

2025 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 both 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 **[AetnaBetterHealth.com/Michigan-mmp](https://www.AetnaBetterHealth.com/Michigan-mmp)**.



Aetna Better Health Premier Plan | 2025 *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*.

Table of Contents

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



B14. What are original biological products and how are they related to biosimilars?	X
B15. What are OTC drugs?.....	X
B16. Does Aetna Better Health Premier Plan cover non-drug OTC products?.....	X
B17. What is my copay?	X
B18. What are drug tiers.....	XI
C. Overview of the <i>List of Covered Drugs</i>	XI
C1. Drugs Grouped by Medical Condition	1
D. Index of Covered Drugs.....	171



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-mmp**.

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.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish and Arabic can help you. This is a free service.
- ❖ Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-855-676-5772 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

إننا نقدم خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو جدول الأدوية لدينا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-855-676-5772 (TTY: 711)**، على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع.. يمكن لأي شخص يتحدث العربية مساعدتك. هذه هي خدمة 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.
- ❖ This document is available for free in Spanish and Arabic.
- ❖ 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.

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-mmp**.

Updated on 12/01/2025



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-mmp**, 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.

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**

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-mmp**.

- 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-mmp**. Update to the *Drug List* are posted on the website monthly.
- 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:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. *When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product 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.
- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
Some of these drug types may be new to you. For more information, refer to Section B14.
 - 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 effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change. You should contact your prescriber after you receive a notice. Your prescriber will also know about this change, and can work with you to find another drug for your condition.

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-mmp**.



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 remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug in an outpatient setting and 31-day supply of the drug in a long-term care setting after you ask for a refill

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

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

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.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at **AetnaBetterHealth.com/Michigan-mmp**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

This section is continued on the next page.



If you have questions, 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-mmp**.

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.

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 in section D1 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 in section D, page 171. 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” in section C1. 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:

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-mmp**.



- 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

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-mmp](https://www.aetna.com/betterhealth/michigan-mmp)**.

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

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

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-mmp](https://www.aetnabetterhealth.com/michigan-mmp)**.



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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to Chapter 5 of the Member Handbook.

B15. 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.

B16. 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.

B17. 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.



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-mmp](https://www.aetna.com/betterhealth/michigan-mmp)**.

B18. 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.

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 in section D. 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.

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-mmp](https://www.AetnaBetterHealth.com/Michigan-mmp)**.

Updated on 12/01/2025



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	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 tab 100 mg</i>	\$0(1)	
<i>allopurinol tab 300 mg</i>	\$0(1)	
<i>colchicine cap 0.6 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>colchicine tab 0.6 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAP 0.6MG	\$0(2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>acetaminophen soln 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0(3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$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 **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>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab 500 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0(3)	NM; *
<i>arthritis pain relief</i>	\$0(3)	NM; *
<i>aspirin adult low dose</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin low dose</i>	\$0(3)	NM; *
<i>aspirin low strength</i>	\$0(3)	NM; *
<i>aspirin regimen</i>	\$0(3)	NM; *
ASPIRIN SUP 300MG	\$0(3)	NM; *
<i>aspirin tab 325 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0(3)	NM; *
<i>childrens acetaminophen</i>	\$0(3)	NM; *
<i>ed-apap</i>	\$0(3)	NM; *
<i>feverall adults</i>	\$0(3)	NM; *
<i>feverall childrens</i>	\$0(3)	NM; *
FEVERALL INF SUP 80MG	\$0(3)	NM; *
FEVERALL SUP 325MG	\$0(3)	NM; *
<i>ft 8 hour pain relief</i>	\$0(3)	NM; *
<i>ft pain relief</i>	\$0(3)	NM; *
<i>ft pain relief adult extr</i>	\$0(3)	NM; *
<i>gnp 8 hour arthritis reli</i>	\$0(3)	NM; *
<i>gnp 8 hour pain relief</i>	\$0(3)	NM; *
<i>gnp 8 hour pain reliever</i>	\$0(3)	NM; *
<i>gnp acetaminophen</i>	\$0(3)	NM; *
<i>gnp adult aspirin low str</i>	\$0(3)	NM; *
<i>gnp aspirin</i>	\$0(3)	NM; *
<i>gnp aspirin low dose</i>	\$0(3)	NM; *
<i>gnp infants pain/fever</i>	\$0(3)	NM; *
<i>gnp pain & fever children</i>	\$0(3)	NM; *
<i>gnp pain & fever infants</i>	\$0(3)	NM; *
<i>gnp pain relief</i>	\$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 **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>gnp pain relief extra str</i>	\$0(3)	NM; *
<i>goodsense arthritis pain</i>	\$0(3)	NM; *
<i>goodsense aspirin</i>	\$0(3)	NM; *
<i>goodsense aspirin adults</i>	\$0(3)	NM; *
<i>goodsense pain & fever ch</i>	\$0(3)	NM; *
<i>goodsense pain & fever in</i>	\$0(3)	NM; *
<i>goodsense pain relief</i>	\$0(3)	NM; *
<i>goodsense pain relief ext</i>	\$0(3)	NM; *
<i>lidocaine hcl local inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0(1)	B/D
<i>m-pap</i>	\$0(3)	NM; *
<i>mapap</i>	\$0(3)	NM; *
<i>mapap childrens</i>	\$0(3)	NM; *
<i>pain & fever childrens</i>	\$0(3)	NM; *
<i>pain & fever infants</i>	\$0(3)	NM; *
<i>sm 8 hour pain relief</i>	\$0(3)	NM; *
<i>sm arthritis pain relieve</i>	\$0(3)	NM; *
<i>sm aspirin adult low stre</i>	\$0(3)	NM; *
<i>sm aspirin low dose</i>	\$0(3)	NM; *
<i>sm pain & fever childrens</i>	\$0(3)	NM; *
<i>sm pain & fever infants</i>	\$0(3)	NM; *
<i>sm pain reliever</i>	\$0(3)	NM; *
<i>sm pain reliever extra st</i>	\$0(3)	NM; *
<i>tension headache</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$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 **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
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i>	\$0(3)	NM; *
<i>all day relief</i>	\$0(3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i>	\$0(3)	NM; *
<i>diclofenac potassium tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0(1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0(1)	
<i>diflunisal tab 500 mg</i>	\$0(1)	
<i>ec-naproxen</i>	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac cap 200 mg</i>	\$0(1)	
<i>etodolac cap 300 mg</i>	\$0(1)	
<i>etodolac tab 400 mg</i>	\$0(1)	
<i>etodolac tab 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0(1)	
<i>flurbiprofen tab 100 mg</i>	\$0(1)	
<i>ft ibuprofen childrens</i>	\$0(3)	NM; *
<i>ft naproxen sodium</i>	\$0(3)	NM; *
<i>gnp childrens ibuprofen</i>	\$0(3)	NM; *
<i>gnp ibuprofen</i>	\$0(3)	NM; *
<i>gnp ibuprofen childrens</i>	\$0(3)	NM; *
<i>gnp ibuprofen infants</i>	\$0(3)	NM; *
<i>gnp naproxen</i>	\$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 **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>gnp naproxen sodium</i>	\$0(3)	NM; *
<i>goodsense ibuprofen</i>	\$0(3)	NM; *
<i>goodsense ibuprofen child</i>	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i>	\$0(3)	NM; *
<i>goodsense naproxen sodium</i>	\$0(3)	NM; *
<i>ibu</i>	\$0(1)	
<i>ibuprofen cap 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen childrens</i>	\$0(3)	NM; *
<i>ibuprofen infants</i>	\$0(3)	NM; *
<i>ibuprofen junior strength</i>	\$0(3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0(1)	
<i>ibuprofen tab 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0(1)	
<i>ibuprofen tab 600 mg</i>	\$0(1)	
<i>ibuprofen tab 800 mg</i>	\$0(1)	
<i>infants ibuprofen</i>	\$0(3)	NM; *
<i>meloxicam tab 7.5 mg</i>	\$0(1)	
<i>meloxicam tab 15 mg</i>	\$0(1)	
<i>nabumetone tab 500 mg</i>	\$0(1)	
<i>nabumetone tab 750 mg</i>	\$0(1)	
<i>naproxen sodium tab 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	
<i>naproxen tab 250 mg</i>	\$0(1)	
<i>naproxen tab 375 mg</i>	\$0(1)	
<i>naproxen tab 500 mg</i>	\$0(1)	
<i>naproxen tab ec 375 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	\$0(1)	
<i>piroxicam cap 20 mg</i>	\$0(1)	
<i>sm childrens ibuprofen</i>	\$0(3)	NM; *
<i>sm ibuprofen</i>	\$0(3)	NM; *
<i>sm ibuprofen ib childrens</i>	\$0(3)	NM; *
<i>sm infants ibuprofen</i>	\$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 **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 naproxen sodium</i>	\$0(3)	NM; *
<i>sulindac tab 150 mg</i>	\$0(1)	
<i>sulindac tab 200 mg</i>	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA

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

* - 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>methadone hcl tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0(2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0(2)	
<i>endocet tab 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

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

* - 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>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0(2)	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)

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

* - 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>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tab 200 mg</i>	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0(1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0(1)	
ARIKAYCE SUS	\$0(2)	NDS, NM, PA
<i>atovaquone susp 750 mg/5ml</i>	\$0(1)	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	\$0(1)	
<i>aztreonam for inj 2 gm</i>	\$0(1)	
CAYSTON INH 75MG	\$0(2)	NDS, NM, PA
<i>clindamycin hcl cap 75 mg</i>	\$0(1)	
<i>clindamycin hcl cap 150 mg</i>	\$0(1)	
<i>clindamycin hcl cap 300 mg</i>	\$0(1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0(1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0(1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	

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

* - 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>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0(1)	
<i>dapsone tab 25 mg</i>	\$0(1)	
<i>dapsone tab 100 mg</i>	\$0(1)	
<i>daptomycin for iv soln 350 mg</i>	\$0(2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0(2)	NDS
DAPTOMYCIN INJ 350MG	\$0(2)	NDS
EMVERM CHW 100MG	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<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 inj 10 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
IMPAVIDO CAP 50MG	\$0(2)	NDS, PA
<i>ivermectin tab 3 mg</i>	\$0(1)	QL (12 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	\$0(1)	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	\$0(2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0(1)	
<i>linezolid tab 600 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	\$0(1)	
<i>meropenem iv for soln 2 gm</i>	\$0(1)	
<i>meropenem iv for soln 500 mg</i>	\$0(1)	
<i>methenamine hippurate tab 1 gm</i>	\$0(1)	
<i>metronidazole iv soln 500 mg/100ml</i>	\$0(1)	
<i>metronidazole tab 250 mg</i>	\$0(1)	

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

* - 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>metronidazole tab 500 mg</i>	\$0(1)	
<i>neomycin sulfate tab 500 mg</i>	\$0(1)	
<i>nitazoxanide tab 500 mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0(2)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0(2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0(2)	
<i>pentamidine isethionate inh</i>	\$0(1)	B/D
<i>pentamidine isethionate inj</i>	\$0(1)	
<i>polymyxin b sulfate for inj 500000 unit</i>	\$0(1)	
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>pyrimethamine tab 25 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	\$0(2)	NDS
<i>sulfadiazine tab 500 mg</i>	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>tinidazole tab 250 mg</i>	\$0(1)	
<i>tinidazole tab 500 mg</i>	\$0(1)	
TOBI PODHALR CAP 28MG	\$0(2)	NDS, NM, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0(1)	

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

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

Formulary ID 00025123 v19

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>trimethoprim tab 100 mg</i>	\$0(1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>amphotericin b for iv soln 50 mg</i>	\$0(1)	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	\$0(2)	NDS, B/D
<i>casprofungin acetate for iv soln 50 mg</i>	\$0(1)	
<i>casprofungin acetate for iv soln 70 mg</i>	\$0(1)	
<i>fluconazole for susp 10 mg/ml</i>	\$0(1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	

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

* - 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>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>fluconazole tab 50 mg</i>	\$0(1)	
<i>fluconazole tab 100 mg</i>	\$0(1)	
<i>fluconazole tab 150 mg</i>	\$0(1)	
<i>fluconazole tab 200 mg</i>	\$0(1)	
<i>flucytosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>flucytosine cap 500 mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0(1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0(1)	
<i>itraconazole cap 100 mg</i>	\$0(1)	PA
<i>ketoconazole tab 200 mg</i>	\$0(1)	PA
<i>miconazole sodium for iv soln 50 mg</i>	\$0(1)	
<i>miconazole sodium for iv soln 100 mg</i>	\$0(1)	
<i>nystatin tab 500000 unit</i>	\$0(1)	
<i>posaconazole susp 40 mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole tab delayed release 100 mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	\$0(1)	PA
<i>voriconazole for susp 40 mg/ml</i>	\$0(2)	NDS, QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	\$0(1)	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0(1)	

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

* - 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
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl tab 250 mg</i>	\$0(1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0(1)	
PRIMAQUINE TAB 26.3MG	\$0(2)	
<i>quinine sulfate cap 324 mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0(1)	NM
<i>abacavir sulfate tab 300 mg (base equiv)h50'</i>	\$0(1)	NM
APTIVUS CAP 250MG	\$0(2)	NDS, NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0(1)	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0(1)	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0(1)	NM
<i>darunavir tab 600 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir tab 800 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT PED TAB 2.5MG	\$0(2)	NDS, NM
EDURANT TAB 25MG	\$0(2)	NDS, NM
<i>efavirenz tab 600 mg</i>	\$0(1)	NM
<i>emtricitabine caps 200 mg</i>	\$0(1)	NM
EMTRIVA SOL 10MG/ML	\$0(2)	NM
<i>etravirine tab 100 mg</i>	\$0(2)	NDS, NM
<i>etravirine tab 200 mg</i>	\$0(2)	NDS, NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0(2)	NDS, NM
FUZEON INJ 90MG	\$0(2)	NDS, NM
INTELENCE TAB 25MG	\$0(2)	NM
ISENTRESS CHW 25MG	\$0(2)	NM
ISENTRESS CHW 100MG	\$0(2)	NDS, NM

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

* - 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
ISENTRESS HD TAB 600MG	\$0(2)	NDS, NM
ISENTRESS POW 100MG	\$0(2)	NDS, NM
ISENTRESS TAB 400MG	\$0(2)	NDS, NM
<i>lamivudine oral soln 10 mg/ml</i>	\$0(1)	NM
<i>lamivudine tab 150 mg</i>	\$0(1)	NM
<i>lamivudine tab 300 mg</i>	\$0(1)	NM
<i>maraviroc tab 150 mg</i>	\$0(2)	NDS, NM
<i>maraviroc tab 300 mg</i>	\$0(2)	NDS, NM
<i>nevirapine susp 50 mg/5ml</i>	\$0(1)	NM
<i>nevirapine tab 200 mg</i>	\$0(1)	NM
<i>nevirapine tab er 24hr 400 mg</i>	\$0(1)	NM
NORVIR POW 100MG	\$0(2)	NM
PIFELTRO TAB 100MG	\$0(2)	NDS, NM
PREZISTA SUS 100MG/ML	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TAB 150MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ POW 50MG	\$0(2)	NDS, NM
<i>ritonavir tab 100 mg</i>	\$0(1)	NM
RUKOBIA TAB 600MG ER	\$0(2)	NDS, NM
SELZENTRY SOL 20MG/ML	\$0(2)	NDS, NM
SUNLENCA TAB 300MG	\$0(2)	NDS, NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0(1)	NM
TIVICAY PD TAB 5MG	\$0(2)	NDS, NM
TIVICAY TAB 10MG	\$0(2)	NM
TIVICAY TAB 25MG	\$0(2)	NDS, NM
TIVICAY TAB 50MG	\$0(2)	NDS, NM
TROGARZO INJ 150MG/ML	\$0(2)	NDS, NM
TYBOST TAB 150MG	\$0(2)	NM
VIRACEPT TAB 250MG	\$0(2)	NDS, NM
VIRACEPT TAB 625MG	\$0(2)	NDS, NM
VIREAD POW 40MG/GM	\$0(2)	NDS, NM

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

* - 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
VIREAD TAB 150MG	\$0(2)	NDS, NM
VIREAD TAB 200MG	\$0(2)	NDS, NM
VIREAD TAB 250MG	\$0(2)	NDS, NM
<i>zidovudine cap 100 mg</i>	\$0(1)	NM
<i>zidovudine syrup 10 mg/ml</i>	\$0(1)	NM
<i>zidovudine tab 300 mg</i>	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$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
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	NM

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

* - 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
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
KALETRA SOL	\$0(2)	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 675/150	\$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)	NM
TRIUMEQ TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	\$0(2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0(1)	
<i>ethambutol hcl tab 400 mg</i>	\$0(1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0(1)	
<i>isoniazid tab 100 mg</i>	\$0(1)	
<i>isoniazid tab 300 mg</i>	\$0(1)	
PRIFTIN TAB 150MG	\$0(2)	
<i>pyrazinamide tab 500 mg</i>	\$0(1)	
<i>rifabutin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 300 mg</i>	\$0(1)	
<i>rifampin for inj 600 mg</i>	\$0(1)	
SIRTURO TAB 20MG	\$0(2)	NDS, NM, PA
SIRTURO TAB 100MG	\$0(2)	NDS, NM, PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0(1)	

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

* - 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>acyclovir sodium iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0(1)	
<i>acyclovir tab 400 mg</i>	\$0(1)	
<i>acyclovir tab 800 mg</i>	\$0(1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0(1)	NM
BARACLUDE SOL	\$0(2)	NDS, NM, ST
<i>entecavir tab 0.5 mg</i>	\$0(1)	NM
<i>entecavir tab 1 mg</i>	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir tab 125 mg</i>	\$0(1)	
<i>famciclovir tab 250 mg</i>	\$0(1)	
<i>famciclovir tab 500 mg</i>	\$0(1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$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 tab 100 mg (hbv)</i>	\$0(1)	NM
LIVTENCITY TAB 200MG	\$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0(1)	QL (1080 mL / year)
PAXLOVID PAK	\$0(1)	QL (22 tabs / 90 days)

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

* - 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
PAXLOVID TAB 150-100	\$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	\$0(1)	QL (60 tabs / 90 days)
PEGASYS INJ	\$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0(2)	NDS, NM, PA
PREVYMIS TAB 240MG	\$0(2)	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	\$0(2)	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0(1)	NM
<i>ribavirin tab 200 mg</i>	\$0(1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0(1)	
<i>valacyclovir hcl tab 1 gm</i>	\$0(1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0(1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0(2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0(1)	
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TAB 40MG	\$0(2)	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0(1)	
<i>cefaclor cap 500 mg</i>	\$0(1)	
<i>cefadroxil cap 500 mg</i>	\$0(1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
CEFAZOLIN INJ 2GM	\$0(2)	
CEFAZOLIN INJ 3GM	\$0(2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 2 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 3 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0(1)	

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

* - 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>cefazolin sodium for inj 500 mg</i>	\$0(1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0(2)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	\$0(2)	
<i>cefdinir cap 300 mg</i>	\$0(1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0(1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0(1)	
<i>cefepime hcl for inj 1 gm</i>	\$0(1)	
<i>cefepime hcl for iv soln 2 gm</i>	\$0(1)	
<i>cefixime cap 400 mg</i>	\$0(1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0(1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0(1)	
<i>cefotetan disodium for inj 1 gm</i>	\$0(1)	
<i>cefotetan disodium for inj 2 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 10 gm</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0(1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0(1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0(1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefprozil tab 250 mg</i>	\$0(1)	
<i>cefprozil tab 500 mg</i>	\$0(1)	
<i>ceftazidime for inj 1 gm</i>	\$0(1)	
<i>ceftazidime for inj 6 gm</i>	\$0(1)	
<i>ceftazidime for iv soln 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0(1)	

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

* - 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>ceftriaxone sodium for inj 10 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0(1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0(1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0(1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0(1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0(1)	
<i>cephalexin cap 250 mg</i>	\$0(1)	
<i>cephalexin cap 500 mg</i>	\$0(1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<i>tazicef</i>	\$0(1)	
TEFLARO INJ 400MG	\$0(2)	NDS
TEFLARO INJ 600MG	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID SUS	\$0(2)	NDS
DIFICID TAB 200MG	\$0(2)	NDS
<i>e.e.s. 400</i>	\$0(1)	
<i>ery-tab tab 250mg ec</i>	\$0(1)	

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

* - 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>ery-tab tab 333mg ec</i>	\$0(1)	
<i>ery-tab tab 500mg ec</i>	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0(1)	
<i>erythromycin lactobionate for inj 500 mg</i>	\$0(1)	
<i>erythromycin tab 250 mg</i>	\$0(1)	
<i>erythromycin tab 500 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0(1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0(1)	
<i>fidaxomicin tab 200 mg</i>	\$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin tab 250 mg</i>	\$0(1)	
<i>levofloxacin tab 500 mg</i>	\$0(1)	
<i>levofloxacin tab 750 mg</i>	\$0(1)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0(1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	

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

* - 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>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	

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

* - 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>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin cap 500 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0(1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0(1)	
BICILLIN L-A INJ 600000	\$0(2)	
BICILLIN L-A INJ 1200000	\$0(2)	
BICILLIN L-A INJ 2400000	\$0(2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0(1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0(1)	
<i>nafcillin sodium for inj 1 gm</i>	\$0(1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0(2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0(1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium tab 250 mg</i>	\$0(1)	
<i>penicillin v potassium tab 500 mg</i>	\$0(1)	
<i>pfizerpen</i>	\$0(1)	

