYM .....	77	<i>levetiracetam</i> .....	46
K-PHOS .....	101	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i> .....	46
<i>kurvelo</i> .....	70	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i> .....	46
KYNMOBI .....	52	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i> .....	46
<b>L</b>		<i>levobunolol hcl</i> .....	105
<i>labetalol hcl</i> .....	40	<i>levocarnitine (metabolic modifiers)</i> .....	77
<i>lactated ringer's solution</i> .....	98	<i>levocetirizine dihydrochloride</i> .....	110
<i>lactic acid (ammonium lactate)</i> .....	120	<i>levofloxacin</i> .....	20
<i>lactulose</i> .....	85	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	20
<i>lactulose (encephalopathy)</i> .....	86	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> ...	20
<i>lamivudine</i> .....	14	<i>levofloxacin in d5w iv soln 750 mg/150ml</i> ...	20
<i>lamivudine (hbv)</i> .....	17	<i>levonest</i> .....	70
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	16	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg</i> <i>&amp;eth est 0.01 mg</i> .....	70
<i>lamotrigine</i> .....	46	<i>levonorgestrel (emergency oc)</i> .....	70
<i>lansoprazole</i> .....	88	<i>levonorgestrel-eth estra tab</i> <i>0.05-30/0.075-40/0.125-30mg-mcg</i> .....	70
<i>lapatinib ditosylate</i> .....	28	<i>levonorgestrel &amp; ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i> .....	70
<i>larin 1.5/30</i> .....	70	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-</i> <i>20 mcg</i> .....	70
<i>larin 1/20</i> .....	70	<i>levonorgestrel &amp; ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i> .....	70
<i>larin 24 fe</i> .....	70	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth</i> <i>est tab 0.01mg(7)</i> .....	70
<i>larin fe 1.5/30</i> .....	70	<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth</i> <i>est tab 0.01mg(7)</i> .....	70
<i>larin fe 1/20</i> .....	70		
<i>larissia</i> .....	70		
LASTACAFT .....	105		
<i>latanoprost</i> .....	105		
LATUDA .....	54		
<i>layolis fe</i> .....	70		
<i>leena</i> .....	70		
<i>leflunomide</i> .....	94		
LENVIMA 4 MG DAILY DOSE .....	28		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>levora 0.15/30-28</i> .....	70	<i>loryna</i> .....	71
<i>levo-t</i> .....	78	<i>losartan potassium</i> .....	37
<i>levothyroxine sodium</i> .....	78	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>levoxyl</i> .....	78	<i>tab 50-12.5 mg</i> .....	36
LEXIVA.....	14	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lice killing maximum stre</i> .....	121	<i>tab 100-12.5 mg</i> .....	36
<i>lice killing shampoo</i> .....	121	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lice treatment</i> .....	121	<i>tab 100-25 mg</i> .....	36
<i>lidocaine</i> .....	119	LOTEMAX .....	104
<i>lidocaine hcl</i> .....	119	<i>lovastatin</i> .....	38
<i>lidocaine hcl (local anesth.)</i> .....	9	<i>low-ogestrel</i> .....	71
<i>lidocaine hcl (mouth-throat)</i> .....	121	<i>loxapine succinate</i> .....	54
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	119	<i>lubricant eye drops</i> .....	106
<i>lillow</i> .....	70	<i>lubricant eye nighttime</i> .....	106
<i>linezolid</i> .....	11	<i>lubricating plus eye drop</i> .....	106
<i>linezolid in sodium chloride iv soln</i>		LUMAKRAS.....	29
<i>600 mg/300ml-0.9%</i> .....	11	LUMIGAN .....	105
LINZESS .....	87	LUMIZYME .....	77
<i>liothyronine sodium</i> .....	78	LUPRON DEPOT (1-MONTH) .....	24
<i>lisinopril</i> .....	34	LUPRON DEPOT (3-MONTH) .....	24
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		LUPRON DEPOT-PED (1-MONTH).....	77
<i>12.5 mg</i> .....	33	LUPRON DEPOT-PED (3-MONTH).....	77
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>lutera</i> .....	71
<i>12.5 mg</i> .....	33	<i>lyleq</i> .....	71
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>lyllana</i> .....	75
<i>25 mg</i> .....	33	LYNPARZA .....	29
LITHIUM .....	59	LYSODREN.....	24
<i>lithium carbonate</i> .....	59	<i>lyza</i> .....	71
<i>loestrin 1.5/30-21</i> .....	70	<b>M</b>	
<i>loestrin 1/20-21</i> .....	70	<i>MAG-AL LIQ</i> .....	80
<i>loestrin fe 1.5/30</i> .....	71	<i>mag-al plus</i> .....	80
<i>loestrin fe 1/20</i> .....	71	<i>mag-al plus xs</i> .....	80
LOKELMA.....	67	<i>magnesium oxide</i> .....	80
LONSURF TAB 15-6.14 .....	23	<i>magnesium sulfate</i> .....	99
LONSURF TAB 20-8.19 .....	23	MAGNESIUM SULFATE .....	98
<i>loperamide hcl</i> .....	82, 87	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
LOPERAMIDE HYDROCHLORIDE .....	82	<i>gm/100ml</i> .....	99
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-</i>		<i>malathion</i> .....	121
<i>20 mg/ml)</i> .....	16	<i>manganese chloride</i> .....	101
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	16	<i>mapap</i> .....	3
