

2024

List of Covered

Drugs/Formulary

Aetna Better Health® 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.



Aetna Better Health Premier Plan | 2024 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter 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*.

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

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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.

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.
- ❖ The formulary may change at any time. You will receive notice when necessary.
- ❖ See Member Handbook for a complete description of plan benefits, exclusions, limitations and conditions of coverage.
- ❖ **ATTENTION:** If you speak a language other than English, 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.
- ❖ **ATENCIÓN:** 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.

تنبيه : إذا كنت تتحدث اللغة العربية، فإن خدمات املاساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم **1-855-676-5772 (TTY: 711)**، على مدار الساعة وطوال أيام الأسبوع. وتكون هذه املالمة مجانية.

- ❖ 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.

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.

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 (PA) for a drug. (PA 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.

This section is continued on the next page.



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

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

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

- You can always check 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.

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. Your prescriber will also know about this change, and can work with you to find another drug for your condition.

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.

This section is continued on the next page.

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**.



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.

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 authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA 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.
- **Indication-based coverage:** If Aetna Better Health Premier Plan covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

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**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can 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.



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**.

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.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 122. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. 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.

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.



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.

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 facility if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by 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

This section is continued on the next page.



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.

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 at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.

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.

B10. Can I ask for an exception to cover my 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 PA requirements.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can provide their supporting statement by calling your Care Coordinator at **1-855-676-5772 (TTY: 711)**, or Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week or faxing it to us at **1-844-242-0914**.

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



B13. What are generic drugs?

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

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

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.

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 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.

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.

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.



X

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.

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 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
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	\$0(1)	
<i>MITIGARE</i> CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml; TABS 325mg, 500mg; TBCR 650mg	\$0(3)	NM; *
<i>ACETAMINOPHEN</i> SUPP 650mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *

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

* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aspirin CHEW 81mg; TABS 325mg; TBEC 325mg	\$0(3)	NM; *
ASPIRIN SUPP 300mg	\$0(3)	NM; *
aspirin adult low dose TBEC 81mg	\$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
aspirin low strength CHEW 81mg	\$0(3)	NM; *
aspirin regimen TBEC 81mg	\$0(3)	NM; *
childrens acetaminophen SUSP 160mg/5ml	\$0(3)	NM; *
ed-apap LIQD 160mg/5ml	\$0(3)	NM; *
feverall adults SUPP 650mg	\$0(3)	NM; *
feverall childrens SUPP 120mg	\$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	\$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	NM; *
gnp 8 hour arthritis reli TBCR 650mg	\$0(3)	NM; *
gnp 8 hour pain relief TBCR 650mg	\$0(3)	NM; *
gnp 8 hour pain reliever TBCR 650mg	\$0(3)	NM; *
gnp acetaminophen TABS 325mg	\$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	\$0(3)	NM; *
gnp aspirin TABS 325mg; TBEC 81mg	\$0(3)	NM; *
gnp aspirin low dose TBEC 81mg	\$0(3)	NM; *
gnp infants pain/fever SUSP 160mg/5ml	\$0(3)	NM; *
gnp pain & fever children SUSP 160mg/5ml	\$0(3)	NM; *
gnp pain relief TABS 325mg	\$0(3)	NM; *
gnp pain relief extra str TABS 500mg	\$0(3)	NM; *
goodsense arthritis pain TBCR 650mg	\$0(3)	NM; *
goodsense aspirin CHEW 81mg; TABS 325mg	\$0(3)	NM; *
goodsense aspirin adults TABS 325mg	\$0(3)	NM; *
goodsense pain & fever ch SUSP 160mg/5ml	\$0(3)	NM; *

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

* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
goodsense pain & fever in SUSP 160mg/5ml	\$0(3)	NM; *
goodsense pain relief TABS 325mg	\$0(3)	NM; *
goodsense pain relief ext TABS 500mg	\$0(3)	NM; *
hm adult aspirin TABS 325mg	\$0(3)	NM; *
hm aspirin TBEC 325mg	\$0(3)	NM; *
hm aspirin ec low dose TBEC 81mg	\$0(3)	NM; *
hm pain reliever TABS 325mg	\$0(3)	NM; *
m-pap LIQD 160mg/5ml	\$0(3)	NM; *
mapap CAPS 500mg	\$0(3)	NM; *
mapap arthritis pain TBCR 650mg	\$0(3)	NM; *
mapap childrens CHEW 80mg	\$0(3)	NM; *
pain & fever childrens SUSP 160mg/5ml	\$0(3)	NM; *
pain & fever infants SUSP 160mg/5ml	\$0(3)	NM; *
qc acetaminophen infants SUSP 160mg/5ml	\$0(3)	NM; *
qc aspirin TABS 325mg	\$0(3)	NM; *
qc aspirin low dose CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
qc enteric aspirin TBEC 325mg	\$0(3)	NM; *
qc non-aspirin extra stre TABS 500mg	\$0(3)	NM; *
qc pain relief TABS 325mg	\$0(3)	NM; *
qc pain relief childrens SUSP 160mg/5ml	\$0(3)	NM; *
qc pain relief extra stre TABS 500mg	\$0(3)	NM; *
sm adult aspirin TABS 325mg	\$0(3)	NM; *
sm aspirin adult low stre TBEC 81mg	\$0(3)	NM; *
sm aspirin enteric coated TBEC 325mg	\$0(3)	NM; *
sm aspirin low dose CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	NM; *
sm pain & fever infants SUSP 160mg/5ml	\$0(3)	NM; *
sm pain relief extra stre TABS 500mg	\$0(3)	NM; *
sm pain reliever TABS 325mg	\$0(3)	NM; *

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

* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	NM; *
<i>tension headache</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<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, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml, 200mg/10ml	\$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 childrens</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$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; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *

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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>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> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<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 junior strength</i> CHEW 100mg	\$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 dr</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib childrens</i> CHEW 100mg	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate 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
methadone hcl SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	\$0(2)	
endocet tab 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	\$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	\$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
fentanyl citrate LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	\$0(2)	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	\$0(2)	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	\$0(2)	
oxycodone hcl CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	\$0(1)	QL (360 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
oxycodone w/ acetaminophen tab 5-325 mg	\$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	\$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	\$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	\$0(2)	NDS, QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
atovaquone SUSP 750mg/5ml	\$0(1)	
aztreonam SOLR 1gm, 2gm	\$0(1)	
BINAXNOW COV KIT HOME TES	\$0(3)	QL (1 kit / 1 day), NM; *
CARESTART KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	\$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	\$0(1)	
clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	\$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	\$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
CLINITEST KIT SELF-TST	\$0(3)	QL (1 kit / 1 day), NM; *
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
COVID-19 AT- KIT 1-PACK	\$0(3)	QL (1 kit / 1 day), NM; *
COVID-19 RAP KIT 1-PACK	\$0(3)	QL (1 kit / 1 day), NM; *
COVID-19 RAP KIT 2-PACK	\$0(3)	QL (1 kit / 1 day), NM; *
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
DIATRUST KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
ELLUME COV19 KIT HOME TES	\$0(3)	QL (1 kit / 1 day), NM; *
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
FLOWFLEX KIT TEST	\$0(3)	QL (1 kit / 1 day), NM; *
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
IHEALTH 2-PK KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
IHEALTH 5-PK KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
IHEALTH 40PK KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
INDICAID KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
INTELISWAB KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
<i>ivermectin</i> TABS 3mg	\$0(1)	QL (12 tabs / 90 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
LINEZOLID INJ 2MG/ML	\$0(1)	
LUCIRA CHECK KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	\$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)	
ON/GO COVID KIT ANTIGEN	\$0(3)	QL (1 kit / 1 day), NM; *
ON/GO ONE KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
PILOT COVID KIT HOME TES	\$0(3)	QL (1 kit / 1 day), NM; *
<i>praziquantel</i> TABS 600mg	\$0(1)	
QUICKVUE HOM KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
SPEEDY SWAB KIT COVID-19	\$0(3)	QL (1 kit / 1 day), NM; *
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400- 80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	\$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>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$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</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<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>micafungin sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
<i>nystatin</i> TABS 500000unit	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
posaconazole SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	\$0(1)	QL (90 tabs / year)
voriconazole SOLR 200mg	\$0(1)	PA
voriconazole SUSR 40mg/ml	\$0(2)	NDS, PA
voriconazole TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	\$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	\$0(1)	
chloroquine phosphate TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
mefloquine hcl TABS 250mg	\$0(1)	
primaquine phosphate TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
quinine sulfate CAPS 324mg	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	\$0(1)	NM
APTIVUS CAPS 250mg	\$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	\$0(1)	NM
darunavir TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	\$0(2)	NDS, NM
efavirenz TABS 600mg	\$0(1)	NM
emtricitabine CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
etravirine TABS 100mg, 200mg	\$0(2)	NDS, NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 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
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$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
REYATAZ PACK 50mg	\$0(2)	NDS, NM
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPK 300mg	\$0(2)	NDS, NM, LA
<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)	NDS, 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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	\$0(1)	NM
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	\$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 120-15MG	\$0(2)	NDS, NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	\$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	\$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	\$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	\$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	\$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	\$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	\$0(1)	NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
lamivudine-zidovudine tab 150-300 mg	\$0(1)	NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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(1)	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
TRIUMEQ PD TAB	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	\$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	\$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
pyrazinamide TABS 500mg	\$0(1)	
rifabutin CAPS 150mg	\$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECATOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
acyclovir sodium SOLN 50mg/ml	\$0(1)	B/D
adefovir dipivoxil TABS 10mg	\$0(1)	NM
BARACLUIDE SOLN .05mg/ml	\$0(2)	NDS, NM
entecavir TABS .5mg, 1mg	\$0(1)	NM
EPCLUSIA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSIA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSIA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSIA TAB 400-100	\$0(2)	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	\$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>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 PAK 50-20MG	\$0(2)	NDS, NM, PA
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)
PAXLOVID TAB 150-100	\$0(2)	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	\$0(2)	QL (60 tabs / 30 days); \$0 Cost Share
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)
<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
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
CEFAZOLIN INJ 3GM/150ML-4%	\$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
cefepime hcl SOLR 1gm, 2gm	\$0(1)	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	\$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	\$0(1)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
cefuroxime axetil TABS 250mg, 500mg	\$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	\$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
e.e.s. 400 TABS 400mg	\$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
erythromycin ethylsuccinate TABS 400mg	\$0(1)	
erythromycin lactobionate SOLR 500mg	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	\$0(2)	
ciprofloxacin 200 mg/100ml in d5w	\$0(1)	
ciprofloxacin 400 mg/200ml in d5w	\$0(1)	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	\$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	\$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	\$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	\$0(1)	
moxifloxacin hcl TABS 400mg	\$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
amoxicillin & k clavulanate chew tab 400-57 mg	\$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	\$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	\$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	\$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	\$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	\$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	\$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	\$0(1)	
ampicillin CAPS 500mg	\$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	\$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	\$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	\$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	\$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	\$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	\$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	\$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	\$0(1)	
nafcillin sodium SOLR 1gm, 2gm	\$0(1)	
nafcillin sodium SOLR 10gm	\$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$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>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy</i> 100 SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>NUZYRA</i> SOLR 100mg; TABS 150mg	\$0(2)	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM, LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	\$0(2)	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	\$0(2)	NM
GLEOSTINE CAPS 100mg	\$0(2)	NDS, NM
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	\$0(2)	NDS, B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	\$0(1)	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	\$0(2)	B/D
ANTIMETABOLITES		
<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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, 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, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM, LA
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	NM, PA
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	\$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
EULEXIN CAPS 125mg	\$0(2)	NDS
exemestane TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	\$0(2)	NDS, B/D
letrozole TABS 2.5mg	\$0(1)	
leuprolide acetate 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, NM, LA
megestrol acetate TABS 20mg, 40mg	\$0(2)	
nilutamide TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	\$0(1)	
toremifene citrate TABS 60mg	\$0(1)	
XTANDI CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 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
POMALYST CAPS 1mg, 2mg, 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	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	\$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWLIFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
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
tretinoiin (chemotherapy) CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/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>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>DOCETAXEL</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	\$0(2)	NDS, NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bortezomib SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), 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
CALQUENCE TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, LA, PA
dasatinib TABS 20mg	\$0(2)	NDS, QL (90 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
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
erlotinib hcl TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
gefitinib TABS 250mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	\$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
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, 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
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$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, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$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
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
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LAZCLUZE TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, 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
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LORBRENA TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	\$0(2)	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, QL (180 tabs / 30 days), 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, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	\$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
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	\$0(2)	NDS, QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
pazopanib hcl TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 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
ROZLYTREK CAPS 100mg	\$0(2)	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	\$0(2)	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), 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, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$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
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 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	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	\$0(2)	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, 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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	\$0(2)	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VORANIGO TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
VORANIGO TABS 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, QL (24 tabs / 28 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
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	\$0(1)	QL (30 caps / 30 days)

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B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine besylate-benazepril hcl cap 10-20 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	\$0(1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	\$0(1)	
benazepril & hydrochlorothiazide tab 10- 12.5 mg	\$0(1)	
benazepril & hydrochlorothiazide tab 20- 12.5 mg	\$0(1)	
benazepril & hydrochlorothiazide tab 20- 25 mg	\$0(1)	
captopril & hydrochlorothiazide tab 25-15 mg	\$0(1)	
captopril & hydrochlorothiazide tab 25-25 mg	\$0(1)	
captopril & hydrochlorothiazide tab 50-15 mg	\$0(1)	
captopril & hydrochlorothiazide tab 50-25 mg	\$0(1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	\$0(1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	\$0(1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	\$0(1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	\$0(1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	\$0(1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	\$0(1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<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)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>KERENDIA</i> TABS 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<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)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 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
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	\$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	\$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	\$0(2)	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	\$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	\$0(2)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	\$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	\$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	\$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	\$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
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	\$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	\$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	\$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
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	\$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	\$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	\$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	\$0(1)	
olmesartan medoxomil TABS 5mg	\$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	\$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	\$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
pacerone TABS 100mg, 200mg, 400mg	\$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
quinidine sulfate TABS 200mg, 300mg	\$0(1)	
sorine TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	\$0(1)	
ANTIPIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	\$0(1)	
gemfibrozil TABS 600mg	\$0(1)	
ANTIPIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTIPIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	\$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	\$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	\$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
ezetimibe TABS 10mg	\$0(1)	
ezetimibe-simvastatin tab 10-10 mg	\$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	\$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	\$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	\$0(1)	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	\$0(2)	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
NEXLIZET TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	\$0(1)	PA
prevalite PACK 4gm; POWD 4gm/dose	\$0(1)	
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	\$0(1)	
atenolol & chlorthalidone tab 100-25 mg	\$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	\$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	\$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	\$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	\$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	\$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	\$0(1)	
atenolol TABS 25mg, 50mg, 100mg	\$0(1)	
betaxolol hcl TABS 10mg, 20mg	\$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	\$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	\$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>labetalol hcl</i> TABS 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nimodipine</i> CAPS 30mg	\$0(1)	
<i>NYMALIZE</i> SOLN 6mg/ml	\$0(2)	NDS
<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)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide</i> tab 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)	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; 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 & hydrochlorothiazide</i> tab 25-25 mg	\$0(1)	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide</i> cap 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide</i> tab 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide</i> tab 75-50 mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	\$0(1)	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	\$0(1)	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	\$0(1)	
CORLANOR SOLN 5mg/5ml	\$0(2)	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	\$0(1)	
<i>digoxin TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	\$0(1)	
<i>guanfacine hcl TABS 1mg, 2mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	\$0(2)	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>minoxidil TABS 2.5mg, 10mg</i>	\$0(1)	
<i>ranolazine TB12 500mg, 1000mg</i>	\$0(1)	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	\$0(1)	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	\$0(1)	
<i>NITRO-BID OINT 2%</i>	\$0(2)	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</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
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 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
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
treprostinil 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, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	\$0(1)	
lorazepam CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	\$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	\$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	\$0(1)	QL (200 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>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 applies if 29 years and younger
<i>memantine hcl</i> tab 28 x 5 mg & 21 x 10 mg titration pack	\$0(2)	PA; PA applies if 29 years and younger
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, 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	\$0(1)	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	QL (2 packs / year), 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> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<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)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	\$0(2)	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
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
vilazodone hcl TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	\$0(1)	
benztropine mesylate SOLN 1mg/ml	\$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
bromocriptine mesylate 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)	
carbidopa & levodopa tab 10-100 mg	\$0(1)	
carbidopa & levodopa tab 25-100 mg	\$0(1)	
carbidopa & levodopa tab 25-250 mg	\$0(1)	
carbidopa & levodopa tab er 25-100 mg	\$0(1)	
carbidopa & levodopa tab er 50-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	\$0(1)	
entacapone TABS 200mg	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
rasagiline mesylate TABS .5mg, 1mg	\$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	\$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
ariPIPRAZOLE SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
ariPIPRAZOLE 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
asenapine maleate SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 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
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<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 (120 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 (120 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)	QL (2 packs / year), 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)	
<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 HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
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/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 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>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
<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)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<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)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	NDS, QL (60 tabs / 30 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	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 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
risperidone TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
risperidone microspheres SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
trifluoperazine hcl 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)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	\$0(2)	QL (2 packs / year)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg</i>	\$0(1)	
<i>clobazam SUSP 2.5mg/ml</i>	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam TABS 10mg, 20mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam TABS 2mg; TBDP 2mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIACOMIT CAPS 250mg</i>	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
<i>DIACOMIT CAPS 500mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>DIACOMIT PACK 250mg</i>	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
<i>DIACOMIT PACK 500mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam SOLN 5mg/5ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam TABS 2mg, 5mg, 10mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg</i>	\$0(1)	
<i>diazepam inj SOLN 5mg/ml</i>	\$0(1)	
<i>diazepam intensol CONC 5mg/ml</i>	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>DILANTIN CAPS 30mg, 100mg</i>	\$0(2)	