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

* - 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>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i>	\$0(1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	\$0(1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)	
<i>minocycline hcl cap 50 mg</i>	\$0(1)	
<i>minocycline hcl cap 75 mg</i>	\$0(1)	
<i>minocycline hcl cap 100 mg</i>	\$0(1)	
NUZYRA INJ 100MG	\$0(2)	NDS, NM
NUZYRA TAB 150MG	\$0(2)	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl cap 250 mg</i>	\$0(1)	
<i>tetracycline hcl cap 500 mg</i>	\$0(1)	
<i>tigecycline for iv soln 50 mg</i>	\$0(2)	NDS

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

* - 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
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	\$0(2)	NDS, B/D, NM
BENDEKA INJ 100/4ML	\$0(2)	NDS, B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0(1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0(1)	B/D
CYCLOPHOSPH INJ 1GM/2ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1GM/5ML	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 500/5ML	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1000MG	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 2000MG	\$0(2)	NDS, B/D
CYCLOPHOSPH TAB 25MG	\$0(2)	B/D
CYCLOPHOSPH TAB 50MG	\$0(2)	B/D
CYCLOPHOSPHA INJ 2GM/10ML	\$0(2)	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0(1)	B/D
FRINDOVYX INJ 1GM/2ML	\$0(2)	NDS, B/D, NM
FRINDOVYX INJ 2GM/4ML	\$0(2)	NDS, B/D, NM
FRINDOVYX INJ 500MG/ML	\$0(2)	NDS, B/D, NM
GLEOSTINE CAP 10MG	\$0(2)	NM
GLEOSTINE CAP 40MG	\$0(2)	NM
GLEOSTINE CAP 100MG	\$0(2)	NDS, NM

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

* - 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
LEUKERAN TAB 2MG	\$0(2)	NDS
<i>oxaliplatin for iv inj 50 mg</i>	\$0(1)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0(1)	B/D
VIVIMUSTA INJ 100/4ML	\$0(2)	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0(1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	\$0(2)	NDS, NM

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

* - 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>mercaptopurine tab 50 mg</i>	\$0(1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0(1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0(1)	B/D
ONUREG TAB 200MG	\$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
ONUREG TAB 300MG	\$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	\$0(2)	NDS, B/D
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate tab 500 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega tab 250mg</i>	\$0(1)	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
ELIGARD INJ 7.5MG	\$0(2)	NM, PA
ELIGARD INJ 22.5MG	\$0(2)	NM, PA
ELIGARD INJ 30MG	\$0(2)	NM, PA
ELIGARD INJ 45MG	\$0(2)	NM, PA
ERLEADA TAB 60MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TAB 240MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAP 125MG	\$0(2)	NDS
<i>exemestane tab 25 mg</i>	\$0(1)	
FIRMAGON INJ 80MG	\$0(2)	NM, PA
FIRMAGON INJ 120MG	\$0(2)	NDS, NM, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	\$0(2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	\$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0(2)	NDS, NM
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TAB 120MG	\$0(2)	NDS, NM, PA
ORSERDU TAB 86MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TAB 345MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS

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

* - 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>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(1)	PA
XTANDI CAP 40MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TAB 40MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TAB 125MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 10 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 15 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 20 mg</i>	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
<i>lenalidomide cap 25 mg</i>	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
<i>lenalidomide caps 2.5 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 2MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 3MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 4MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA

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

* - 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
THALOMID CAP 50MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAP 100MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAP 150MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOL 500MCG	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene cap 75 mg</i>	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0(1)	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0(2)	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	\$0(1)	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
IWILFIN TAB 192MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAP 50MG	\$0(2)	NDS, NM
MODEYSO CAP 125MG	\$0(2)	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
WELIREG TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	\$0(1)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0(2)	NDS, B/D

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

* - 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>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0(2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 160/8ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0(2)	NDS, B/D
DOCIVYX INJ 20MG/2ML	\$0(2)	NDS, B/D, NM
DOCIVYX INJ 80MG/8ML	\$0(2)	NDS, B/D, NM
DOCIVYX INJ 160/16ML	\$0(2)	NDS, B/D, NM
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel inj 100mg</i>	\$0(2)	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0(1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 30MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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

* - 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
ALUNBRIG TAB 90MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 180MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAP 40MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAP 160MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TAB 3MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TAB 4MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TAB 5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
<i>bortezomib for inj 3.5 mg</i>	\$0(2)	NDS, NM, PA
BORTEZOMIB INJ 1MG	\$0(2)	NM, PA
BORTEZOMIB INJ 2.5MG	\$0(2)	NM, PA
BOSULIF CAP 50MG	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAP 100MG	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TAB 100MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA

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

* - 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
BOSULIF TAB 400MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BOSULIF TAB 500MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAP 75MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAP 80MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 60MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE)	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAP 15MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COPIKTRA CAP 25MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TAB 20MG	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA

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

* - 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
DANZITEN TAB 71MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
DANZITEN TAB 95MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib tab 20 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib tab 50 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 70 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 80 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 100 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 140 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAP 150MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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

* - 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>everolimus tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 2 mg</i>	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 3 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 5 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAP 0.89MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FOTIVDA CAP 1.34MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAP 1MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAP 5MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib tab 250 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAP 1MG	\$0(2)	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAP 2MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TAB 1MG	\$0(2)	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0(2)	NDS, NM, PA

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

* - 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
HERNEXEOS TAB 60MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA INJ 150MG	\$0(2)	NDS, NM, PA
HERZUMA INJ 420MG	\$0(2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE CAP 100MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAP 200MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
IMBRUVICA CAP 70MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUS 70MG/ML	\$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOL 80MG/ML	\$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TAB 5MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TAB 3MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TAB 9MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 15MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
JAYPIRCA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA INJ 100MG	\$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	\$0(2)	NDS, NM, PA
KANJINTI SOL 150MG	\$0(2)	NDS, NM, PA
KEYTRUDA INJ 100MG/4M	\$0(2)	NDS, NM, PA
KISQALI 200 DOSE	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAP 10MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAP 25MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TAB 200MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TAB 240MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA CAP 4MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA

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

* - 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
LENVIMA CAP 8 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 10 MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA CAP 12MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 20 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TAB 25MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TAB 120MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TAB 240MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TAB 320MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TAB 100MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYNPARZA TAB 150MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE)	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE)	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE)	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA

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

* - 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
MEKINIST SOL 0.05/ML	\$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKINIST TAB 2MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
MEKTOVI TAB 15MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI INJ 200MG	\$0(2)	NDS, NM, PA
NERLYNX TAB 40MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAP 2.3MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 3MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 4MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAP 200MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI INJ 150MG	\$0(2)	NDS, NM, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, PA
OGSIVEO TAB 50MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TAB 100MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OGSIVEO TAB 150MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUS 25MG/ML	\$0(2)	NDS, QL (96 mL / 28 days), NM, PA

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

* - 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
OJEMDA TAB 100MG	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 150MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT INJ 150MG	\$0(2)	NDS, NM, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, NM, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TAB 4.5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 9MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 13.5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	\$0(2)	NDS, NM, PA
PIQRAY 200MG TAB DOSE	\$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 TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAP 40MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAP 80MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
RETEVMO TAB 120MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
RETEVMO TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TAB 25MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TAB 110MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAP 150MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAP 14MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 20MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 30MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAP 100MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAP 200MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PAK 50MG	\$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TAB 200MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 250MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 300MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAP 25MG	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
SCEMBLIX TAB 40MG	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TAB 100MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TAB 40MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TABRECTA TAB 200MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR CAP 75MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TAB 10MG	\$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TAGRISSO TAB 80MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAP 0.1MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA

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

* - 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
TALZENNA CAP 0.25MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TALZENNA CAP 0.35MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.75MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 1MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TASIGNA CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAP 150MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TASIGNA CAP 200MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TAB 200MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, PA
TECENTRIQ INJ HYBREZA	\$0(2)	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TAB 225MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz tab 2.5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>torpenz tab 5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>torpenz tab 7.5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>torpenz tab 10mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA INJ 150MG	\$0(2)	NDS, NM, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, NM, PA

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

* - 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
TRUQAP PAK 160MG	\$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP PAK 200MG	\$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP TAB 160MG	\$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TAB 200MG	\$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUXIMA INJ 100/10ML	\$0(2)	NDS, NM, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TUKYSA TAB 150MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAP 125MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TAB 17.7MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VANFLYTA TAB 26.5MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TAB 10MG	\$0(2)	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 50MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 100MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TAB 50MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 100MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 150MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA

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

* - 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
VERZENIO TAB 200MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAP 25MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAP 100MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOL 20MG/ML	\$0(2)	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TAB 15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 45MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAP 20MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 150MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
XALKORI CAP 200MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 250MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XOSPATA TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0(2)	NDS, QL (16 tabs / 28 days), NM, PA

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

* - 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
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY)	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY)	\$0(2)	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TAB 240MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV INJ 100/4ML	\$0(2)	NDS, NM, PA
ZIRABEV INJ 400/16ML	\$0(2)	NDS, NM, PA
ZOLINZA CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYDELIG TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TAB 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0(1)	B/D

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

* - 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>leucovorin calcium for inj 200 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0(1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0(1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0(1)	
<i>leucovorin calcium tab 10 mg</i>	\$0(1)	
<i>leucovorin calcium tab 15 mg</i>	\$0(1)	
<i>leucovorin calcium tab 25 mg</i>	\$0(1)	
<i>mesna tab 400 mg</i>	\$0(2)	NDS
MESNEX TAB 400MG	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	

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

* - 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>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tab 5 mg</i>	\$0(1)	
<i>benazepril hcl tab 10 mg</i>	\$0(1)	
<i>benazepril hcl tab 20 mg</i>	\$0(1)	
<i>benazepril hcl tab 40 mg</i>	\$0(1)	
<i>captopril tab 12.5 mg</i>	\$0(1)	
<i>captopril tab 25 mg</i>	\$0(1)	
<i>captopril tab 50 mg</i>	\$0(1)	
<i>captopril tab 100 mg</i>	\$0(1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0(1)	
<i>enalapril maleate tab 5 mg</i>	\$0(1)	
<i>enalapril maleate tab 10 mg</i>	\$0(1)	

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

* - 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>enalapril maleate tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 10 mg</i>	\$0(1)	
<i>fosinopril sodium tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 40 mg</i>	\$0(1)	
<i>lisinopril tab 2.5 mg</i>	\$0(1)	
<i>lisinopril tab 5 mg</i>	\$0(1)	
<i>lisinopril tab 10 mg</i>	\$0(1)	
<i>lisinopril tab 20 mg</i>	\$0(1)	
<i>lisinopril tab 30 mg</i>	\$0(1)	
<i>lisinopril tab 40 mg</i>	\$0(1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0(1)	
<i>moexipril hcl tab 15 mg</i>	\$0(1)	
<i>perindopril erbumine tab 2 mg</i>	\$0(1)	
<i>perindopril erbumine tab 4 mg</i>	\$0(1)	
<i>perindopril erbumine tab 8 mg</i>	\$0(1)	
<i>quinapril hcl tab 5 mg</i>	\$0(1)	
<i>quinapril hcl tab 10 mg</i>	\$0(1)	
<i>quinapril hcl tab 20 mg</i>	\$0(1)	
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	\$0(1)	
<i>eplerenone tab 50 mg</i>	\$0(1)	
KERENDIA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	\$0(2)	QL (30 tabs / 30 days)

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

* - 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>spironolactone tab 25 mg</i>	\$0(1)	
<i>spironolactone tab 50 mg</i>	\$0(1)	
<i>spironolactone tab 100 mg</i>	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 2 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 4 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 8 mg</i>	\$0(1)	
<i>prazosin hcl cap 1 mg</i>	\$0(1)	
<i>prazosin hcl cap 2 mg</i>	\$0(1)	
<i>prazosin hcl cap 5 mg</i>	\$0(1)	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$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)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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

* - 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>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	\$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	\$0(2)	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	\$0(1)	QL (60 tabs / 30 days)

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

* - 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>sacubitril-valsartan tab 49-51 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	\$0(1)	
<i>losartan potassium tab 50 mg</i>	\$0(1)	
<i>losartan potassium tab 100 mg</i>	\$0(1)	

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

* - 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>olmesartan medoxomil tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<i>disopyramide phosphate cap 150 mg</i>	\$0(2)	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0(1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0(1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0(1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0(1)	
<i>flecainide acetate tab 100 mg</i>	\$0(1)	
<i>flecainide acetate tab 150 mg</i>	\$0(1)	
MULTAQ TAB 400MG	\$0(2)	QL (60 tabs / 30 days)
<i>pacerone</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0(1)	

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

* - 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>propafenone hcl tab 150 mg</i>	\$0(1)	
<i>propafenone hcl tab 225 mg</i>	\$0(1)	
<i>propafenone hcl tab 300 mg</i>	\$0(1)	
<i>quinidine sulfate tab 200 mg</i>	\$0(1)	
<i>quinidine sulfate tab 300 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 80 mg</i>	\$0(1)	
<i>sotalol hcl tab 120 mg</i>	\$0(1)	
<i>sotalol hcl tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 240 mg</i>	\$0(1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 67 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0(1)	
<i>fenofibrate tab 48 mg</i>	\$0(1)	
<i>fenofibrate tab 54 mg</i>	\$0(1)	
<i>fenofibrate tab 145 mg</i>	\$0(1)	
<i>fenofibrate tab 160 mg</i>	\$0(1)	
<i>gemfibrozil tab 600 mg</i>	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	\$0(1)	QL (60 tabs / 30 days)

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

* - 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>pravastatin sodium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	\$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)

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

B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply.

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

Formulary ID 00025123 v19

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite</i>	\$0(1)	
REPATHA INJ 140MG/ML	\$0(2)	NM, PA
REPATHA SURE INJ 140MG/ML	\$0(2)	NM, PA
VASCEPA CAP 0.5GM	\$0(2)	
VASCEPA CAP 1GM	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
<i>carvedilol tab 3.125 mg</i>	\$0(1)	

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

* - 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>carvedilol tab 6.25 mg</i>	\$0(1)	
<i>carvedilol tab 12.5 mg</i>	\$0(1)	
<i>carvedilol tab 25 mg</i>	\$0(1)	
<i>labetalol hcl tab 100 mg</i>	\$0(1)	
<i>labetalol hcl tab 200 mg</i>	\$0(1)	
<i>labetalol hcl tab 300 mg</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0(1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0(1)	
<i>nadolol tab 20 mg</i>	\$0(1)	
<i>nadolol tab 40 mg</i>	\$0(1)	
<i>nadolol tab 80 mg</i>	\$0(1)	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	\$0(1)	
<i>pindolol tab 10 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0(1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0(1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0(1)	
<i>propranolol hcl tab 10 mg</i>	\$0(1)	

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

* - 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>propranolol hcl tab 20 mg</i>	\$0(1)	
<i>propranolol hcl tab 40 mg</i>	\$0(1)	
<i>propranolol hcl tab 60 mg</i>	\$0(1)	
<i>propranolol hcl tab 80 mg</i>	\$0(1)	
<i>timolol maleate tab 5 mg</i>	\$0(1)	
<i>timolol maleate tab 10 mg</i>	\$0(1)	
<i>timolol maleate tab 20 mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>cartia xt</i>	\$0(1)	
<i>dilt-xr</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0(1)	

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

* - 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>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0(1)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl tab 30 mg</i>	\$0(1)	
<i>diltiazem hcl tab 60 mg</i>	\$0(1)	
<i>diltiazem hcl tab 90 mg</i>	\$0(1)	
<i>diltiazem hcl tab 120 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 10 mg</i>	\$0(1)	
<i>isradipine cap 2.5 mg</i>	\$0(1)	
<i>isradipine cap 5 mg</i>	\$0(1)	
<i>nicardipine hcl cap 20 mg</i>	\$0(1)	
<i>nicardipine hcl cap 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0(1)	
<i>nimodipine cap 30 mg</i>	\$0(1)	
<i>tiadylt er</i>	\$0(1)	

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

* - 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>verapamil hcl cap er 24hr 100 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0(1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0(1)	
<i>verapamil hcl tab 40 mg</i>	\$0(1)	
<i>verapamil hcl tab 80 mg</i>	\$0(1)	
<i>verapamil hcl tab 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 180 mg</i>	\$0(1)	
<i>verapamil hcl tab er 240 mg</i>	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0(1)	
<i>acetazolamide tab 125 mg</i>	\$0(1)	
<i>acetazolamide tab 250 mg</i>	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)	
<i>amiloride hcl tab 5 mg</i>	\$0(1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0(1)	
<i>bumetanide tab 0.5 mg</i>	\$0(1)	
<i>bumetanide tab 1 mg</i>	\$0(1)	
<i>bumetanide tab 2 mg</i>	\$0(1)	
<i>chlorthalidone tab 25 mg</i>	\$0(1)	
<i>chlorthalidone tab 50 mg</i>	\$0(1)	
<i>furosemide inj</i>	\$0(1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0(1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0(1)	
<i>furosemide tab 20 mg</i>	\$0(1)	
<i>furosemide tab 40 mg</i>	\$0(1)	
<i>furosemide tab 80 mg</i>	\$0(1)	

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

* - 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>hydrochlorothiazide cap 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0(1)	
<i>indapamide tab 1.25 mg</i>	\$0(1)	
<i>indapamide tab 2.5 mg</i>	\$0(1)	
<i>methazolamide tab 25 mg</i>	\$0(1)	
<i>methazolamide tab 50 mg</i>	\$0(1)	
<i>metolazone tab 2.5 mg</i>	\$0(1)	
<i>metolazone tab 5 mg</i>	\$0(1)	
<i>metolazone tab 10 mg</i>	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>toremide tab 5 mg</i>	\$0(1)	
<i>toremide tab 10 mg</i>	\$0(1)	
<i>toremide tab 20 mg</i>	\$0(1)	
<i>toremide tab 100 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	

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

* - 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
CORLANOR SOL 5MG/5ML	\$0(2)	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0(1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0(1)	
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>droxidopa cap 300 mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	\$0(1)	
<i>guanfacine hcl tab 1 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, NM, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
VERQUVO TAB 2.5MG	\$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	\$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA

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

* - 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
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0(1)	
NITRO-BID OIN 2%	\$0(2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0(1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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

* - 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>ambrisentan tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan tab 62.5 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan tab 125 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan tab for oral susp 32 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0(2)	NDS, NM, PA
UPTRAVI PACK TAB 200/800	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
UPTRAVI TAB 200MCG	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TAB 400MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 600MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 800MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1000MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1200MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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

* - 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
UPTRAVI TAB 1400MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1600MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YUTREPIA CAP 26.5MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 53MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 79.5MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 106MCG	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	\$0(1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0(1)	
<i>buspirone hcl tab 10 mg</i>	\$0(1)	
<i>buspirone hcl tab 15 mg</i>	\$0(1)	
<i>buspirone hcl tab 30 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 50 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0(1)	
<i>lorazepam conc 2 mg/ml</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0(1)	
<i>lorazepam inj 4 mg/ml</i>	\$0(1)	
<i>lorazepam intensol</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)

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

* - 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
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0(1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0(1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0(1)	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(1)	PA; PA applies if 29 years and younger

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

* - 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>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$0(1)	
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 tartrate cap 1.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 25 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0(2)	
<i>amoxapine tab 25 mg</i>	\$0(2)	
<i>amoxapine tab 50 mg</i>	\$0(2)	
<i>amoxapine tab 100 mg</i>	\$0(2)	
<i>amoxapine tab 150 mg</i>	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA

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

* - 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>bupropion hcl tab 75 mg</i>	\$0(1)	
<i>bupropion hcl tab 100 mg</i>	\$0(1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0(1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0(1)	
<i>clomipramine hcl cap 25 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0(2)	PA
<i>desipramine hcl tab 10 mg</i>	\$0(2)	
<i>desipramine hcl tab 25 mg</i>	\$0(2)	
<i>desipramine hcl tab 50 mg</i>	\$0(2)	
<i>desipramine hcl tab 75 mg</i>	\$0(2)	
<i>desipramine hcl tab 100 mg</i>	\$0(2)	
<i>desipramine hcl tab 150 mg</i>	\$0(2)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0(2)	
<i>doxepin hcl cap 25 mg</i>	\$0(2)	
<i>doxepin hcl cap 50 mg</i>	\$0(2)	
<i>doxepin hcl cap 75 mg</i>	\$0(2)	

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

* - 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>doxepin hcl cap 100 mg</i>	\$0(2)	
<i>doxepin hcl cap 150 mg</i>	\$0(2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0(2)	
DRIZALMA CAP 20MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0(1)	
FETZIMA CAP 20MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0(1)	

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

* - 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>fluoxetine hcl cap 40 mg</i>	\$0(1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0(1)	
<i>imipramine hcl tab 10 mg</i>	\$0(2)	
<i>imipramine hcl tab 25 mg</i>	\$0(2)	
<i>imipramine hcl tab 50 mg</i>	\$0(2)	
MARPLAN TAB 10MG	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0(1)	
<i>mirtazapine tab 7.5 mg</i>	\$0(1)	
<i>mirtazapine tab 15 mg</i>	\$0(1)	
<i>mirtazapine tab 30 mg</i>	\$0(1)	
<i>mirtazapine tab 45 mg</i>	\$0(1)	
<i>nefazodone hcl tab 50 mg</i>	\$0(1)	
<i>nefazodone hcl tab 100 mg</i>	\$0(1)	
<i>nefazodone hcl tab 150 mg</i>	\$0(1)	
<i>nefazodone hcl tab 200 mg</i>	\$0(1)	
<i>nefazodone hcl tab 250 mg</i>	\$0(1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0(2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0(2)	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl tab 10 mg</i>	\$0(2)	
<i>paroxetine hcl tab 20 mg</i>	\$0(2)	
<i>paroxetine hcl tab 30 mg</i>	\$0(2)	
<i>paroxetine hcl tab 40 mg</i>	\$0(2)	
<i>phenelzine sulfate tab 15 mg</i>	\$0(1)	
<i>protriptyline hcl tab 5 mg</i>	\$0(2)	