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	16	<i>mapap acetaminophen extra</i> .....	3
<i>loratadine</i> .....	110	<i>mapap arthritis pain</i> .....	3
<i>loratadine childrens</i> .....	110	<i>mapap childrens</i> .....	3
<i>lorazepam</i> .....	44	<i>marlissa</i> .....	71
<i>lorazepam intensol</i> .....	44	MARPLAN.....	50
LORBRENA .....	29		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
MATULANE.....	25	metoprolol & hydrochlorothiazide tab 100-	
MAVYRET TAB 100-40MG .....	17	50 mg .....	40
<i>m-dryl</i> .....	110	<i>metoprolol succinate</i> .....	40
<i>meclizine hcl</i> .....	83	<i>metoprolol tartrate</i> .....	40
<i>medroxyprogesterone acetate</i> .....	78	<i>metronidazole</i> .....	11
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i> .....	71	<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml.....	11
<i>mefloquine hcl</i> .....	13	<i>metronidazole (topical)</i> .....	120
<i>megestrol acetate</i> .....	24, 78	<i>metronidazole vaginal</i> .....	89
<i>megestrol acetate (appetite)</i> .....	78	<i>metyrosine</i> .....	43
MEKINIST.....	29	MG SO4/D5W INJ 10MG/ML.....	99
MEKTOVI.....	29	<i>mi-acid</i> .....	80
<i>meloxicam</i> .....	6	<i>mibelas 24 fe</i> .....	71
<i>memantine hcl</i> .....	49	<i>miconazole 1</i> .....	89
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i> <i>titration pack</i> .....	49	<i>miconazole 3</i> .....	89
MENACTRA INJ .....	97	<i>miconazole 3 combination</i> .....	89
MENQUADFI INJ .....	97	<i>miconazole 3 combo pack</i> .....	89
MENVEO INJ .....	97	<i>miconazole 7</i> .....	90
MEPHYTON .....	102	<i>miconazole nitrate (topical)</i> .....	116
<i>mercaptapurine</i> .....	23	<i>miconazole nitrate vaginal</i> .....	90
<i>meropenem</i> .....	11	<i>miconazole nitrate vaginal supp 1200 mg &amp;</i> <i>2% cream kit</i> .....	90
<i>mesalamine</i> .....	84	<i>microgestin 1.5/30</i> .....	71
<i>mesalamine w/ cleanser</i> .....	84	<i>microgestin 1/20</i> .....	71
MESNEX.....	32	<i>microgestin fe 1.5/30</i> .....	71
<i>metadate er</i> .....	57	<i>microgestin fe 1/20</i> .....	71
<i>metamucil</i> .....	86	<i>midodrine hcl</i> .....	43
<i>metformin hcl</i> .....	63, 64	<i>miglustat</i> .....	77
<i>methadone hcl</i> .....	7	<i>mili</i> .....	71
<i>methadone hydrochloride i</i> .....	7	<i>mimvey</i> .....	75
<i>methazolamide</i> .....	42	<i>minitran</i> .....	43
<i>methenamine hippurate</i> .....	11	<i>minocycline hcl</i> .....	22
<i>methimazole</i> .....	78	<i>minoxidil</i> .....	43
<i>methocarbamol</i> .....	60	<i>mintox maximum strength</i> .....	80
<i>methotrexate sodium</i> .....	23, 94	<i>mirtazapine</i> .....	50
METHYLDOPA.....	43	<i>misoprostol</i> .....	87
<i>methylphenidate hcl</i> .....	57	MITIGARE.....	1
<i>methylprednisolone</i> .....	75	M-M-R II INJ .....	97
<i>methylprednisolone acetate</i> .....	75	M-NATAL PLUS TAB .....	99
<i>methylprednisolone sod succ</i> .....	75	<i>moexipril hcl</i> .....	34
<i>metoclopramide hcl</i> .....	83	<i>molindone hcl</i> .....	54
<i>metolazone</i> .....	42	<i>mometasone furoate</i> .....	119
<i>metoprolol &amp; hydrochlorothiazide tab 50-</i> <i>25 mg</i> .....	39	<i>mondoxyne nl</i> .....	22
<i>metoprolol &amp; hydrochlorothiazide tab 100-</i> <i>25 mg</i> .....	40	MONJUVI.....	29
		<i>mono-lynyah</i> .....	71

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>montelukast sodium</i> .....	111	<i>nefazodone hcl</i> .....	50
<i>morphine sulfate</i> .....	7, 9	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	103
MORPHINE SULFATE .....	9	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	104
MOVANTIK.....	87	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	103
<i>moxifloxacin hcl</i> .....	20	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	103
<i>moxifloxacin hcl (ophth)</i> .....	103	<i>neomycin-polymyxin-hc ophth susp</i> .....	103
<i>m-pap</i> .....	3	<i>neomycin-polymyxin-hc otic soln 1%</i> .....	107
MULTAQ .....	38	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	107
<i>multivitamin/fluoride</i> .....	102	<i>neomycin sulfate</i> .....	11
<i>multivitamin/fluoride/iro</i> .....	102	NEPHPLEX RX TAB .....	102
<i>multivitamin with fluorid</i> .....	102	NERLYNX .....	29
<i>multi-vit/iron/fluoride</i> .....	102	NEUPRO .....	52
<i>mupirocin</i> .....	116	<i>nevirapine</i> .....	14
MVASI.....	29	<i>new day</i> .....	71
<i>mvc-fluoride</i> .....	102	NEXAVAR .....	29
M.V.I PEDIAT INJ .....	102	<i>niacin</i> .....	102
<i>my choice</i> .....	71	<i>niacin (antihyperlipidemic)</i> .....	39
<i>mycophenolate mofetil</i> .....	96	<i>nicardipine hcl</i> .....	41
<i>mycophenolate sodium</i> .....	96	NICODERM CQ .....	61
<i>myorisan</i> .....	115	NICORETTE .....	61