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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)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<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, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	\$0(1)	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$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>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$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>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>LIBERVANT</i> FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	\$0(2)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), 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
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<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, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rufinamide SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
rufinamide 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)
subvenite TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	\$0(1)	
valproic acid CAPS 250mg	\$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	\$0(2)	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	
vigabatrin PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadroner PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigadroner TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIGAFYDE SOLN 100mg/ml	\$0(2)	NDS, QL (900 mL / 30 days), NM, LA, PA

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vigpoder PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 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)
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	\$0(1)	
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	\$0(1)	QL (60 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
amphetamine-dextroamphetamine tab 12.5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	\$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	\$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	\$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	\$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	\$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	\$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl (adhd) TB24 3mg	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
methylphenidate hcl SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
eszopiclone 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
tasimelteon CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 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>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	\$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 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
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<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</i> tab 1-100 mg	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<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)	QL (16 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
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	\$0(1)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 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
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 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
<i>glatiramer acetate SOSY</i> 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate SOSY</i> 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa SOSY</i> 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa SOSY</i> 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>KESIMPTA SOAJ</i> 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen TABS</i> 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen TABS</i> 10mg, 20mg	\$0(1)	
<i>carisoprodol TABS</i> 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl TABS</i> 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium CAPS</i> 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol TABS</i> 500mg	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol TABS</i> 750mg	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl TABS</i> 2mg, 4mg	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil TABS</i> 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil TABS</i> 150mg, 200mg, 250mg	\$0(1)	QL (30 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
modafinil TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	\$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	\$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	\$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	\$0(1)	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	\$0(1)	
gnp nicotine gum GUM 4mg	\$0(3)	NM; *
gnp nicotine mini lozenge LOZG 2mg, 4mg	\$0(3)	NM; *
gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
gnp nicotine polacrilex m LOZG 4mg	\$0(3)	NM; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
goodsense nicotine LOZG 2mg, 4mg	\$0(3)	NM; *
goodsense nicotine gum GUM 4mg	\$0(3)	NM; *
goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *

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hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg	\$0(3)	NM; *
hm nicotine transdermal s PT24 7mg/24hr, 21mg/24hr	\$0(3)	NM; *
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	\$0(1)	
naltrexone hcl TABS 50mg	\$0(1)	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
nicotine mini lozenge LOZG 2mg, 4mg	\$0(3)	NM; *
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
nicotine polacrilex mini LOZG 2mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
sm nicotine GUM 4mg; LOZG 2mg	\$0(3)	NM; *
sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
varenicline tartrate TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	\$0(1)	QL (2 packs / year), PA
VIVITROL SUSR 380mg	\$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
depo-testosterone SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
methyltestosterone CAPS 10mg	\$0(2)	NDS, QL (600 caps / 30 days), PA

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testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
testosterone enanthate SOLN 200mg/ml	\$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	\$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	\$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, 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)

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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)
<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)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg	\$0(1)	QL (90 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), PA
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 12.5-1000	\$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 SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
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)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	\$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	\$0(2)	
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP SOLN 100unit/ml	\$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	\$0(2)	
FIASP PENFILL SOCT 100unit/ml	\$0(2)	
FIASP PUMPCART SOCT 100unit/ml	\$0(2)	B/D
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 PEN NEEDLES: BD/NOVO	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD	\$0(2)	
LANTUS SOLN 100unit/ml	\$0(2)	
LANTUS SOLOSTAR 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 MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 1OUNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 2OUNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 3OUNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 4OUNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEON MAX SOLOSTAR SOPN 300unit/ ml	\$0(2)	
TOUJEON SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
V-GO 20 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
ANTIOBESITY AGENTS		
ADIPEX-P CAPS 37.5mg; TABS 37.5mg	\$0(3)	NM, PA; *
benzphetamine hcl TABS 50mg	\$0(3)	NM, PA; *
CONTRAVE TAB 8-90MG	\$0(3)	NM, PA; *
diethylpropion hcl TABS 25mg; TB24 75mg	\$0(3)	NM, PA; *
IMCIVREE SOLN 10mg/ml	\$0(3)	NM, PA; *
LOMAIRA TABS 8mg	\$0(3)	NM, PA; *
orlistat CAPS 120mg	\$0(3)	NM, PA; *
phendimetrazine tartrate TABS 35mg	\$0(3)	NM, PA; *
phentermine hcl CAPS 15mg, 30mg, 37.5mg; TABS 37.5mg	\$0(3)	NM, PA; *
QSYMIA CAP 3.75-23	\$0(3)	NM, PA; *
QSYMIA CAP 7.5-46MG	\$0(3)	NM, PA; *
QSYMIA CAP 11.25-69	\$0(3)	NM, PA; *
QSYMIA CAP 15-92MG	\$0(3)	NM, PA; *
SAXENDA SOPN 18mg/3ml	\$0(3)	NM, PA; *
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	\$0(3)	NM, PA; *
XENICAL CAPS 120mg	\$0(3)	NM, PA; *
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	\$0(1)	B/D
ibandronate sodium TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	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>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$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)	
TERIPARATIDE SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
deferasirox TABS 90mg	\$0(1)	NM, PA
kionex SUSP 15gm/60ml	\$0(1)	
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
sps 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)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	\$0(1)	
altavera	\$0(1)	
alyacen 1/35	\$0(1)	
alyacen 7/7/7	\$0(1)	
amethia	\$0(1)	
apri	\$0(1)	
aranelle	\$0(1)	
ashlyna	\$0(1)	
aubra eq	\$0(1)	
aurovela 1/20	\$0(1)	
aurovela 24 fe	\$0(1)	
aurovela fe 1.5/30	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aurovela fe 1/20	\$0(1)	
aviane	\$0(1)	
ayuna	\$0(1)	
azurette	\$0(1)	
balziva	\$0(1)	
blisovi 24 fe	\$0(1)	
blisovi fe 1.5/30	\$0(1)	
briellyn	\$0(1)	
camila TABS .35mg	\$0(1)	
camrese	\$0(1)	
camrese lo	\$0(1)	
chateal eq	\$0(1)	
cryselle-28	\$0(1)	
cyred eq	\$0(1)	
dasetta 1/35	\$0(1)	
dasetta 7/7/7	\$0(1)	
daysee	\$0(1)	
deblitane TABS .35mg	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	\$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	\$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	\$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	\$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	\$0(1)	
econtra ez TABS 1.5mg	\$0(3)	NM; *
econtra one-step TABS 1.5mg	\$0(3)	NM; *
elonest	\$0(1)	
eluryng	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
emzahh TABS .35mg	\$0(1)	
enilloring	\$0(1)	
enpresse-28	\$0(1)	
enskyce	\$0(1)	
errin TABS .35mg	\$0(1)	
estarrylla	\$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	\$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	\$0(1)	
etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr	\$0(1)	
falmina	\$0(1)	
finzala	\$0(1)	
hailey 1.5/30	\$0(1)	
hailey 24 fe	\$0(1)	
haloette	\$0(1)	
heather TABS .35mg	\$0(1)	
iclevia	\$0(1)	
incassia TABS .35mg	\$0(1)	
introvale	\$0(1)	
isibloom	\$0(1)	
jasmiel	\$0(1)	
jolessa	\$0(1)	
juleber	\$0(1)	
junel 1.5/30	\$0(1)	
junel 1/20	\$0(1)	
junel fe 1.5/30	\$0(1)	
junel fe 1/20	\$0(1)	
junel fe 24	\$0(1)	
kaitlib fe	\$0(1)	
kariva	\$0(1)	
kelnor 1/35	\$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>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>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 &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethynodiolide 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>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lutera</i>	\$0(1)	
<i>lyeq 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 24 fe</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mil</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>norelgestromin-ethynodiol-estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethynodiol-estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethynodiol-estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ac-ethynodiol-estradiol-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol-estradiol tab 1 mg-20 mcg</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
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	\$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	\$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	\$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	\$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	\$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	\$0(1)	
norlyroc TABS .35mg	\$0(1)	
nortrel 0.5/35 (28)	\$0(1)	
nortrel 1/35 (21)	\$0(1)	
nortrel 1/35 (28)	\$0(1)	
nortrel 7/7/7	\$0(1)	
nylia 1/35	\$0(1)	
nylia 7/7/7	\$0(1)	
nymyo	\$0(1)	
ocella	\$0(1)	
opcicon one-step TABS 1.5mg	\$0(3)	NM; *
option 2 TABS 1.5mg	\$0(3)	NM; *
philith	\$0(1)	
pimtreea	\$0(1)	
portia-28	\$0(1)	
reclipsen	\$0(1)	
rivelsa	\$0(1)	
setlakin	\$0(1)	
sharobel TABS .35mg	\$0(1)	
simliya	\$0(1)	
simpesse	\$0(1)	
sprintec 28	\$0(1)	
sronyx	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
syeda	\$0(1)	
tarina 24 fe	\$0(1)	
tarina fe 1/20 eq	\$0(1)	
tilia fe	\$0(1)	
tri-estarylla	\$0(1)	
tri-legest fe	\$0(1)	
tri-linyah	\$0(1)	
tri-lo-estarylla	\$0(1)	
tri-lo-marzia	\$0(1)	
tri-lo-mili	\$0(1)	
tri-lo-sprintec	\$0(1)	
tri-mili	\$0(1)	
tri-nymyo	\$0(1)	
tri-sprintec	\$0(1)	
tri-vylibra	\$0(1)	
tri-vylibra lo	\$0(1)	
trivora-28	\$0(1)	
turqoz	\$0(1)	
tydemy	\$0(1)	
velivet	\$0(1)	
vestura	\$0(1)	
vienna	\$0(1)	
viorele	\$0(1)	
vyfemla	\$0(1)	
vylibra	\$0(1)	
wera	\$0(1)	
wymzya fe	\$0(1)	
xulane	\$0(1)	
zafemy	\$0(1)	
zovia 1/35	\$0(1)	
zumandimine	\$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv</i> tab 0.5mg-2.5mcg	\$0(2)	
<i>fyavolv</i> tab 1mg-5mcg	\$0(2)	
<i>jinteli</i>	\$0(2)	
<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 tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	B/D
<i>DEXAMETHASONE INTENSOL CONC</i> 1mg/ml	\$0(2)	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order

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* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	\$0(1)	
fludrocortisone acetate TABS .1mg	\$0(1)	
hydrocortisone TABS 5mg, 10mg, 20mg	\$0(1)	
hydrocortisone sod succinate SOLR 100mg	\$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
methylprednisolone TBPK 4mg	\$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
prednisolone SOLN 15mg/5ml	\$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
prednisone TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY 1mg/0.2ml	\$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
betaine powder for oral solution	\$0(2)	NDS, NM, LA
cabergoline TABS .5mg	\$0(1)	
carglumic acid TBSO 200mg	\$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
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	\$0(1)	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
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 CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .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
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	\$0(2)	NDS, NM, 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
LUPRON DEPOT-PED (6-MONTH KIT 45mg	\$0(2)	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	\$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
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>NAGLAZYME</i> SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/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
<i>SIGNIFOR</i> 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
<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA
<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	\$0(1)	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	\$0(1)	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(1)	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
<i>VELPHORO</i> CHEW 500mg	\$0(2)	NDS, 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
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<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)	
<i>progesterone</i> CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<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>levoxyt</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)	
<i>SYNTHROID</i> 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	\$0(1)	B/D
calcitriol (oral) SOLN 1mcg/ml	\$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	\$0(3)	NM; *
almacone double strength	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
antacid CHEW 500mg, 750mg	\$0(3)	NM; *
antacid calcium regular s CHEW 500mg	\$0(3)	NM; *
antacid extra strength CHEW 750mg	\$0(3)	NM; *
antacid maximum strength	\$0(3)	NM; *
antacid regular strength	\$0(3)	NM; *
antacid ultra strength CHEW 1000mg	\$0(3)	NM; *
antacid/antigas liquid	\$0(3)	NM; *
cal-gest antacid CHEW 500mg	\$0(3)	NM; *
calcium antacid CHEW 500mg	\$0(3)	NM; *
calcium antacid extra str CHEW 750mg	\$0(3)	NM; *
CALCIUM CARBONATE SUSP 1250mg/5ml	\$0(3)	NM; *
calcium carbonate (antacid) SUSP 1250mg/5ml	\$0(3)	NM; *
gnp antacid & anti-gas/re	\$0(3)	NM; *
gnp antacid and anti-gas/	\$0(3)	NM; *
gnp antacid anti-gas/maxi	\$0(3)	NM; *
gnp antacid extra strengt CHEW 750mg	\$0(3)	NM; *
gnp antacid/regular stren	\$0(3)	NM; *
heartburn relief extra st	\$0(3)	NM; *
hm antacid	\$0(3)	NM; *
hm antacid anti-gas extra	\$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>hm antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>MAG-AL LIQ</i>	\$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>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>sm antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>smooth antacid extra stre CHEW 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS 2mg; SOLN 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 loperamide hydrochlor SOLN 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp pink bismuth TABS 262mg</i>	\$0(3)	NM; *
<i>gnp stomach relief SUSP 525mg/30ml</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal SOLN 1mg/7.5ml</i>	\$0(3)	NM; *
<i>loperamide hcl SOLN 1mg/7.5ml, 2mg/15ml</i>	\$0(3)	NM; *
<i>qc anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>sm anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>sm stomach relief CHEW 262mg</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
sm stomach relief liquid SUSP 525mg/30ml	\$0(3)	NM; *
stomach relief CHEW 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
stomach relief extra stre SUSP 525mg/15ml	\$0(3)	NM; *
stomach relief ultra SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	\$0(1)	B/D
compro SUPP 25mg	\$0(1)	
dronabinol CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	\$0(1)	
granisetron hcl TABS 1mg	\$0(1)	B/D
meclizine hcl TABS 12.5mg, 25mg	\$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
ondansetron TBDP 4mg, 8mg	\$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
prochlorperazine SUPP 25mg	\$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	\$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	\$0(1)	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older