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

* - 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>protriptyline hcl tab 10 mg</i>	\$0(2)	
RALDESY SOL 10MG/ML	\$0(2)	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0(1)	
<i>sertraline hcl tab 25 mg</i>	\$0(1)	
<i>sertraline hcl tab 50 mg</i>	\$0(1)	
<i>sertraline hcl tab 100 mg</i>	\$0(1)	
<i>tranlycypromine sulfate tab 10 mg</i>	\$0(1)	
<i>trazodone hcl tab 50 mg</i>	\$0(1)	
<i>trazodone hcl tab 100 mg</i>	\$0(1)	
<i>trazodone hcl tab 150 mg</i>	\$0(1)	
<i>trimipramine maleate cap 25 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0(1)	
<i>vilazodone hcl tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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

* - 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>vilazodone hcl tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 25MG	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 30MG	\$0(2)	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	\$0(1)	
<i>amantadine hcl tab 100 mg</i>	\$0(1)	
<i>benztropine mesylate inj 1 mg/ml</i>	\$0(1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0(1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 10-100mg</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 25-100mg</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 25-250mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	

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

* - 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>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone tab 200 mg</i>	\$0(1)	
INBRIJA CAP 42MG	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0(1)	
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	

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

* - 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>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0(2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	\$0(2)	NDS
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)

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

* - 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>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	\$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	\$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl conc 100 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0(1)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0(1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0(1)	
<i>clozapine tab 50 mg</i>	\$0(1)	
<i>clozapine tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	\$0(2)	NDS, QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	\$0(2)	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days)

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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
ERZOFRI INJ 234/1.5	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	\$0(2)	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK B	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK C	\$0(2)	QL (2 packs / year), PA
FANAPT TAB 1MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0(1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0(1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0(1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0(1)	
<i>haloperidol tab 0.5 mg</i>	\$0(1)	
<i>haloperidol tab 1 mg</i>	\$0(1)	
<i>haloperidol tab 2 mg</i>	\$0(1)	

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

* - 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>haloperidol tab 5 mg</i>	\$0(1)	
<i>haloperidol tab 10 mg</i>	\$0(1)	
<i>haloperidol tab 20 mg</i>	\$0(1)	
INVEGA HAFYE INJ 1092MG	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	\$0(1)	
<i>loxapine succinate cap 10 mg</i>	\$0(1)	
<i>loxapine succinate cap 25 mg</i>	\$0(1)	
<i>loxapine succinate cap 50 mg</i>	\$0(1)	
<i>lurasidone hcl tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	\$0(1)	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	
<i>molindone hcl tab 25 mg</i>	\$0(1)	

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

* - 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
NUPLAZID CAP 34MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine for im inj 10 mg</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	\$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	\$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	\$0(2)	NDS, QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0(1)	
<i>perphenazine tab 4 mg</i>	\$0(1)	
<i>perphenazine tab 8 mg</i>	\$0(1)	
<i>perphenazine tab 16 mg</i>	\$0(1)	
<i>pimozide tab 1 mg</i>	\$0(1)	
<i>pimozide tab 2 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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

* - 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>quetiapine fumarate tab 150 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	\$0(1)	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	\$0(1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0(1)	
<i>risperidone tab 0.25 mg</i>	\$0(1)	

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

* - 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>risperidone tab 1 mg</i>	\$0(1)	
<i>risperidone tab 2 mg</i>	\$0(1)	
<i>risperidone tab 3 mg</i>	\$0(1)	
<i>risperidone tab 4 mg</i>	\$0(1)	
SECUADO DIS 3.8MG	\$0(2)	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0(2)	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0(1)	
<i>thioridazine hcl tab 25 mg</i>	\$0(1)	
<i>thioridazine hcl tab 50 mg</i>	\$0(1)	
<i>thioridazine hcl tab 100 mg</i>	\$0(1)	
<i>thiothixene cap 1 mg</i>	\$0(1)	
<i>thiothixene cap 2 mg</i>	\$0(1)	
<i>thiothixene cap 5 mg</i>	\$0(1)	
<i>thiothixene cap 10 mg</i>	\$0(1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0(1)	
VERSACLOZ SUS 50MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	\$0(2)	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0(1)	QL (60 caps / 30 days)

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

* - 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>ziprasidone hcl cap 60 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	\$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 300MG	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTIOM TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 400MG	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0(1)	
<i>carbamazepine chew tab 100 mg</i>	\$0(1)	
<i>carbamazepine chew tab 200 mg</i>	\$0(1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0(1)	
<i>carbamazepine tab 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0(1)	

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

* - 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>carbamazepine tab er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0(1)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAP 500MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PAK 250MG	\$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PAK 500MG	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam inj</i>	\$0(1)	

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

* - 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>diazepam intensol</i>	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	\$0(2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	

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

* - 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>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
EPIDIOLEX SOL 100MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol tab 200mg</i>	\$0(1)	
EPRONTIA SOL 25MG/ML	\$0(2)	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(1)	
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
FINTEPLA SOL 2.2MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUS 0.5MG/ML	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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

* - 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>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	\$0(1)	
<i>lacosamide oral</i>	\$0(1)	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0(1)	
<i>lamotrigine tab 100 mg</i>	\$0(1)	
<i>lamotrigine tab 150 mg</i>	\$0(1)	
<i>lamotrigine tab 200 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	ST
LEVETIRACETA TAB 250MG	\$0(2)	QL (360 tabs / 30 days)
<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>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<i>levetiracetam tab 500 mg</i>	\$0(1)	
<i>levetiracetam tab 750 mg</i>	\$0(1)	
<i>levetiracetam tab 1000 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0(1)	

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

* - 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>levetiracetam tab er 24hr 750 mg</i>	\$0(1)	
<i>methsuximide cap 300 mg</i>	\$0(1)	
NAYZILAM SPR 5MG	\$0(2)	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0(1)	
<i>oxcarbazepine tab 150 mg</i>	\$0(1)	
<i>oxcarbazepine tab 300 mg</i>	\$0(1)	
<i>oxcarbazepine tab 600 mg</i>	\$0(1)	
<i>perampanel tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

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

* - 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>phenobarbital tab 32.4 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenytek</i>	\$0(1)	
<i>phenytoin chew tab 50 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0(1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0(1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0(1)	
<i>pregabalin cap 25 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0(1)	
<i>primidone tab 125 mg</i>	\$0(1)	
<i>primidone tab 250 mg</i>	\$0(1)	

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

* - 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>roweepra</i>	\$0(1)	
<i>rufinamide susp 40 mg/ml</i>	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i>	\$0(1)	
SYMPAZAN MIS 5MG	\$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	\$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	\$0(1)	
<i>tiagabine hcl tab 4 mg</i>	\$0(1)	
<i>tiagabine hcl tab 12 mg</i>	\$0(1)	
<i>tiagabine hcl tab 16 mg</i>	\$0(1)	
<i>topiramate oral soln 25 mg/ml</i>	\$0(1)	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 50 mg</i>	\$0(1)	
<i>topiramate tab 25 mg</i>	\$0(1)	
<i>topiramate tab 50 mg</i>	\$0(1)	
<i>topiramate tab 100 mg</i>	\$0(1)	
<i>topiramate tab 200 mg</i>	\$0(1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0(1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0(1)	
<i>valproic acid cap 250 mg</i>	\$0(1)	

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

* - 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
VALTOCO SPR 5MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	\$0(2)	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOL 100MG/ML	\$0(2)	NDS, QL (900 mL / 30 days), NM, PA
<i>vigpoder</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
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)
XCOPRI TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	\$0(2)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	\$0(1)	

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

* - 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>zonisamide cap 50 mg</i>	\$0(1)	
<i>zonisamide cap 100 mg</i>	\$0(1)	
ZTALMY SUS 50MG/ML	\$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0(1)	QL (60 caps / 30 days)

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

* - 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>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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>eszopiclone tab 3 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon capsule 20 mg</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam cap 7.5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	\$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 cap 10 mg</i>	\$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 tab 5 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$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		
AIMOVIG INJ 70MG/ML	\$0(2)	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0(2)	NDS

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

* - 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>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0(2)	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	\$0(2)	QL (3 syringes / 30 days), NM, PA
EMGALITY INJ 120MG/ML	\$0(2)	QL (2 pens / 30 days), NM, PA
EMGALITY INJ 120MG/ML	\$0(2)	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	\$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	\$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0(1)	QL (12 tabs / 30 days)

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

* - 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>sumatriptan succinate tab 50 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	\$0(2)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 6MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 18MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 24MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 30MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 36MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 42MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 48MG ER	\$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 carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	

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

* - 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>lithium carbonate tab er 450 mg</i>	\$0(1)	
<i>lithium oral solution 8 meq/5ml</i>	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BETASERON INJ 0.3MG	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
KESIMPTA INJ 20/.4ML	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

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

Formulary ID 00025123 v19

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>baclofen tab 10 mg</i>	\$0(1)	
<i>baclofen tab 20 mg</i>	\$0(1)	
<i>carisoprodol tab 350 mg</i>	\$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 tab 5 mg</i>	\$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>cyclobenzaprine hcl tab 10 mg</i>	\$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 cap 25 mg</i>	\$0(1)	
<i>dantrolene sodium cap 50 mg</i>	\$0(1)	
<i>dantrolene sodium cap 100 mg</i>	\$0(1)	
<i>methocarbamol tab 500 mg</i>	\$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 tab 750 mg</i>	\$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 tab 2 mg (base equivalent)</i>	\$0(1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA

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

* - 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
SOD OXYBATE SOL 500MG/ML	\$0(2)	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	
<i>gnp nicotine gum</i>	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal</i>	\$0(3)	NM; *
<i>goodsense nicotine</i>	\$0(3)	NM; *
<i>goodsense nicotine gum</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex</i>	\$0(3)	NM; *
<i>KLOXXADO SPR 8MG</i>	\$0(2)	
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0(1)	

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

* - 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>naloxone hcl inj 4 mg/10ml</i>	\$0(1)	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0(1)	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0(3)	NM; *
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0(1)	
<i>naltrexone hcl tab 50 mg</i>	\$0(1)	
<i>nicotine mini lozenge</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex mini</i>	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine transdermal syst</i>	\$0(3)	NM; *
NICOTROL INH	\$0(2)	
NICOTROL NS SPR 10MG/ML	\$0(2)	
<i>sm nicotine</i>	\$0(3)	NM; *
<i>sm nicotine polacrilex</i>	\$0(3)	NM; *
<i>sm nicotine transdermal s</i>	\$0(3)	NM; *
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year)
VIVITROL INJ 380MG	\$0(2)	NDS, NM

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

* - 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
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>danazol cap 50 mg</i>	\$0(1)	
<i>danazol cap 100 mg</i>	\$0(1)	
<i>danazol cap 200 mg</i>	\$0(1)	
<i>depo-testosterone</i>	\$0(1)	PA
<i>methyltestosterone cap 10 mg</i>	\$0(2)	NDS, QL (600 caps / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone pump</i>	\$0(1)	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose tab 25 mg</i>	\$0(1)	
<i>acarbose tab 50 mg</i>	\$0(1)	
<i>acarbose tab 100 mg</i>	\$0(1)	
FARXIGA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i>	\$0(1)	QL (60 tabs / 30 days)

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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>glipizide xl</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	\$0(2)	QL (4 pens / 28 days), PA

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

* - 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
MOUNJARO INJ 12.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0(1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0(2)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	\$0(2)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 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)
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 TAB 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)

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

* - 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
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	\$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 INJ 100U/ML	\$0(2)	
ADMELOG SOLO INJ 100U/ML	\$0(2)	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	\$0(2)	PA
BASAGLAR INJ 100UNIT	\$0(2)	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0(2)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	\$0(2)	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
FIASP PMPCRT INJ U-100	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	PA
HUMULIN R INJ U-500	\$0(2)	NDS
HUMULIN R INJ U-500	\$0(2)	NDS, B/D
INSULIN PEN NEEDLES: BD-EMBECTA	\$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	\$0(2)	PA
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0(2)	(brand RELION not covered)

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

* - 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
NOVOLIN R INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0(2)	(brand RELION not covered)
NOVOLOG INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG INJ PENFILL	\$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 5 L2 KIT INTRO G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	\$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 10UNT/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 20UNT/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 30UNT/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 40UNT/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)
TOUJEO MAX INJ 300/ML	\$0(2)	
TOUJEO SOLO INJ 300/ML	\$0(2)	
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$0(2)	
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
ANTI-OBESITY AGENTS		
ADIPEX-P TAB 37.5MG	\$0(3)	NM, PA; *
<i>benzphetamine hcl tab 50 mg</i>	\$0(3)	NM, PA; *

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

B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply.

* - 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>diethylpropion hcl tab 25 mg</i>	\$0(3)	NM, PA; *
<i>diethylpropion hcl tab er 24hr 75 mg</i>	\$0(3)	NM, PA; *
IMCIVREE INJ 10MG/ML	\$0(3)	NM, PA; *
<i>lomaira tab 8mg</i>	\$0(3)	NM, PA; *
<i>orlistat cap 120 mg</i>	\$0(3)	NM, PA; *
PHENDIMETRAZ CAP 105MG ER	\$0(3)	NM, PA; *
<i>phendimetrazine tartrate tab 35 mg</i>	\$0(3)	NM, PA; *
<i>phentermine hcl cap 15 mg</i>	\$0(3)	NM, PA; *
<i>phentermine hcl cap 30 mg</i>	\$0(3)	NM, PA; *
<i>phentermine hcl cap 37.5 mg</i>	\$0(3)	NM, PA; *
<i>phentermine hcl tab 37.5 mg</i>	\$0(3)	NM, PA; *
SAXENDA INJ 18MG/3ML	\$0(3)	NM, PA; *
WEGOVY INJ 0.5MG	\$0(3)	NM, PA; *
WEGOVY INJ 0.25MG	\$0(3)	NM, PA; *
WEGOVY INJ 1.7MG	\$0(3)	NM, PA; *
WEGOVY INJ 1MG	\$0(3)	NM, PA; *
WEGOVY INJ 2.4MG	\$0(3)	NM, PA; *
XENICAL CAP 120MG	\$0(3)	NM, PA; *
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	ST
<i>alendronate sodium tab 10 mg</i>	\$0(1)	
<i>alendronate sodium tab 35 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
BONSITY INJ 560/2.24	\$0(2)	NDS, NM, PA
<i>calcitonin (salmon) spray</i>	\$0(1)	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0(2)	B/D
PROLIA INJ 60MG/ML	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	

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

* - 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>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	ST
TERIPARATIDE INJ 560/2.24	\$0(2)	NDS, NM, PA; (ALVOGEN product)
WYOST INJ 120/1.7	\$0(2)	NDS, NM, PA
XGEVA INJ	\$0(2)	NDS, NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0(2)	NDS
<i>deferasirox tab 90 mg</i>	\$0(1)	NM, PA
<i>deferasirox tab 180 mg</i>	\$0(2)	NM, PA
<i>deferasirox tab 360 mg</i>	\$0(2)	NM, PA
<i>deferasirox tab for oral susp 125 mg</i>	\$0(1)	NM, PA
<i>deferasirox tab for oral susp 250 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab for oral susp 500 mg</i>	\$0(2)	NDS, NM, PA
<i>kionex</i>	\$0(1)	
LOKELMA PAK 5GM	\$0(2)	
LOKELMA PAK 10GM	\$0(2)	
<i>penicillamine tab 250 mg</i>	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i>	\$0(1)	
<i>sps rectal</i>	\$0(1)	
<i>trientine hcl cap 250 mg</i>	\$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia tab</i>	\$0(1)	
<i>amethyst</i>	\$0(1)	

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

* - 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>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i>	\$0(1)	
DEPO-SQ PROV INJ 104	\$0(2)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>dolishale</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	

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

* - 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>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>econtra one-step</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>emzahh</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>feirza tab 1.5/30</i>	\$0(1)	
<i>feirza tab 1/20</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>galbriela chw</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather</i>	\$0(1)	
<i>her style</i>	\$0(3)	NM; *
<i>iclevia</i>	\$0(1)	
<i>incassia</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jaimiess tab</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	

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

* - 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>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50 tab</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 chw</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 & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	

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

* - 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>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
LILETTA IUD 52MG	\$0(2)	NM
<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>lojaimiess tab</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luizza 1/20 tab</i>	\$0(1)	
<i>luizza tab 1.5/30</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq</i>	\$0(1)	
<i>lyza</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0(1)	
<i>meleya tab 0.35mg</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	
<i>my choice</i>	\$0(3)	NM; *
<i>my way</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i>	\$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 **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
NEXPLANON IMP 68MG	\$0(2)	NM
<i>nikki</i>	\$0(1)	
<i>nora-be</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norethindrone tab 0.35 mg</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step</i>	\$0(3)	NM; *
<i>option 2</i>	\$0(3)	NM; *
<i>orquidea tab 0.35mg</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	

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

* - 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>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>rosyrah tab</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo tab</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>turqoz</i>	\$0(1)	
<i>tydemy tab</i>	\$0(1)	
<i>valtya 1/35 tab</i>	\$0(1)	
<i>valtya 1/50 tab</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	

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

* - 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>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xarah fe tab</i>	\$0(1)	
<i>xelria fe chw 0.4mg-35</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>abigale lo tab 0.5-0.1</i>	\$0(2)	
<i>abigale tab 1-0.5mg</i>	\$0(2)	
<i>dotti</i>	\$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 tab 0.5 mg</i>	\$0(2)	
<i>estradiol tab 1 mg</i>	\$0(2)	
<i>estradiol tab 2 mg</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0(2)	

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

* - 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>estradiol td patch weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0(2)	
<i>estradiol vaginal cream 0.01%</i>	\$0(1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0(1)	
<i>estradiol valerate im in oil 10 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i>	\$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>yuvaferm</i>	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>DEXAMETHASON CON 1MG/ML</i>	\$0(2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	\$0(1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0(1)	

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	\$0(1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone tab 0.5 mg</i>	\$0(1)	
<i>dexamethasone tab 0.75 mg</i>	\$0(1)	
<i>dexamethasone tab 1 mg</i>	\$0(1)	
<i>dexamethasone tab 1.5 mg</i>	\$0(1)	
<i>dexamethasone tab 2 mg</i>	\$0(1)	
<i>dexamethasone tab 4 mg</i>	\$0(1)	
<i>dexamethasone tab 6 mg</i>	\$0(1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0(1)	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	\$0(1)	
<i>hydrocortisone tab 5 mg</i>	\$0(1)	
<i>hydrocortisone tab 10 mg</i>	\$0(1)	
<i>hydrocortisone tab 20 mg</i>	\$0(1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0(1)	

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

* - 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>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0(1)	B/D
<i>prednisolone soln 15 mg/5ml</i>	\$0(1)	B/D
PREDNISON CON 5MG/ML	\$0(2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0(1)	
SOLU-CORTEF INJ 100MG	\$0(2)	
SOLU-CORTEF INJ 250MG	\$0(2)	
SOLU-CORTEF INJ 500MG	\$0(2)	
SOLU-CORTEF INJ 1000MG	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide susp 50 mg/ml</i>	\$0(2)	NDS
ZEGALOGUE INJ 0.6/0.6	\$0(2)	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	\$0(2)	NDS, NM, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>carglumic acid soluble tab 200 mg</i>	\$0(2)	NDS, NM, PA
CERDELGA CAP 84MG	\$0(2)	NDS, NM, PA
CEREZYME INJ 400UNIT	\$0(2)	NDS, NM, PA

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

* - 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>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAP 50MG	\$0(2)	NM, PA
CYSTAGON CAP 150MG	\$0(2)	NM, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0(1)	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0(1)	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate tab 0.1 mg</i>	\$0(1)	
<i>desmopressin acetate tab 0.2 mg</i>	\$0(1)	
FABRAZYME INJ 5MG	\$0(2)	NDS, NM, PA
FABRAZYME INJ 35MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	\$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0(2)	NDS, NM, PA
<i>javygtor</i>	\$0(2)	NDS, NM, PA

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

* - 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>lanreotide acetate extended release inj 120 mg/0.5ml</i>	\$0(2)	NDS, NM, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0(1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0(1)	B/D
LUMIZYME INJ 50MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 3M 30MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 45MG	\$0(2)	NDS, NM, PA
<i>mifepristone tab 300 mg</i>	\$0(2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	\$0(2)	NDS, NM, PA
<i>nitisinone cap 2 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 5 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 10 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 20 mg</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	\$0(2)	NDS, NM, PA
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	

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

* - 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>sapropterin dihydrochloride powder packet 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.6MG/ML	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.9MG/ML	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0(2)	NDS, NM, PA
SOMATULINE INJ 60/0.2ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 120/5ML	\$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 15MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 20MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 25MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 30MG	\$0(2)	NDS, NM, PA
SYNAREL SOL 2MG/ML	\$0(2)	NDS, PA
VEOZAH TAB 45MG	\$0(2)	PA
<i>zelvysia pow 100mg</i>	\$0(2)	NDS, NM, PA
<i>zelvysia pow 500mg</i>	\$0(2)	NDS, NM, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>gallifrey tab 5mg</i>	\$0(1)	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0(1)	
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0(1)	
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0(1)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0(2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0(2)	PA
<i>norethindrone acetate tab 5 mg</i>	\$0(1)	
<i>progesterone cap 100 mg</i>	\$0(1)	
<i>progesterone cap 200 mg</i>	\$0(1)	