MYRBETRIQ.....	89	NICORETTE MINI .....	61
<i>my way</i> .....	71	NICORETTE STARTER KIT .....	61
<b>N</b>		<i>nicotine</i> .....	62
<i>nabumetone</i> .....	6	<i>nicotine mini lozenge</i> .....	62
<i>nadolol</i> .....	40	<i>nicotine polacrilex</i> .....	62
<i>nafcillin sodium</i> .....	21	NICOTINE SYS KIT TRANSDER.....	62
NAGLAZYME.....	77	<i>nicotine transdermal syst</i> .....	62
<i>nalbuphine hcl</i> .....	9	NICOTROL INHALER .....	62
<i>naloxone hcl</i> .....	61	NICOTROL NS .....	62
<i>naltrexone hcl</i> .....	61	<i>nifedipine</i> .....	41
NAMZARIC CAP 7-10MG .....	49	<i>nikki</i> .....	71
NAMZARIC CAP 14-10MG .....	49	<i>nilutamide</i> .....	24
NAMZARIC CAP 21-10MG.....	49	<i>nimodipine</i> .....	41
NAMZARIC CAP 28-10MG.....	49	NINLARO.....	29
NAMZARIC CAP PACK.....	49	<i>nitazoxanide</i> .....	11
<i>naproxen</i> .....	6	<i>nitisinone</i> .....	77
<i>naproxen sodium</i> .....	6, 7	NITRO-BID .....	43
<i>naratriptan hcl</i> .....	58	<i>nitrofurantoin macrocrystal</i> .....	11
NARCAN .....	61	<i>nitrofurantoin monohyd macro</i> .....	11
NASCOBAL.....	102	<i>nitroglycerin</i> .....	43
NATACYN .....	103	<i>nizatidine</i> .....	84
<i>nateglinide</i> .....	64		
NATPARA .....	66		
NAYZILAM .....	46		
<i>necon 0.5/35-28</i> .....	71		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>non-aspirin pain relief e</i> .....	3	NUBEQA.....	24
<i>nora-be</i> .....	71	NUEDEXTA CAP 20-10MG.....	59
<i>norethindrone ace-eth estradiol-fe chew tab</i>		NULOJIX.....	96
<i>1 mg-20 mcg (24)</i> .....	72	NULYTELY SOL LMN/LIME.....	86
<i>norethindrone ace &amp; ethinyl estradiol-fe tab</i>		NUPLAZID.....	54
<i>1 mg-20 mcg</i> .....	72	NUTRILIPID.....	100
<i>norethindrone ace &amp; ethinyl estradiol tab</i>		<i>nyamyc</i> .....	116
<i>1.5 mg-30 mcg</i> .....	72	<i>nylia 7/7/7</i> .....	72
<i>norethindrone ace &amp; ethinyl estradiol tab</i>		NYMALIZE.....	41
<i>1 mg-20 mcg</i> .....	71	<i>nymyo</i> .....	72
<i>norethindrone acetate</i> .....	78	<i>nystatin</i> .....	13
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystatin (mouth-throat)</i> .....	121
<i>0.5 mg-2.5 mcg</i> .....	75	<i>nystatin (topical)</i> .....	117
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystop</i> .....	117
<i>1 mg-5 mcg</i> .....	75	<b>O</b>	
<i>norethindrone (contraceptive)</i> .....	71	<i>ocella</i> .....	72
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>		OCTAGAM.....	95
<i>tab 0.4 mg-35 mcg</i> .....	71	<i>octreotide acetate</i> .....	77
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>		ODEFSEY TAB.....	16
<i>tab 0.8 mg-25 mcg</i> .....	71	ODOMZO.....	29
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>		OFEV.....	112
<i>25/0.25-25 mg-mcg</i> .....	72	<i>ofloxacin (ophth)</i> .....	104
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		<i>ofloxacin (otic)</i> .....	107
<i>35/0.25-35 mg-mcg</i> .....	72	OGIVRI.....	29
<i>norgestimate &amp; ethinyl estradiol tab</i>		OGIVRI INJ 420MG.....	29
<i>0.25 mg-35 mcg</i> .....	72	<i>olanzapine</i> .....	54
<i>norlyroc</i> .....	72	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
NORPACE CR.....	38	<i>tab 20-5-12.5 mg</i> .....	36
<i>nortrel 0.5/35 (28)</i> .....	72	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
<i>nortrel 1/35 (21)</i> .....	72	<i>tab 40-5-12.5 mg</i> .....	36
<i>nortrel 1/35 (28)</i> .....	72	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
<i>nortrel 7/7/7</i> .....	72	<i>tab 40-5-25 mg</i> .....	36
<i>nortriptyline hcl</i> .....	50	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
NORVIR.....	14	<i>tab 40-10-12.5 mg</i> .....	36
NOVOLIN INJ 70/30.....	65	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
NOVOLIN INJ 70/30 FP.....	65	<i>tab 40-10-25 mg</i> .....	36
NOVOLIN N.....	65	<i>olmesartan medoxomil</i> .....	37
NOVOLIN N FLEXPEN.....	65	<i>olmesartan medoxomil-hydrochlorothiazide</i>	
NOVOLIN R.....	65	<i>tab 20-12.5 mg</i> .....	36
NOVOLIN R FLEXPEN.....	65	<i>olmesartan medoxomil-hydrochlorothiazide</i>	
NOVOLOG.....	65	<i>tab 40-12.5 mg</i> .....	36
NOVOLOG FLEXPEN.....	65	<i>olmesartan medoxomil-hydrochlorothiazide</i>	
NOVOLOG MIX INJ 70/30.....	65	<i>tab 40-25 mg</i> .....	36
NOVOLOG MIX INJ FLEXPEN.....	66	<i>olopatadine hcl</i> .....	105
NOVOLOG PENFILL.....	66	<i>omeprazole</i> .....	88
NOXAFIL.....	13		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
OMNIPOD KIT STARTER .....	66	<i>paricalcitol</i> .....	79
OMNIPOD MIS 5 PACK .....	66	<i>paromomycin sulfate</i> .....	11
<i>ondansetron</i> .....	83	<i>paroxetine hcl</i> .....	50
<i>ondansetron hcl</i> .....	83	PASER.....	16
ONTRUZANT .....	29	PAXIL.....	50
ONUREG.....	23	<i>pediaclear pd childrens</i> .....	110
<i>opcicon one-step</i> .....	72	PEDIARIX INJ 0.5ML .....	97