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ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
glycopyrrolate TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer TABS 10mg	\$0(3)	NM; *
acid reducer maximum stre TABS 20mg	\$0(3)	NM; *
acid reducer original str TABS 10mg	\$0(3)	NM; *
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
famotidine SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
famotidine TABS 10mg, 20mg	\$0(3)	NM; *
famotidine TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
famotidine TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	\$0(1)	
famotidine maximum streng TABS 20mg	\$0(3)	NM; *
famotidine original stren TABS 10mg	\$0(3)	NM; *
gnp acid reducer TABS 10mg	\$0(3)	NM; *
gnp acid reducer maximum TABS 20mg	\$0(3)	NM; *
heartburn relief TABS 10mg	\$0(3)	NM; *
heartburn relief maximum TABS 20mg	\$0(3)	NM; *
nizatidine CAPS 150mg, 300mg	\$0(1)	
sm acid reducer TABS 10mg	\$0(3)	NM; *
sm acid reducer maximum s TABS 20mg	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	\$0(1)	
budesonide CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
budesonide TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	\$0(1)	
mesalamine CP24 .375gm	\$0(1)	QL (120 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
mesalamine CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	\$0(1)	
mesalamine TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	\$0(1)	
sulfasalazine TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	\$0(3)	NM; *
bisacodyl ec TBEC 5mg	\$0(3)	NM; *
COLACE CAPS 100mg	\$0(3)	NM; *
constulose SOLN 10gm/15ml	\$0(1)	
docusate calcium CAPS 240mg	\$0(3)	NM; *
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	NM; *
enema ready-to-use	\$0(3)	NM; *
enulose SOLN 10gm/15ml	\$0(1)	
FLEET ENE	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
gavilyte-c	\$0(1)	
gavilyte-g	\$0(1)	
gavilyte-n/flavor pack	\$0(1)	
generlac SOLN 10gm/15ml	\$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
gnp clearlax PACK 17gm	\$0(3)	NM; *
gnp fiber powder POWD 43%	\$0(3)	NM; *
gnp gentle laxative SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
gnp stool softener CAPS 100mg, 240mg, 250mg	\$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	\$0(3)	NM; *
healthylax PACK 17gm	\$0(3)	NM; *
hm enema saline laxative	\$0(3)	NM; *
hm gentle laxative SUPP 10mg	\$0(3)	NM; *
hm laxative TBEC 5mg	\$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>hm stool softener CAPS 100mg, 250mg</i>	\$0(3)	NM; *
<i>lactulose SOLN 10gm/15ml</i>	\$0(1)	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	\$0(1)	
<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)	
<i>PLENUV SOL</i>	\$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 stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm gentle laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>sm stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	\$0(1)	
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>stool softener CAPS 100mg</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosetron hcl TABS .5mg, 1mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>GATTEX KIT 5mg</i>	\$0(2)	NDS, NM, LA, PA
<i>hm dual action complete</i>	\$0(3)	NM; *
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	\$0(1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order

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* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, QL (28 syringes / 28 days), 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 (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
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)	
ZENPEP CAP 25000UNT	\$0(2)	
ZENPEP CAP 40000UNT	\$0(2)	
ZENPEP CAP 60000UNT	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBEC 20mg	\$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>omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
<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)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>GEMTESA</i> TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<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)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 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
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal CREA 2%</i>	\$0(1)	
<i>clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>3 day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>gnp clotrimazole 3 CREA 2%</i>	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7 CREA 2%</i>	\$0(3)	NM; *
<i>metronidazole vaginal GEL .75%</i>	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7 CREA 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal CREA 2%</i>	\$0(3)	NM; *
<i>qc clotrimazole CREA 1%</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; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>ELIQUIS TABS 2.5mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	\$0(2)	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	\$0(1)	

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<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	\$0(2)	
HEP SOD/D5W INJ 25000UNT	\$0(2)	
HEP SOD/NACL INJ 12500UNT	\$0(2)	
HEP SOD/NACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
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)
HEMATOPOIETIC GROWTH FACTORS		
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
ZIEXTENZO SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	

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BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$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
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> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	\$0(2)	NDS, 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> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<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)	

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IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	\$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
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	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA

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HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	\$0(2)	NDS, QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	\$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	\$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	\$0(2)	NDS, QL (12 vials / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA

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SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	\$0(2)	NDS, 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
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, LA, PA
TREMFYA SOAJ 100mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	\$0(1)	
JYLAMVO SOLN 2mg/ml	\$0(2)	B/D
leflunomide TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM, LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, LA, 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, 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
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	\$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	\$0(2)	B/D, NM
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg	\$0(1)	B/D, NM

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cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	\$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
mycophenolate sodium 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
sirolimus SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO INJ	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENGVAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(1)	B/D
GARDASIL 9 INJ	\$0(1)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(1)	B/D
HIBERIX SOLR 10mcg	\$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	
IXCHIQ INJ	\$0(1)	
IXIARO INJ	\$0(1)	
JYNNEOS SUSP .5ml	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI INJ	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
MRESVIA SUSY 50mcg/0.5ml	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PREHEVBRIOSUSP 10mcg/ml	\$0(1)	B/D
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTAQUE SOL	\$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(1)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$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
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(1)	
VARIVAX SUSR 1350pfu/0.5ml	\$0(1)	
VAXCHORA SUS	\$0(1)	
YF-VAX INJ	\$0(1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	\$0(2)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	\$0(1)	
dextrose 5% in lactated ringers	\$0(1)	
dextrose 5% w/ sodium chloride 0.2%	\$0(1)	
dextrose 5% w/ sodium chloride 0.3%	\$0(1)	
dextrose 5% w/ sodium chloride 0.9%	\$0(1)	
dextrose 5% w/ sodium chloride 0.45%	\$0(1)	
dextrose 5% w/ sodium chloride 0.225%	\$0(1)	
dextrose 10% w/ sodium chloride 0.45%	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	\$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj.	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj`	\$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	\$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	\$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj□	\$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	\$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	\$0(1)	
KCL/D5W/NAACL INJ 0.3/0.9%	\$0(2)	
lactated ringer's solution	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
multiple electrolytes ph 5.5	\$0(1)	
multiple electrolytes ph 7.4	\$0(1)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE SOLN 10meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	\$0(1)	
klor-con 8 TBCR 8meq	\$0(1)	
klor-con 10 TBCR 10meq	\$0(1)	
klor-con m10 TBCR 10meq	\$0(1)	
klor-con m15 TBCR 15meq	\$0(1)	
klor-con m20 TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ ml soln</i>	\$0(1)	
IV NUTRITION		
chromic chloride SOLN 40mcg/10ml	\$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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINOLIPID EMU 20%	\$0(2)	B/D
COPPER SOLN .4mg/ml	\$0(3)	NM; *
dextrose SOLN 5%, 10%	\$0(1)	
dextrose SOLN 50%, 70%	\$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
plenamine	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
K-PHOS TABS 500mg	\$0(3)	NM; *
manganese chloride SOLN .1mg/ml	\$0(3)	NM; *
phospho-trin k500 TABS 500mg	\$0(3)	NM; *
MISCELLANEOUS		
ENLYTE CAP	\$0(3)	NM; *
VITAMINS		
BACMIN TAB	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
corvita	\$0(3)	NM; *
cyanocobalamin SOLN 1000mcg/ml	\$0(3)	NM; *
dialyvite	\$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; *
ergocalciferol CAPS 1.25mg, 50000unit	\$0(3)	NM; *
FLORIVA CHW 0.5MG	\$0(3)	NM; *
FLORIVA CHW 0.25MG	\$0(3)	NM; *
FLORIVA CHW 1MG	\$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
folic acid SOLN 5mg/ml; TABS 1mg	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
hydroxocobalamin acetate SOLN 1000mcg/ml	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
multi-vit/iron/fluoride	\$0(3)	NM; *
multi-vitamin/fluoride dr	\$0(3)	NM; *
multi-vitamin/fluoride/ir	\$0(3)	NM; *
MULTIVITAMIN WITH FLUORID	\$0(3)	NM; *
multivitamin/fluoride	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NIVA-FOL TAB	\$0(3)	NM; *
phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	\$0(3)	NM; *
POLY-VI-FLOR CHW 0.5MG	\$0(3)	NM; *
POLY-VI-FLOR CHW 0.25MG	\$0(3)	NM; *
POLY-VI-FLOR CHW 1MG	\$0(3)	NM; *
POLY-VI-FLOR CHW W/IRON	\$0(3)	NM; *
POLY-VI-FLOR SUS 0.25/ML	\$0(3)	NM; *
POLY-VI-FLOR SUS /IRON	\$0(3)	NM; *
pyridoxine hcl SOLN 100mg/ml	\$0(3)	NM; *
QUFLORA FE CHW	\$0(3)	NM; *
QUFLORA FE DRO 0.25-9.5	\$0(3)	NM; *
QUFLORA PED CHW 0.5MG	\$0(3)	NM; *
QUFLORA PED CHW 0.25MG	\$0(3)	NM; *
QUFLORA PED CHW 1MG	\$0(3)	NM; *
QUFLORA PED DRO 0.5MG/ML	\$0(3)	NM; *
QUFLORA PED DRO 0.25MG	\$0(3)	NM; *
renal caps	\$0(3)	NM; *
STROVITE ONE TAB	\$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
thiamine hcl SOLN 100mg/ml	\$0(3)	NM; *
TRI-VI-FLOR SUS 0.5MG/ML	\$0(3)	NM; *
TRI-VI-FLOR SUS 0.25/ML	\$0(3)	NM; *
tri-vite/fluoride	\$0(3)	NM; *
triphrocaps	\$0(3)	NM; *
virt-caps	\$0(3)	NM; *
virt-gard	\$0(3)	NM; *
VIT A/C/D/FL DRO 0.5MG	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
VITAMINS A/C/D/FLUORIDE	\$0(3)	NM; *
wescaps	\$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	\$0(1)	
neo-polycin hc ophth oint 1%	\$0(1)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	\$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	\$0(1)	
neomycin-polymyxin-hc ophth susp	\$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	\$0(1)	
bacitracin-polymyxin b ophth oint	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciprofloxacin hcl (ophth) SOLN .3%	\$0(1)	
erythromycin (ophth) OINT 5mg/gm	\$0(1)	
gatifloxacin (ophth) SOLN .5%	\$0(1)	
gentamicin sulfate (ophth) SOLN .3%	\$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	\$0(1)	
ofloxacin (ophth) SOLN .3%	\$0(1)	
polycin ophth oint	\$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	\$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	\$0(1)	
tobramycin (ophth) SOLN .3%	\$0(1)	
trifluridine SOLN 1%	\$0(1)	
XDEMVY SOLN .25%	\$0(2)	NDS, NM, LA, PA
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
bromfenac sodium (ophth) SOLN .07%, .075%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	\$0(1)	
diclofenac sodium (ophth) SOLN .1%	\$0(1)	
EYSUVIS SUSP .25%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
fluorometholone (ophth) SUSP .1%	\$0(1)	
flurbiprofen sodium SOLN .03%	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac tromethamine (ophth) SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
loteprednol etabonate SUSP .2%	\$0(1)	
prednisolone acetate (ophth) SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .035%	\$0(3)	NM; *
alaway childrens allergy SOLN .035%	\$0(3)	NM; *
azelastine hcl (ophth) SOLN .05%	\$0(1)	
cromolyn sodium (ophth) SOLN 4%	\$0(1)	
eye itch relief SOLN .035%	\$0(3)	NM; *
ketotifen fumarate (ophth) SOLN .035%	\$0(3)	NM; *
ZADITOR SOLN .035%	\$0(3)	NM; *
ZERVIATE SOLN .24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
brimonidine tartrate SOLN .15%, .2%	\$0(1)	
brinzolamide SUSP 1%	\$0(1)	
carteolol hcl (ophth) SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
dorzolamide hcl SOLN 2%	\$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	\$0(1)	
latanoprost SOLN .005%	\$0(1)	
levobunolol hcl SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	

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SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
<i>artificial tears</i>	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	\$0(1)	
<i>carboxymethylcellulose sodium (ophth) GEL 1%; SOLN .5%</i>	\$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 night-time</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye SOLN .5%</i>	\$0(3)	NM; *
<i>goodsense lubricating plu SOLN .5%</i>	\$0(3)	NM; *
<i>lubricant eye drops SOLN .5%</i>	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubricating plus eye drop SOLN .5%</i>	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
MIEBO SOLN 1.338gm/ml	\$0(2)	
<i>proparacaine hcl SOLN .5%</i>	\$0(1)	
<i>refresh celluvisc GEL 1%</i>	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$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)	
<i>sm lubricating plus SOLN .5%</i>	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
TYRVAYA SOLN .03mg/act	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIIDRA SOLN 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	\$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	\$0(1)	
flac OIL .01%	\$0(1)	
fluocinolone acetonide (otic) OIL .01%	\$0(1)	
neomycin-polymyxin-hc otic soln 1%	\$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
ofloxacin (otic) SOLN .3%	\$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
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)
ipratropium-albuterol nebu soln 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)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
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)
ipratropium bromide SOLN .02%	\$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	\$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
all day allergy TABS 10mg	\$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
all day allergy childrens SOLN 5mg/5ml	\$0(3)	NM; *
aller-chlor TABS 4mg	\$0(3)	NM; *
allergy TABS 4mg	\$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml; SUSP 30mg/5ml	\$0(3)	NM; *
allergy relief CAPS 25mg; TABS 4mg, 5mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
allergy relief 24hr TABS 180mg	\$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	\$0(3)	NM; *
azelastine hcl SOLN .1%	\$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
cetirizine hcl SOLN 5mg/5ml	\$0(1)	QL (300 mL / 30 days)
cetirizine hcl allergy ch SOLN 5mg/5ml	\$0(3)	NM; *
cetirizine hcl childrens SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	\$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml	\$0(3)	NM; *
complete allergy medicine CAPS 25mg	\$0(3)	NM; *
cycloheptadine hcl SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	\$0(1)	
ed chlorped jr SYRP 2mg/5ml	\$0(3)	NM; *
fexofenadine hcl TABS 60mg, 180mg	\$0(3)	NM; *
gnp all day allergy TABS 10mg	\$0(3)	NM; *
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *