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

* - 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
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levo-t</i>	\$0(1)	
<i>levothyroxine sodium tab 25 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 50 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 75 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 88 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 100 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 112 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 125 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 137 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 150 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 175 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 200 mcg</i>	\$0(1)	
<i>levothyroxine sodium tab 300 mcg</i>	\$0(1)	
<i>levoxyl</i>	\$0(1)	
<i>liothyronine sodium tab 5 mcg</i>	\$0(1)	
<i>liothyronine sodium tab 25 mcg</i>	\$0(1)	
<i>liothyronine sodium tab 50 mcg</i>	\$0(1)	
<i>methimazole tab 5 mg</i>	\$0(1)	
<i>methimazole tab 10 mg</i>	\$0(1)	
<i>propylthiouracil tab 50 mg</i>	\$0(1)	
SYNTHROID TAB 25MCG	\$0(2)	
SYNTHROID TAB 50MCG	\$0(2)	
SYNTHROID TAB 75MCG	\$0(2)	
SYNTHROID TAB 88MCG	\$0(2)	
SYNTHROID TAB 100MCG	\$0(2)	
SYNTHROID TAB 112MCG	\$0(2)	
SYNTHROID TAB 125MCG	\$0(2)	
SYNTHROID TAB 137MCG	\$0(2)	
SYNTHROID TAB 150MCG	\$0(2)	
SYNTHROID TAB 175MCG	\$0(2)	
SYNTHROID TAB 200MCG	\$0(2)	
SYNTHROID TAB 300MCG	\$0(2)	

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

* - 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>unithroid</i>	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol (oral)</i>	\$0(1)	B/D
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
ACID GONE	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	\$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0(3)	NM; *
<i>antacid</i>	\$0(3)	NM; *
<i>antacid calcium regular s</i>	\$0(3)	NM; *
<i>antacid extra strength</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength</i>	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i>	\$0(3)	NM; *
<i>calcium antacid</i>	\$0(3)	NM; *
<i>calcium antacid extra str</i>	\$0(3)	NM; *
CALCIUM CARB SUS 1250/5ML	\$0(3)	NM; *
<i>ft antacid extra strength</i>	\$0(3)	NM; *
<i>ft antacid regular streng</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *

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

* - 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>gnp antacid extra strengt</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i>	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>magnesium oxide tab 420 mg</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>sm antacid</i>	\$0(3)	NM; *
<i>sm antacid extra strength</i>	\$0(3)	NM; *
<i>smooth antacid extra stre</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i>	\$0(3)	NM; *
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0(3)	NM; *
<i>ft anti-diarrheal</i>	\$0(3)	NM; *
<i>ft stomach relief</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor</i>	\$0(3)	NM; *
<i>gnp pink bismuth</i>	\$0(3)	NM; *
<i>gnp pink bismuth ultra st</i>	\$0(3)	NM; *
<i>gnp stomach relief</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal</i>	\$0(3)	NM; *
<i>loperamide hcl soln 1 mg/7.5ml</i>	\$0(3)	NM; *
<i>sm anti-diarrheal</i>	\$0(3)	NM; *
<i>sm stomach relief</i>	\$0(3)	NM; *
<i>stomach relief</i>	\$0(3)	NM; *
<i>stomach relief extra stre</i>	\$0(3)	NM; *
<i>stomach relief ultra</i>	\$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 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
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i>	\$0(1)	
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	\$0(1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0(1)	
<i>granisetron hcl tab 1 mg</i>	\$0(1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	

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

* - 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>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine suppos 25 mg</i>	\$0(1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap 10 mg</i>	\$0(2)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0(2)	
<i>dicyclomine hcl tab 20 mg</i>	\$0(2)	
<i>glycopyrrolate tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i>	\$0(3)	NM; *
<i>acid reducer maximum stre</i>	\$0(3)	NM; *
<i>acid reducer original str</i>	\$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 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>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine maximum streng</i>	\$0(3)	NM; *
<i>famotidine original stren</i>	\$0(3)	NM; *
<i>famotidine preservative free inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	
<i>famotidine tab 20 mg</i>	\$0(3)	NM; *
<i>famotidine tab 40 mg</i>	\$0(1)	
<i>gnp acid reducer</i>	\$0(3)	NM; *
<i>gnp acid reducer maximum</i>	\$0(3)	NM; *
<i>heartburn relief</i>	\$0(3)	NM; *
<i>heartburn relief maximum</i>	\$0(3)	NM; *
<i>nizatidine cap 150 mg</i>	\$0(1)	
<i>nizatidine cap 300 mg</i>	\$0(1)	
<i>sm acid reducer</i>	\$0(3)	NM; *
<i>sm acid reducer maximum s</i>	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	\$0(1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide tab er 24hr 9 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	\$0(1)	
<i>mesalamine cap dr 400 mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	\$0(1)	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0(1)	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	\$0(1)	QL (30 suppositories / 30 days)

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

* - 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>mesalamine tab delayed release 1.2 gm</i>	\$0(1)	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	\$0(1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0(1)	
LAXATIVES		
<i>bisacodyl ec</i>	\$0(3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0(3)	NM; *
COLACE CAP 100MG	\$0(3)	NM; *
<i>constulose</i>	\$0(1)	
<i>docusate calcium cap 240 mg</i>	\$0(3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0(3)	NM; *
<i>docusate sodium cap 250 mg</i>	\$0(3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enulose</i>	\$0(1)	
FLEET ENE	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
<i>ft gentle laxative</i>	\$0(3)	NM; *
<i>ft laxative</i>	\$0(3)	NM; *
<i>ft stool softener</i>	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n sol flav pk</i>	\$0(1)	
<i>generlac</i>	\$0(1)	
<i>gentle laxative</i>	\$0(3)	NM; *
<i>gnp clearlax</i>	\$0(3)	NM; *
<i>gnp gentle laxative</i>	\$0(3)	NM; *
<i>gnp stool softener</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i>	\$0(3)	NM; *
<i>healthylax</i>	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	

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

* - 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>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm gentle laxative</i>	\$0(3)	NM; *
<i>sm stool softener</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</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
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)	
<i>cromolyn sodium oral conc 100 mg/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)	
GATTEX KIT 5MG	\$0(2)	NDS, NM, PA
LINZESS CAP 72MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0(2)	QL (30 caps / 30 days)

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

* - 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>loperamide hcl cap 2 mg</i>	\$0(1)	
<i>misoprostol tab 100 mcg</i>	\$0(1)	
<i>misoprostol tab 200 mcg</i>	\$0(1)	
MOVANTIK TAB 12.5MG	\$0(2)	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0(2)	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	\$0(2)	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
VOWST CAP	\$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TAB 250MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TAB 550MG	\$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNIT	\$0(2)	
ZENPEP CAP 15000UNIT	\$0(2)	
ZENPEP CAP 20000UNIT	\$0(2)	
ZENPEP CAP 25000UNIT	\$0(2)	
ZENPEP CAP 40000UNIT	\$0(2)	
ZENPEP CAP 60000UNIT	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp lansoprazole</i>	\$0(3)	NM; *
<i>gnp omeprazole</i>	\$0(3)	NM; *
<i>goodsense lansoprazole</i>	\$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 **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>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0(1)	
<i>omeprazole delayed release tab 20 mg</i>	\$0(3)	NM; *
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	\$0(3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0(1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>sm lansoprazole</i>	\$0(3)	NM; *
<i>sm omeprazole</i>	\$0(3)	NM; *
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	\$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
<i>bethanechol chloride tab 5 mg</i>	\$0(1)	
<i>bethanechol chloride tab 10 mg</i>	\$0(1)	
<i>bethanechol chloride tab 25 mg</i>	\$0(1)	
<i>bethanechol chloride tab 50 mg</i>	\$0(1)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0(1)	

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

* - 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>potassium citrate tab er 10 meq (1080 mg)</i>	\$0(1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TAB 75MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>7 day vagina cre 2%</i>	\$0(3)	NM; *
<i>3 day vaginal</i>	\$0(3)	NM; *
<i>gnp clotrimazole 3</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</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i>	\$0(3)	NM; *
<i>sm 3-day vaginal</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal</i>	\$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 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 miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7</i>	\$0(3)	NM; *
<i>sm tioconazole-1</i>	\$0(3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0(1)	
<i>terconazole vaginal cream 0.8%</i>	\$0(1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0(1)	
<i>tioconazole 1</i>	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0(1)	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0(1)	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	\$0(1)	

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

* - 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>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	\$0(1)	B/D
<i>jantoven</i>	\$0(1)	
<i>rivaroxaban for susp 1 mg/ml</i>	\$0(2)	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	\$0(1)	
<i>warfarin sodium tab 2 mg</i>	\$0(1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 3 mg</i>	\$0(1)	
<i>warfarin sodium tab 4 mg</i>	\$0(1)	
<i>warfarin sodium tab 5 mg</i>	\$0(1)	
<i>warfarin sodium tab 6 mg</i>	\$0(1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 10 mg</i>	\$0(1)	
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	\$0(2)	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0(2)	QL (30 tabs / 30 days)

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

* - 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
XARELTO TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT INJ 2000/ML	\$0(2)	NM, PA
PROCRIT INJ 3000/ML	\$0(2)	NM, PA
PROCRIT INJ 4000/ML	\$0(2)	NM, PA
PROCRIT INJ 10000/ML	\$0(2)	NM, PA
PROCRIT INJ 20000/ML	\$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	\$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	\$0(2)	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TAB 18MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ALVAIZ TAB 36MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ALVAIZ TAB 54MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>anagrelide hcl cap 0.5 mg</i>	\$0(1)	
<i>anagrelide hcl cap 1 mg</i>	\$0(1)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DOPTELET TAB 20MG	\$0(2)	NDS, NM, PA
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
HAEGARDA INJ 2000UNIT	\$0(2)	NDS, QL (30 vials / 30 days), NM, PA

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

* - 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
HAEGARDA INJ 3000UNIT	\$0(2)	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i>	\$0(2)	NDS, NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
<i>sajazir</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TAB 100MG	\$0(2)	
SIKLOS TAB 1000MG	\$0(2)	NDS
TAVNEOS CAP 10MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0(1)	
<i>tranexamic acid tab 650 mg</i>	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TAB 60MG	\$0(2)	
BRILINTA TAB 90MG	\$0(2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)	
<i>dipyridamole tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>dipyridamole tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>dipyridamole tab 75 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)	
<i>ticagrelor tab 60 mg</i>	\$0(1)	
<i>ticagrelor tab 90 mg</i>	\$0(1)	

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

* - 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
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMU-AACF INJ 40/0.8ML	\$0(2)	NDS, QL (2 packs / year), NM, PA
ADALIMU-AACF INJ 40/0.8ML	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMU-AACF KIT 40/0.8ML	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
COSENTYX INJ 75MG/0.5	\$0(2)	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX INJ 125/5ML	\$0(2)	NDS, NM, PA
COSENTYX INJ 150MG/ML	\$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX INJ 300DOSE	\$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX PEN INJ 150MG/ML	\$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX PEN INJ 300DOSE	\$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNO INJ 300/2ML	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT INJ 200/1.14	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
DUPIXENT INJ 200MG	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL INJ 25/0.5ML	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA

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

* - 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
ENBREL MINI INJ 50MG/ML	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN KIT PED UC	\$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
IDACIO 2-PEN INJ 40/0.8ML	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB INJ 100MG	\$0(2)	NDS, NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 pen / 28 days), NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 vial / 28 days), NM, PA

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

* - 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
PYZCHIVA INJ 90MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 130/26ML	\$0(2)	NDS, NM, PA
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, PA
RINVOQ LQ SOL 1MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 30MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 45MG ER	\$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI INJ 150MG/ML	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI INJ 180/1.2	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI INJ 360/2.4	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI PEN INJ 150MG/ML	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
SKYRIZI SOL 60MG/ML	\$0(2)	NDS, NM, PA
SOTYKTU TAB 6MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA INJ 5MG/ML	\$0(2)	NDS, NM, PA
STELARA INJ 45/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 45/0.5ML	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
STELARA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA INJ 100MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA

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

* - 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
TREMIFYA INJ 100MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMIFYA INJ 200/2ML	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMIFYA INJ 200/2ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
TREMIFYA INJ 200/20ML	\$0(2)	NDS, NM, PA
TYENNE INJ 80MG/4ML	\$0(2)	NDS, NM, PA
TYENNE INJ 162/0.9	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE INJ 162MG	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
TYENNE INJ 200/10ML	\$0(2)	NDS, NM, PA
TYENNE INJ 400/20ML	\$0(2)	NDS, NM, PA
VELSIPITY TAB 2MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOL 1MG/ML	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK INJ 45/0.5ML	\$0(2)	QL (1 syringe / 28 days), NM, PA
YESINTEK INJ 45/0.5ML	\$0(2)	QL (1 vial / 28 days), NM, PA
YESINTEK INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
YESINTEK INJ 130/26ML	\$0(2)	NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	

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

* - 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
JYLAMVO SOL 2MG/ML	\$0(2)	B/D
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
XATMEP SOL 2.5MG/ML	\$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	\$0(2)	NDS, NM, PA
ALYGLO INJ 10/100ML	\$0(2)	NDS, NM, PA
ALYGLO INJ 20/200ML	\$0(2)	NDS, NM, PA
BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0(2)	NDS, NM, PA

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

* - 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
GAMUNEX-C INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0(2)	NDS, NM, PA
ARCALYST INJ 220MG	\$0(2)	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	\$0(2)	B/D, NM
ASTAGRAF XL CAP 1MG	\$0(2)	B/D, NM
ASTAGRAF XL CAP 5MG	\$0(2)	NDS, B/D, NM
<i>azathioprine tab 50 mg</i>	\$0(1)	B/D
BENLYSTA INJ 120MG	\$0(2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA INJ 400MG	\$0(2)	NDS, NM, PA

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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>cyclosporine cap 25 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D, NM
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 0.25 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 1 mg</i>	\$0(2)	NDS, B/D, NM
<i>gengraf</i>	\$0(1)	B/D, NM
<i>gengraf sol 100mg/ml</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	\$0(1)	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D, NM
NULOJIX INJ 250MG	\$0(2)	NDS, B/D, NM
PROGRAF GRA 0.2MG	\$0(2)	B/D, NM
PROGRAF GRA 1MG	\$0(2)	B/D, NM
REZUROCK TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus oral soln 1 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>sirolimus tab 0.5 mg</i>	\$0(1)	B/D, NM
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D, NM
<i>sirolimus tab 2 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 5 mg</i>	\$0(1)	B/D, NM
VACCINES		
ABRYSVO INJ	\$0(1)	

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

* - 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
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY INJ 120MCG	\$0(1)	
BCG VACCINE INJ 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 INJ 10/0.5ML	\$0(1)	B/D
ENGERIX-B INJ 20MCG/ML	\$0(1)	B/D
GARDASIL 9 INJ	\$0(1)	
HAVRIX INJ 720UNIT	\$0(1)	
HAVRIX INJ 1440UNIT	\$0(1)	
HEPLISAV-B INJ 20/0.5ML	\$0(1)	B/D
HIBERIX SOL 10MCG	\$0(1)	
IMOVAX RABIE INJ 2.5/ML	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	
IXIARO INJ	\$0(1)	
JYNNEOS INJ	\$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 INJ 50MCG	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB INJ	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENMENVY INJ	\$0(1)	
PENTACEL INJ	\$0(1)	

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0(1)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0(1)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTATEQ SOL	\$0(1)	
SHINGRIX INJ 50/0.5ML	\$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC INJ	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI INJ	\$0(1)	
VAQTA INJ 25/0.5ML	\$0(1)	
VAQTA INJ 50UNT/ML	\$0(1)	
VARIVAX INJ	\$0(1)	
VAXCHORA SUS	\$0(1)	
VIMKUNYA INJ 40/0.8ML	\$0(1)	
VIVOTIF CAP EC	\$0(1)	
YF-VAX INJ	\$0(1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	

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

* - 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>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SU INJ 2GM/50ML	\$0(2)	
MAGNESIUM SU INJ 4G/100ML	\$0(2)	
MAGNESIUM SU INJ 20/500ML	\$0(2)	
MAGNESIUM SU INJ 40G/1000	\$0(2)	
MAGNESIUM SU INJ 50%	\$0(2)	
MAGNESIUM SU INJ 80MG/ML	\$0(2)	
<i>magnesium sulfite in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>magnesium sulfite inj 50%</i>	\$0(2)	
<i>magnesium sulfite iv soln 2 gm/50ml (40 mg/ml)</i>	\$0(2)	

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

* - 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>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>potassium chloride inj 10 meq/50ml</i>	\$0(1)	
<i>potassium chloride inj 10 meq/100ml</i>	\$0(1)	
<i>potassium chloride inj 20 meq/50ml</i>	\$0(1)	
<i>potassium chloride inj 20 meq/100ml</i>	\$0(1)	
<i>potassium chloride inj 40 meq/100ml</i>	\$0(1)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i>	\$0(1)	
<i>klor-con 8</i>	\$0(1)	
<i>klor-con 10</i>	\$0(1)	
<i>klor-con m10</i>	\$0(1)	
<i>klor-con m15</i>	\$0(1)	
<i>klor-con m20</i>	\$0(1)	

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

* - 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
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride cap er 8 meq</i>	\$0(1)	
<i>potassium chloride cap er 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</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)	
WESTAB PLUS TAB 27-1MG	\$0(2)	
IV NUTRITION		
CHROMIUM CL INJ 4MCG/ML	\$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

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

* - 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
CLINOLIPID EMU 20%	\$0(2)	B/D
COPPER INJ 0.4MG/ML	\$0(3)	NM; *
<i>dextrose inj 5%</i>	\$0(1)	
<i>dextrose inj 10%</i>	\$0(1)	
<i>dextrose inj 50%</i>	\$0(1)	B/D
<i>dextrose inj 70%</i>	\$0(1)	B/D
INTRALIPID INJ 20%	\$0(2)	B/D
INTRALIPID INJ 30%	\$0(2)	B/D
NUTRILIPID EMU 20%	\$0(2)	B/D
<i>plenamine</i>	\$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 TAB	\$0(3)	NM; *
K-PHOS TAB NEUTRAL	\$0(3)	NM; *
<i>manganese chloride inj 0.1 mg/ml</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *
MISCELLANEOUS		
ENLYTE CAP	\$0(3)	NM; *
VITAMINS		
BACMIN TAB	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0(3)	NM; *
<i>dialyvite</i>	\$0(3)	NM; *
DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
DRISDOL CAP 50000UNT	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$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 **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
FLORIVA CHW 0.5MG	\$0(3)	NM; *
FLORIVA CHW 0.25MG	\$0(3)	NM; *
FLORIVA CHW 1MG	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multi-vitamin/fluoride dr</i>	\$0(3)	NM; *
<i>multi-vitamin/fluoride/ir</i>	\$0(3)	NM; *
MULTIVITAMIN WITH FLUORID	\$0(3)	NM; *
<i>multivitamin/fluoride</i>	\$0(3)	NM; *
NASCOBAL SPR 500MCG	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NIVA-FOL TAB	\$0(3)	NM; *
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$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; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$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; *

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

* - 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
QUFLORA PED DRO 0.5MG/ML	\$0(3)	NM; *
QUFLORA PED DRO 0.25MG	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
<i>tri-vite/fluoride</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>wescaps</i>	\$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin ophth oint 500 unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUS 0.6%	\$0(2)	
CILOXAN OIN 0.3% OP	\$0(2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply.
* - 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>gatifloxacin ophth soln 0.5%</i>	\$0(1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0(1)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	\$0(2)	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0(1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0(1)	
<i>tobramycin ophth soln 0.3%</i>	\$0(1)	
<i>trifluridine ophth soln 1%</i>	\$0(1)	
XDEM VY DRO 0.25%	\$0(2)	NDS, NM, PA
ZIRGAN GEL 0.15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	\$0(1)	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	\$0(1)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
FLAREX SUS 0.1% OP	\$0(2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	

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

* - 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
LOTEMAX OIN 0.5%	\$0(2)	
<i>loteprednol etabonate ophth susp 0.2%</i>	\$0(1)	
PRED SOD PHO SOL 1% OP	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway</i>	\$0(3)	NM; *
<i>alaway childrens allergy</i>	\$0(3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
<i>cromolyn sodium ophth soln 4%</i>	\$0(1)	
<i>eye itch relief</i>	\$0(3)	NM; *
<i>ketotifen fumarate ophth soln 0.035%</i>	\$0(3)	NM; *
ZADITOR DRO 0.035%OP	\$0(3)	NM; *
ZERVIAE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>brinzolamide ophth susp 1%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01% OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	

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

* - 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>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
VYZULTA SOL 0.024%	\$0(2)	
MISCELLANEOUS		
<i>artificial tears</i>	\$0(3)	NM; *
ATROPINE SUL SOL 1% OP	\$0(2)	
<i>atropine sulfate ophth soln 1%</i>	\$0(1)	
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	\$0(3)	NM; *
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	\$0(3)	NM; *
CYSTADROPS SOL 0.37%	\$0(2)	NDS, NM, PA
CYSTARAN SOL 0.44%	\$0(2)	NDS, NM, PA
EYSUVIS DRO 0.25%	\$0(2)	
GENTEAL GEL 0.3%	\$0(3)	NM; *
<i>genteal tears night-time</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>goodsense lubricating plu</i>	\$0(3)	NM; *
<i>lubricant eye drops</i>	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
MIEBO DRO 1.3GM/ML	\$0(2)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>refresh celluvisc</i>	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH LIQU DRO 1% OP	\$0(3)	NM; *
REFRESH PLUS DRO 0.5% OP	\$0(3)	NM; *
REFRESH TEAR DRO 0.5% OP	\$0(3)	NM; *
RESTASIS EMU 0.05% OP	\$0(2)	
RESTASIS MUL EMU 0.05% OP	\$0(2)	

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

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

* - 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>systane nighttime</i>	\$0(3)	NM; *
XIIDRA DRO 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac</i>	\$0(1)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin otic soln 0.3%</i>	\$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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$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 AER 17MCG	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	

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

* - 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
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TAB 2MG	\$0(3)	NM; *
<i>all day allergy</i>	\$0(3)	NM; *
<i>all day allergy childrens</i>	\$0(3)	NM; *
<i>aller-chlor</i>	\$0(3)	NM; *
<i>allergy</i>	\$0(3)	NM; *
<i>allergy childrens</i>	\$0(3)	NM; *
<i>allergy relief</i>	\$0(3)	NM; *
<i>allergy relief 24hr</i>	\$0(3)	NM; *
<i>allergy relief childrens</i>	\$0(3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0(1)	
<i>banophen</i>	\$0(3)	NM; *
<i>cetirizine hcl allergy ch</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl childrens</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hydrochloride</i>	\$0(3)	NM; *
<i>childrens loratadine</i>	\$0(3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>ed chlorped jr</i>	\$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 **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>fexofenadine hcl tab 60 mg</i>	\$0(3)	NM; *
<i>fexofenadine hcl tab 180 mg</i>	\$0(3)	NM; *
<i>ft all day allergy</i>	\$0(3)	NM; *
<i>ft all day allergy 24 hou</i>	\$0(3)	NM; *
<i>ft allergy relief</i>	\$0(3)	NM; *
<i>ft allergy relief 12 hour</i>	\$0(3)	NM; *
<i>ft allergy relief childre</i>	\$0(3)	NM; *
<i>gnp all day allergy</i>	\$0(3)	NM; *
<i>gnp all day allergy child</i>	\$0(3)	NM; *
<i>gnp allergy</i>	\$0(3)	NM; *
<i>gnp allergy relief</i>	\$0(3)	NM; *
<i>gnp allergy relief maximu</i>	\$0(3)	NM; *
<i>gnp childrens allergy</i>	\$0(3)	NM; *
<i>gnp loratadine</i>	\$0(3)	NM; *
<i>gnp loratadine childrens</i>	\$0(3)	NM; *
<i>goodsense all day allergy</i>	\$0(3)	NM; *
<i>goodsense aller-ease</i>	\$0(3)	NM; *
<i>goodsense allergy relief</i>	\$0(3)	NM; *
HISTEX PD DRO 0.938MG	\$0(3)	NM; *
HISTEX SYP 2.5MG/5	\$0(3)	NM; *
<i>hm all day allergy childr</i>	\$0(3)	NM; *
<i>hm loratadine</i>	\$0(3)	NM; *
<i>24hr allergy relief</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

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

* - 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>hydroxyzine hcl tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>liquid allergy relief</i>	\$0(3)	NM; *
<i>loratadine childrens</i>	\$0(3)	NM; *
<i>loratadine rapidly-disintegrating tab 10 mg</i>	\$0(3)	NM; *
<i>loratadine tab 10 mg</i>	\$0(3)	NM; *
<i>m-dryl</i>	\$0(3)	NM; *
PEDIACLEARPD LIQ 0.625/ML	\$0(3)	NM; *
<i>sm all day allergy</i>	\$0(3)	NM; *
<i>sm allergy childrens</i>	\$0(3)	NM; *
<i>sm allergy relief</i>	\$0(3)	NM; *
<i>sm allergy relief childre</i>	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i>	\$0(3)	NM; *
<i>sm loratadine</i>	\$0(3)	NM; *
<i>triprolidine hcl drops 0.938 mg/ml</i>	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)

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

B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply.