OPSUMIT .....	43	PEDIAVENT .....	110
<i>option 2</i> .....	72	PEDVAX HIB .....	97
ORGOVYX.....	24	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 236 gm</i> .....	86
ORKAMBI GRA 100-125 .....	112	<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i> .....	86
ORKAMBI GRA 150-188 .....	112	PEGASYS .....	17
ORKAMBI TAB 100-125 .....	112	PEMAZYRE .....	29
ORKAMBI TAB 200-125.....	112	PEN GK/DEXTR INJ 40000/ML .....	21
<i>orsythia</i> .....	72	PEN GK/DEXTR INJ 60000/ML .....	21
<i>oseltamivir phosphate</i> .....	17	<i>penicillamine</i> .....	67
<i>oxacillin sodium</i> .....	21	<i>penicillin g potassium</i> .....	21
<i>oxaliplatin</i> .....	23	PENICILLIN G PROCAINE .....	21
<i>oxandrolone</i> .....	62	<i>penicillin g sodium</i> .....	21
<i>oxcarbazepine</i> .....	46	<i>penicillin v potassium</i> .....	21
<i>oxybutynin chloride</i> .....	89	PEN NEEDLES\ NOVO/BD/ULTIMED/ OWEN/TRIVIDIA .....	66
<i>oxycodone hcl</i> .....	9	PENTACEL INJ.....	97
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> .....	9	<i>pentamidine isethionate inh</i> .....	11
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> 9		<i>pentamidine isethionate inj</i> .....	11
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> .....	9	<i>pentoxifylline</i> .....	92
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> .....	9	<i>peptic relief</i> .....	82
OXYCONTIN .....	8	PEPTO BISMOL.....	82
OZEMPIC (0.25 OR 0.5MG/DOSE) .....	64	PEPTO-BISMOL .....	82
OZEMPIC (1MG/DOSE).....	64	<i>perindopril erbumine</i> .....	34
<b>P</b>		<i>periogard</i> .....	121
<i>pacerone</i> .....	38	<i>permethrin</i> .....	121
<i>paclitaxel</i> .....	25	<i>perphenazine</i> .....	54
<i>pain &amp; fever childrens</i> .....	3	PERSERIS .....	54
<i>pain &amp; fever infants</i> .....	3	<i>pfizerpen</i> .....	21
<i>pain relief extra strengt</i> .....	3	<i>pharbedryl</i> .....	110
<i>paliperidone</i> .....	54	<i>pharbetol</i> .....	3
<i>pamidronate disodium</i> .....	66	<i>pharbetol extra strength</i> .....	4
PAMIDRONATE DISODIUM.....	66	<i>phenelzine sulfate</i> .....	50
PANRETIN .....	120	<i>phenobarbital</i> .....	47
<i>pantoprazole sodium</i> .....	88	<i>phenobarbital sodium</i> .....	47
PANZYGA.....	95	PHENYTEK.....	47
<i>paraplatin</i> .....	23	<i>phenytoin</i> .....	47
		<i>phenytoin sodium</i> .....	47

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>phenytoin sodium extended</i> .....	47	PRALUENT .....	39
PHESGO SOL.....	29	<i>pramipexole dihydrochloride</i> .....	52
<i>philith</i> .....	72	<i>prasugrel hcl</i> .....	92
<i>phytonadione</i> .....	102	<i>pravastatin sodium</i> .....	38
PIFELTRO .....	14	<i>praziquantel</i> .....	11
<i>pilocarpine hcl</i> .....	105	<i>prazosin hcl</i> .....	34
<i>pilocarpine hcl (oral)</i> .....	121	<i>prednisolone</i> .....	75
<i>pimozide</i> .....	54	<i>prednisolone acetate (ophth)</i> .....	104
<i>pimtrea</i> .....	72	PREDNISOLONE SODIUM PHOSP .....	104
<i>pindolol</i> .....	40	<i>prednisolone sodium phosphate</i> .....	75
<i>pioglitazone hcl</i> .....	64	<i>prednisone</i> .....	75
<i>piperacillin sod-tazobactam na for inj 3.375</i> <i>gm (3-0.375 gm)</i> .....	21	PREDNISONE INTENSOL.....	75
<i>piperacillin sod-tazobactam sod for inj 2.25</i> <i>gm (2-0.25 gm)</i> .....	21	<i>pregabalin</i> .....	47
<i>piperacillin sod-tazobactam sod for inj 4.5</i> <i>gm (4-0.5 gm)</i> .....	22	<i>pregabalin (once-daily)</i> .....	59
<i>piperacillin sod-tazobactam sod for inj 13.5</i> <i>gm (12-1.5 gm)</i> .....	22	PREMASOL SOL 10% .....	100
<i>piperacillin sod-tazobactam sod for inj 40.5</i> <i>gm (36-4.5 gm)</i> .....	22	PRENATAL TAB 27-1MG.....	99
PIQRAY 200MG DAILY DOSE.....	29	PRENATAL TAB PLUS .....	99
PIQRAY 250MG TAB DOSE.....	29	PRENATAL VIT TAB LOW IRON .....	100
PIQRAY 300MG DAILY DOSE.....	29	PREVACID 24HR .....	88
<i>pirmella 1/35</i> .....	72	<i>prevalite</i> .....	39
<i>piroxicam</i> .....	7	<i>previfem</i> .....	72
PLAN B ONE-STEP .....	72	PREVYMIS .....	17
PLASMA-LYTE INJ -148 .....	99	PREZCOBIX TAB 800-150.....	16
PLASMA-LYTE INJ -A.....	99	PREZISTA .....	14
<i>plenamine</i> .....	100	PRIFTIN .....	16
PLENVU SOL .....	86	<i>primaquine phosphate</i> .....	13
<i>podofilox</i> .....	120	PRIMAQUINE PHOSPHATE .....	13
<i>polyethylene glycol 3350</i> .....	86	<i>primidone</i> .....	47
<i>polymyxin b-trimethoprim ophth soln 10000</i> <i>unit/ml-0.1%</i> .....	104	PRIVIGEN .....	95
POMALYST .....	24	<i>probenecid</i> .....	1
<i>portia-28</i> .....	72	PROCALAMINE INJ 3% .....	100
<i>posaconazole</i> .....	13	<i>prochlorperazine</i> .....	83
<i>potassium chloride</i> .....	99	<i>prochlorperazine edisylate</i> .....	83
POTASSIUM CHLORIDE.....	99	<i>prochlorperazine maleate</i> .....	83