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gnp allergy TABS 25mg	\$0(3)	NM; *
gnp allergy relief CAPS 25mg; TABS 4mg, 180mg	\$0(3)	NM; *
gnp allergy relief maximu LIQD 12.5mg/5ml	\$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	\$0(3)	NM; *
gnp loratadine SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	NM; *
gnp loratadine childrens SOLN 5mg/5ml	\$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
goodsense aller-ease TABS 180mg	\$0(3)	NM; *
goodsense allergy relief TABS 10mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
HISTEX PD LIQD .938mg/ml	\$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	\$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 4mg, 10mg, 60mg, 180mg	\$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	\$0(3)	NM; *
hm loratadine TABS 10mg	\$0(3)	NM; *
12hr allergy relief TABS 60mg	\$0(3)	NM; *
24hr allergy relief TABS 180mg	\$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
loratadine TABS 10mg	\$0(3)	NM; *
loratadine childrens SOLN 5mg/5ml	\$0(3)	NM; *
m-dryl LIQD 12.5mg/5ml	\$0(3)	NM; *
PEDIACLEAR PD CHILDRENS LIQD .625mg/ml	\$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>qc allergy childrens LIQD 12.5mg/5ml</i>	\$0(3)	NM; *
<i>sm all day allergy TABS 10mg</i>	\$0(3)	NM; *
<i>sm all day allergy childr SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>sm allergy 4 hour TABS 4mg</i>	\$0(3)	NM; *
<i>sm allergy childrens SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>sm allergy relief TABS 25mg, 60mg</i>	\$0(3)	NM; *
<i>sm allergy relief childre LIQD 12.5mg/5ml</i>	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo TABS 180mg</i>	\$0(3)	NM; *
<i>sm loratadine SOLN 5mg/5ml; TABS 10mg</i>	\$0(3)	NM; *
<i>triprolidine hcl LIQD .938mg/ml</i>	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate AERS 108mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0(1)	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	\$0(1)	
<i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	\$0(1)	B/D
<i>levalbuterol tartrate AERO 45mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days), ST
<i>SEREVENT DISKUS AEPB 50mcg/dose</i>	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS 2.5mg, 5mg</i>	\$0(1)	
<i>VENTOLIN HFA AERS 108mcg/act</i>	\$0(2)	QL (2 inhalers / 30 days)
<i>VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act</i>	\$0(2)	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	\$0(1)	
<i>zafirlukast TABS 10mg, 20mg</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
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	\$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	\$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	\$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	\$0(3)	NM; *
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
pirfenidone CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	\$0(2)	NDS, QL (90 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
PROLASTIN-C SOLN 1000mg/20ml	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
roflumilast TABS 250mcg	\$0(1)	QL (56 tabs / year)
roflumilast TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
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
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
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 SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	\$0(3)	NM; *
budesonide (nasal) SUSP 32mcg/act	\$0(3)	NM; *
flunisolide (nasal) SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	\$0(3)	NM; *
gnp budesonide nasal spra SUSP 32mcg/act	\$0(3)	NM; *
hm allergy relief nasal s SUSP 50mcg/act	\$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
qc allergy relief SUSP 50mcg/act	\$0(3)	NM; *
sm allergy relief nasal s SUSP 50mcg/act	\$0(3)	NM; *
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	\$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	\$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
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)
AIRSUPRA AER 90-80MCG	\$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 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)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100- 50 mcg/act	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	\$0(1)	QL (60 inhalations / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
acne medication 2.5 GEL 2.5%	\$0(3)	NM; *
acne medication 5 GEL 5%	\$0(3)	NM; *
acne medication 10 GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
adapalene GEL .1%	\$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	\$0(1)	PA
benzoyl peroxide GEL 2.5%, 5%, 10%	\$0(3)	NM; *
benzoyl peroxide wash LIQD 5%	\$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	\$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
clindamycin phosphate (topical) GEL 1%	\$0(1)	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
DIFFERIN GEL .1%	\$0(3)	NM; *
ery PADS 2%	\$0(1)	QL (60 pledges / 30 days)
erythromycin (acne aid) GEL 2%	\$0(1)	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	\$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	\$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
gnp triple antibiotic	\$0(3)	NM; *
goodsense first aid antib	\$0(3)	NM; *
hm triple antibiotic	\$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>mupirocin OINT 2%</i>	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	\$0(1)	
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd CREA 1%</i>	\$0(1)	
<i>SULFAMYLON CREA 85mg/gm</i>	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal CREA 1%</i>	\$0(3)	NM; *
<i>athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>ciclopirox olamine CREA .77%</i>	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	\$0(3)	NM; *
<i>clotrimazole (topical) SOLN 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole antifungal CREA 1%</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>FUNGOID TINCTURE SOLN 2%</i>	\$0(3)	NM; *
<i>gnp athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>gnp tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>ketoconazole (topical) CREA 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>klayesta POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical) CREA 2%</i>	\$0(3)	NM; *
<i>micotrin ac CREA 1%</i>	\$0(3)	NM; *
<i>mycozyl ac CREA 1%</i>	\$0(3)	NM; *
<i>nyamyc POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>qc antifungal cream CREA 1%</i>	\$0(3)	NM; *
<i>sm antifungal clotrimazol CREA 1%</i>	\$0(3)	NM; *
<i>sm antifungal miconazole CREA 2%</i>	\$0(3)	NM; *

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<i>sm antifungal tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>tolnaftate CREA 1%</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPOSIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	\$0(1)	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene CREA .05%, .1%</i>	\$0(1)	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i>	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%, 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt CREA 1%</i>	\$0(3)	NM; *
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical) LOTN .05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented LOTN .05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate CREA .1%; OINT .1%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate LOTN .1%</i>	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate SOLN .05%</i>	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e CREA .05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>ENSTILAR AER</i>	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide CREA .01%</i>	\$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>fluocinolone acetonide CREA .025%; OINT .025%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide OIL .01%</i>	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide SOLN .01%</i>	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide CREA .05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide GEL .05%; OINT .05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide SOLN .05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base CREA .05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate CREA .05%; OINT .005%</i>	\$0(1)	
<i>gnp hydrocortisone CREA .5%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone maximu OINT 1%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone plus CREA 1%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe CREA 1%</i>	\$0(3)	NM; *
<i>halobetasol propionate CREA .05%; OINT .05%</i>	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus CREA 1%</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma CREA 1%</i>	\$0(3)	NM; *
<i>HYDROCORTISONE CREA 1%</i>	\$0(3)	NM; *
<i>hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%</i>	\$0(1)	
<i>hydrocortisone (topical) CREA .5%, 1%; OINT 1%</i>	\$0(3)	NM; *
<i>hydrocortisone maximum st CREA 1%</i>	\$0(3)	NM; *
<i>hydrocortisone/aloe maxim CREA 1%</i>	\$0(3)	NM; *
<i>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</i>	\$0(1)	
<i>qc anti-itch/aloe CREA 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone CREA 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone maximum OINT 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone plus CREA 1%</i>	\$0(3)	NM; *
<i>triamcinolone acetonide (topical) CREA .025%, .1%, .5%</i>	\$0(1)	QL (454 gm / 30 days)

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<i>triamicinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%</i>	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo PRSY 2%</i>	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine OINT 5%</i>	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine PTCH 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl SOLN 4%</i>	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>tridacaine ii PTCH 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>BETADINE SOLN 10%</i>	\$0(3)	NM; *
<i>bexarotene (topical) GEL 1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) GEL 1%</i>	\$0(1)	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical) SOLN 1.5%</i>	\$0(1)	QL (300 mL / 28 days)
<i>FIRST AID ANTISEPTIC OINT OINT 10%</i>	\$0(3)	NM; *
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	\$0(1)	
<i>imiquimod CREA 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(1)	
<i>lidocaine CREA 4%</i>	\$0(3)	NM; *
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	\$0(1)	QL (30 gm / 30 days)
<i>PANRETIN GEL .1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine SOLN 10%</i>	\$0(3)	NM; *
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>proctocort CREA 1%</i>	\$0(1)	

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proctosol hc CREA 2.5%	\$0(1)	
proctozone-hc CREA 2.5%	\$0(1)	
qc povidone iodine 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; *
sm povidone-iodine SOLN 10%	\$0(3)	NM; *
tacrolimus (topical) OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice treatment LIQD 1%	\$0(3)	NM; *
goodsense lice killing cr LIQD 1%	\$0(3)	NM; *
lice killing maximum stre	\$0(3)	NM; *
lice killing shampoo	\$0(3)	NM; *
lice treatment creme rins LIQD 1%	\$0(3)	NM; *
malathion LOTN .5%	\$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	\$0(1)	QL (60 gm / 30 days)
sm lice killing maximum s	\$0(3)	NM; *
sm lice treatment LIQD 1%	\$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	\$0(1)	
water for irrigation, sterile irrigation soln	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	\$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	\$0(1)	
clotrimazole TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	\$0(1)	
lidocaine hcl (mouth-throat) SOLN 2%	\$0(1)	

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<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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acarbose	65	adult aspirin regimen	1
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acebutolol hcl	42	ADVAIR HFA AER 115/21	114
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ACETAMINOPHEN	1	afirmelle	70
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allergy relief/indoor/out	109	amlodipine besylate-valsartan tab	
allopurinol	1	5-160 mg	38
almacone double strength	82	amlodipine besylate-valsartan tab	
alosetron hcl	87	5-320 mg	38
alprazolam	46	amlodipine besylate-valsartan tab 10-	
ALREX	105	160 mg	38
altavera	70	amlodipine besylate-valsartan tab 10-	
ALUMINUM HYDROXIDE	82	320 mg	38
ALUNBRIG	25	amnesteem	115
ALUNBRIG PAK	25	amoxapine	47
ALVAIZ	91	amoxicillin	18
ALVESCO	114	amoxicillin & k clavulanate chew tab 400-	
alyacen 1/35	70	57 mg	18
alyacen 7/7/7	70	amoxicillin & k clavulanate for susp 200-	
ALYGLO	95	28.5 mg/5ml	18
amantadine hcl	49	amoxicillin & k clavulanate for susp 250-	
ambrisentan	46	62.5 mg/5ml	19
amethia	70	amoxicillin & k clavulanate for susp 400-	
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amlodipine besylate-benazepril hcl cap		24hr 5 mg	58
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ampicillin & sulbactam sodium for inj 3 (2- 1) gm	19	ashlyna	70
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ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	19	ASPIRIN	2
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	19	aspirin adult low dose	2
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buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	63	captopril & hydrochlorothiazide tab 50- 25 mg	36
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	63	carbamazepine	54
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	63	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	49
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	63	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	49
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bupropion hcl (smoking deterrent)	63	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	50
buspirone hcl	46	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	50
butorphanol tartrate	6	carbidopa-levodopa-entacapone tabs 50- 200-200 mg	50
BYDUREON BCISE	65	carbidopa & levodopa tab 10-100 mg	49
BYETTA	65	carbidopa & levodopa tab 25-100 mg	49
C		carbidopa & levodopa tab 25-250 mg	49
cabergoline	78	carbidopa & levodopa tab er 25-100 mg	49
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Drug Name	Page #	Drug Name	Page #
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cefaclor	16	ciprofloxacin 200 mg/100ml in d5w	18
CEFACLOR ER	16	ciprofloxacin 400 mg/200ml in d5w	18
cefadroxil	17	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	108
CEFAZOLIN	17	ciprofloxacin hcl	18
CEFAZOLIN INJ 1GM/50ML	17	ciprofloxacin hcl (ophth)	105
CEFAZOLIN INJ 3GM/150ML-4%	17	cisplatin	21
cefazolin sodium	17	citalopram hydrobromide	47
CEFAZOLIN SOLN 2GM/100ML-4%	17	claravis	115
cefdinir	17	clarithromycin	17
cefepime hcl	17	clindamycin hcl	8
cefixime	17	clindamycin palmitate hydrochloride	8
cefoxitin sodium	17	clindamycin phosphate	8
cefpodoxime proxetil	17	clindamycin phosphate in d5w iv soln 300 mg/50ml	8
cefprozil	17	clindamycin phosphate in d5w iv soln 600 mg/50ml	8
ceftazidime	17	clindamycin phosphate in d5w iv soln 900 mg/50ml	8
ceftriaxone sodium	17	clindamycin phosphate (topical)	115
cefuroxime axetil	17	clindamycin phosphate vaginal	90
cefuroxime sodium	17	CLINDMYC/NAC INJ 300/50ML	9
celecoxib	4	CLINDMYC/NAC INJ 600/50ML	9
cephalexin	17	CLINDMYC/NAC INJ 900/50ML	9
CERDELGA	79	CLINIMIX INJ 4.25/D5W	101
CEREZYME	79	CLINIMIX INJ 4.25/D10	101
cetirizine hcl	109	CLINIMIX INJ 5%/D15W	101
cetirizine hcl allergy ch	109	CLINIMIX INJ 5%/D20W	101
cetirizine hcl childrens	109	CLINIMIX INJ 6/5	101
cetirizine hydrochloride	109	CLINIMIX INJ 8/10	101
cevimeline hcl	120	CLINIMIX INJ 8/14	101
chateal eq	71	clinisol sf 15%	101
CHEMET	70	CLINITEST KIT SELF-TST	9
childrens acetaminophen	2	CLINOLIPID EMU 20%	102
childrens ibuprofen	4	clobazam	54
childrens loratadine	109		
chlorhexidine gluconate (mouth-throat)	120		
chloroquine phosphate	12		

Drug Name	Page #	Drug Name	Page #
clobetasol propionate	117	cromolyn sodium (<i>mastocytosis</i>)	87
clobetasol propionate e	117	cromolyn sodium (<i>nasal</i>)	112
clomipramine hcl	47	cromolyn sodium (<i>ophth</i>)	106
clonazepam	54	cryselle-28	71
clonidine	45	cyanocobalamin	102
clonidine hcl	45	cyclobenzaprine hcl	62
clopidogrel bisulfate	92	cyclophosphamide	21
clorazepate dipotassium	54	CYCLOPHOSPHAMIDE	21
clotrimazole	120	CYCLOPHOSPHAMIDE MONOHYDR	21
clotrimazole antifungal	116	cycloserine	15
clotrimazole (<i>topical</i>)	116	cyclosporine	96
clotrimazole vaginal	90	cyclosporine modified (<i>for microemulsion</i>)	97
clotrimazole w/ betamethasone cream 1-0.05%	116	cyproheptadine hcl	109
clozapine	51	cyred eq	71
COARTEM TAB 20-120MG	12	CYSTADROPS	107
COLACE	86	CYSTAGON	79
colchicine	1	CYSTARAN	107
colchicine w/ probenecid tab 0.5-500 mg	1	cytarabine	21
colesevelam hcl	41	D	
colestipol hcl	41	D2.5W/NACL INJ 0.45%	99
colistimethate sodium	9	D5W/LYTES INJ #48	99
COMBIGAN SOL 0.2/0.5%	106	D10W/NACL INJ 0.2%	99
COMBIVENT AER 20-100	108	dalfampridine	61
COMETRIQ (60MG DOSE)	26	danazol	76
COMETRIQ KIT 100MG	26	dantrolene sodium	62
COMETRIQ KIT 140MG	26	dapsone	9
COMPLERA TAB	14	DAPTACEL INJ	97
complete allergy medicine	109	daptomycin	9
compro	84	DAPTO MYCIN	9
constulose	86	darunavir	12
CONTRAVE TAB 8-90MG	69	dasatinib	26, 27
COPIKTRA	26	dasetta 1/35	71
COPPER	102	dasetta 7/7/7	71
CORLANOR	45	DAURISMO	27
corvita	102	daysee	71
COTELLIC	26	DAYVIGO	59
COVID-19 AT- KIT 1-PACK	9	deblitane	71
COVID-19 RAP KIT 1-PACK	9	deferasirox	70
COVID-19 RAP KIT 2-PACK	9	DELSTRIGO TAB	14
CREON CAP 3000UNIT	88	DENGVAXIA SUS	97
CREON CAP 6000UNIT	88	DEPO-SUBQ PROVERA 104	71
CREON CAP 12000UNT	88	depo-testosterone	64
CREON CAP 24000UNT	88	DESCOVY TAB 120-15MG	14
CREON CAP 36000UNT	88	DESCOVY TAB 200/25MG	14
cromolyn sodium	112	desipramine hcl	47

Drug Name	Page #	Drug Name	Page #
desmopressin acetate	79	dihydroergotamine mesylate	60
desmopressin acetate spray	79	DILANTIN	54
desmopressin acetate spray refrigerated	79	DILANTIN-125	55
desogest-eth estrad & eth estrad tab 0.15-		DILANTIN INFATABS	55
0.02/0.01 mg(21/5)	71	diltiazem hcl	43
desogestrel & ethynodiol diol tab		diltiazem hcl coated beads	43
0.15 mg-30 mcg	71	diltiazem hcl extended release beads	43
desvenlafaxine succinate	47	dilt-xr	43
dexamethasone	77	diphenhydramine hcl	109
DEXAMETHASONE INTENSOL	77	diphenoxylate w/ atropine liq 2.5-	
dexamethasone sodium phosphate	78	0.025 mg/5ml	87
dexamethasone sodium phosphate (ophth)		diphenoxylate w/ atropine tab 2.5-	
105		0.025 mg	87
dexamethylphenidate hcl	59	DIP/TET PED INJ 25-5LFU	97
dextrose	102	dipyridamole	92
dextrose 2.5% w/ sodium chloride 0.45% ..	99	disopyramide phosphate	40
dextrose 5% in lactated ringers	99	disulfiram	63
dextrose 5% w/ sodium chloride 0.2% ..	99	divalproex sodium	55
dextrose 5% w/ sodium chloride 0.3% ..	99	docetaxel	24, 25
dextrose 5% w/ sodium chloride 0.9% ..	99	DOCETAXEL	25
dextrose 5% w/ sodium chloride 0.45% ..	99	docusate calcium	86
dextrose 5% w/ sodium chloride 0.225% ..	99	docusate sodium	86
dextrose 10% w/ sodium chloride 0.45% ..	99	dofetilide	40
DIACOMIT	54	donepezil hydrochloride	46
dialyvite	102	DOPTELET	92
DIALYVITE TAB 3000	102	dorzolamide hcl	106
DIALYVITE TAB 5000	102	dorzolamide hcl-timolol maleate ophth	
DIALYVITE TAB SUPREM D	102	soln 2-0.5%	106
DIALYVITE/ TAB ZINC	102	dotti	77
DIATRUST KIT COVID-19	9	DOVATO TAB 50-300MG	14
diazepam	54	doxazosin mesylate	37
diazepam (anticonvulsant)	54	doxepin hcl	47
diazepam inj	54	doxepin hcl (sleep)	59
diazepam intensol	54	doxorubicin hcl	21
diazoxide	78	doxorubicin hcl liposomal	21
diclofenac potassium	4	DOXORUBICIN HYDROCHLORIDE	21
diclofenac sodium	4	doxy 100	20
diclofenac sodium (ophth)	105	doxycycline hydiate	20
diclofenac sodium (topical)	119	doxycycline (monohydrate)	20
dicloxacillin sodium	19	DRISDOL	102
dicyclomine hcl	85	DRIZALMA SPRINKLE	48
diethylpropion hcl	69	dronabinol	84
DIFFERIN	115	drospirenone-ethynodiol diol tab	
DIFCID	18	3-0.02 mg	71
diflunisal	4	drospirenone-ethynodiol diol tab	
digoxin	45	3-0.03 mg	71