* - 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>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0(1)	
<i>albuterol sulfate tab 2 mg</i>	\$0(1)	
<i>albuterol sulfate tab 4 mg</i>	\$0(1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
VENTOLIN HFA (INSTITUTIONAL PACK)	\$0(2)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	\$0(2)	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	

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

* - 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>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
ALYFTREK TAB 4-20-50	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP INJ 500MG	\$0(2)	NDS, NM, PA
ARALAST NP INJ 1000MG	\$0(2)	NDS, NM, PA
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0(3)	NM; *
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of Adrenacllick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of Adrenacllick)
FASENRA INJ 10MG/0.5	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA INJ 30MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN INJ 30MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO GRA 5.8MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO GRA 13.4MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA

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

* - 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
KALYDECO PAK 25MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 50MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 75MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAP 100MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAP 150MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone cap 267 mg</i>	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone tab 267 mg</i>	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone tab 534 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>pirfenidone tab 801 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, NM, PA
PULMOZYME SOL 1MG/ML	\$0(2)	NDS, NM, PA
<i>roflumilast tab 250 mcg</i>	\$0(1)	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	\$0(1)	QL (30 tabs / 30 days)

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

* - 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
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline elixir 80 mg/15ml</i>	\$0(1)	
<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 100 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 200 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
XOLAIR INJ 300/2ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 300/2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOL 150MG	\$0(2)	NDS, QL (8 vials / 28 days), NM, PA
ZEMAIRA INJ 1000MG	\$0(2)	NDS, NM, PA

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

* - 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
ZEMAIRA INJ 4000MG	\$0(2)	NDS, NM, PA
ZEMAIRA INJ 5000MG	\$0(2)	NDS, NM, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relief</i>	\$0(3)	NM; *
<i>budesonide nasal susp 32 mcg/act</i>	\$0(3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(3)	NM; *
<i>gnp budesonide nasal spra</i>	\$0(3)	NM; *
<i>goodsense 24-hour allergy</i>	\$0(3)	NM; *
<i>hm allergy relief nasal s</i>	\$0(3)	NM; *
<i>sm allergy relief nasal s</i>	\$0(3)	NM; *
XHANCE MIS 93MCG	\$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	\$0(2)	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	\$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$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)
<i>breyana</i>	\$0(1)	QL (3 inhalers / 30 days)

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

* - 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>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 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)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0(1)	PA
<i>acne medicat lot 10%</i>	\$0(3)	NM; *
<i>acne medication 2.5</i>	\$0(3)	NM; *
<i>acne medication 5</i>	\$0(3)	NM; *
<i>acne medication 10</i>	\$0(3)	NM; *
<i>adapalene gel 0.1%</i>	\$0(3)	NM; *
<i>amnestem</i>	\$0(1)	PA
<i>amnestem cap 30mg</i>	\$0(1)	PA
BENZOYL PER GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0(3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0(3)	NM; *
<i>benzoyl peroxide wash</i>	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i>	\$0(1)	PA

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

B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply.

* - 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>clindamycin phosphate gel 1% (once-daily)</i>	\$0(1)	QL (75 mL / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>ery</i>	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	\$0(1)	QL (75 gm / 30 days)
<i>zenatane</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>goodsense first aid antib</i>	\$0(3)	NM; *
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i>	\$0(1)	
SULFAMYLON CRE 85MG/GM	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal</i>	\$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 **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>athletes foot</i>	\$0(3)	NM; *
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	\$0(1)	QL (120 mL / 30 days)
<i>clotrimazole antifungal</i>	\$0(3)	NM; *
<i>clotrimazole cream 1%</i>	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole cream 1%</i>	\$0(3)	NM; *
<i>clotrimazole soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	\$0(1)	QL (85 gm / 30 days)
FUNGOID TINC SOL 2%	\$0(3)	NM; *
<i>gnp athletes foot</i>	\$0(3)	NM; *
<i>gnp tolnaftate</i>	\$0(3)	NM; *
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	\$0(1)	QL (120 mL / 30 days)
<i>klayesta</i>	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate cream 2%</i>	\$0(3)	NM; *
MICONAZOLE SOL 2%	\$0(3)	NM; *
<i>micotrin ac</i>	\$0(3)	NM; *
<i>mycozyl ac</i>	\$0(3)	NM; *
<i>nyamyc</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i>	\$0(1)	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0(1)	
<i>sm antifungal clotrimazol</i>	\$0(3)	NM; *
<i>sm antifungal miconazole</i>	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i>	\$0(3)	NM; *
<i>tm-clotrimazole</i>	\$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 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>tolnaftate cream 1%</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i>	\$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	\$0(2)	NDS, QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i>	\$0(3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0(1)	QL (120 gm / 30 days)

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

* - 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>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate e</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	\$0(1)	QL (50 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0(1)	
<i>fluticasone propionate oint 0.005%</i>	\$0(1)	
<i>gnp hydrocortisone</i>	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i>	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i>	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate cream 0.05%</i>	\$0(1)	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0(1)	QL (50 gm / 30 days)
HYDROCORT CRE 1%	\$0(3)	NM; *
<i>hydrocortisone cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 1%</i>	\$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 **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>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone maximum st</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>hydrocortisone oint 1%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0(1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>hydrocortisone/aloë maxim</i>	\$0(3)	NM; *
<i>mometasone furoate cream 0.1%</i>	\$0(1)	
<i>mometasone furoate oint 0.1%</i>	\$0(1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0(1)	
<i>sm hydrocortisone</i>	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i>	\$0(3)	NM; *
<i>sm hydrocortisone plus</i>	\$0(3)	NM; *
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0(1)	
<i>triderm</i>	\$0(1)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>tridacaine dis 5% patch</i>	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
BETADINE SOL 10%	\$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 **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>bexarotene gel 1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium soln 1.5%</i>	\$0(1)	QL (300 mL / 28 days)
FIRST AID OIN 10%	\$0(3)	NM; *
<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	\$0(1)	
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>lidocaine cream 4%</i>	\$0(3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	\$0(1)	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	\$0(1)	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>procto-med hc</i>	\$0(1)	
<i>proctocort</i>	\$0(1)	
<i>proctosol hc</i>	\$0(1)	
<i>proctozone-hc</i>	\$0(1)	
RENOVA CRE 0.02%	\$0(3)	NM; *
RENOVA PUMP CRE 0.02%	\$0(3)	NM; *
<i>sm povidone-iodine</i>	\$0(3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA

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

* - 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
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment</i>	\$0(3)	NM; *
<i>goodsense lice killing cr</i>	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>malathion lotion 0.5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	\$0(1)	QL (60 gm / 30 days)
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment</i>	\$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0(1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	
<i>nystatin susp 100000 unit/ml</i>	\$0(1)	
<i>periogard</i>	\$0(1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)	
<i>triamcinolone acetone dental paste 0.1%</i>	\$0(1)	

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

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

D. Index of Covered Drugs

Drug Name	Page #	Drug Name	Page #
2		<i>acetaminophen w/ codeine tab 300-60 mg..</i>	7
<i>24hr allergy relief</i>	156	<i>acetazolamide cap er 12hr 500 mg</i>	62
3		<i>acetazolamide tab 125 mg</i>	62
<i>3 day vaginal.....</i>	131	<i>acetazolamide tab 250 mg</i>	62
7		<i>acetic acid irrigation soln 0.25%</i>	130
<i>7 day vagina cre 2%</i>	131	<i>acetic acid otic soln 2%</i>	154
A		<i>acetylcysteine inhal soln 10%</i>	159
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	16	<i>acetylcysteine inhal soln 20%.....</i>	159
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	14	ACID GONE.....	122
<i>abacavir sulfate tab 300 mg (base equiv)</i>	14	<i>acid reducer</i>	125
<i>abigale lo tab 0.5-0.1</i>	114	<i>acid reducer complete</i>	128
<i>abigale tab 1-0.5mg</i>	114	<i>acid reducer maximum stre</i>	125
ABILIFY ASIM INJ 720MG	76	<i>acid reducer original str</i>	125
ABILIFY ASIM INJ 960MG	76	<i>acitretin cap 10 mg</i>	166
ABILIFY MAIN INJ 300MG	76	<i>acitretin cap 17.5 mg.....</i>	166
ABILIFY MAIN INJ 400MG	76	<i>acitretin cap 25 mg.....</i>	166
<i>abiraterone acetate tab 250 mg</i>	28	<i>acne medication 2.5</i>	163
<i>abiraterone acetate tab 500 mg</i>	28	<i>acne medication 5</i>	163
<i>abirtega tab 250mg.....</i>	28	<i>acne medication 10.....</i>	163
ABRYSVO INJ	142	<i>acne medicat lot 10%.....</i>	163
<i>acamprosate calcium tab delayed release 333 mg</i>	99	ACTHIB INJ.....	143
<i>acarbose tab 25 mg.....</i>	101	ACTIMMUNE INJ 2MU/0.5	141
<i>acarbose tab 50 mg</i>	101	<i>acyclovir cap 200 mg</i>	17
<i>acarbose tab 100 mg.....</i>	101	<i>acyclovir sodium iv soln 50 mg/ml</i>	18
<i>accutane</i>	163	<i>acyclovir susp 200 mg/5ml</i>	18
<i>acebutolol hcl cap 200 mg</i>	58	<i>acyclovir tab 400 mg</i>	18
<i>acebutolol hcl cap 400 mg.....</i>	58	<i>acyclovir tab 800 mg.....</i>	18
<i>acetaminophen soln 160 mg/5ml.....</i>	1	ADACEL INJ.....	143
<i>acetaminophen suppos 120 mg.....</i>	1	ADALIMU-AACF INJ 40/0.8ML	136
<i>acetaminophen suppos 650 mg.....</i>	1	ADALIMU-AACF KIT 40/0.8ML.....	136
<i>acetaminophen susp 160 mg/5ml.....</i>	2	<i>adapalene gel 0.1%.....</i>	163
<i>acetaminophen tab 325 mg</i>	2	<i>adefovir dipivoxil tab 10 mg</i>	18
<i>acetaminophen tab 500 mg.....</i>	2	ADEMPAS TAB 0.5MG.....	65
<i>acetaminophen tab er 650 mg</i>	2	ADEMPAS TAB 1.5MG	65
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	7	ADEMPAS TAB 1MG.....	65
<i>acetaminophen w/ codeine tab 300-15 mg ...</i>	7	ADEMPAS TAB 2.5MG.....	65
<i>acetaminophen w/ codeine tab 300-30 mg ..</i>	7	ADEMPAS TAB 2MG	65
		ADIPEX-P TAB 37.5MG.....	105
		ADMELOG INJ 100U/ML.....	104
		ADMELOG SOLO INJ 100U/ML.....	104
		ADVAIR HFA AER 45/21	162
		ADVAIR HFA AER 115/21.....	162
		ADVAIR HFA AER 230/21	162
		<i>afirmelle</i>	107

Drug Name	Page #	Drug Name	Page #
AIMOVIG INJ 70MG/ML	94	<i>allergy relief childrens</i>	155
AIMOVIG INJ 140MG/ML	94	<i>allopurinol tab 100 mg</i>	1
AIRSUPRA AER 90-80MCG	162	<i>allopurinol tab 300 mg</i>	1
AKEEGA TAB 50/500MG.....	28	<i>almacone double strength</i>	122
AKEEGA TAB 100/500	29	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	128
<i>ala-cort</i>	166	<i>alose tron hcl tab 1 mg (base equiv)</i>	128
ALA-HIST IR TAB 2MG	155	<i>alprazolam tab 0.5 mg</i>	67
<i>alaway</i>	152	<i>alprazolam tab 0.25 mg</i>	67
<i>alaway childrens allergy</i>	152	<i>alprazolam tab 1 mg</i>	67
<i>albendazole tab 200 mg</i>	9	<i>alprazolam tab 2 mg</i>	67
<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	157, 158	<i>altavera</i>	107
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	158	ALUM HYDROX SUS 320/5ML.....	122
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	158	<i>alum & mag hydroxide-simethicone susp</i> <i>200-200-20 mg/5ml</i>	122
<i>albuterol sulfate soln nebu 0.083%</i> <i>(2.5 mg/3ml)</i>	158	<i>alum & mag hydroxide-simethicone susp</i> <i>400-400-40 mg/5ml</i>	122
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	158	ALUNBRIG PAK	32
<i>albuterol sulfate syrup 2 mg/5ml</i>	158	ALUNBRIG TAB 30MG.....	32
<i>albuterol sulfate tab 2 mg</i>	158	ALUNBRIG TAB 90MG	33
<i>albuterol sulfate tab 4 mg</i>	158	ALUNBRIG TAB 180MG	33
<i>alclometasone dipropionate cream 0.05%</i>	166	ALVAIZ TAB 9MG	134
<i>alclometasone dipropionate oint 0.05%</i>	166	ALVAIZ TAB 18MG	134
ALCOHOL SWABS\ BD-EMBECTA/MHC/ RUGBY	104	ALVAIZ TAB 36MG	134
ALDURAZYME INJ 2.9MG/5M	117	ALVAIZ TAB 54MG	134
ALECENSA CAP 150MG.....	32	ALVESCO AER 80MCG	162
<i>alendronate sodium oral soln 70 mg/75ml</i>	106	ALVESCO AER 160MCG.....	162
<i>alendronate sodium tab 10 mg</i>	106	<i>alyacen 1/35</i>	107
<i>alendronate sodium tab 35 mg</i>	106	<i>alyacen 7/7/7</i>	107
<i>alendronate sodium tab 70 mg</i>	106	ALYFTREK TAB 4-20-50	159
<i>alfuzosin hcl tab er 24hr 10 mg</i>	130	ALYFTREK TAB 10-50-125.....	159
<i>aliskiren fumarate tab 150 mg (base</i> <i>equivalent)</i>	63	ALYGLO INJ 5GM/50ML.....	140
<i>aliskiren fumarate tab 300 mg (base</i> <i>equivalent)</i>	63	ALYGLO INJ 10/100ML.....	140
<i>all day allergy</i>	155	ALYGLO INJ 20/200ML	140
<i>all day allergy childrens</i>	155	<i>alyq</i>	65
<i>all day pain relief</i>	4	<i>amantadine hcl cap 100 mg</i>	74
<i>all day relief</i>	4	<i>amantadine hcl soln 50 mg/5ml</i>	74
<i>aller-chlor</i>	155	<i>amantadine hcl tab 100 mg</i>	74
<i>allergy</i>	155	<i>ambrisentan tab 5 mg</i>	65
<i>allergy childrens</i>	155	<i>ambrisentan tab 10 mg</i>	66
<i>allergy relief</i>	155, 162	<i>amethia tab</i>	107
<i>allergy relief 24hr</i>	155	<i>amethyst</i>	107
		<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	9
		<i>amikacin sulfate inj 500 mg/2ml</i> <i>(250 mg/ml)</i>	9
		<i>amiloride hcl tab 5 mg</i>	62

Drug Name	Page #	Drug Name	Page #
<i>amiloride & hydrochlorothiazide tab</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
5-50 mg.....	62	320 mg	52
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	55	<i>amneesteem</i>	163
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	55	<i>amneesteem cap 30mg</i>	163
<i>amiodarone hcl inj 900 mg/18ml</i>		<i>amoxapine tab 25 mg</i>	69
(50 mg/ml)	55	<i>amoxapine tab 50 mg</i>	69
<i>amiodarone hcl tab 100 mg</i>	55	<i>amoxapine tab 100 mg</i>	69
<i>amiodarone hcl tab 200 mg</i>	55	<i>amoxapine tab 150 mg</i>	69
<i>amiodarone hcl tab 400 mg</i>	55	<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>amitriptyline hcl tab 10 mg</i>	69	28.5 mg/5ml	22
<i>amitriptyline hcl tab 25 mg</i>	69	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>amitriptyline hcl tab 50 mg</i>	69	62.5 mg/5ml	23
<i>amitriptyline hcl tab 75 mg</i>	69	<i>amoxicillin & k clavulanate for susp 400-</i>	
<i>amitriptyline hcl tab 100 mg</i>	69	57 mg/5ml	23
<i>amitriptyline hcl tab 150 mg</i>	69	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		42.9 mg/5ml	23
10 mg	49	<i>amoxicillin & k clavulanate tab 250-125 mg</i> .	23
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate tab 500-125 mg</i> .	23
5-10 mg.....	49	<i>amoxicillin & k clavulanate tab 875-125 mg</i> ..	23
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate tab er 12hr 1000-</i>	
5-20 mg.....	49	62.5 mg	23
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin (trihydrate) cap 250 mg</i>	23
5-40 mg.....	49	<i>amoxicillin (trihydrate) cap 500 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxicillin (trihydrate) chew tab 125 mg</i>	23
20 mg	49	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	23
40 mg	49	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	23
<i>amlodipine besylate-olmesartan medoxomil</i>		<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	23
tab 5-20 mg	52	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-olmesartan medoxomil</i>		400 mg/5ml.....	23
tab 5-40 mg	52	<i>amoxicillin (trihydrate) tab 500 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil</i>		<i>amoxicillin (trihydrate) tab 875 mg</i>	23
tab 10-20 mg.....	52	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan medoxomil</i>		24hr 5 mg.....	92
tab 10-40 mg	52	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate tab 2.5 mg (base</i>		24hr 10 mg	92
equivalent)	60	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate tab 5 mg (base</i>		24hr 15 mg	92
equivalent)	60	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate tab 10 mg (base</i>		24hr 20 mg.....	92
equivalent)	60	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	52	24hr 25 mg.....	92
<i>amlodipine besylate-valsartan tab</i>		<i>amphetamine-dextroamphetamine cap er</i>	
5-320 mg	52	24hr 30 mg	92
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
160 mg	52	5 mg.....	92