<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i> .....	99	PROCRIT .....	91
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	99	<i>procto-med hc</i> .....	120
<i>potassium citrate (alkalinizer)</i> .....	89	<i>procto-pak</i> .....	120
<i>povidone-iodine</i> .....	120	<i>proctozone-hc</i> .....	120
		PROGRAF .....	96
		PROLASTIN-C .....	112
		PROLENSA.....	104
		PROLIA .....	66
		PROMACTA .....	92
		<i>promethazine hcl</i> .....	83
		<i>propafenone hcl</i> .....	38
		<i>proparacaine hcl</i> .....	106

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>propranolol hcl</i> .....	40	<i>qc pain relief extra stre</i> .....	4
<i>propylthiouracil</i> .....	78	<i>qc pink bismuth</i> .....	82
PROQUAD INJ .....	97	<i>qc povidone iodine</i> .....	120
PROSOL INJ 20% .....	100	<i>qc stool softener</i> .....	86
<i>protriptyline hcl</i> .....	50	<i>qc tolnaftate</i> .....	117
PULMICORT FLEXHALER .....	114	QINLOCK .....	29
PULMOZYME.....	112	QUADRACEL INJ.....	97
PURIXAN .....	23	<i>quetiapine fumarate</i> .....	55
<i>pyrazinamide</i> .....	16	<i>quinapril hcl</i> .....	34
<i>pyridostigmine bromide</i> .....	59	<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	33
<i>pyridoxine hcl</i> .....	102	<i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....	33
<b>Q</b>		<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	33
<i>qc 3 day vaginal cream</i> .....	90	<i>quinidine sulfate</i> .....	38
<i>qc acid controller</i> .....	84	<i>quinine sulfate</i> .....	13
<i>qc acid controller maximu</i> .....	84	<b>R</b>	
<i>qc all day allergy</i> .....	110	RABAVERT INJ .....	97
<i>qc allergy relief</i> .....	114	<i>rabeprazole sodium</i> .....	88
<i>qc antacid</i> .....	80	<i>raloxifene hcl</i> .....	77
<i>qc antacid/anti-gas</i> .....	80	<i>ramipril</i> .....	34
<i>qc antacid/anti-gas maxim</i> .....	80	<i>ranolazine</i> .....	43
<i>qc anti-diarrheal</i> .....	82	<i>rasagiline mesylate</i> .....	52
<i>qc arthritis pain relief</i> .....	4	RAYALDEE.....	79
<i>qc aspirin</i> .....	4	<i>reclipsen</i> .....	72
<i>qc aspirin low dose</i> .....	4	RECOMBIVAX HB .....	97
<i>qc chewable aspirin low d</i> .....	4	RECTIV .....	120
<i>qc childrens allergy</i> .....	110	<i>refresh celluvisc</i> .....	106
<i>qc childrens ibuprofen</i> .....	7	<i>refresh lacri-lube</i> .....	106
<i>qc chlor-pheniramine</i> .....	110	REFRESH LIQUIGEL .....	106
<i>qc complete allergy medic</i> .....	110	REFRESH PLUS .....	106
<i>qc diarrhea relief</i> .....	82	<i>refresh p.m.</i> .....	106
<i>qc enema</i> .....	86	REFRESH TEARS.....	106
<i>qc enteric aspirin</i> .....	4	REGRANEX .....	121
<i>qc fexofenadine hydrochlo</i> .....	110	RELENZA DISKHALER.....	17
<i>qc gentle laxative</i> .....	86	RELISTOR.....	87
<i>qc ibuprofen</i> .....	7	REMICADE.....	93
<i>qc ibuprofen ib</i> .....	7	<i>renal caps</i> .....	102
<i>qc lansoprazole</i> .....	88	RENFLEXIS.....	93
<i>qc loratadine allergy rel</i> .....	110	<i>reno caps</i> .....	102
<i>qc miconazole 7</i> .....	90	RENOVA .....	120
<i>qc naproxen sodium</i> .....	7	RENOVA PUMP .....	120
<i>qc natural vegetable</i> .....	86	<i>repaglinide</i> .....	64
<i>qc non-aspirin childrens</i> .....	4	RESTASIS .....	106
<i>qc non-aspirin extra stre</i> .....	4	RESTASIS MULTIDOSE.....	106
<i>qc pain relief</i> .....	4		
<i>qc pain relief childrens</i> .....	4		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
RETEVMO .....	29	selenium sulfide .....	117
REVLIMID .....	24	SELZENTRY .....	15
REXULTI .....	55	SEREVENT DISKUS.....	111
REYATAZ .....	14	sertraline hcl.....	50
REZUROCK .....	96	setlakin .....	72
RHOPRESSA.....	105	sevelamer carbonate.....	78
RIABNI .....	30	sharobel .....	73
ribavirin (hepatitis c) .....	18	SHINGRIX.....	97
rifabutin .....	17	SIGNIFOR.....	77
rifampin .....	17	silace .....	86
riluzole .....	59	siladryl allergy .....	110
rimantadine hydrochloride .....	18	sildenafil citrate (pulmonary hypertension) ..	44
RINVOQ.....	93	silver sulfadiazine.....	116
risedronate sodium.....	66	SIMBRINZA SUS 1-0.2% .....	105
RISPERDAL CONSTA.....	55	simliya .....	73
risperidone.....	55	simpesse .....	73
ritonavir .....	14	simvastatin.....	39
RITUXAN .....	30	sirolimus.....	96
RITUXAN INJ HYCELA .....	30	SIRTURO .....	17
rivastigmine .....	49	SIVEXTRO .....	11
rivastigmine tartrate .....	49	SKYRIZI .....	93
rivelsa .....	72	SKYRIZI PEN.....	94
rizatriptan benzoate.....	58	SLOW-MAG TAB .....	101
ropinirole hydrochloride.....	52	sm 3-day vaginal.....	90
rosadan .....	120	sm acid reducer .....	84
rosuvastatin calcium .....	38	sm acid reducer maximum s.....	84
ROTARIX SUS .....	97	sm all day allergy .....	110
ROTATEQ SOL .....	97	sm all day allergy childr.....	110
roweepra.....	47	sm allergy 4 hour .....	110