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<i>drospirenone-ethinyl estrad-levomefolate</i>		EMVERM	9
tab 3-0.03-0.451 mg	71	emzahh	72
DROXIA	92	enalapril maleate	37
<i>droxidopa</i>	45	enalapril maleate & hydrochlorothiazide	
DULERA AER 50-5MCG	114	tab 5-12.5 mg	36
DULERA AER 100-5MCG	114	enalapril maleate & hydrochlorothiazide	
DULERA AER 200-5MCG	114	tab 10-25 mg	36
<i>duloxetine hcl</i>	48	ENBREL	93
DUPIXENT	93	ENBREL MINI	93
<i>dutasteride</i>	89	ENBREL SURECLICK	93
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	89	ENDARI	92
E		endocet tab 2.5-325mg	6
<i>ec-naproxen</i>	4	endocet tab 5-325mg	6
<i>econtra ez</i>	71	endocet tab 7.5-325mg	6
<i>econtra one-step</i>	71	endocet tab 10-325mg	6
<i>ed-apap</i>	2	enema ready-to-use	86
<i>ed chlorped jr.</i>	109	ENGERIX-B	97
EDURANT	12	<i>enilloring</i>	72
<i>e.e.s. 400</i>	18	ENLYTE CAP	102
<i>efavirenz</i>	12	<i>enoxaparin sodium</i>	90
<i>efavirenz-emtricitabine-tenofovir df tab 600-300-300 mg</i>	14	enpresse-28	72
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14	<i>enskyce</i>	72
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14	ENSTILAR AER	117
ELIGARD	22	<i>entacapone</i>	50
<i>elinet</i>	71	<i>entecavir</i>	15
ELIQUIS	90	ENTRESTO CAP 6-6MG	38
ELIQUIS STARTER PACK	90	ENTRESTO CAP 15-16MG	38
ELLENCE	21	ENTRESTO TAB 24-26MG	38
ELLUME COV19 KIT HOME TES	9	ENTRESTO TAB 49-51MG	38
<i>eluryng</i>	71	ENTRESTO TAB 97-103MG	38
EMSAM	48	<i>enulose</i>	86
<i>emtricitabine</i>	12	EPCLUSA PAK 150-37.5	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14	EPCLUSA PAK 200-50MG	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14	EPCLUSA TAB 200-50MG	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14	EPCLUSA TAB 400-100	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14	EPIDIOLEX	55
EMTRIVA	12	<i>epinephrine (anaphylaxis)</i>	45, 112
		<i>epitol</i>	55
		<i>eplerenone</i>	37
		EPRONTIA	55
		<i>ergocalciferol</i>	102
		<i>ergotamine w/ caffeine tab 1-100 mg</i>	60
		ERIVEDGE	27
		ERLEADA	22
		<i>erlotinib hcl</i>	27
		<i>errin</i>	72

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ertapenem sodium	9		
ery	115		
ery-tab	18		
ERYTHROCIN LACTOBIONATE	18		
erythromycin (acne aid)	115		
erythromycin base	18		
erythromycin ethylsuccinate	18		
erythromycin lactobionate	18		
erythromycin (ophth)	105		
escitalopram oxalate	48		
esomeprazole magnesium	88		
estarrylla	72		
estradiol	77		
estradiol & norethindrone acetate tab 0.5- 0.1 mg	77		
estradiol & norethindrone acetate tab 1-0.5 mg	77		
estradiol vaginal	77		
estradiol valerate	77		
eszopiclone	59		
ethambutol hcl	15		
ethosuximide	55		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	72		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	72		
etodolac	4		
etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr	72		
etoposide	25		
etravirine	12		
EULEXIN	23		
euthyrox	81		
everolimus	27		
everolimus (immunosuppressant)	97		
EVOTAZ TAB 300-150	14		
exemestane	23		
eye itch relief	106		
EYSUVIS	105		
ezetimibe	41		
ezetimibe-simvastatin tab 10-10 mg	41		
ezetimibe-simvastatin tab 10-20 mg	41		
ezetimibe-simvastatin tab 10-40 mg	41		
ezetimibe-simvastatin tab 10-80 mg	41		
F			
FABRAZYME	79		
falmina	72		
famciclovir	15		
famotidine	85		
famotidine in nacl 0.9% iv soln 20 mg/50ml	85		
famotidine maximum streng	85		
famotidine original stren	85		
FANAPT	51		
FANAPT PAK	51		
FARXIGA	65		
FASENRA	112		
FASENRA PEN	112		
felbamate	55		
felodipine	43		
fenofibrate	41		
fenofibrate micronized	41		
fentanyl	6		
fentanyl citrate	7		
FETZIMA	48		
FETZIMA CAP TITRATIO	48		
feverall adults	2		
feverall childrens	2		
FEVERALL INFANTS	2		
FEVERALL JUNIOR STRENGTH	2		
fexofenadine hcl	109		
FIASP	67		
FIASP FLEXTOUCH	67		
FIASP PENFILL	67		
FIASP PUMPCART	67		
finasteride	89		
fingolimod hcl	61		
FINTEPLA	55		
finzala	72		
FIRMAGON	23		
FIRST AID ANTISEPTIC OINT	119		
flac	108		
FLAREX	105		
FLEBOGAMMA DIF	95		
flecainide acetate	40		
FLEET ENE	86		
FLEET ENE PED	86		
FLORIVA CHW 0.5MG	102		
FLORIVA CHW 0.25MG	102		

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FLORIVA CHW 1MG	102	fyavolv tab 1mg-5mcg	77
FLOWFLEX KIT TEST	9	FYCOMPA	55
fluconazole	11	G	
fluconazole in nacl 0.9% inj 200 mg/100ml ..	11	gabapentin	55
fluconazole in nacl 0.9% inj 400 mg/200ml ..	11	galantamine hydrobromide	46, 47
flucytosine	11	GAMASTAN INJ	95
fludrocortisone acetate	78	GAMMAGARD LIQUID	96
flunisolide (nasal)	113	GAMMAGARD S/D IGA LESS TH	96
fluocinolone acetonide	117, 118	GAMMAKED	96
fluocinolone acetonide (otic)	108	GAMMAPLEX	96
fluocinonide	118	GAMUNEX-C	96
fluocinonide emulsified base	118	ganciclovir sodium	16
fluorometholone (ophth)	105	GARDASIL 9 INJ	97
fluorouracil	21	gatifloxacin (ophth)	105
fluorouracil (topical)	119	GATTEX	87
fluoxetine hcl	48	GAUZE PADS 2	67
fluphenazine decanoate	51	gavilyte-c	86
fluphenazine hcl	51	gavilyte-g	86
flurbiprofen	4	gavilyte-n/flavor pack	86
flurbiprofen sodium	105	GAVRETO	27
fluticasone propionate	118	gefitinib	27
fluticasone propionate (nasal)	113	gemcitabine hcl	22
fluticasone-salmeterol aer powder ba 100- 50 mcg/act	114	gemfibrozil	41
fluticasone-salmeterol aer powder ba 250- 50 mcg/act	114	GEMTESA	89
fluticasone-salmeterol aer powder ba 500- 50 mcg/act	114	generlac	86
fluvoxamine maleate	46	gentraf	97
folic acid	103	GENOTROPIN	79
FOLTRATE TAB	103	GENOTROPIN MINIQUICK	79
fondaparinux sodium	90, 91	gentamicin in saline inj 0.8 mg/ml	9
fosamprenavir calcium	13	gentamicin in saline inj 1.2 mg/ml	9
fosinopril sodium	37	gentamicin in saline inj 1.6 mg/ml	9
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	36	gentamicin in saline inj 1 mg/ml	9
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	36	gentamicin in saline inj 2 mg/ml	9
FOTIVDA	27	gentamicin sulfate	9
FRUZAQLA	27	gentamicin sulfate (ophth)	105
fulvestrant	23	gentamicin sulfate (topical)	115
FUNGOID TINCTURE	116	GENTEAL SEVERE TEARS	107
furosemide	44	genteal tears night-time	107
furosemide inj	44	gentle laxative	86
FUZEON	13	GENVOYA TAB	14
fyavolv tab 0.5mg-2.5mcg	77	GILOTrif	27
		glatiramer acetate	62
		glatopa	62
		GLEOSTINE	21
		glimepiride	65

Drug Name	Page #	Drug Name	Page #
glipizide	65	gnp lice treatment	120
glipizide-metformin hcl tab 2.5-250 mg	65	gnp loperamide hydrochlor	83
glipizide-metformin hcl tab 2.5-500 mg	65	gnp loratadine	110
glipizide-metformin hcl tab 5-500 mg	65	gnp loratadine childrens	110
glipizide xl	65	gnp lubricating plus eye	107
glycopyrrolate	85	gnp miconazole 1 combinat	90
glydo	119	gnp miconazole 3	90
GLYXAMBI TAB 10-5 MG	65	gnp miconazole 7	90
GLYXAMBI TAB 25-5 MG	65	gnp naproxen	4
gnp 8 hour arthritis reli	2	gnp naproxen sodium	4
gnp 8 hour pain relief	2	gnp nicotine gum	63
gnp 8 hour pain reliever	2	gnp nicotine mini lozenge	63
gnp acetaminophen	2	gnp nicotine polacrilex	63
gnp acid reducer	85	gnp nicotine polacrilex m	63
gnp acid reducer maximum	85	gnp nicotine transdermal	63
gnp adult aspirin low str	2	gnp omeprazole	88
gnp all day allergy	109	gnp pain & fever children	2
gnp all day allergy child	109	gnp pain relief	2
gnp allergy	110	gnp pain relief extra str	2
gnp allergy relief	110	gnp pink bismuth	83
gnp allergy relief maximu	110	gnp stomach relief	83
gnp antacid and anti-gas/	82	gnp stool softener	86
gnp antacid anti-gas/maxi	82	gnp tolnaftate	116
gnp antacid & anti-gas/re	82	gnp triple antibiotic	115
gnp antacid extra strengt	82	gnp womens gentle laxativ	86
gnp antacid/regular stren	82	goodsense all day allergy	110
gnp anti-diarrheal	83	goodsense aller-ease	110
gnp artificial tears	107	goodsense allergy relief	110
gnp aspirin	2	goodsense anti-diarrheal	83
gnp aspirin low dose	2	goodsense arthritis pain	2
gnp athletes foot	116	goodsense aspirin	2
gnp budesonide nasal spra	113	goodsense aspirin adults	2
gnp childrens allergy	110	goodsense first aid antib	115
gnp childrens ibuprofen	4	goodsense ibuprofen	4
gnp clearlax	86	goodsense ibuprofen child	4
gnp clotrimazole 3	90	goodsense ibuprofen infan	5
gnp fiber powder	86	goodsense lansoprazole	88
gnp gentle laxative	86	goodsense lice killing cr	120
gnp hydrocortisone	118	goodsense lubricating plu	107
gnp hydrocortisone/aloe	118	goodsense naproxen sodium	5
gnp hydrocortisone maximu	118	goodsense nicotine	63
gnp hydrocortisone plus	118	goodsense nicotine gum	63
gnp ibuprofen	4	goodsense nicotine polacr	63
gnp ibuprofen childrens	4	goodsense pain & fever ch	2
gnp ibuprofen infants	4	goodsense pain & fever in	3
gnp infants pain/fever	2	goodsense pain relief	3

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goodsense pain relief ext	3	hm antacid	82
granisetron hcl	84	hm antacid anti-gas extra	82
griseofulvin microsize	11	hm antacid extra strength	83
griseofulvin ultramicrosize	11	hm aspirin	3
guanfacine hcl	45	hm aspirin ec low dose	3
guanfacine hcl (adhd)	59	hm cetirizine hydrochloride	110
GVOKE HYPOOPEN 2-PACK	78	hm dual action complete	87
GVOKE KIT	78	hm enema saline laxative	86
GVOKE PFS	78	hm gentle laxative	86
H		hm hydrocortisone/aloe ma	118
HAEGARDA	92	hm hydrocortisone plus	118
hailey 1.5/30	72	hm ibuprofen	5
hailey 24 fe	72	hm ibuprofen childrens	5
halobetasol propionate	118	hm laxative	86
haloette	72	hm loratadine	110
haloperidol	51	hm naproxen sodium	5
haloperidol decanoate	51	hm nicotine polacrilex	64
haloperidol lactate	51	hm nicotine transdermal s	64
HARVONI PAK 33.75-150MG	16	hm omeprazole	88
HARVONI PAK 45-200MG	16	hm pain reliever	3
HARVONI TAB 45-200MG	16	hm stool softener	87
HARVONI TAB 90-400MG	16	hm triple antibiotic	115
HAVRIX	97	HUMIRA	93
healthylax	86	HUMIRA PEN	93
heartburn relief	85	HUMIRA PEN-CD/UC/HS START	93
heartburn relief extra st	82	HUMIRA PEN KIT PS/UV	93
heartburn relief maximum	85	HUMIRA PEN-PEDIATRIC UC S	94
heather	72	HUMULIN R U-500 (CONCENTR	67
HEPARIN/NACL INJ 25000UNT	91	HUMULIN R U-500 KWIKPEN	67
heparin sodium (porcine)	91	hydralazine hcl	45
HEPLISAV-B	98	hydrochlorothiazide	44
HEP SOD/D5W INJ 2000OUNT	91	hydrocodone-acetaminophen soln 7.5-	
HEP SOD/D5W INJ 25000UNT	91	325 mg/15ml	7
HEP SOD/NACL INJ 12500UNT	91	hydrocodone-acetaminophen tab 5-325 mg	7
HEP SOD/NACL INJ 25000UNT	91	hydrocodone-acetaminophen tab 7.5-	
HERCEP HYLEC SOL 60-10000	27	325 mg	7
HERCEPTIN	27	hydrocodone-acetaminophen tab 10-	
HERZUMA	27	325 mg	7
HIBERIX	98	hydrocodone bitartrate	6
HISTEX	110	hydrocodone-ibuprofen tab 7.5-200 mg	7
HISTEX PD	110	hydrocortisone	78
hm adult aspirin	3	HYDROCORTISONE	118
hm all day allergy childr	110	hydrocortisone/aloe maxim	118
hm allergy relief	110	hydrocortisone (intrarectal)	85
hm allergy relief nasal s	113	hydrocortisone maximum st	118
		hydrocortisone (rectal)	119