Drug Name	Page #	Drug Name	Page #
<i>amphetamine-dextroamphetamine tab</i>		<i>anti-gas/and gnp antacid.....</i>	122
7.5 mg	92	<i>anti-itch maximum strengt</i>	166
<i>amphetamine-dextroamphetamine tab</i>		<i>aprepitant capsule 40 mg.....</i>	124
10 mg	92	<i>aprepitant capsule 80 mg.....</i>	124
<i>amphetamine-dextroamphetamine tab</i>		<i>aprepitant capsule 125 mg</i>	124
12.5 mg	92	<i>aprepitant capsule therapy pack 80 &</i>	
<i>amphetamine-dextroamphetamine tab</i>		125 mg	124
15 mg	92	<i>apri.....</i>	108
<i>amphetamine-dextroamphetamine tab</i>		<i>APTIOM TAB 200MG</i>	83
20 mg	92	<i>APTIOM TAB 400MG</i>	83
<i>amphetamine-dextroamphetamine tab</i>		<i>APTIOM TAB 600MG</i>	83
30 mg	92	<i>APTIOM TAB 800MG</i>	83
<i>amphotericin b for iv soln 50 mg</i>	12	<i>APTIVUS CAP 250MG</i>	14
<i>amphotericin b liposome iv for susp 50 mg ..</i>	12	<i>ARALAST NP INJ 500MG.....</i>	159
<i>ampicillin cap 500 mg.....</i>	24	<i>ARALAST NP INJ 1000MG</i>	159
<i>ampicillin sodium for inj 1 gm</i>	24	<i>aranelle.....</i>	108
<i>ampicillin sodium for inj 2 gm</i>	24	<i>ARCALYST INJ 220MG</i>	141
<i>ampicillin sodium for inj 125 mg.....</i>	24	<i>AREXVY INJ 120MCG</i>	143
<i>ampicillin sodium for inj 250 mg.....</i>	24	<i>ARIKAYCE SUS.....</i>	9
<i>ampicillin sodium for inj 500 mg</i>	24	<i>aripiprazole orally disintegrating tab 10 mg..</i>	76
<i>ampicillin sodium for iv soln 1 gm</i>	24	<i>aripiprazole orally disintegrating tab 15 mg..</i>	76
<i>ampicillin sodium for iv soln 2 gm</i>	24	<i>aripiprazole oral solution 1 mg/ml.....</i>	76
<i>ampicillin sodium for iv soln 10 gm.....</i>	24	<i>aripiprazole tab 2 mg.....</i>	76
<i>ampicillin & sulbactam sodium for inj 1.5 (1-</i>		<i>aripiprazole tab 5 mg.....</i>	76
0.5) gm	23	<i>aripiprazole tab 10 mg</i>	76
<i>ampicillin & sulbactam sodium for inj 3 (2-1)</i>		<i>aripiprazole tab 15 mg</i>	76
gm.....	23	<i>aripiprazole tab 20 mg</i>	76
<i>ampicillin & sulbactam sodium for iv soln 1.5</i>		<i>aripiprazole tab 30 mg</i>	76
(1-0.5) gm	23	<i>ARISTADA INJ 441MG/1.....</i>	76
<i>ampicillin & sulbactam sodium for iv soln 3</i>		<i>ARISTADA INJ 662MG/2</i>	76
(2-1) gm.....	23	<i>ARISTADA INJ 882MG/3</i>	76
<i>ampicillin & sulbactam sodium for iv soln 15</i>		<i>ARISTADA INJ 1064MG</i>	76
(10-5) gm	24	<i>ARISTADA INJ INITIO</i>	76
<i>anagrelide hcl cap 0.5 mg</i>	134	<i>armodafinil tab 50 mg</i>	98
<i>anagrelide hcl cap 1 mg</i>	134	<i>armodafinil tab 150 mg</i>	98
<i>anastrozole tab 1 mg.....</i>	29	<i>armodafinil tab 200 mg.....</i>	98
<i>ANORO ELLIPT AER 62.5-25.....</i>	154	<i>armodafinil tab 250 mg.....</i>	98
<i>antacid.....</i>	122	<i>ARNUITY ELPT INH 50MCG.....</i>	162
<i>antacid/antigas liquid.....</i>	122	<i>ARNUITY ELPT INH 100MCG</i>	162
<i>antacid calcium regular s.....</i>	122	<i>ARNUITY ELPT INH 200MCG</i>	162
<i>antacid extra strength</i>	122	<i>arthritis pain relief</i>	2
<i>antacid maximum strength</i>	122	<i>artificial tears.....</i>	153
<i>antacid regular strength.....</i>	122	<i>asenapine maleate sl tab 2.5 mg (base</i>	
<i>antacid ultra strength</i>	122	equiv)	76
<i>anti-diarrheal</i>	123	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	76
<i>antifungal</i>	164		

Drug Name	Page #	Drug Name	Page #
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	77	<i>aubra eq</i>	108
<i>ashlyna</i>	108	AUGTYRO CAP 40MG	33
<i>aspirin adult low dose</i>	2	AUGTYRO CAP 160MG	33
<i>aspirin chew tab 81 mg</i>	2	<i>aurovela 1/20</i>	108
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	135	<i>aurovela 24 fe</i>	108
<i>aspirin low dose</i>	2	<i>aurovela fe 1.5/30</i>	108
<i>aspirin low strength</i>	2	<i>aurovela fe 1/20</i>	108
<i>aspirin regimen</i>	2	AUSTEDO TAB 6MG	96
ASPIRIN SUP 300MG	2	AUSTEDO TAB 9MG	96
<i>aspirin tab 325 mg</i>	2	AUSTEDO TAB 12MG	96
<i>aspirin tab delayed release 325 mg</i>	2	AUSTEDO XR TAB 6MG	96
ASTAGRAF XL CAP 0.5MG	141	AUSTEDO XR TAB 12MG	96
ASTAGRAF XL CAP 1MG	141	AUSTEDO XR TAB 18MG	96
ASTAGRAF XL CAP 5MG	141	AUSTEDO XR TAB 24MG	96
<i>atazanavir sulfate cap 150 mg (base equiv)</i> ..	14	AUSTEDO XR TAB 30MG ER	96
<i>atazanavir sulfate cap 200 mg (base equiv)</i> ..	14	AUSTEDO XR TAB 36MG ER	96
<i>atazanavir sulfate cap 300 mg (base equiv)</i> ..	14	AUSTEDO XR TAB 42MG ER	96
<i>atenolol & chlorthalidone tab 50-25 mg</i>	58	AUSTEDO XR TAB 48MG ER	96
<i>atenolol & chlorthalidone tab 100-25 mg</i>	58	AUSTEDO XR TAB TITR KIT	96
<i>atenolol tab 25 mg</i>	58	AUVELITY TAB 45-105MG	69
<i>atenolol tab 50 mg</i>	58	<i>aviane</i>	108
<i>atenolol tab 100 mg</i>	58	AVMAPKI PAK FAKZYNJA	33
<i>athletes foot</i>	165	<i>ayuna</i>	108
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	92	AYVAKIT TAB 25MG	33
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	92	AYVAKIT TAB 50MG	33
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	92	AYVAKIT TAB 100MG	33
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	92	AYVAKIT TAB 200MG	33
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	93	AYVAKIT TAB 300MG	33
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	93	<i>azacitidine for inj 100 mg</i>	27
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	93	<i>azathioprine tab 50 mg</i>	141
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	56	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	155
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	56	<i>azelastine hcl ophth soln 0.05%</i>	152
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	56	<i>azithromycin for susp 100 mg/5ml</i>	21
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	56	<i>azithromycin for susp 200 mg/5ml</i>	21
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13	<i>azithromycin iv for soln 500 mg</i>	21
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13	<i>azithromycin powd pack for susp 1 gm</i>	21
<i>atovaquone susp 750 mg/5ml</i>	9	<i>azithromycin tab 250 mg</i>	21
<i>atropine sulfate ophth soln 1%</i>	153	<i>azithromycin tab 500 mg</i>	21
ATROPINE SUL SOL 1% OP	153	<i>azithromycin tab 600 mg</i>	21
ATROVENT HFA AER 17MCG	154	<i>aztreonam for inj 1 gm</i>	9
		<i>aztreonam for inj 2 gm</i>	9
		<i>azurette</i>	108
		B	
		<i>bacitracin ophth oint 500 unit/gm</i>	150

Drug Name	Page #	Drug Name	Page #
<i>bacitracin-polymyxin b ophth oint</i>	150	BESREMI SOL 500MCG.....	31
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	150	BETADINE SOL 10%.....	168
<i>baclofen tab 5 mg</i>	97	<i>betaine powder for oral solution</i>	117
<i>baclofen tab 10 mg</i>	98	<i>betamethasone dipropionate augmented cream 0.05%</i>	166
<i>baclofen tab 20 mg</i>	98	<i>betamethasone dipropionate augmented gel 0.05%</i>	166
BACMIN TAB.....	148	<i>betamethasone dipropionate augmented lotion 0.05%</i>	166
BAFIERTAM CAP 95MG.....	97	<i>betamethasone dipropionate augmented oint 0.05%</i>	166
<i>balsalazide disodium cap 750 mg</i>	126	<i>betamethasone dipropionate cream 0.05%</i>	166
BALVERSA TAB 3MG.....	33	<i>betamethasone dipropionate lotion 0.05%</i>	166
BALVERSA TAB 4MG.....	33	<i>betamethasone dipropionate oint 0.05%</i>	166
BALVERSA TAB 5MG.....	33	<i>betamethasone dipropionate augmented cream 0.05%</i>	166
<i>balziva</i>	108	<i>betamethasone dipropionate lotion 0.05%</i>	166
<i>banophen</i>	155	<i>betamethasone dipropionate oint 0.05%</i>	166
BARACLUDGE SOL.....	18	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	166
BASAGLAR INJ 100UNIT.....	104	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	167
BCG VACCINE INJ 50MG.....	143	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	167
<i>benazepril hcl tab 5 mg</i>	50	BETASERON INJ 0.3MG.....	97
<i>benazepril hcl tab 10 mg</i>	50	<i>betaxolol hcl ophth soln 0.5%</i>	152
<i>benazepril hcl tab 20 mg</i>	50	<i>betaxolol hcl tab 10 mg</i>	58
<i>benazepril hcl tab 40 mg</i>	50	<i>betaxolol hcl tab 20 mg</i>	58
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	49	<i>bethanechol chloride tab 5 mg</i>	130
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	49	<i>bethanechol chloride tab 10 mg</i>	130
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	49	<i>bethanechol chloride tab 25 mg</i>	130
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	49	<i>bethanechol chloride tab 50 mg</i>	130
BENDAMUSTINE SOL 100/4ML.....	26	BETOPTIC-S SUS 0.25% OP.....	152
BENDEKA INJ 100/4ML.....	26	BEVESPI AER 9-4.8MCG.....	154
BENLYSTA INJ 120MG.....	141	<i>bexarotene cap 75 mg</i>	31
BENLYSTA INJ 200MG/ML.....	141	<i>bexarotene gel 1%</i>	169
BENLYSTA INJ 400MG.....	141	BEXSERO INJ.....	143
BENZOYL PER GEL 2.5%.....	163	<i>bicalutamide tab 50 mg</i>	29
<i>benzoyl peroxide-erythromycin gel 5-3%</i> ..	163	BICILLIN L-A INJ 600000.....	24
<i>benzoyl peroxide gel 5%</i>	163	BICILLIN L-A INJ 1200000.....	24
<i>benzoyl peroxide gel 10%</i>	163	BICILLIN L-A INJ 2400000.....	24
<i>benzoyl peroxide wash</i>	163	BIKTARVY TAB 30-120-15 MG.....	16
<i>benzphetamine hcl tab 50 mg</i>	105	BIKTARVY TAB 50-200-25 MG.....	16
<i>benztropine mesylate inj 1 mg/ml</i>	74	<i>bisacodyl ec</i>	127
<i>benztropine mesylate tab 0.5 mg</i>	74	<i>bisacodyl suppos 10 mg</i>	127
<i>benztropine mesylate tab 1 mg</i>	74	<i>bismuth subsalicylate chew tab 262 mg</i>	123
<i>benztropine mesylate tab 2 mg</i>	74	<i>bisoprolol fumarate tab 5 mg</i>	58
BERINERT INJ 500UNIT.....	134	<i>bisoprolol fumarate tab 10 mg</i>	58
BESIVANCE SUS 0.6%.....	150		

Drug Name	Page #	Drug Name	Page #
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	58	<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	151
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	58	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	74
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	58	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	74
BIVIGAM INJ 10%	140	BRUKINSA CAP 80MG	34
<i>blisovi 24 fe</i>	108	BRUKINSA TAB 160MG	34
<i>blisovi fe 1.5/30</i>	108	<i>budesonide delayed release particles cap 3 mg</i>	126
BONSITY INJ 560/2.24	106	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	163
BOOSTRIX INJ	143	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	163
<i>bortezomib for inj 3.5 mg</i>	33	<i>budesonide inhalation susp 0.5 mg/2ml</i>	162
BORTEZOMIB INJ 1MG	33	<i>budesonide inhalation susp 0.25 mg/2ml</i> ..	162
BORTEZOMIB INJ 2.5MG	33	<i>budesonide nasal susp 32 mcg/act</i>	162
<i>bosentan tab 62.5 mg</i>	66	<i>budesonide tab er 24hr 9 mg</i>	126
<i>bosentan tab 125 mg</i>	66	<i>bumetanide inj 0.25 mg/ml</i>	62
<i>bosentan tab for oral susp 32 mg</i>	66	<i>bumetanide tab 0.5 mg</i>	62
BOSULIF CAP 50MG	33	<i>bumetanide tab 1 mg</i>	62
BOSULIF CAP 100MG	33	<i>bumetanide tab 2 mg</i>	62
BOSULIF TAB 100MG	33	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	99
BOSULIF TAB 400MG	34	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	99
BOSULIF TAB 500MG	34	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	99
BP VIT 3 CAP	148	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	99
BRAFTOVI CAP 75MG	34	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	99
BREO ELLIPTA INH 50-25MCG	162	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	99
BREO ELLIPTA INH 100-25	162	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .	99
BREO ELLIPTA INH 200-25	162	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .	99
<i>breyna</i>	162	<i>buprenorphine td patch weekly 5 mcg/hr</i>	6
BREZTRI AERO AER SPHERE	154	<i>buprenorphine td patch weekly 7.5 mcg/hr</i> ...	6
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	154	<i>buprenorphine td patch weekly 10 mcg/hr</i>	6
<i>briellyn</i>	108	<i>buprenorphine td patch weekly 15 mcg/hr</i>	6
BRILINTA TAB 60MG	135	<i>buprenorphine td patch weekly 20 mcg/hr</i> ...	6
BRILINTA TAB 90MG	135	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	99
<i>brimonidine tartrate ophth soln 0.2%</i>	152	<i>bupropion hcl tab 75 mg</i>	70
<i>brimonidine tartrate ophth soln 0.15%</i>	152	<i>bupropion hcl tab 100 mg</i>	70
<i>brinzolamide ophth susp 1%</i>	152	<i>bupropion hcl tab er 12hr 100 mg</i>	70
BRIVIACT SOL 10MG/ML	83		
BRIVIACT TAB 10MG	83		
BRIVIACT TAB 25MG	83		
BRIVIACT TAB 50MG	83		
BRIVIACT TAB 75MG	83		
BRIVIACT TAB 100MG	83		
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	151		

Drug Name	Page #	Drug Name	Page #
<i>bupropion hcl tab er 12hr 150 mg</i>	70	CAPRELSA TAB 100MG	34
<i>bupropion hcl tab er 12hr 200 mg</i>	70	CAPRELSA TAB 300MG.....	34
<i>bupropion hcl tab er 24hr 150 mg</i>	70	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupropion hcl tab er 24hr 300 mg</i>	70	15 mg	50
<i>bupirone hcl tab 5 mg</i>	67	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupirone hcl tab 7.5 mg</i>	67	25 mg.....	50
<i>bupirone hcl tab 10 mg</i>	67	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>bupirone hcl tab 15 mg</i>	67	15 mg	50
<i>bupirone hcl tab 30 mg</i>	67	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>butorphanol tartrate inj 1 mg/ml</i>	7	25 mg.....	50
<i>butorphanol tartrate inj 2 mg/ml</i>	7	<i>captopril tab 12.5 mg</i>	50
		<i>captopril tab 25 mg</i>	50
C		<i>captopril tab 50 mg</i>	50
<i>cabergoline tab 0.5 mg</i>	117	<i>captopril tab 100 mg</i>	50
CABOMETYX TAB 20MG.....	34	<i>carbamazepine cap er 12hr 100 mg</i>	83
CABOMETYX TAB 40MG.....	34	<i>carbamazepine cap er 12hr 200 mg</i>	83
CABOMETYX TAB 60MG.....	34	<i>carbamazepine cap er 12hr 300 mg</i>	83
<i>calcipotriene cream 0.005%</i>	166	<i>carbamazepine chew tab 100 mg</i>	83
<i>calcipotriene oint 0.005%</i>	166	<i>carbamazepine chew tab 200 mg</i>	83
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	166	<i>carbamazepine susp 100 mg/5ml</i>	83
<i>calcitonin (salmon) spray</i>	106	<i>carbamazepine tab 200 mg</i>	83
<i>calcitrene</i>	166	<i>carbamazepine tab er 12hr 100 mg</i>	83
<i>calcitriol cap 0.5 mcg</i>	122	<i>carbamazepine tab er 12hr 200 mg</i>	84
<i>calcitriol cap 0.25 mcg</i>	122	<i>carbamazepine tab er 12hr 400 mg</i>	84
<i>calcitriol (oral)</i>	122	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>calcium antacid</i>	122	50-200 mg.....	75
<i>calcium antacid extra str</i>	122	<i>carbidopa-levodopa-entacapone tabs 18.75-</i>	
CALCIUM CARB SUS 1250/5ML	122	75-200 mg	75
<i>cal-gest antacid</i>	122	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
CALQUENCE TAB 100MG	34	100-200 mg	75
<i>camila</i>	108	<i>carbidopa-levodopa-entacapone tabs 31.25-</i>	
<i>camrese</i>	108	125-200 mg.....	75
<i>camrese lo</i>	108	<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		150-200 mg	75
<i>tab 16-12.5 mg</i>	53	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		200-200 mg	75
<i>tab 32-12.5 mg</i>	53	<i>carbidopa & levodopa tab 10-100 mg</i>	74
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa & levodopa tab 25-100 mg</i>	74
<i>tab 32-25 mg</i>	53	<i>carbidopa & levodopa tab 25-250 mg</i>	74
<i>candesartan cilexetil tab 4 mg</i>	54	<i>carbidopa & levodopa tab er 25-100 mg</i>	74
<i>candesartan cilexetil tab 8 mg</i>	54	<i>carbidopa & levodopa tab er 50-200 mg</i>	74
<i>candesartan cilexetil tab 16 mg</i>	54	<i>carb/levo orally disintegrating tab 10-</i>	
<i>candesartan cilexetil tab 32 mg</i>	54	100mg.....	74
CAPLYTA CAP 10.5MG	77	<i>carb/levo orally disintegrating tab 25-</i>	
CAPLYTA CAP 21MG	77	100mg.....	74
CAPLYTA CAP 42MG.....	77		

Drug Name	Page #	Drug Name	Page #
carb/levo orally disintegrating tab 25-250mg	74	cefixime for susp 100 mg/5ml	20
carboplatin iv soln 50 mg/5ml	26	cefixime for susp 200 mg/5ml.....	20
carboplatin iv soln 150 mg/15ml	26	cefotetan disodium for inj 1 gm	20
carboplatin iv soln 450 mg/45ml.....	26	cefotetan disodium for inj 2 gm	20
carboplatin iv soln 600 mg/60ml	26	cefoxitin sodium for iv soln 1 gm	20
carboxymethylcellulose sodium ophth soln 0.5%	153	cefoxitin sodium for iv soln 2 gm	20
carboxymethylcellulose sodium (pf) ophth soln 0.5%	153	cefoxitin sodium for iv soln 10 gm.....	20
carglumic acid soluble tab 200 mg	117	cefpodoxime proxetil for susp 50 mg/5ml ...	20
carisoprodol tab 350 mg	98	cefpodoxime proxetil for susp 100 mg/5ml .	20
carteolol hcl ophth soln 1%.....	152	cefpodoxime proxetil tab 100 mg	20
cartia xt	60	cefpodoxime proxetil tab 200 mg	20
carvedilol tab 3.125 mg	58	cefprozil for susp 125 mg/5ml.....	20
carvedilol tab 6.25 mg	59	cefprozil for susp 250 mg/5ml.....	20
carvedilol tab 12.5 mg	59	cefprozil tab 250 mg.....	20
carvedilol tab 25 mg.....	59	cefprozil tab 500 mg	20
caspofungin acetate for iv soln 50 mg	12	ceftazidime for inj 1 gm	20
caspofungin acetate for iv soln 70 mg	12	ceftazidime for inj 6 gm	20
CAYSTON INH 75MG.....	9	ceftazidime for iv soln 2 gm	20
cefaclor cap 250 mg	19	ceftriaxone sodium for inj 1 gm	20
cefaclor cap 500 mg	19	ceftriaxone sodium for inj 2 gm	20
cefadroxil cap 500 mg	19	ceftriaxone sodium for inj 10 gm.....	21
cefadroxil for susp 250 mg/5ml.....	19	ceftriaxone sodium for inj 250 mg.....	21
cefadroxil for susp 500 mg/5ml	19	ceftriaxone sodium for inj 500 mg	21
CEFAZOLIN/DEX SOL 1GM/50ML-4%.....	20	ceftriaxone sodium for iv soln 1 gm	21
CEFAZOLIN/DEX SOL 2GM/50ML-3%	20	ceftriaxone sodium for iv soln 2 gm	21
CEFAZOLIN/DEX SOL 3GM/50ML-2%	20	cefuroxime axetil tab 250 mg.....	21
CEFAZOLIN/DEX SOL 3GM/150ML-4%	20	cefuroxime axetil tab 500 mg	21
CEFAZOLIN INJ 1GM/50ML	19	cefuroxime sodium for inj 750 mg.....	21
CEFAZOLIN INJ 2GM.....	19	cefuroxime sodium for iv soln 1.5 gm.....	21
CEFAZOLIN INJ 3GM.....	19	celecoxib cap 50 mg	4
cefazolin sodium for inj 1 gm	19	celecoxib cap 100 mg	4
cefazolin sodium for inj 2 gm	19	celecoxib cap 200 mg.....	4
cefazolin sodium for inj 3 gm	19	celecoxib cap 400 mg	4
cefazolin sodium for inj 10 gm.....	19	cephalexin cap 250 mg.....	21
cefazolin sodium for inj 500 mg	20	cephalexin cap 500 mg	21
cefazolin sodium for iv soln 1 gm	20	cephalexin for susp 125 mg/5ml.....	21
CEFAZOLIN SOLN 2GM/100ML-4%.....	20	cephalexin for susp 250 mg/5ml.....	21
cefdinir cap 300 mg	20	CEQUR SIMPL KIT PATCH 2U (3-DAY)	104
cefdinir for susp 125 mg/5ml	20	CEQUR SIMPL KIT PATCH 2U (4-DAY)	104
cefdinir for susp 250 mg/5ml.....	20	CEQUR SIMPL MIS INSERTER.....	104
cefepime hcl for inj 1 gm	20	CERDELGA CAP 84MG	117
cefepime hcl for iv soln 2 gm	20	CEREZYME INJ 400UNIT	117
cefixime cap 400 mg	20	cetirizine hcl allergy ch.....	155
		cetirizine hcl chew tab 5 mg.....	155
		cetirizine hcl chew tab 10 mg	155
		cetirizine hcl childrens.....	155