ROZLYTREK .....	30	sm allergy childrens .....	110
RUBRACA .....	30	sm allergy relief.....	111
rufinamide.....	47	sm allergy relief nasal s.....	114
RUKOBIA.....	14	sm antacid .....	80
RUXIENCE.....	30	sm antacid advanced .....	81
RYBELSUS .....	64	sm antacid advanced maxi.....	81
RYDAPT .....	30	sm antacid/antigas .....	81
		sm antacid maximum streng.....	81
<b>S</b>		sm anti-diarrheal.....	82
sajazir .....	92	sm antifungal clotrimazol.....	117
SANDIMMUNE .....	96	sm antifungal miconazole .....	117
SANTYL.....	121	sm antifungal tolnaftate .....	117
sapropterin dihydrochloride .....	77	sm arthritis pain relieve .....	4
scalpicin maximum strengt .....	119	sm aspirin.....	4
scopolamine .....	83	sm aspirin adult low stre .....	4
SECUADO .....	55	sm aspirin enteric coated .....	4
selegiline hcl.....	52	sm aspirin low dose .....	4

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sm calcium antacid</i> .....	81	<i>sodium polystyrene sulfonate powder</i> .....	67
<i>sm calcium antacid extra</i> .....	81	<i>solifenacin succinate</i> .....	89
<i>sm childrens aspirin</i> .....	4	SOLIQUA INJ 100/33.....	66
<i>sm childrens ibuprofen</i> .....	7	SOLTAMOX.....	24
<i>sm clotrimazole vaginal</i> .....	90	SOLU-CORTEF.....	76
<i>sm enema</i> .....	86	SOMATULINE DEPOT.....	77
<i>sm eye itch relief</i> .....	105	SOMAVERT.....	77
<i>sm fexofenadine hydrochlo</i> .....	111	<i>soothe &amp; cool inzo antifu</i> .....	117
<i>sm fiber</i> .....	86	<i>sorine</i> .....	38
<i>sm gentle laxative</i> .....	86	<i>sotalol hcl</i> .....	38
<i>sm hydrocortisone</i> .....	119	<i>sotalol hcl (afib/afl)</i> .....	38
<i>sm hydrocortisone/aloe ma</i> .....	119	<i>spironolactone</i> .....	34
<i>sm hydrocortisone maximum</i> .....	119	<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg.....	42
<i>sm hydrocortisone plus</i> .....	119	<i>sprintec 28</i> .....	73
<i>sm ibuprofen</i> .....	7	SPRITAM.....	47
<i>sm ibuprofen ib</i> .....	7	SPRYCEL.....	30
<i>sm infants ibuprofen</i> .....	7	<i>sps</i> .....	67
<i>sm lansoprazole</i> .....	88	<i>sronyx</i> .....	73
<i>sm laxative</i> .....	86	<i>ssd</i> .....	116
<i>sm lice killing maximum s</i> .....	121	STELARA.....	94
<i>sm lice treatment</i> .....	121	STIVARGA.....	30
<i>sm loratadine</i> .....	111	<i>st joseph aspirin</i> .....	4
<i>sm lubricating plus</i> .....	107	<i>st joseph low dose aspiri</i> .....	4
<i>sm miconazole 3</i> .....	90	<i>stomach relief</i> .....	82
<i>sm miconazole 7</i> .....	90	<i>stomach relief extra stre</i> .....	82
<i>sm naproxen sodium</i> .....	7	<i>stomach relief ultra</i> .....	82
<i>sm nicotine</i> .....	62	<i>stool softener</i> .....	86
<i>sm nicotine polacrilex</i> .....	62	<i>stool softener laxative</i> .....	86
<i>sm nicotine transdermal s</i> .....	62	<i>stool softener laxative e</i> .....	86
<i>sm omeprazole</i> .....	88	<i>streptomycin sulfate</i> .....	11
<i>sm pain &amp; fever childrens</i> .....	4	STRIBILD TAB.....	16
<i>sm pain &amp; fever infants</i> .....	4	STROVITE FOR TAB.....	102
<i>sm pain relief extra stre</i> .....	4	STROVITE ONE TAB.....	102
<i>sm pain reliever</i> .....	4	<i>subvenite</i> .....	47
<i>sm pain reliever extra st</i> .....	4	<i>sucalfate</i> .....	87
<i>sm povidone-iodine</i> .....	120	<i>sulfacetamide sodium (acne)</i> .....	115
<i>sm stomach relief</i> .....	82	<i>sulfacetamide sodium (ophth)</i> .....	104
<i>sm stool softener</i> .....	86	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i> .....	103
<i>sm tioconazole-1</i> .....	90	SULFADIAZINE.....	11
<i>sm triple antibiotic orig</i> .....	116	<i>sulfamethoxazole-trimethoprim iv soln 400-</i> <i>80 mg/5ml</i> .....	11
<i>sodium bicarbonate (antacid)</i> .....	81	<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i> .....	12
<i>sodium chloride</i> .....	99		
<i>sodium chloride (gu irrigant)</i> .....	121		
<i>sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml</i> <i>soln</i> .....	100		
<i>sodium phenylbutyrate</i> .....	77		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	12	TARGETIN.....	120
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	12	<i>tarina 24 fe</i> .....	73
SULFAMYLON .....	116	<i>tarina fe 1/20 eq</i> .....	73
<i>sulfasalazine</i> .....	84	TASIGNA .....	30
<i>sulindac</i> .....	7	<i>tazarotene</i> .....	117
<i>sumatriptan</i> .....	58	<i>tazicef</i> .....	19
<i>sumatriptan succinate</i> .....	58	TAZORAC.....	117
<i>sunitinib malate</i> .....	30	<i>taztia xt</i> .....	41
SUPREP BOWEL SOL PREP KIT.....	86	TAZVERIK.....	30
<i>syeda</i> .....	73	TDVAX INJ 2-2 LF .....	97
SYMBICORT AER 80-4.5 .....	114	TECENTRIQ.....	30
SYMBICORT AER 160-4.5.....	114	TEFLARO .....	19
SYMDEKO TAB 50-75MG .....	113	<i>telmisartan</i> .....	37