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hydrocortisone sod succinate	78	infants ibuprofen	5
hydrocortisone (topical)	118	INFLIXIMAB	94
hydromorphone hcl	7	INFUVITE INJ	103
hydroxocobalamin acetate	103	INFUVITE INJ ADULT	103
hydroxychloroquine sulfate	95	INFUVITE INJ PEDIATRI	103
hydroxyurea	24	INLYTA	28
hydroxyzine hcl	110	INQOVI TAB 35-100MG	22
hydroxyzine pamoate	110	INREBIC	28
HYSINGLA ER	6	INSULIN PEN NEEDLES\ BD/NOVO	67
I		INSULIN SAFETY NEEDLES	68
ibandronate sodium	69	INSULIN SYRINGES\ BD	68
IBRANCE	28	INTELENCE	13
ibu	5	INTELISWAB KIT COVID-19	9
ibuprofen	5	INTRALIPID	102
ibuprofen childrens	5	introvale	72
ibuprofen infants	5	INVEGA HAFYERA	51
ibuprofen junior strength	5	INVEGA SUSTENNA	51
icatibant acetate	92	INVEGA TRINZA	51
iclevia	72	IPOL INJ INACTIVE	98
ICLUSIG	28	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	108
IDACIO (2 PEN)	94	ipratropium bromide	108
IDACIO (2 SYRINGE)	94	ipratropium bromide (nasal)	108
IDACIO CROHN INJ DISEASE	94	irbesartan	40
IDACIO PLAQU INJ PSORIASIS	94	irbesartan-hydrochlorothiazide tab 150- 12.5 mg	38
IDHIFA	28	irbesartan-hydrochlorothiazide tab 300- 12.5 mg	38
IHEALTH 2-PK KIT COVID-19	9	irinotecan hcl	24
IHEALTH 5-PK KIT COVID-19	9	ISENTRESS	13
IHEALTH 40PK KIT COVID-19	9	ISENTRESS HD	13
imatinib mesylate	28	isibloom	72
IMBRUVICA	28	ISOLYTE-P INJ /D5W	99
IMCIVREE	69	ISOLYTE-S INJ	99
imipenem-cilastatin intravenous for soln 250 mg	9	ISOLYTE-S INJ PH 7.4	99
imipenem-cilastatin intravenous for soln 500 mg	9	isoniazid	15
imipramine hcl	48	isosorbide dinitrate	45
imiquimod	119	isosorbide mononitrate	45
IMOVAX RABIES (H.D.C.V.)	98	isotretinoin	115
INBRIJA	50	isradipine	43
incassia	72	itraconazole	11
INCRELEX	79	ivabradine hcl	45
INCRUSE ELLIPTA	108	ivermectin	9
indapamide	44	IWLFIN	24
INDICAID KIT COVID-19	9	IXCHIQ INJ	98
INFANRIX INJ	98	IXIARO INJ	98

Drug Name	Page #	Drug Name	Page #		
J					
JAKAFI	28	kcl 20 meq/l (0.15%) in nacl 0.45% inj	100		
jantoven	91	kcl 20 meq/l (0.149%) in nacl 0.45% inj	100		
JANUMET TAB 50-500MG	65	kcl 30 meq/l (0.224%) in dextrose 5% &			
JANUMET TAB 50-1000	65	nacl 0.45% inj	100		
JANUMET XR TAB 50-500MG	65	kcl 40 meq/l (0.3%) in dextrose 5% & nacl			
JANUMET XR TAB 50-1000	65	0.9% inj	100		
JANUMET XR TAB 100-1000	65	kcl 40 meq/l (0.3%) in dextrose 5% & nacl			
JANUVIA	65	0.45% inj	100		
JARDIANCE	65	kcl 40 meq/l (0.3%) in nacl 0.9% inj	100		
jasmiel	72	KCL/D5W/NACL INJ 0.3/0.9%	100		
javygtor	79	kelnor 1/35	72		
JAYPIRCA	28	kelnor 1/50	73		
JENTADUETO TAB 2.5-500	65	KERENDIA	37		
JENTADUETO TAB 2.5-850	66	KESIMPTA	62		
JENTADUETO TAB 2.5-1000	66	ketococonazole	11		
JENTADUETO TAB XR 2.5-1000MG	66	ketococonazole (topical)	116, 117		
JENTADUETO TAB XR 5-1000MG	66	ketorolac tromethamine (ophth)	106		
jinteli	77	ketotifen fumarate (ophth)	106		
jolessa	72	KEVZARA	94		
juleber	72	KEYTRUDA	28		
JULUCA TAB 50-25MG	14	KINRIX INJ	98		
junel 1.5/30	72	kionex	70		
junel 1/20	72	KISQALI 200 DOSE	29		
junel fe 1.5/30	72	KISQALI 200 PAK FEMARA	24		
junel fe 1/20	72	KISQALI 400 DOSE	29		
junel fe 24	72	KISQALI 400 PAK FEMARA	24		
JYLAMVO	95	KISQALI 600 DOSE	29		
JYNNEOS	98	KISQALI 600 PAK FEMARA	24		
K					
KADCYLA	28	klayesta	116		
kaitlib fe	72	klor-con	101		
KALYDECO	112	klor-con 8	101		
KANJINTI	28	klor-con 10	101		
kariva	72	klor-con m10	101		
kcl 10 meq/l (0.075%) in dextrose 5% &		klor-con m15	101		
nacl 0.45% inj	99	klor-con m20	101		
kcl 20 meq/l (0.15%) in dextrose 5% & nacl		KORLYM	79		
0.2% inj	99	KOSELUGO	29		
kcl 20 meq/l (0.15%) in dextrose 5% & nacl		kourzeq	120		
0.9% inj	99	K-PHOS	102		
kcl 20 meq/l (0.15%) in dextrose 5% & nacl		KRAZATI	29		
0.45% inj	100	kurvelo	73		
kcl 20 meq/l (0.15%) in nacl 0.9% inj	100	L			
labetalol hcl	43	lacosamide	55		
lacosamide	55	lacosamide oral	55		

Drug Name	Page #	Drug Name	Page #
<i>lactated ringer's solution</i>	100	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lactic acid (ammonium lactate)</i>	119	<i>1500 mg/100ml</i>	56
<i>lactulose</i>	87	<i>levobunolol hcl</i>	106
<i>lactulose (encephalopathy)</i>	87	<i>levocarnitine (metabolic modifiers)</i>	79
<i>lamivudine</i>	13	<i>levocetirizine dihydrochloride</i>	110
<i>lamivudine (hbv)</i>	16	<i>levofloxacin</i>	18
<i>lamivudine-zidovudine tab 150-300 mg</i>	14	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	18
<i>lamotrigine</i>	55	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	18
<i>lanreotide acetate</i>	79	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	18
<i>lansoprazole</i>	88	<i>levonest</i>	73
<i>lanthanum carbonate</i>	80	<i>levonor-eth est tab 0.15-</i>	
<i>LANTUS</i>	68	<i>0.02/0.025/0.03 mg & eth est 0.01 mg</i>	73
<i>LANTUS SOLOSTAR</i>	68	<i>levonorgestrel (emergency oc)</i>	73
<i>lapatinib ditosylate</i>	29	<i>levonorgestrel-eth estra tab</i>	
<i>larin 1.5/30</i>	73	<i>0.05-30/0.075-40/0.125-30mg-mcg</i>	73
<i>larin 1/20</i>	73	<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>larin 24 fe</i>	73	<i>tab 0.15-0.03 mg</i>	73
<i>larin fe 1.5/30</i>	73	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1/20</i>	73	<i>0.1 mg-20 mcg</i>	73
<i>latanoprost</i>	106	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>layolis fe</i>	73	<i>0.15 mg-30 mcg</i>	73
<i>LAZCLUZE</i>	29	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>leena</i>	73	<i>est tab 0.01mg(7)</i>	73
<i>leflunomide</i>	95	<i>levonorg-eth est tab 0.15-0.03mg(84) &</i>	
<i>lenalidomide</i>	23	<i>eth est tab 0.01mg(7)</i>	73
<i>LENVIMA 4 MG DAILY DOSE</i>	29	<i>levora 0.15/30-28</i>	73
<i>LENVIMA 8 MG DAILY DOSE</i>	29	<i>levo-t</i>	81
<i>LENVIMA 10 MG DAILY DOSE</i>	29	<i>levothyroxine sodium</i>	81
<i>LENVIMA 12MG DAILY DOSE</i>	29	<i>levoxyl</i>	81
<i>LENVIMA 20 MG DAILY DOSE</i>	29	<i>l-glutamine (sickle cell)</i>	92
<i>LENVIMA CAP 14 MG</i>	29	<i>LIBERVANT</i>	56
<i>LENVIMA CAP 18 MG</i>	29	<i>lice killing maximum stre</i>	120
<i>LENVIMA CAP 24 MG</i>	29	<i>lice killing shampoo</i>	120
<i>lessina</i>	73	<i>lice treatment creme rins</i>	120
<i>letrozole</i>	23	<i>lidocaine</i>	119
<i>leucovorin calcium</i>	35	<i>lidocaine hcl</i>	119
<i>LEUKERAN</i>	21	<i>lidocaine hcl (local anesth.)</i>	8
<i>leuprolide acetate</i>	23	<i>lidocaine hcl (mouth-throat)</i>	120
<i>levalbuterol hcl</i>	111	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	119
<i>levalbuterol tartrate</i>	111	<i>lidocan</i>	119
<i>levetiracetam</i>	56	<i>linezolid</i>	10
<i>levetiracetam in sodium chloride iv soln</i>		<i>LINEZOLID INJ 2MG/ML</i>	10
<i>500 mg/100ml</i>	56	<i>LINZESS</i>	87
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i>	81
<i>1000 mg/100ml</i>	56	<i>lisinopril</i>	37

Drug Name	Page #	Drug Name	Page #
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	36	LUMIZYME	79
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	36	LUPRON DEPOT (1-MONTH)	23
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	36	LUPRON DEPOT (3-MONTH)	23
<i>lithium</i>	61	LUPRON DEPOT-PED (1-MONTH)	79
<i>lithium carbonate</i>	61	LUPRON DEPOT-PED (3-MONTH)	79
<i>loestrin 1.5/30-21</i>	73	LUPRON DEPOT-PED (6-MONTH)	79
<i>loestrin 1/20-21</i>	73	<i>lurasidone hcl</i>	52
<i>loestrin fe 1.5/30</i>	73	<i>lutera</i>	74
<i>loestrin fe 1/20</i>	73	<i>lyeq</i>	74
<i>LOKELMA</i>	70	<i>lyllana</i>	77
<i>LOMAIRA</i>	69	LYNPARZA	30
<i>LONSURF TAB 15-6.14</i>	22	LYSODREN	23
<i>LONSURF TAB 20-8.19</i>	22	LYTGOBI (12 MG DAILY DOSE)	30
<i>loperamide hcl</i>	83, 87	LYTGOBI (16 MG DAILY DOSE)	30
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15	LYTGOBI (20 MG DAILY DOSE)	30
<i>lopinavir-ritonavir tab 100-25 mg</i>	15	<i>lyza</i>	74
<i>lopinavir-ritonavir tab 200-50 mg</i>	15	M	
<i>loratadine</i>	110	MAG-AL LIQ	83
<i>loratadine childrens</i>	110	<i>mag-al plus</i>	83
<i>lorazepam</i>	46	<i>mag-al plus xs</i>	83
<i>lorazepam intensol</i>	46	<i>magnesium oxide</i>	83
<i>LORBRENA</i>	30	<i>magnesium sulfate</i>	100
<i>loryna</i>	73	MAGNESIUM SULFATE	100
<i>losartan potassium</i>	40	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	100
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	38	<i>malathion</i>	120
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	38	<i>manganese chloride</i>	102
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	38	<i>mapap</i>	3
<i>LOTEMAX</i>	106	<i>mapap arthritis pain</i>	3
<i>loteprednol etabonate</i>	106	<i>mapap childrens</i>	3
<i>lovastatin</i>	41	<i>maraviroc</i>	13
<i>low-ogestrel</i>	73	<i>marlissa</i>	74
<i>loxapine succinate</i>	51	MARPLAN	48
<i>lubricant eye drops</i>	107	MATULANE	24
<i>lubricant eye nighttime</i>	107	MAVYRET PAK 50-20MG	16
<i>lubricating plus eye drop</i>	107	MAVYRET TAB 100-40MG	16
<i>lubrifresh p.m.</i>	107	<i>m-dryl</i>	110
<i>LUCIRA CHECK KIT COVID-19</i>	10	<i>meclizine hcl</i>	84
<i>LUMAKRAS</i>	30	<i>medroxyprogesterone acetate</i>	81
<i>LUMIGAN</i>	106	<i>medroxyprogesterone acetate (contraceptive)</i>	74
		<i>mefloquine hcl</i>	12
		<i>megestrol acetate</i>	23, 81
		<i>megestrol acetate (appetite)</i>	81
		MEKINIST	30

Drug Name	Page #	Drug Name	Page #
MEKTOVI	30	miconazole 3 combo pack	90
meloxicam	5	miconazole 7	90
memantine hcl	47	miconazole nitrate (topical)	116
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	47	miconazole nitrate vaginal	90
MENACTRA INJ	98	micotrin ac	116
MENQUADFI INJ	98	microgestin 1.5/30	74
MENVEO INJ	98	microgestin 1/20	74
MENVEO SOL	98	microgestin 24 fe	74
mercaptopurine	22	microgestin fe 1.5/30	74
meropenem	10	microgestin fe 1/20	74
mesalamine	85, 86	midodrine hcl	45
mesalamine w/ cleanser	86	MIEBO	107
MESNEX	35	mifepristone (hyperglycemia)	79
metformin hcl	66	miglustat	80
methadone hcl	6	mil	74
methadone hydrochloride i	6	mimvey	77
methazolamide	44	minocycline hcl	20
methenamine hippurate	10	minoxidil	45
methimazole	81	mintox maximum strength	83
methocarbamol	62	mirtazapine	48
methotrexate sodium	22, 95	misoprostol	88
methsuximide	56	MITIGARE	1
methylphenidate hcl	59	M-M-R II INJ	98
methylprednisolone	78	M-NATAL PLUS TAB	101
methylprednisolone acetate	78	modafinil	63
methylprednisolone sod succ	78	moexipril hcl	37
methyltestosterone	64	molindone hcl	52
metoclopramide hcl	84	mometasone furoate	118
metolazone	44	MONJUVI	30
metoprolol & hydrochlorothiazide tab 50- 25 mg	42	mono-linyah	74
metoprolol & hydrochlorothiazide tab 100- 25 mg	42	montelukast sodium	111
metoprolol & hydrochlorothiazide tab 100- 50 mg	42	morphine sulfate	6, 7
metoprolol succinate	43	MORPHINE SULFATE	7
metoprolol tartrate	43	MORPHINE SULFATE/SODIUM C	7
metronidazole	10	MOUNJARO	66
metronidazole (topical)	119	MOVANTIK	88
metronidazole vaginal	90	moxifloxacin hcl	18
metyrosine	45	moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	18
MG SO4/D5W INJ 10MG/ML	100	moxifloxacin hcl (ophth)	105
mibelas 24 fe	74	m-pap	3
micafungin sodium	11	MRESVIA	98
miconazole 3 combination	90	MULTAQ	40
		multiple electrolytes ph 5.5	100
		multiple electrolytes ph 7.4	100
		multivitamin/fluoride	103

Drug Name	Page #	Drug Name	Page #
multi-vitamin/fluoride dr	103	neomycin-polymyxin-hc otic soln 1%	108
multi-vitamin/fluoride/ir	103	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	108
MULTIVITAMIN WITH FLUORID	103	neomycin sulfate	10
multi-vit/iron/fluoride	103	neo-polycin 5(3.5)mg-400unt-10000unt op oin	105
mupirocin	116	neo-polycin hc ophth oint 1%	104
my choice	74	NEPHPLEX RX TAB	103
mycophenolate mofetil	97	NERLYNX	30
mycophenolate sodium	97	NEUPRO	50
mycozyl ac	116	nevirapine	13
MYRBETRIQ	89	new day	74
my way	74	NEXAVAR	30
N		NEXLETOL	41
nabumetone	5	NEXLIZET TAB 180/10MG	42
nadolol	43	niacin (antihyperlipidemic)	42
nafcillin sodium	19	nicardipine hcl	43
NAGLAZYME	80	nicotine	64
nalbuphine hcl	7	nicotine mini lozenge	64
naloxone hcl	64	nicotine polacrilex	64
naltrexone hcl	64	nicotine polacrilex mini	64
NAMZARIC CAP 7-10MG	47	NICOTINE SYS KIT TRANSDER	64
NAMZARIC CAP 14-10MG	47	nicotine transdermal syst	64
NAMZARIC CAP 21-10MG	47	NICOTROL INHALER	64
NAMZARIC CAP 28-10MG	47	NICOTROL NS	64
NAMZARIC CAP PACK	47	nifedipine	43
naproxen	5	nikki	74
naproxen dr	5	nilutamide	23
naproxen sodium	5	nimodipine	44
naratriptan hcl	60	NINLARO	30
NASCOBAL	103	nitazoxanide	10
NATACYN	105	nitisinone	80
nateglinide	66	NITRO-BID	45
NATPARA	69	nitrofurantoin macrocrystal	10
NAYZILAM	56	nitrofurantoin monohyd macro	10
nebivolol hcl	43	nitroglycerin	45
necon 0.5/35-28	74	nitroglycerin (intra-anal)	119
nefazodone hcl	48	NIVA-FOL TAB	103
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin	105	nizatidine	85
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	105	nora-be	74
neomycin-polymyxin-dexamethasone ophth oint 0.1%	104	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	74
neomycin-polymyxin-dexamethasone ophth susp 0.1%	104	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	75
neomycin-polymyxin-hc ophth susp	104	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	75