Drug Name	Page #	Drug Name	Page #
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	155	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	150
<i>cetirizine hcl tab 5 mg</i>	155	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	22
<i>cetirizine hcl tab 10 mg</i>	155	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	22
<i>cetirizine hydrochloride</i>	155	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	22
<i>cevimeline hcl cap 30 mg</i>	170	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	26
<i>chateal eq</i>	108	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	26
CHEMET CAP 100MG	107	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	26
<i>childrens acetaminophen</i>	2	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	70
<i>childrens ibuprofen</i>	4	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	70
<i>childrens loratadine</i>	155	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	70
<i>chlorhexidine gluconate soln 0.12%</i>	170	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	70
<i>chloroquine phosphate tab 250 mg</i>	13	<i>claravis</i>	163
<i>chloroquine phosphate tab 500 mg</i>	13	<i>clarithromycin for susp 125 mg/5ml</i>	21
<i>chlorpromazine hcl conc 30 mg/ml</i>	77	<i>clarithromycin for susp 250 mg/5ml</i>	21
<i>chlorpromazine hcl conc 100 mg/ml</i>	77	<i>clarithromycin tab 250 mg</i>	21
<i>chlorpromazine hcl inj 25 mg/ml</i>	77	<i>clarithromycin tab 500 mg</i>	21
<i>chlorpromazine hcl inj 50 mg/2ml</i>	77	<i>clarithromycin tab er 24hr 500 mg</i>	21
<i>chlorpromazine hcl tab 10 mg</i>	77	<i>clindamycin hcl cap 75 mg</i>	9
<i>chlorpromazine hcl tab 25 mg</i>	77	<i>clindamycin hcl cap 150 mg</i>	9
<i>chlorpromazine hcl tab 50 mg</i>	77	<i>clindamycin hcl cap 300 mg</i>	9
<i>chlorpromazine hcl tab 100 mg</i>	77	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	9
<i>chlorpromazine hcl tab 200 mg</i>	77	<i>clindamycin phosphate gel 1% (once-daily)</i>	164
<i>chlorthalidone tab 25 mg</i>	62	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9
<i>chlorthalidone tab 50 mg</i>	62	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9
<i>cholestyramine light powder 4 gm/dose</i>	57	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	9
<i>cholestyramine light powder packets 4 gm</i>	57	<i>clindamycin phosphate inj 300 mg/2ml</i>	9
<i>cholestyramine powder 4 gm/dose</i>	57	<i>clindamycin phosphate inj 600 mg/4ml</i>	9
<i>cholestyramine powder packets 4 gm</i>	57	<i>clindamycin phosphate inj 900 mg/6ml</i>	9
CHROMIUM CL INJ 4MCG/ML	147	<i>clindamycin phosphate lotion 1%</i>	164
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	165	<i>clindamycin phosphate soln 1%</i>	164
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	165	<i>clindamycin phosphate vaginal cream 2%</i>	131
<i>ciclopirox shampoo 1%</i>	165	CLINDMYC/NAC INJ 300/50ML	9
<i>cilostazol tab 50 mg</i>	134	CLINDMYC/NAC INJ 600/50ML	9
<i>cilostazol tab 100 mg</i>	134	CLINDMYC/NAC INJ 900/50ML	9
CILOXAN OIN 0.3% OP	150	CLINIMIX INJ 4.25/D5W	147
CIMDUO TAB 300-300	16	CLINIMIX INJ 4.25/D10	147
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	118	CLINIMIX INJ 5%/D15W	147
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	118		
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	118		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	22		
<i>ciprofloxacin 400 mg/200ml in d5w</i>	22		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	154		

Drug Name	Page #	Drug Name	Page #
CLINIMIX INJ 5%/D20W	147	clozapine orally disintegrating tab 12.5 mg ..	77
CLINIMIX INJ 6/5.....	147	clozapine orally disintegrating tab 25 mg	77
CLINIMIX INJ 8/10	147	clozapine orally disintegrating tab 100 mg ...	77
CLINIMIX INJ 8/14	147	clozapine orally disintegrating tab 150 mg ...	77
clinisol sf 15%	147	clozapine orally disintegrating tab 200 mg ..	77
CLINOLIPID EMU 20%	148	clozapine tab 25 mg	77
clobazam suspension 2.5 mg/ml.....	84	clozapine tab 50 mg	77
clobazam tab 10 mg	84	clozapine tab 100 mg	77
clobazam tab 20 mg.....	84	clozapine tab 200 mg.....	77
clobetasol propionate cream 0.05%.....	167	COARTEM TAB 20-120MG.....	14
clobetasol propionate e	167	COBENFY CAP 50-20MG	77
clobetasol propionate gel 0.05%.....	167	COBENFY CAP 100-20MG	77
clobetasol propionate oint 0.05%	167	COBENFY CAP 125-30MG.....	77
clobetasol propionate soln 0.05%.....	167	COBENFY STRT CAP PACK.....	77
clomipramine hcl cap 25 mg.....	70	COLACE CAP 100MG.....	127
clomipramine hcl cap 50 mg.....	70	colchicine cap 0.6 mg	1
clomipramine hcl cap 75 mg.....	70	colchicine tab 0.6 mg.....	1
clonazepam orally disintegrating tab 0.5 mg	84	colchicine w/ probenecid tab 0.5-500 mg.....	1
clonazepam orally disintegrating tab 0.25 mg	84	colesevelam hcl packet for susp 3.75 gm.....	57
clonazepam orally disintegrating tab 0.125 mg	84	colesevelam hcl tab 625 mg	57
clonazepam orally disintegrating tab 1 mg ...	84	colestipol hcl granule packets 5 gm.....	57
clonazepam orally disintegrating tab 2 mg ..	84	colestipol hcl granules 5 gm	57
clonazepam tab 0.5 mg	84	colestipol hcl tab 1 gm.....	57
clonazepam tab 1 mg	84	colistimethate sod for inj 150 mg (colistin base activity).....	10
clonazepam tab 2 mg.....	84	COMBIGAN SOL 0.2/0.5%.....	152
clonidine hcl tab 0.1 mg.....	63	COMBIVENT AER 20-100	154
clonidine hcl tab 0.2 mg.....	63	COMETRIQ (60MG DOSE).....	34
clonidine hcl tab 0.3 mg.....	63	COMETRIQ KIT 100MG	34
clonidine td patch weekly 0.1 mg/24hr	63	COMETRIQ KIT 140MG	34
clonidine td patch weekly 0.2 mg/24hr	63	COMPLERA TAB	16
clonidine td patch weekly 0.3 mg/24hr	63	compro.....	124
clopidogrel bisulfate tab 75 mg (base equiv)	135	constulose	127
clorazepate dipotassium tab 3.75 mg	84	COPAXONE INJ 20MG/ML	97
clorazepate dipotassium tab 7.5 mg	84	COPAXONE INJ 40MG/ML	97
clorazepate dipotassium tab 15 mg.....	84	COPIKTRA CAP 15MG.....	34
clotrimazole antifungal.....	165	COPIKTRA CAP 25MG	34
clotrimazole cream 1%.....	165	COPPER INJ 0.4MG/ML	148
clotrimazole soln 1%.....	165	CORLANOR SOL 5MG/5ML.....	64
clotrimazole troche 10 mg	170	corvita	148
clotrimazole vaginal cream 1%	131	COSENTYX INJ 75MG/0.5	136
clotrimazole w/ betamethasone cream 1-0.05%	165	COSENTYX INJ 125/5ML.....	136
		COSENTYX INJ 150MG/ML	136
		COSENTYX INJ 300DOSE.....	136
		COSENTYX PEN INJ 150MG/ML.....	136
		COSENTYX PEN INJ 300DOSE	136

Drug Name	Page #	Drug Name	Page #
COSENTYX UNO INJ 300/2ML	136	cytarabine inj 20 mg/ml	27
COTELLIC TAB 20MG.....	34	D	
CREON CAP 3000UNIT	128	D2.5W/NACL INJ 0.45%	144
CREON CAP 6000UNIT	128	D10W/NACL INJ 0.2%	144
CREON CAP 12000UNT	128	dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	132
CREON CAP 24000UNT	128	dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	132
CREON CAP 36000UNT	128	dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	132
cromolyn sodium nasal aerosol soln 5.2 mg/ act (4%)	159	dalfampridine tab er 12hr 10 mg.....	97
cromolyn sodium ophth soln 4%.....	152	danazol cap 50 mg	101
cromolyn sodium oral conc 100 mg/5ml....	128	danazol cap 100 mg	101
cromolyn sodium soln nebu 20 mg/2ml.....	159	danazol cap 200 mg.....	101
cryselle-28.....	108	dantrolene sodium cap 25 mg	98
cyanocobalamin inj 1000 mcg/ml	148	dantrolene sodium cap 50 mg	98
cyclobenzaprine hcl tab 5 mg	98	dantrolene sodium cap 100 mg	98
cyclobenzaprine hcl tab 10 mg.....	98	DANZITEN TAB 71MG	35
CYCLOPHOSPHA INJ 2GM/10ML	26	DANZITEN TAB 95MG	35
CYCLOPHOSPHA INJ 500/2.5.....	26	dapsone tab 25 mg.....	10
cyclophosphamide cap 25 mg.....	26	dapsone tab 100 mg.....	10
cyclophosphamide cap 50 mg.....	26	DAPTACEL INJ	143
cyclophosphamide for inj 1 gm	26	daptomycin for iv soln 350 mg.....	10
cyclophosphamide for inj 2 gm.....	26	daptomycin for iv soln 500 mg	10
cyclophosphamide for inj 500 mg.....	26	DAPTOMYCIN INJ 350MG	10
CYCLOPHOSPH INJ 1GM/2ML	26	darunavir tab 600 mg.....	14
CYCLOPHOSPH INJ 1GM/5ML	26	darunavir tab 800 mg.....	14
CYCLOPHOSPH INJ 2GM/4ML.....	26	dasatinib tab 20 mg.....	35
CYCLOPHOSPH INJ 500/5ML.....	26	dasatinib tab 50 mg.....	35
CYCLOPHOSPH INJ 500MG/ML	26	dasatinib tab 70 mg.....	35
CYCLOPHOSPH INJ 1000MG	26	dasatinib tab 80 mg.....	35
CYCLOPHOSPH INJ 2000MG	26	dasatinib tab 100 mg	35
CYCLOPHOSPH TAB 25MG.....	26	dasatinib tab 140 mg	35
CYCLOPHOSPH TAB 50MG	26	dasetta 1/35.....	108
cycloserine cap 250 mg.....	17	dasetta 7/7/7	108
cyclosporine cap 25 mg.....	142	DAURISMO TAB 25MG	35
cyclosporine cap 100 mg.....	142	DAURISMO TAB 100MG.....	35
cyclosporine modified cap 25 mg	142	daysee	108
cyclosporine modified cap 50 mg.....	142	DAYVIGO TAB 5MG	93
cyclosporine modified cap 100 mg	142	DAYVIGO TAB 10MG.....	93
cyclosporine modified oral soln 100 mg/ml	142	deblitane	108
cyproheptadine hcl syrup 2 mg/5ml	155	deferasirox tab 90 mg	107
cyproheptadine hcl tab 4 mg	155	deferasirox tab 180 mg	107
cyred eq	108	deferasirox tab 360 mg.....	107
CYSTADROPS SOL 0.37%	153	deferasirox tab for oral susp 125 mg	107
CYSTAGON CAP 50MG	118		
CYSTAGON CAP 150MG	118		
CYSTARAN SOL 0.44%.....	153		

Drug Name	Page #	Drug Name	Page #
<i>deferasirox tab for oral susp 250 mg</i>	107	<i>dexamethasone sodium phosphate ophth</i>	
<i>deferasirox tab for oral susp 500 mg</i>	107	<i>soln 0.1%</i>	151
DELSTRIGO TAB.....	16	<i>dexamethasone sod phos inj sol pref syr</i>	
DENGVAXIA SUS.....	143	<i>10 mg/ml (pf)</i>	115
DEPO-SQ PROV INJ 104	108	<i>dexamethasone sod phosphate preservative</i>	
<i>depo-testosterone</i>	101	<i>free inj 10 mg/ml</i>	115
DESCOVY TAB 120-15MG	16	<i>dexamethasone soln 0.5 mg/5ml</i>	116
DESCOVY TAB 200/25MG	16	<i>dexamethasone tab 0.5 mg</i>	116
<i>desipramine hcl tab 10 mg</i>	70	<i>dexamethasone tab 0.75 mg</i>	116
<i>desipramine hcl tab 25 mg</i>	70	<i>dexamethasone tab 1.5 mg</i>	116
<i>desipramine hcl tab 50 mg</i>	70	<i>dexamethasone tab 1 mg</i>	116
<i>desipramine hcl tab 75 mg</i>	70	<i>dexamethasone tab 2 mg</i>	116
<i>desipramine hcl tab 100 mg</i>	70	<i>dexamethasone tab 4 mg</i>	116
<i>desipramine hcl tab 150 mg</i>	70	<i>dexamethasone tab 6 mg</i>	116
<i>desmopressin acetate inj 4 mcg/ml</i>	118	<i>dexmethylphenidate hcl tab 2.5 mg</i>	93
<i>desmopressin acetate nasal spray soln</i>		<i>dexmethylphenidate hcl tab 5 mg</i>	93
<i>0.01%</i>	118	<i>dexmethylphenidate hcl tab 10 mg</i>	93
<i>desmopressin acetate nasal spray soln</i>		<i>dextrose 2.5% w/ sodium chloride 0.45%</i> .	144
<i>0.01% (refrigerated)</i>	118	<i>dextrose 5% in lactated ringers</i>	144
<i>desmopressin acetate preservative free (pf)</i>		<i>dextrose 5% w/ sodium chloride 0.2%</i>	144
<i>inj 4 mcg/ml</i>	118	<i>dextrose 5% w/ sodium chloride 0.3%</i>	144
<i>desmopressin acetate tab 0.1 mg</i>	118	<i>dextrose 5% w/ sodium chloride 0.9%</i>	144
<i>desmopressin acetate tab 0.2 mg</i>	118	<i>dextrose 5% w/ sodium chloride 0.45%</i> ...	144
<i>desogest-eth estrad & eth estrad tab 0.15-</i>		<i>dextrose 5% w/ sodium chloride 0.225%</i> ..	144
<i>0.02/0.01 mg(21/5)</i>	108	<i>dextrose 10% w/ sodium chloride 0.45%</i> ..	145
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>		<i>dextrose inj 5%</i>	148
<i>(base equiv)</i>	70	<i>dextrose inj 10%</i>	148
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>		<i>dextrose inj 50%</i>	148
<i>(base equiv)</i>	70	<i>dextrose inj 70%</i>	148
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>		DIACOMIT CAP 250MG	84
<i>(base equiv)</i>	70	DIACOMIT CAP 500MG.....	84
DEXAMETHASON CON 1MG/ML	115	DIACOMIT PAK 250MG	84
<i>dexamethasone elixir 0.5 mg/5ml</i>	115	DIACOMIT PAK 500MG	84
<i>dexamethasone sodium phosphate inj</i>		<i>dialyvite</i>	148
<i>4 mg/ml</i>	115	DIALYVITE TAB 3000	148
<i>dexamethasone sodium phosphate inj</i>		DIALYVITE TAB 5000	148
<i>10 mg/ml</i>	115	DIALYVITE TAB SUPREM D.....	148
<i>dexamethasone sodium phosphate inj</i>		DIALYVITE/ TAB ZINC	148
<i>20 mg/5ml</i>	115	<i>diazepam inj</i>	84
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam intensol</i>	85
<i>100 mg/10ml</i>	115	<i>diazepam oral soln 1 mg/ml</i>	85
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam rectal gel delivery system 2.5 mg</i>	85
<i>120 mg/30ml</i>	116	<i>diazepam rectal gel delivery system 10 mg</i> .	85
<i>dexamethasone sodium phosphate inj soln</i>		<i>diazepam rectal gel delivery system 20 mg</i> .	85
<i>pref syr 4 mg/ml</i>	116	<i>diazepam tab 2 mg</i>	85
		<i>diazepam tab 5 mg</i>	85

Drug Name	Page #	Drug Name	Page #
diazepam tab 10 mg	85	diltiazem hcl extended release beads cap er 24hr 180 mg	60
diazoxide susp 50 mg/ml	117	diltiazem hcl extended release beads cap er 24hr 240 mg	61
diclofenac potassium tab 50 mg	4	diltiazem hcl extended release beads cap er 24hr 300 mg	61
diclofenac sodium ophth soln 0.1%	151	diltiazem hcl extended release beads cap er 24hr 360 mg	61
diclofenac sodium soln 1.5%	169	diltiazem hcl extended release beads cap er 24hr 420 mg	61
diclofenac sodium tab delayed release 25 mg	4	diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	61
diclofenac sodium tab delayed release 50 mg	4	diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) ..	61
diclofenac sodium tab delayed release 75 mg	4	diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 61	
diclofenac sodium tab er 24hr 100 mg	4	diltiazem hcl tab 30 mg	61
dicloxacillin sodium cap 250 mg	24	diltiazem hcl tab 60 mg	61
dicloxacillin sodium cap 500 mg	24	diltiazem hcl tab 90 mg	61
dicyclomine hcl cap 10 mg	125	diltiazem hcl tab 120 mg	61
dicyclomine hcl oral soln 10 mg/5ml	125	dilt-xr	60
dicyclomine hcl tab 20 mg	125	diphenhydramine hcl cap 25 mg	155
diethylpropion hcl tab 25 mg	106	diphenhydramine hcl cap 50 mg	155
diethylpropion hcl tab er 24hr 75 mg	106	diphenhydramine hcl inj 50 mg/ml	155
DIFICID SUS	21	diphenhydramine hcl liquid 12.5 mg/5ml ...	155
DIFICID TAB 200MG	21	diphenhydramine hcl tab 25 mg	155
diflunisal tab 500 mg	4	diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml	128
digoxin inj 0.25 mg/ml	64	diphenoxylate w/ atropine tab 2.5- 0.025 mg	128
digoxin oral soln 0.05 mg/ml	64	DIP/TET PED INJ 25-5LFU	143
digoxin tab 125 mcg (0.125 mg)	64	dipyridamole tab 25 mg	135
digoxin tab 250 mcg (0.25 mg)	64	dipyridamole tab 50 mg	135
dihydroergotamine mesylate inj 1 mg/ml	94	dipyridamole tab 75 mg	135
dihydroergotamine mesylate nasal spray 4 mg/ml	95	disopyramide phosphate cap 100 mg	55
DILANTIN CAP 30MG	85	disopyramide phosphate cap 150 mg	55
diltiazem hcl cap er 12hr 60 mg	60	disulfiram tab 250 mg	99
diltiazem hcl cap er 12hr 90 mg	60	disulfiram tab 500 mg	99
diltiazem hcl cap er 12hr 120 mg	60	divalproex sodium cap delayed release sprinkle 125 mg	85
diltiazem hcl coated beads cap er 24hr 120 mg	60	divalproex sodium tab delayed release 125 mg	85
diltiazem hcl coated beads cap er 24hr 180 mg	60	divalproex sodium tab delayed release 250 mg	85
diltiazem hcl coated beads cap er 24hr 240 mg	60	divalproex sodium tab delayed release 500 mg	85
diltiazem hcl coated beads cap er 24hr 300 mg	60	divalproex sodium tab er 24 hr 250 mg	85
diltiazem hcl coated beads cap er 24hr 360 mg	60	divalproex sodium tab er 24 hr 500 mg	86
diltiazem hcl extended release beads cap er 24hr 120 mg	60	docetaxel for inj conc 20 mg/ml	31