SYMDEKO TAB 100-150 .....	113	<i>telmisartan-amlodipine tab 40-5 mg</i> .....	36
SYMJEPI.....	113	<i>telmisartan-amlodipine tab 40-10 mg</i> .....	36
SYMPAZAN.....	47	<i>telmisartan-amlodipine tab 80-5 mg</i> .....	36
SYMTUZA TAB.....	16	<i>telmisartan-amlodipine tab 80-10 mg</i> .....	36
SYNAREL .....	74	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	36
SYNERCID INJ 500MG .....	12	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	37
SYNJARDY TAB 5-500MG.....	64	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	37
SYNJARDY TAB 5-1000MG .....	64	<i>temazepam</i> .....	57
SYNJARDY TAB 12.5-500 .....	64	TEMIXYS TAB 300-300 .....	16
SYNJARDY TAB 12.5-1000MG .....	64	TENIVAC INJ 5-2LF.....	97
SYNJARDY XR TAB 5-1000MG .....	64	<i>tenofovir disoproxil fumarate</i> .....	15
SYNJARDY XR TAB 10-1000.....	64	<i>tension headache</i> .....	4
SYNJARDY XR TAB 12.5-1000MG.....	64	TEPMETKO .....	30
SYNJARDY XR TAB 25-1000 .....	64	<i>terazosin hcl</i> .....	34
SYNRIBO .....	25	<i>terbinafine hcl</i> .....	13
SYNTHROID.....	79	<i>terbutaline sulfate</i> .....	111
<i>systane nighttime</i> .....	107	<i>terconazole vaginal</i> .....	90
SYSTANE OVERNIGHT THERAPY.....	107	<i>testosterone</i> .....	62
<b>T</b>		<i>testosterone cypionate</i> .....	62
TABLOID.....	23	<i>testosterone enanthate</i> .....	62
TABRECTA .....	30	<i>tetrabenazine</i> .....	59
<i>tacrolimus</i> .....	96	<i>tetracycline hcl</i> .....	22
<i>tacrolimus (topical)</i> .....	120	THALOMID.....	24, 25
TAFINLAR.....	30	THEO-24 .....	113
TAGRISSE .....	30	<i>theophylline</i> .....	113
<i>take action</i> .....	73	<i>thiamine hcl</i> .....	102
TALTZ.....	94	<i>thioridazine hcl</i> .....	55
TALZENNA .....	30	<i>thiothixene</i> .....	55
<i>tamoxifen citrate</i> .....	24	<i>tiadylt er</i> .....	41
<i>tamsulosin hcl</i> .....	88	<i>tiagabine hcl</i> .....	48

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
TIBSOVO .....	30	<i>triamcinolone acetonide (topical)</i> .....	119
<i>tigecycline</i> .....	22	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	42
TIGECYCLINE .....	22	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	42
<i>tilia fe</i> .....	73	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	42
<i>timolol maleate</i> .....	40	<i>tri-buffered aspirin</i> .....	4
<i>timolol maleate (ophth)</i> .....	105	TRICARE TAB PRENATAL.....	100
<i>timolol maleate (ophth) once-daily</i> .....	106	<i>triderm</i> .....	119
<i>tioconazole 1</i> .....	90	<i>trientine hcl</i> .....	67
TIVICAY .....	15	<i>tri-estarylla</i> .....	73
TIVICAY PD .....	15	<i>trifluoperazine hcl</i> .....	55
<i>tizanidine hcl</i> .....	60	<i>trifluridine</i> .....	104
TOBRADEX OIN 0.3-0.1% .....	103	<i>trihexyphenidyl hcl</i> .....	52
TOBRADEX ST SUS 0.3-0.05 .....	103	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG..	64
<i>tobramycin</i> .....	12	TRIJARDY XR TAB ER 24HR 10-5-1000MG ..	64
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	103	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG .....	64
<i>tobramycin (ophth)</i> .....	104	TRIJARDY XR TAB ER 24HR 25-5-1000MG..	64
<i>tobramycin sulfate</i> .....	12	TRIKAFTA TAB 50-25-37.5MG & 75MG.....	113
<i>tolnaftate</i> .....	117	TRIKAFTA TAB 100-50-75MG & 150MG.....	113
<i>tolnaftate antifungal</i> .....	117	<i>tri-legend fe</i> .....	73
<i>tolterodine tartrate</i> .....	89	<i>tri-linyah</i> .....	73
<i>topiramate</i> .....	48	<i>tri-lo-estarylla</i> .....	73
<i>toposar</i> .....	25	<i>tri-lo-marzia</i> .....	73
<i>toremifene citrate</i> .....	24	<i>tri-lo-mili</i> .....	73
<i>torseamide</i> .....	42	<i>tri-lo-sprintec</i> .....	73
TOVIAZ.....	89	<i>trimethoprim</i> .....	12
TPN ELECTROL INJ .....	99	<i>tri-mili</i> .....	73
TRADJENTA .....	64	<i>trimipramine maleate</i> .....	51
<i>tramadol-acetaminophen tab 37.5-325 mg</i> ....	9	TRINTELLIX.....	51
<i>tramadol hcl</i> .....	9	<i>tri-nymyo</i> .....	73
<i>trandolapril</i> .....	34	<i>triphrocaps</i> .....	102
<i>tranexamic acid</i> .....	92	<i>triple antibiotic</i> .....	116
<i>tranylcypromine sulfate</i> .....	51	<i>tri-previfem</i> .....	73
TRAVASOL INJ 10%.....	100	<i>triprolidine hcl</i> .....	111
TRAZIMERA.....	30	TRIPROLIDINE HYDROCHLORID.....	111
<i>trazodone hcl</i> .....	51	<i>tri-sprintec</i> .....	73
TRECTOR.....	17	TRIUMEQ TAB .....	16
TRELEGY AER ELLIPTA 100-62.5-25 MCG .	107	<i>tri-vitamin/fluoride</i> .....	102
TRELEGY AER ELLIPTA 200-62.5-25 MCG	107	<i>trivora-28</i> .....	73
TRELSTAR MIXJECT .....	24	<i>tri-vylibra</i> .....	73
<i>treprostinil</i> .....	44	<i>tri-vylibra lo</i> .....	73
TRESIBA .....	66	TROGARZO.....	15
TRESIBA FLEXTOUCH.....	66	TROPHAMINE INJ 10% .....	100
<i>tretinoin</i> .....	115		
<i>tretinoin (chemotherapy)</i> .....	25		