Drug Name	Page #	Drug Name	Page #
norethindrone ace & ethinyl estradiol tab		nylia 1/35	75
1.5 mg-30 mcg	75	nylia 7/7/7	75
norethindrone ace & ethinyl estradiol tab		NYMALIZE	44
1 mg-20 mcg	74	nymyo	75
norethindrone acetate	81	nystatin	11
norethindrone acetate-ethinyl estradiol tab		nystatin (mouth-throat)	121
0.5 mg-2.5 mcg	77	nystatin (topical)	116
norethindrone acetate-ethinyl estradiol tab		nystop	116
1 mg-5 mcg	77	O	
norethindrone ac-ethinyl estrad-fe tab		ocella	75
1-20/1-30/1-35 mg-mcg	74	OCTAGAM	96
norethindrone (contraceptive)	74	octreotide acetate	80
norethindrone & ethinyl estradiol-fe chew		ODEFSEY TAB	15
tab 0.4 mg-35 mcg	74	ODOMZO	30
norethindrone & ethinyl estradiol-fe chew		OFEV	112
tab 0.8 mg-25 mcg	74	ofloxacin (ophth)	105
norgestimate-eth estrad tab 0.18-25/0.215-		ofloxacin (otic)	108
25/0.25-25 mg-mcg	75	OGIVRI	30
norgestimate-eth estrad tab 0.18-35/0.215-		OGSIVEO	31
35/0.25-35 mg-mcg	75	OJEMDA	31
norgestimate & ethinyl estradiol tab		OJJAARA	31
0.25 mg-35 mcg	75	olanzapine	52
norlyroc	75	olmesartanamlodipine-	
NORPACE CR	40	hydrochlorothiazide tab 20-5-12.5 mg	39
nortrel 0.5/35 (28)	75	olmesartanamlodipine-	
nortrel 1/35 (21)	75	hydrochlorothiazide tab 40-5-12.5 mg	39
nortrel 1/35 (28)	75	olmesartanamlodipine-	
nortrel 7/7/7	75	hydrochlorothiazide tab 40-5-25 mg	39
nortriptyline hcl	48	olmesartanamlodipine-	
NORVIR	13	hydrochlorothiazide tab 40-10-12.5 mg	39
NOVOLIN INJ 70/30	68	olmesartanamlodipine-	
NOVOLIN INJ 70/30 FP	68	hydrochlorothiazide tab 40-10-25 mg	39
NOVOLIN N	68	olmesartan medoxomil	40
NOVOLIN N FLEXPEN	68	olmesartan medoxomil-	
NOVOLIN R	68	hydrochlorothiazide tab 20-12.5 mg	38
NOVOLIN R FLEXPEN	68	olmesartan medoxomil-	
NOVOLOG MIX INJ 70/30	68	hydrochlorothiazide tab 40-12.5 mg	39
NOVOLOG MIX INJ FLEXPEN	68	olmesartan medoxomil-	
NUBEQA	23	hydrochlorothiazide tab 40-25 mg	39
NUEDEXTA CAP 20-10MG	61	omega-3-acid ethyl esters cap 1 gm	42
NULOJIX	97	omeprazole	88
NUPLAZID	52	omeprazole magnesium	89
NURTEC	60	OMNIPOD 5 DX KIT INT G7G6	68
NUTRILIPID	102	OMNIPOD 5 DX MIS POD G7G6	68
NUZYRA	20	OMNIPOD 5 G7 KIT INTRO	68
nyamyc	116		

Drug Name	Page #	Drug Name	Page #
OMNIPOD 5 G7 MIS PODS	68	OZEMPIC (0.25 OR 0.5 MG/DOSE)	66
OMNIPOD DASH KIT INTRO	68	OZEMPIC (0.25 OR 0.5MG/DOSE)	66
OMNIPOD DASH MIS PODS	68	OZEMPIC (1MG/DOSE)	66
OMNIPOD GO KIT 1OUNT/DY	68	OZEMPIC (2MG/DOSE)	66
OMNIPOD GO KIT 15UNT/DY	68	P	
OMNIPOD GO KIT 20UNT/DY	68	pacerone	40
OMNIPOD GO KIT 25UNT/DY	68	paclitaxel	25
OMNIPOD GO KIT 30UNT/DY	68	paclitaxel protein-bound particles for iv susp 100 mg	25
OMNIPOD GO KIT 35UNT/DY	68	pain & fever childrens	3
OMNIPOD GO KIT 40UNT/DY	68	pain & fever infants	3
OMNIPOD MIS CLASSIC	68	paliperidone	52
ondansetron	84	pamidronate disodium	70
ondansetron hcl	84	PAMIDRONATE DISODIUM	69
ON/GO COVID KIT ANTIGEN	10	PANRETIN	119
ON/GO ONE KIT COVID-19	10	pantoprazole sodium	89
ONTRUZANT	31	PANZYGA	96
ONUREG	22	paraplatin	21
opcicon one-step	75	paricalcitol	82
OPSUMIT	46	paroxetine hcl	48
option 2	75	PAXLOVID TAB 150-100	16
ORGOVYX	23	PAXLOVID TAB 300-100	16
ORKAMBI GRA 75-94MG	112	pazopanib hcl	31
ORKAMBI GRA 100-125	112	PEDIACLEAR PD CHILDRENS	110
ORKAMBI GRA 150-188	112	PEDIARIX INJ 0.5ML	98
ORKAMBI TAB 100-125	112	PEDVAX HIB	98
ORKAMBI TAB 200-125	112	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	87
orlistat	69	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	87
ORSERDU	23	PEGASYS	16
oseltamivir phosphate	16	PEMAZYRE	31
OTEZLA	94	pemetrexed disodium	22
OTEZLA TAB 10/20	94	PENBRAYA INJ	98
OTEZLA TAB 10/20/30	94	PEN GK/DEXTR INJ 40000/ML	19
oxacillin sodium	19	PEN GK/DEXTR INJ 60000/ML	19
oxaliplatin	21	penicillamine	70
oxcarbazepine	56	penicillin g potassium	20
oxybutynin chloride	89	penicillin g sodium	20
oxycodone hcl	7	penicillin v potassium	20
oxycodone w/ acetaminophen tab 2.5- 325 mg	7	PENTACEL INJ	98
oxycodone w/ acetaminophen tab 5-325 mg	8	pentamidine isethionate inh	10
oxycodone w/ acetaminophen tab 7.5- 325 mg	8	pentamidine isethionate inj	10
oxycodone w/ acetaminophen tab 10- 325 mg	8	pentoxifylline	92
OXYCONTIN	6	perindopril erbumine	37

Drug Name	Page #	Drug Name	Page #
<i>periogard</i>	121	PLASMA-LYTE INJ -A	100
<i>permethrin</i>	120	<i>plenamine</i>	102
<i>perphenazine</i>	52	PLENUV SOL	87
PERSERIS	52	<i>podofilox</i>	119
<i>pfiberpen</i>	20	<i>polycin ophth oint</i>	105
<i>phendimetrazine tartrate</i>	69	<i>Polyethylene glycol 3350</i>	87
<i>phenelzine sulfate</i>	48	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	105
<i>phenobarbital</i>	56	POLY-VI-FLOR CHW 0.5MG	103
<i>phenobarbital sodium</i>	56	POLY-VI-FLOR CHW 0.25MG	103
<i>phentermine hcl</i>	69	POLY-VI-FLOR CHW 1MG	103
<i>phenytek</i>	56	POLY-VI-FLOR CHW W/IRON	103
<i>phenytoin</i>	56	POLY-VI-FLOR SUS 0.25/ML	103
<i>phenytoin sodium</i>	56	POLY-VI-FLOR SUS /IRON	103
<i>phenytoin sodium extended</i>	56	POMALYST	24
PHESGO SOL	31	<i>portia-28</i>	75
<i>philith</i>	75	<i>posaconazole</i>	12
<i>phospho-trin k500</i>	102	<i>potassium chloride</i>	100, 101
<i>phytonadione</i>	103	POTASSIUM CHLORIDE	101
PIFELTRO	13	<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	101
<i>pilocarpine hcl</i>	106	<i>potassium chloride microencapsulated</i> <i>crystals er</i>	101
<i>pilocarpine hcl (oral)</i>	121	<i>potassium citrate (alkalinizer)</i>	89
PILOT COVID KIT HOME TES	10	POT CHL 20MEQ/L IN NAACL 0.9% INJ	100
<i>pimozide</i>	52	POT CHL 20MEQ/L IN NAACL 0.45% INJ	100
<i>pimtrea</i>	75	POT CHL 40MEQ/L IN NAACL 0.9% INJ	100
<i>pindolol</i>	43	<i>povidone-iodine</i>	119
<i>pioglitazone hcl</i>	66	<i>pramipexole dihydrochloride</i>	50
<i>pioglitazone hcl-metformin hcl tab 15-</i> 500 mg	66	<i>prasugrel hcl</i>	92
<i>pioglitazone hcl-metformin hcl tab 15-</i> 850 mg	66	<i>pravastatin sodium</i>	41
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	20	<i>praziquantel</i>	10
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	20	<i>prazosin hcl</i>	37
<i>piperacillin sod-tazobactam sod for inj 4.5</i> gm (4-0.5 gm)	20	<i>prednisolone</i>	78
<i>piperacillin sod-tazobactam sod for inj 13.5</i> gm (12-1.5 gm)	20	<i>prednisolone acetate (ophth)</i>	106
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	20	PREDNISOLONE SODIUM PHOSP	106
PIQRAY 200MG DAILY DOSE	31	<i>prednisolone sodium phosphate</i>	78
PIQRAY 250MG TAB DOSE	31	<i>prednisone</i>	78
PIQRAY 300MG DAILY DOSE	31	PREDNISONE INTENSOL	78
<i>pirfenidone</i>	112	<i>pregabalin</i>	56
<i>piroxicam</i>	5	PREHEVBRIOS	98
PLASMA-LYTE INJ -148	100	PREMASOL SOL 10%	102
		PRENATAL TAB 27-1MG	101
		PRENATAL TAB PLUS	101
		<i>prevalite</i>	42
		PREVYTMIS	16

Drug Name	Page #	Drug Name	Page #
PREZCOBIX TAB 800-150	15	qc aspirin	3
PREZISTA	13	qc aspirin low dose	3
PRIFTIN	15	qc clotrimazole	90
<i>primaquine phosphate</i>	12	qc enema	87
PRIMAQUINE PHOSPHATE	12	qc enteric aspirin	3
<i>primidone</i>	56	qc gentle laxative	87
PRIORIX INJ	98	qc ibuprofen	5
PRIVIGEN	96	qc lansoprazole	89
<i>probenecid</i>	1	qc miconazole 7	90
<i>prochlorperazine</i>	84	qc naproxen sodium	5
<i>prochlorperazine edisylate</i>	84	qc non-aspirin extra stre	3
<i>prochlorperazine maleate</i>	84	qc pain relief	3
PROCRT	91	qc pain relief childrens	3
<i>proctocort</i>	119	qc pain relief extra stre	3
<i>proto-med hc</i>	119	qc povidone iodine	120
<i>proctosol hc</i>	120	qc stool softener	87
<i>proctozone-hc</i>	120	QINLOCK	31
<i>progesterone</i>	81	QSYMIA CAP 3.75-23	69
PROGRAF	97	QSYMIA CAP 7.5-46MG	69
PROLASTIN-C	113	QSYMIA CAP 11.25-69	69
PROLENSA	106	QSYMIA CAP 15-92MG	69
PROLIA	70	QUADRACEL INJ	98
PROMACTA	92	QUADRACEL INJ 0.5ML	98
<i>promethazine hcl</i>	84	<i>quetiapine fumarate</i>	52
<i>propafenone hcl</i>	40	QUFLORA FE CHW	103
<i>proparacaine hcl</i>	107	QUFLORA FE DRO 0.25-9.5	103
<i>propranolol hcl</i>	43	QUFLORA PED CHW 0.5MG	103
<i>propylthiouracil</i>	81	QUFLORA PED CHW 0.25MG	103
PROQUAD INJ	98	QUFLORA PED CHW 1MG	103
PROSOL INJ 20%	102	QUFLORA PED DRO 0.5MG/ML	103
<i>protriptyline hcl</i>	48	QUFLORA PED DRO 0.25MG	103
PULMOZYME	113	QUICKVUE HOM KIT COVID-19	10
PURIXAN	22	<i>quinapril hcl</i>	37
<i>pyrazinamide</i>	15	<i>quinidine sulfate</i>	40
<i>pyridostigmine bromide</i>	61	<i>quinine sulfate</i>	12
<i>pyridoxine hcl</i>	103	QULIPTA	60
Q			
<i>qc acetaminophen infants</i>	3	RABAVERT INJ	98
<i>qc allergy childrens</i>	111	<i>rabeprozole sodium</i>	89
<i>qc allergy relief</i>	114	<i>raloxifene hcl</i>	80
<i>qc antacid</i>	83	<i>ramipril</i>	37
<i>qc antacid/anti-gas</i>	83	<i>ranolazine</i>	45
<i>qc anti-diarrheal</i>	83	<i>rasagiline mesylate</i>	50
<i>qc antifungal cream</i>	116	RAYALDEE	82
<i>qc anti-itch/aloe</i>	118	<i>reclipsen</i>	75
R			

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RECOMBIVAX HB	98	<i>rosuvastatin calcium</i>	41
RECTIV	120	ROTARIX SUS	98
<i>refresh celluvisc</i>	107	ROTATEQ SOL	98
<i>refresh lacri-lube</i>	107	<i>roweepra</i>	56
REFRESH LIQUIGEL	107	ROZLYTREK	32
REFRESH PLUS	107	RUBRACA	32
REFRESH TEARS	107	<i>rufinamide</i>	57
REGRANEX	120	RUKOBIA	13
RELENZA DISKHALER	16	RYBELSUS	66
RELISTOR	88	RYDAPT	32
REMICADE	94	S	
<i>renal caps</i>	103	<i>sajazir</i>	92
RENFLEXIS	94	SANDIMMUNE	97
RENOVA	120	SANTYL	120
RENOVA PUMP	120	<i>sapropterin dihydrochloride</i>	80
<i>repaglinide</i>	66	SAXENDA	69
REPATHA	42	SCEMBLIX	32
REPATHA PUSHTRONEX SYSTEM	42	<i>scopolamine</i>	84
REPATHA SURECLICK	42	SECUADO	53
RESTASIS	107	<i>selegiline hcl</i>	50
RESTASIS MULTIDOSE	107	<i>selenium sulfide</i>	117
RETEVMO	31	SELZENTRY	13
REVLIMID	24	SEREVENT DISKUS	111
REXULTI	52	<i>sertraline hcl</i>	48
REYATAZ	13	<i>setlakin</i>	75
REZLIDHIA	31	<i>sevelamer carbonate</i>	80
REZUROCK	97	<i>sharobel</i>	75
RHOPRESSA	106	SHINGRIX	98
<i>ribavirin (hepatitis c)</i>	16	SIGNIFOR	80
<i>rifabutin</i>	15	<i>sildenafil citrate (pulmonary hypertension)</i>	46
<i>rifampin</i>	15	<i>silver sulfadiazine</i>	116
<i>riluzole</i>	61	SIMBRINZA SUS 1-0.2%	107
<i>rimantadine hydrochloride</i>	16	<i>simliya</i>	75
RINVOQ	94	<i>simpesse</i>	75
RINVOQ LQ	94	<i>simvastatin</i>	41
<i>risedronate sodium</i>	70	<i>sirolimus</i>	97
<i>risperidone</i>	52, 53	SIRTURO	15
<i>risperidone microspheres</i>	53	SIVEXTRO	10
<i>ritonavir</i>	13	SKYRIZI	94
<i>rivastigmine</i>	47	SKYRIZI PEN	95
<i>rivastigmine tartrate</i>	47	<i>sm 3-day vaginal</i>	90
<i>rivelsa</i>	75	<i>sm acid reducer</i>	85
<i>rizatriptan benzoate</i>	60	<i>sm acid reducer maximum s</i>	85
ROCKLATAN DRO	106	<i>sm adult aspirin</i>	3
<i>roflumilast</i>	113	<i>sm all day allergy</i>	111
<i>ropinirole hydrochloride</i>	50		

Drug Name	Page #	Drug Name	Page #
sm all day allergy childr	111	sm pain reliever children	4
sm allergy 4 hour	111	sm pain reliever extra st	4
sm allergy childrens	111	sm povidone-iodine	120
sm allergy relief	111	sm stomach relief	83
sm allergy relief childre	111	sm stomach relief liquid	84
sm allergy relief nasal s	114	sm stool softener	87
sm antacid	83	sm tioconazole-1	90
sm antacid advanced	83	sm triple antibiotic orig	116
sm antacid advanced maxi	83	sodium bicarbonate (antacid)	83
sm antacid extra strength	83	sodium chloride	101
sm antacid maximum streng	83	sodium chloride (gu irrigant)	120
sm anti-diarrheal	83	sodium fluoride chew\; tab\; 1.1 (0.5 f)	
sm antifungal clotrimazol	116	mg/ml soln	101
sm antifungal miconazole	116	SODIUM OXYBATE	63
sm antifungal tolnaftate	117	sodium phenylbutyrate	80
sm aspirin adult low stre	3	sodium polystyrene sulfonate powder	70
sm aspirin enteric coated	3	sod sulfate-pot sulf-mg sulf oral sol 17.5-	
sm aspirin low dose	3	3.13-1.6 gm/177ml	87
sm clotrimazole vaginal	90	solifenacin succinate	89
sm enema	87	SOLIQUA INJ 100/33	68
sm fexofenadine hydrochlo	111	SOLTAMOX	23
sm gentle laxative	87	SOLU-CORTEF	78
sm hydrocortisone	118	SOMATULINE DEPOT	80
sm hydrocortisone maximum	118	SOMAVERT	80
sm hydrocortisone plus	118	sorafenib tosylate	32
sm ibuprofen	5	sorine	40
sm ibuprofen ib	5	sotalol hcl	40
sm ibuprofen ib childrens	5	sotalol hcl (afib/afl)	41
sm infants ibuprofen	5	SPEEDY SWAB KIT COVID-19	10
sm lansoprazole	89	spironolactone	37
sm lice killing maximum s	120	spironolactone & hydrochlorothiazide tab	
sm lice treatment	120	25-25 mg	44
sm loratadine	111	sprintec 28	75
sm lubricating plus	107	SPRITAM	57
sm miconazole 3	90	SPRYCEL	32
sm miconazole 7	90	sps	70
sm naproxen sodium	5	sronyx	75
sm nicotine	64	ssd	116
sm nicotine polacrilex	64	STELARA	95
sm nicotine transdermal s	64	STIVARGA	32
sm omeprazole	89	stomach relief	84
smooth antacid extra stre	83	stomach relief extra stre	84
sm pain & fever childrens	3	stomach relief ultra	84
sm pain & fever infants	3	stool softener	87
sm pain relief extra stre	3	streptomycin sulfate	10
sm pain reliever	3	STRIBILD TAB	15

Drug Name	Page #	Drug Name	Page #
STROVITE ONE TAB	103	TAGRISSO	32
subvenite	57	TALTZ	95
sucralfate	88	TALZENNA	33
sulfacetamide sodium (acne)	115	tamoxifen citrate	23
sulfacetamide sodium (ophth)	105	tamsulosin hcl	89
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	104	tarina 24 fe	76
sulfadiazine	10	tarina fe 1/20 eq	76
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	10	TASIGNA	33
sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml	10	tasimelteon	59
sulfamethoxazole-trimethoprim tab 400- 80 mg	10	tazarotene	117
sulfamethoxazole-trimethoprim tab 800- 160 mg	10	tazicef	17
SULFAMYRON	116	TAZORAC	117
sulfasalazine	86	TAZVERIK	33
sulindac	5	TDVAX INJ 2-2 LF	98
sumatriptan	60	TECENTRIQ	33
sumatriptan succinate	60	TEFLARO	17
sunitinib malate	32	telmisartan	40
SUNLENCA	13	telmisartanamlodipine tab 40-5 mg	39
syeda	76	telmisartanamlodipine tab 40-10 mg	39
SYMDEKO TAB 50-75MG	113	telmisartanamlodipine tab 80-5 mg	39
SYMDEKO TAB 100-150	113	telmisartanamlodipine tab 80-10 mg	39
SYMPAZAN	57	telmisartanhydrochlorothiazide tab 40- 12.5 mg	39
SYMTUZA TAB	15	telmisartanhydrochlorothiazide tab 80- 12.5 mg	39
SYNAREL	77	telmisartanhydrochlorothiazide tab 80- 25 mg	39
SYNJARDY TAB 5-500MG	66	temazepam	59, 60
SYNJARDY TAB 5-1000MG	66	TENIVAC INJ 5-2LF	99
SYNJARDY TAB 12.5-500	66	tenofovir disoproxil fumarate	13
SYNJARDY TAB 12.5-1000MG	67	tension headache	4
SYNJARDY XR TAB 5-1000MG	67	TEPMETKO	33
SYNJARDY XR TAB 10-1000	67	terazosin hcl	37
SYNJARDY XR TAB 12.5-1000	67	terbinafine hcl	12
SYNJARDY XR TAB 25-1000	67	terbutaline sulfate	111
SYNTHROID	81	terconazole vaginal	90
systane nighttime	107	TERIPARATIDE	70
T		testosterone	65
TABLOID	22	testosterone cypionate	65
TABRECTA	32	testosterone enanthate	65
tacrolimus	97	tetrabenazine	61
tacrolimus (topical)	120	tetracycline hcl	20
TAFINLAR	32	THALOMID	24
		theophylline	113
		thiamine hcl	104
		thioridazine hcl	53

Drug Name	Page #	Drug Name	Page #
<i>thiothixene</i>	53	TRESIBA FLEXTOUCH	68
<i>tiadylt er</i>	44	<i>tretinoin</i>	115
<i>tiagabine hcl</i>	57	<i>tretinoin (chemotherapy)</i>	24
TIBSOVO	33	<i>triamicinolone acetonide (mouth)</i>	121
TICOVAC	99	<i>triamicinolone acetonide (topical)</i>	118, 119
<i>tigecycline</i>	20	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	44
<i>tilia fe</i>	76	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	44
<i>timolol maleate</i>	43	<i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg	44
<i>timolol maleate (ophth)</i>	107	<i>tri-buffered aspirin</i>	4
<i>tinidazole</i>	11	<i>tridacaine ii</i>	119
<i>tioconazole 1</i>	90	<i>trientine hcl</i>	70
TIVICAY	13	<i>tri-estarylla</i>	76
TIVICAY PD	13	<i>trifluoperazine hcl</i>	53
<i>tizanidine hcl</i>	62	<i>trifluridine</i>	105
TOBRADEX OIN 0.3-0.1%	104	<i>trihexyphenidyl hcl</i>	50
TOBRADEX ST SUS 0.3-0.05	104	TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	67
<i>tobramycin</i>	11	TRIJARDY XR TAB ER 24HR 10-5-1000MG ..	67
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	104	TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	67
<i>tobramycin (ophth)</i>	105	TRIJARDY XR TAB ER 24HR 25-5-1000MG ..	67
<i>tobramycin sulfate</i>	11	TRIKAFTA PAK 59.5MG	113
<i>tolnaftate</i>	117	TRIKAFTA PAK 75MG	113
<i>tolterodine tartrate</i>	89	TRIKAFTA TAB 50-25-37.5MG & 75MG ..	113
<i>topiramate</i>	57	TRIKAFTA TAB 100-50-75MG & 150MG ..	113
<i>toremifene citrate</i>	23	<i>tri-legest fe</i>	76
<i>torpenz</i>	33	<i>tri-linyah</i>	76
<i>torsemide</i>	44	<i>tri-lo-estarylla</i>	76
TOUJEO MAX SOLOSTAR	68	<i>tri-lo-marzia</i>	76
TOUJEO SOLOSTAR	68	<i>tri-lo-mili</i>	76
TPN ELECTROL INJ	101	<i>tri-lo-sprintec</i>	76
TRADJENTA	67	<i>trimethoprim</i>	11
<i>tramadol-acetaminophen tab 37.5-325 mg</i> ...	8	<i>tri-mili</i>	76
<i>tramadol hcl</i>	8	<i>trimipramine maleate</i>	48
<i>trandolapril</i>	37	TRINTELLIX	48
<i>tranexamic acid</i>	92	<i>tri-nymyo</i>	76
<i>tranylcypromine sulfate</i>	48	<i>triphocaps</i>	104
TRAVASOL INJ 10%	102	<i>triple antibiotic</i>	116
TRAZIMERA	33	<i>triprolididine hcl</i>	111
<i>trazodone hcl</i>	48	<i>tri-sprintec</i>	76
TRECATOR	15	TRIUMEQ PD TAB	15
TRELEGY AER ELLIPTA 100-62.5-25 MCG ..	108	TRIUMEQ TAB	15
TRELEGY AER ELLIPTA 200-62.5-25 MCG ..	108	TRI-VI-FLOR SUS 0.5MG/ML	104
<i>TREMFYA</i>	95		
<i>treprostинil</i>	46		
TRESIBA	68		

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TRI-VI-FLOR SUS 0.25/ML	104	VALTOCO 20 MG DOSE	57
<i>tri-vite/fluoride</i>	104	<i>vancomycin hcl</i>	11
trivora-28	76	VANCOMYCIN HYDROCHLORIDE	11
<i>tri-vylibra</i>	76	VANCOMYCIN INJ 1 GM	11
<i>tri-vylibra lo</i>	76	VANCOMYCIN INJ 500MG	11
TROGARZO	13	VANCOMYCIN INJ 750MG	11
TROPHAMINE INJ 10%	102	VANFLYTA	33
<i>trospium chloride</i>	89	VAQTA	99
TRULICITY	67	<i>varenicline tartrate</i>	64
TRUMENBA INJ	99	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	64
TRUQAP	33	VARIVAX	99
TRUXIMA	33	VASCEPA	42
TUKYSA	33	VAXCHORA SUS	99
TURALIO	33	<i>velvet</i>	76
<i>turqoz</i>	76	VELPHORO	80
TWINRIX INJ	99	VELTASSA	70
TYBOST	13	VEMLIDY	16
<i>tydemy</i>	76	VENCLEXTA	33
TYPHIM VI	99	VENCLEXTA TAB START PK	34
TYRVAYA	107	<i>venlafaxine hcl</i>	49
U		VENTAVIS	46
UBRELVY	60	VENTOLIN HFA	111
<i>unithroid</i>	81	VENTOLIN HFA (INSTITUTIONAL PACK)	111
<i>ursodiol</i>	88	verapamil hcl	44
V		VERQUVO	45
<i>valacyclovir hcl</i>	16	VERSACLOZ	53
VALCHLOR	120	VERZENIO	34
<i>valganciclovir hcl</i>	16	<i>vestura</i>	76
<i>valproate sodium</i>	57	V-GO 20 KIT	69
<i>valproic acid</i>	57	V-GO 30 KIT	69
<i>valsartan</i>	40	V-GO 40 KIT	69
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	39	<i>vienna</i>	76
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	39	<i>vigabatrin</i>	57
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	39	<i>vigadron</i>	57
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	39	VIGAFYDE	57
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	39	<i>vigpoder</i>	58
VALTOCO 5 MG DOSE	57	<i>vilazodone hcl</i>	49
VALTOCO 10 MG DOSE	57	<i>vincristine sulfate</i>	25
VALTOCO 15 MG DOSE	57	<i>vinorelbine tartrate</i>	25
		<i>viorele</i>	76
		VIRACEPT	13
		VIREAD	14
		<i>virt-caps</i>	104
		<i>virt-gard</i>	104
		VIT A/C/D/FL DRO 0.5MG	104

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VITAL-D RX TAB	104	XIGDUO XR TAB 5-500MG	67
VITAMINS A/C/D/FLUORIDE	104	XIGDUO XR TAB 5-1000MG	67
VITRAKVI	34	XIGDUO XR TAB 10-500MG	67
VIVITROL	64	XIGDUO XR TAB 10-1000	67
VIZIMPRO	34	XiIDRA	108
VONJO	34	XOFLUZA	16
VORANIGO	34	XOLAIR	113
<i>voriconazole</i>	12	XOSPATA	34
VOSEVI TAB	16	XPOVIO 40 MG ONCE WEEKLY	34
VRAYLAR	53	XPOVIO 40 MG TWICE WEEKLY	34
VRAYLAR CAP 1.5-3MG	53	XPOVIO 60 MG ONCE WEEKLY	34
<i>vyfemla</i>	76	XPOVIO 60 MG TWICE WEEKLY	34
<i>vylibra</i>	76	XPOVIO 80 MG ONCE WEEKLY	35
YZULTA	107	XPOVIO 80 MG TWICE WEEKLY	35
W		XPOVIO 100 MG ONCE WEEKLY	35
<i>warfarin sodium</i>	91	XTANDI	23
<i>water for irrigation, sterile irrigation soln</i>	120	<i>xulane</i>	76
WEGOVY	69	XULTOPHY INJ 100/3.6	69
WELIREG	24	Y	
<i>wera</i>	76	<i>yargesa</i>	80
wescaps	104	YF-VAX INJ	99
<i>wixela inhub</i>	114	<i>yuvafem</i>	77
<i>wymzya fe</i>	76	Z	
X		ZADITOR	106
XALKORI	34	<i>zafemy</i>	76
XARELTO	91	<i>zafirlukast</i>	111
XARELTO STAR TAB 15/20MG	91	<i>zaleplon</i>	60
XATMEP	95	ZARXIO	91
XCOPRI	58	ZEJULA	35
XCOPRI PAK 12.5-25	58	ZELBORAF	35
XCOPRI PAK 50-100MG	58	ZEMAIRA	113
XCOPRI PAK 100-150	58	<i>zenatane</i>	115
XCOPRI PAK 150-200MG (MAINTENANCE)	58	ZENPEP CAP 3000UNIT	88
XCOPRI PAK 150-200MG (TITRATION)	58	ZENPEP CAP 5000UNIT	88
XDEMVY	105	ZENPEP CAP 10000UNT	88
XELJANZ	95	ZENPEP CAP 15000UNT	88
XELJANZ XR	95	ZENPEP CAP 20000UNT	88
XENICAL	69	ZENPEP CAP 25000UNT	88
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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-676-5772 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-676-5772 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电**1-855-676-5772 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電**1-855-676-5772 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-676-5772 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-676-5772 (TTY: 711)**. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-676-5772 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-676-5772 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-676-5772 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-676-5772 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **(TTY: 711) 1-855-676-5772**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-676-5772 (TTY: 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-676-5772 (TTY: 711)**. Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-676-5772 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-676-5772 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-676-5772 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-676-5772 (TTY: 711)**にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma **1-855-676-5772 (TTY: 711)**. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

Form CMS-10802
(Expires 12/31/25)

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**



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