<i>triamcinolone acetonide (mouth)</i> .....	121		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>trospium chloride</i> .....	89	VALTOCO .....	48
TRULICITY .....	64	<i>vanadom</i> .....	60
TRUMENBA INJ.....	97	<i>vancomycin hcl</i> .....	12
TRUSELTIQ 50 MG DAILY DOSE .....	30	VANCOMYCIN INJ 1 GM .....	12
TRUSELTIQ 75 MG DAILY DOSE .....	31	VANCOMYCIN INJ 500MG .....	12
TRUSELTIQ 100 MG DAILY DOSE .....	31	VANCOMYCIN INJ 750MG.....	12
TRUSELTIQ 125 MG DAILY DOSE.....	31	<i>vandazole</i> .....	90
TRUXIMA.....	31	VAQTA .....	97
TUKYSA.....	31	VARIVAX.....	97
TUMS.....	81	VASCEPA.....	39
TUMS CHEWY BITES .....	81	VELCADE .....	31
TUMS CHEWY DELIGHTS .....	81	<i>velivet</i> .....	73
TUMS E-X 750 .....	81	VELTASSA .....	67
TUMS EXTRA STRENGTH 750.....	81	VEMLIDY .....	18
<i>tums smoothies</i> .....	81	VENCLEXTA.....	31
TUMS SMOOTHIES.....	81	VENCLEXTA TAB START PK .....	31
TUMS ULTRA 1000 .....	81	<i>venlafaxine hcl</i> .....	51
TURALIO .....	31	VENTAVIS.....	44
TWINRIX INJ.....	97	VENTOLIN HFA.....	111
TYBOST .....	15	VENTOLIN HFA (INSTITUTIONAL PACK) .....	111
<i>tydemy</i> .....	73	<i>verapamil hcl</i> .....	41
TYPHIM VI .....	97	VERSACLOZ.....	55
<b>U</b>			
UBRELVY .....	58	VERZENIO .....	31
UKONIQ .....	31	<i>vestura</i> .....	73
<i>unithroid</i> .....	79	V-GO 20 KIT.....	66
<i>ursodiol</i> .....	87	V-GO 30 KIT .....	66
<b>V</b>			
<i>valacyclovir hcl</i> .....	18	V-GO 40 KIT .....	66
VALCHLOR.....	120	VICTOZA .....	65
<i>valganciclovir hcl</i> .....	18	<i>vienva</i> .....	73
<i>valproate sodium</i> .....	48	<i>vigabatrin</i> .....	48
<i>valproic acid</i> .....	48	<i>vigadrone</i> .....	48
<i>valsartan</i> .....	37	VIIBRYD .....	51
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	37	VIIBRYD KIT STARTER.....	51
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	37	VIMPAT .....	48
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	37	<i>vincristine sulfate</i> .....	25
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	37	<i>vinorelbine tartrate</i> .....	26
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	37	<i>viorele</i> .....	73
		VIRACEPT .....	15
		VIREAD.....	15
		<i>virt-caps</i> .....	102
		<i>virt-gard</i> .....	102
		VITAL-D RX TAB .....	102
		<i>vitamins a/c/d/fluoride</i> .....	102
		VITRAKVI .....	31
		VIVITROL.....	62
		VIZIMPRO.....	31

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>voriconazole</i> .....	13	XPOVIO 60 MG TWICE WEEKLY .....	32
VOSEVI TAB .....	18	XPOVIO 80 MG ONCE WEEKLY .....	32
VOTRIENT .....	31	XPOVIO 80 MG TWICE WEEKLY .....	32
VRAYLAR .....	55	XPOVIO 100 MG ONCE WEEKLY .....	32
VRAYLAR CAP 1.5-3MG .....	55	XTANDI.....	24
<i>vyfemla</i> .....	73	<i>xulane</i> .....	74
<i>vylibra</i> .....	73	XULTOPHY INJ 100/3.6.....	66
VYZULTA .....	106	XYREM .....	60
<b>W</b>		<b>Y</b>	
<i>warfarin sodium</i> .....	91	YF-VAX INJ .....	97
<i>water for irrigation, sterile irrigation soln</i> .....	121	<i>yuvaferm</i> .....	75
<i>wee care</i> .....	91	<b>Z</b>	
<i>wera</i> .....	74	ZADITOR .....	105
<i>westab mini</i> .....	102	<i>zafemy</i> .....	74
<i>womens laxative</i> .....	86	<i>zafirlukast</i> .....	111
<i>wymzya fe</i> .....	74	<i>zaleplon</i> .....	58
<b>X</b>		<i>zarah</i> .....	74
XALKORI .....	31	ZARXIO.....	91
XARELTO.....	91	ZEJULA .....	32
XARELTO STAR TAB 15/20MG .....	91	ZELBORAF .....	32
XATMEP .....	94	ZEMAIRA.....	113
XCOPRI.....	48	<i>zenatane</i> .....	115
XCOPRI PAK 12.5-25.....	48	ZENPEP CAP 3000UNIT .....	87
XCOPRI PAK 50-100MG .....	48	ZENPEP CAP 5000UNIT .....	87
XCOPRI PAK 100-150 .....	48	ZENPEP CAP 10000UNT .....	87
XCOPRI PAK 150-200MG (MAINTENANCE) 48		ZENPEP CAP 15000UNT.....	87
XCOPRI PAK 150-200MG (TITRATION) .....	48	ZENPEP CAP 20000UNT .....	87
XELJANZ.....	94	ZENPEP CAP 25000.....	88
XELJANZ XR.....	94	ZENPEP CAP 40000 .....	88
XENICAL .....	77	ZERVIAE .....	105
XERMELO.....	87	<i>zidovudine</i> .....	15
XGEVA .....	66	<i>ziprasidone hcl</i> .....	55
XIFAXAN .....	87	<i>ziprasidone mesylate</i> .....	55
XIGDUO XR TAB 2.5-1000 .....	65	ZIRABEV.....	32
XIGDUO XR TAB 5-500MG.....	65	ZIRGAN .....	104
XIGDUO XR TAB 5-1000MG .....	65	<i>zoledronic acid</i> .....	66
XIGDUO XR TAB 10-500MG.....	65	ZOLINZA.....	32
XIGDUO XR TAB 10-1000 .....	65	<i>zolmitriptan</i> .....	58
XOFLUZA.....	18	<i>zolpidem tartrate</i> .....	58
XOLAIR.....	113	<i>zonisamide</i> .....	48
XOSPATA.....	31	ZORTRESS .....	96
XPOVIO 40 MG ONCE WEEKLY.....	31	<i>zovia 1/35</i> .....	74
XPOVIO 40 MG TWICE WEEKLY .....	31	<i>zumandimine</i> .....	74
XPOVIO 60 MG ONCE WEEKLY.....	31	ZYDELIG.....	32

<b>Drug Name</b>	<b>Page #</b>
ZYKADIA .....	32
ZYLET SUS 0.5-0.3% .....	103
ZYPREXA RELPREVV .....	55, 56

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