Drug Name	Page #	Drug Name	Page #
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	31	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	93
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	32	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	93
DOCETAXEL INJ 20MG/2ML	32	<i>doxorubicin hcl inj 2 mg/ml</i>	31
DOCETAXEL INJ 80MG/4ML	32	<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	31
DOCETAXEL INJ 80MG/8ML	32	<i>doxy 100</i>	25
DOCETAXEL INJ 160/8ML	32	<i>doxycycline hyclate cap 50 mg</i>	25
DOCETAXEL INJ 160/16ML	32	<i>doxycycline hyclate cap 100 mg</i>	25
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	32	<i>doxycycline hyclate for inj 100 mg</i>	25
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	32	<i>doxycycline hyclate tab 20 mg</i>	25
<i>docetaxel soln for iv infusion 160 mg/16ml</i> ..	32	<i>doxycycline hyclate tab 100 mg</i>	25
DOCIVYX INJ 20MG/2ML	32	<i>doxycycline monohydrate cap 50 mg</i>	25
DOCIVYX INJ 80MG/8ML	32	<i>doxycycline monohydrate cap 100 mg</i>	25
DOCIVYX INJ 160/16ML	32	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	25
<i>docusate calcium cap 240 mg</i>	127	<i>doxycycline monohydrate tab 50 mg</i>	25
<i>docusate sodium cap 100 mg</i>	127	<i>doxycycline monohydrate tab 75 mg</i>	25
<i>docusate sodium cap 250 mg</i>	127	<i>doxycycline monohydrate tab 100 mg</i>	25
<i>docusate sodium liquid 150 mg/15ml</i>	127	DRISDOL CAP 50000UNT	148
<i>dofetilide cap 125 mcg (0.125 mg)</i>	55	DRIZALMA CAP 20MG DR	71
<i>dofetilide cap 250 mcg (0.25 mg)</i>	55	DRIZALMA CAP 30MG DR	71
<i>dofetilide cap 500 mcg (0.5 mg)</i>	55	DRIZALMA CAP 40MG DR	71
<i>dolishale</i>	108	DRIZALMA CAP 60MG DR	71
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	68	<i>dronabinol cap 2.5 mg</i>	124
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	68	<i>dronabinol cap 5 mg</i>	124
<i>donepezil hydrochloride tab 5 mg</i>	68	<i>dronabinol cap 10 mg</i>	124
<i>donepezil hydrochloride tab 10 mg</i>	68	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	109
DOPTELET TAB 20MG	134	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	109
<i>dorzolamide hcl ophth soln 2%</i>	152	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	108
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	152	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	108
<i>dotti</i>	114	DROXIA CAP 200MG	134
DOVATO TAB 50-300MG.....	16	DROXIA CAP 300MG	134
<i>doxazosin mesylate tab 1 mg</i>	52	DROXIA CAP 400MG	134
<i>doxazosin mesylate tab 2 mg</i>	52	<i>droxidopa cap 100 mg</i>	64
<i>doxazosin mesylate tab 4 mg</i>	52	<i>droxidopa cap 200 mg</i>	64
<i>doxazosin mesylate tab 8 mg</i>	52	<i>droxidopa cap 300 mg</i>	64
<i>doxepin hcl cap 10 mg</i>	70	DULERA AER 50-5MCG.....	163
<i>doxepin hcl cap 25 mg</i>	70	DULERA AER 100-5MCG	163
<i>doxepin hcl cap 50 mg</i>	70	DULERA AER 200-5MCG	163
<i>doxepin hcl cap 75 mg</i>	70	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	71
<i>doxepin hcl cap 100 mg</i>	71		
<i>doxepin hcl cap 150 mg</i>	71		
<i>doxepin hcl conc 10 mg/ml</i>	71		

Drug Name	Page #
<i>duloxetine hcl enteric coated pellets cap</i> 30 mg (base eq)	71
<i>duloxetine hcl enteric coated pellets cap</i> 60 mg (base eq)	71
DUPIXENT INJ 200/1.14	136
DUPIXENT INJ 200MG	136
DUPIXENT INJ 300/2ML	136
<i>dutasteride cap 0.5 mg</i>	130
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	130

E

<i>ec-naproxen</i>	4
<i>econazole nitrate cream 1%</i>	165
<i>econtra one-step</i>	109
<i>ed-apap</i>	2
<i>ed chlorped jr</i>	155
EDURANT PED TAB 2.5MG	14
EDURANT TAB 25MG	14
<i>e.e.s. 400</i>	21
<i>efavirenz-emtricitabine-tenofovir df tab 600-</i> <i>200-300 mg</i>	16
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	16
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	16
<i>efavirenz tab 600 mg</i>	14
ELIGARD INJ 7.5MG	29
ELIGARD INJ 22.5MG	29
ELIGARD INJ 30MG	29
ELIGARD INJ 45MG	29
<i>elinest</i>	109
ELIQUIS ST P TAB 5MG	132
ELIQUIS TAB 2.5MG	132
ELIQUIS TAB 5MG	132
<i>eluryng</i>	109
EMGALITY INJ 100MG/ML	95
EMGALITY INJ 120MG/ML	95
EMSAM DIS 6MG/24HR	71
EMSAM DIS 9MG/24HR	71
EMSAM DIS 12MG/24H	71
<i>emtricitabine caps 200 mg</i>	14
<i>emtricitabine-rilpivirine-tenofovir df tab 200-</i> <i>25-300 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	16

Drug Name	Page #
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	16
EMTRIVA SOL 10MG/ML	14
EMVERM CHW 100MG	10
<i>emzahh</i>	109
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	50
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	50
<i>enalapril maleate tab 2.5 mg</i>	50
<i>enalapril maleate tab 5 mg</i>	50
<i>enalapril maleate tab 10 mg</i>	50
<i>enalapril maleate tab 20 mg</i>	51
ENBREL INJ 25/0.5ML	136
ENBREL INJ 25MG	136
ENBREL INJ 50MG/ML	136
ENBREL MINI INJ 50MG/ML	137
ENBREL SRCLK INJ 50MG/ML	137
<i>endocet tab 2.5-325mg</i>	7
<i>endocet tab 5-325mg</i>	7
<i>endocet tab 7.5-325mg</i>	7
<i>endocet tab 10-325mg</i>	7
<i>enema ready-to-use</i>	127
ENGERIX-B INJ 10/0.5ML	143
ENGERIX-B INJ 20MCG/ML	143
<i>enilloring</i>	109
ENLYTE CAP	148
<i>enoxaparin sodium inj 300 mg/3ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>30 mg/0.3ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>40 mg/0.4ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>60 mg/0.6ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>80 mg/0.8ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>100 mg/ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>120 mg/0.8ml</i>	132
<i>enoxaparin sodium inj soln pref syr</i> <i>150 mg/ml</i>	132

Drug Name	Page #	Drug Name	Page #
<i>enpresse-28</i>	109	<i>erythromycin tab 250 mg</i>	22
<i>enskyce</i>	109	<i>erythromycin tab 500 mg</i>	22
ENSTILAR AER	166	<i>erythromycin tab delayed release 250 mg</i> ...	22
<i>entacapone tab 200 mg</i>	75	<i>erythromycin tab delayed release 333 mg</i> ...	22
<i>entecavir tab 0.5 mg</i>	18	<i>erythromycin tab delayed release 500 mg</i> ..	22
<i>entecavir tab 1 mg</i>	18	<i>erythromycin w/ delayed release particles</i>	
ENTRESTO CAP 6-6MG	53	<i>cap 250 mg</i>	22
ENTRESTO CAP 15-16MG	53	ERZOFRI INJ 39/0.25	77
<i>enulose</i>	127	ERZOFRI INJ 78/0.5ML	77
EPCLUSA PAK 150-37.5	18	ERZOFRI INJ 117/0.75	77
EPCLUSA PAK 200-50MG	18	ERZOFRI INJ 156MG/ML.....	77
EPCLUSA TAB 200-50MG.....	18	ERZOFRI INJ 234/1.5	78
EPCLUSA TAB 400-100	18	ERZOFRI INJ 351/2.25	78
EPIDIOLEX SOL 100MG/ML.....	86	<i>escitalopram oxalate soln 5 mg/5ml (base</i>	
<i>epinephrine inj 1 mg/ml (1\1000)</i>	64	<i>equiv)</i>	71
<i>epinephrine solution auto-injector</i>		<i>escitalopram oxalate tab 5 mg (base equiv)</i> ..	71
<i>0.3 mg/0.3ml (1\1000)</i>	159	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	71
<i>epinephrine solution auto-injector</i>		<i>escitalopram oxalate tab 20 mg (base</i>	
<i>0.15 mg/0.3ml (1\2000)</i>	159	<i>equiv)</i>	71
<i>epinephrine solution auto-injector</i>		<i>eslicarbazepine acetate tab 200 mg</i>	86
<i>0.15 mg/0.15ml (1\1000)</i>	159	<i>eslicarbazepine acetate tab 400 mg</i>	86
<i>epitol tab 200mg</i>	86	<i>eslicarbazepine acetate tab 600 mg</i>	86
<i>eplerenone tab 25 mg</i>	51	<i>eslicarbazepine acetate tab 800 mg</i>	86
<i>eplerenone tab 50 mg</i>	51	<i>esomeprazole magnesium cap delayed</i>	
EPRONTIA SOL 25MG/ML	86	<i>release 20 mg (base eq)</i>	129
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> ...	148	<i>esomeprazole magnesium cap delayed</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	95	<i>release 40 mg (base eq)</i>	129
ERIVEDGE CAP 150MG	35	<i>estarylla</i>	109
ERLEADA TAB 60MG.....	29	<i>estradiol & norethindrone acetate tab 0.5-</i>	
ERLEADA TAB 240MG	29	<i>0.1 mg</i>	114
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	35	<i>estradiol & norethindrone acetate tab</i>	
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	35	<i>1-0.5 mg</i>	114
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	35	<i>estradiol tab 0.5 mg</i>	114
<i>errin</i>	109	<i>estradiol tab 1 mg</i>	114
<i>ertapenem sodium for inj 1 gm (base</i>		<i>estradiol tab 2 mg</i>	114
<i>equivalent)</i>	10	<i>estradiol td patch twice weekly</i>	
<i>ery</i>	164	<i>0.1 mg/24hr</i>	114
<i>ery-tab tab 250mg ec</i>	21	<i>estradiol td patch twice weekly</i>	
<i>ery-tab tab 333mg ec</i>	22	<i>0.05 mg/24hr</i>	114
<i>ery-tab tab 500mg ec</i>	22	<i>estradiol td patch twice weekly</i>	
ERYTHROCIN INJ 500MG.....	22	<i>0.025 mg/24hr</i>	114
<i>erythromycin ethylsuccinate tab 400 mg</i>	22	<i>estradiol td patch twice weekly</i>	
<i>erythromycin gel 2%</i>	164	<i>0.075 mg/24hr</i>	114
<i>erythromycin lactobionate for inj 500 mg</i>	22	<i>estradiol td patch twice weekly</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	150	<i>0.0375 mg/24hr</i>	114
<i>erythromycin soln 2%</i>	164	<i>estradiol td patch weekly 0.1 mg/24hr</i>	114

Drug Name	Page #
<i>estradiol td patch weekly 0.05 mg/24hr</i>	114
<i>estradiol td patch weekly 0.06 mg/24hr</i>	114
<i>estradiol td patch weekly 0.025 mg/24hr</i> ...	115
<i>estradiol td patch weekly 0.075 mg/24hr</i>	115
<i>estradiol td patch weekly 0.0375 mg/24hr</i> <i>(37.5 mcg/24hr)</i>	115
<i>estradiol vaginal cream 0.01%</i>	115
<i>estradiol vaginal tab 10 mcg</i>	115
<i>estradiol valerate im in oil 10 mg/ml</i>	115
<i>estradiol valerate im in oil 20 mg/ml</i>	115
<i>estradiol valerate im in oil 40 mg/ml</i>	115
<i>eszopiclone tab 1 mg</i>	93
<i>eszopiclone tab 2 mg</i>	93
<i>eszopiclone tab 3 mg</i>	94
<i>ethambutol hcl tab 100 mg</i>	17
<i>ethambutol hcl tab 400 mg</i>	17
<i>ethosuximide cap 250 mg</i>	86
<i>ethosuximide soln 250 mg/5ml</i>	86
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	109
<i>etodolac cap 200 mg</i>	4
<i>etodolac cap 300 mg</i>	4
<i>etodolac tab 400 mg</i>	4
<i>etodolac tab 500 mg</i>	4
<i>etodolac tab er 24hr 400 mg</i>	4
<i>etodolac tab er 24hr 500 mg</i>	4
<i>etodolac tab er 24hr 600 mg</i>	4
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	109
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	32
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	32
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	32
<i>etravirine tab 100 mg</i>	14
<i>etravirine tab 200 mg</i>	14
EULEXIN CAP 125MG	29
<i>everolimus tab 0.5 mg</i>	142
<i>everolimus tab 0.25 mg</i>	142
<i>everolimus tab 0.75 mg</i>	142
<i>everolimus tab 1 mg</i>	142
<i>everolimus tab 2.5 mg</i>	35
<i>everolimus tab 5 mg</i>	35
<i>everolimus tab 7.5 mg</i>	35
<i>everolimus tab 10 mg</i>	36
<i>everolimus tab for oral susp 2 mg</i>	36
<i>everolimus tab for oral susp 3 mg</i>	36
<i>everolimus tab for oral susp 5 mg</i>	36

Drug Name	Page #
EVOTAZ TAB 300-150	17
<i>exemestane tab 25 mg</i>	29
<i>eye itch relief</i>	152
EYSUVIS DRO 0.25%	153
<i>ezetimibe-simvastatin tab 10-10 mg</i>	57
<i>ezetimibe-simvastatin tab 10-20 mg</i>	57
<i>ezetimibe-simvastatin tab 10-40 mg</i>	57
<i>ezetimibe-simvastatin tab 10-80 mg</i>	57
<i>ezetimibe tab 10 mg</i>	57

F

FABRAZYME INJ 5MG	118
FABRAZYME INJ 35MG	118
<i>falminal</i>	109
<i>famciclovir tab 125 mg</i>	18
<i>famciclovir tab 250 mg</i>	18
<i>famciclovir tab 500 mg</i>	18
<i>famotidine for susp 40 mg/5ml</i>	126
<i>famotidine inj 40 mg/4ml</i>	126
<i>famotidine inj 200 mg/20ml</i>	126
<i>famotidine in nacl 0.9% iv soln</i> <i>20 mg/50ml</i>	126
<i>famotidine maximum streng</i>	126
<i>famotidine original stren</i>	126
<i>famotidine preservative free inj 20 mg/2ml</i>	126
<i>famotidine tab 10 mg</i>	126
<i>famotidine tab 20 mg</i>	126
<i>famotidine tab 40 mg</i>	126
FANAPT PAK PACK A	78
FANAPT PAK PACK B	78
FANAPT PAK PACK C	78
FANAPT TAB 1MG	78
FANAPT TAB 2MG	78
FANAPT TAB 4MG	78
FANAPT TAB 6MG	78
FANAPT TAB 8MG	78
FANAPT TAB 10MG	78
FANAPT TAB 12MG	78
FARXIGA TAB 5MG	101
FARXIGA TAB 10MG	101
FASENRA INJ 10MG/0.5	159
FASENRA INJ 30MG/ML	159
FASENRA PEN INJ 30MG/ML	159
<i>feirza tab 1.5/30</i>	109
<i>feirza tab 1/20</i>	109
<i>felbamate susp 600 mg/5ml</i>	86

Drug Name	Page #	Drug Name	Page #
<i>felbamate tab 400 mg</i>	86	FLEBOGAMMA INJ 20/400ML	140
<i>felbamate tab 600 mg</i>	86	FLEBOGAMMA INJ DIF 5%	140
<i>felodipine tab er 24hr 2.5 mg</i>	61	<i>flecainide acetate tab 50 mg</i>	55
<i>felodipine tab er 24hr 5 mg</i>	61	<i>flecainide acetate tab 100 mg</i>	55
<i>felodipine tab er 24hr 10 mg</i>	61	<i>flecainide acetate tab 150 mg</i>	55
<i>fenofibrate micronized cap 67 mg</i>	56	FLEET ENE	127
<i>fenofibrate micronized cap 134 mg</i>	56	FLEET ENE PED	127
<i>fenofibrate micronized cap 200 mg</i>	56	FLORIVA CHW 0.5MG	149
<i>fenofibrate tab 48 mg</i>	56	FLORIVA CHW 0.25MG.....	149
<i>fenofibrate tab 54 mg</i>	56	FLORIVA CHW 1MG	149
<i>fenofibrate tab 145 mg</i>	56	<i>fluconazole for susp 10 mg/ml</i>	12
<i>fenofibrate tab 160 mg</i>	56	<i>fluconazole for susp 40 mg/ml</i>	12
<i>fantanyl td patch 72hr 12 mcg/hr</i>	6	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> ..	12
<i>fantanyl td patch 72hr 25 mcg/hr</i>	6	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> ..	13
<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	6	<i>fluconazole tab 50 mg</i>	13
<i>fantanyl td patch 72hr 50 mcg/hr</i>	6	<i>fluconazole tab 100 mg</i>	13
<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	6	<i>fluconazole tab 150 mg</i>	13
<i>fantanyl td patch 72hr 75 mcg/hr</i>	6	<i>fluconazole tab 200 mg</i>	13
<i>fantanyl td patch 72hr 87.5 mcg/hr</i>	6	<i>flucytosine cap 250 mg</i>	13
<i>fantanyl td patch 72hr 100 mcg/hr</i>	6	<i>flucytosine cap 500 mg</i>	13
FETZIMA CAP 20MG	71	<i>fludrocortisone acetate tab 0.1 mg</i>	116
FETZIMA CAP 40MG.....	71	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> 162	
FETZIMA CAP 80MG.....	71	<i>fluocinolone acetonide cream 0.01%</i>	167
FETZIMA CAP 120MG.....	71	<i>fluocinolone acetonide cream 0.025%</i>	167
FETZIMA CAP TITRATIO	71	<i>fluocinolone acetonide oil 0.01% (body oil)</i> 167	
<i>feverall adults</i>	2	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> 167	
<i>feverall childrens</i>	2	<i>fluocinolone acetonide oint 0.025%</i>	167
FEVERALL INF SUP 80MG.....	2	<i>fluocinolone acetonide (otic) oil 0.01%</i>	154
FEVERALL SUP 325MG.....	2	<i>fluocinolone acetonide soln 0.01%</i>	167
<i>fexofenadine hcl tab 60 mg</i>	156	<i>fluocinonide cream 0.05%</i>	167
<i>fexofenadine hcl tab 180 mg</i>	156	<i>fluocinonide emulsified base cream 0.05%</i> 167	
FIASP FLEX INJ TOUCH	104	<i>fluocinonide gel 0.05%</i>	167
FIASP INJ 100/ML.....	104	<i>fluocinonide oint 0.05%</i>	167
FIASP PENFIL INJ U-100	104	<i>fluocinonide soln 0.05%</i>	167
FIASP PMPCRT INJ U-100	104	<i>fluorometholone ophth susp 0.1%</i>	151
<i>fidaxomicin tab 200 mg</i>	22	<i>fluorouracil cream 5%</i>	169
<i>finasteride tab 5 mg</i>	130	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> ...	27
<i>finolimid hcl cap 0.5 mg (base equiv)</i>	97	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> 27	
FINTEPLA SOL 2.2MG/ML	86	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .27	
<i>finzala</i>	109	<i>fluorouracil iv soln 500 mg/10ml</i>	
FIRMAGON INJ 80MG	29	<i>(50 mg/ml)</i>	27
FIRMAGON INJ 120MG	29	<i>fluorouracil soln 2%</i>	169
FIRST AID OIN 10%.....	169	<i>fluorouracil soln 5%</i>	169
<i>flac</i>	154	<i>fluoxetine hcl cap 10 mg</i>	71
FLAREX SUS 0.1% OP.....	151	<i>fluoxetine hcl cap 20 mg</i>	71
FLEBOGAMMA INJ 10/200ML.....	140	<i>fluoxetine hcl cap 40 mg</i>	72

Drug Name	Page #	Drug Name	Page #
<i>fluoxetine hcl solution 20 mg/5ml</i>	72	FRINDOVYX INJ 1GM/2ML.....	26
<i>fluphenazine decanoate inj 25 mg/ml</i>	78	FRINDOVYX INJ 2GM/4ML.....	26
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	78	FRINDOVYX INJ 500MG/ML.....	26
<i>fluphenazine hcl inj 2.5 mg/ml</i>	78	FRUZAQLA CAP 1MG.....	36
<i>fluphenazine hcl oral conc 5 mg/ml</i>	78	FRUZAQLA CAP 5MG.....	36
<i>fluphenazine hcl tab 1 mg</i>	78	<i>ft 8 hour pain relief</i>	2
<i>fluphenazine hcl tab 2.5 mg</i>	78	<i>ft all day allergy</i>	156
<i>fluphenazine hcl tab 5 mg</i>	78	<i>ft all day allergy 24 hou</i>	156
<i>fluphenazine hcl tab 10 mg</i>	78	<i>ft allergy relief</i>	156
<i>flurbiprofen sodium ophth soln 0.03%</i>	151	<i>ft allergy relief 12 hour</i>	156
<i>flurbiprofen tab 100 mg</i>	4	<i>ft allergy relief childre</i>	156
<i>fluticasone propionate cream 0.05%</i>	167	<i>ft antacid extra strength</i>	122
<i>fluticasone propionate nasal susp 50 mcg/act</i>	162	<i>ft antacid regular streng</i>	122
<i>fluticasone propionate oint 0.005%</i>	167	<i>ft anti-diarrheal</i>	123
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	163	<i>ft gentle laxative</i>	127
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	163	<i>ft ibuprofen childrens</i>	4
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	163	<i>ft laxative</i>	127
<i>fluvoxamine maleate tab 25 mg</i>	67	<i>ft naproxen sodium</i>	4
<i>fluvoxamine maleate tab 50 mg</i>	67	<i>ft pain relief</i>	2
<i>fluvoxamine maleate tab 100 mg</i>	67	<i>ft pain relief adult extr</i>	2
<i>folic acid inj 5 mg/ml</i>	149	<i>ft stomach relief</i>	123
<i>folic acid tab 1 mg</i>	149	<i>ft stool softener</i>	127
FOLTRATE TAB.....	149	FULPHILA INJ 6/0.6ML.....	134
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	133	<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	29
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	133	FUNGOID TINC SOL 2%.....	165
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	133	<i>furosemide inj</i>	62
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	133	<i>furosemide oral soln 8 mg/ml</i>	62
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	14	<i>furosemide oral soln 10 mg/ml</i>	62
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	50	<i>furosemide tab 20 mg</i>	62
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	50	<i>furosemide tab 40 mg</i>	62
<i>fosinopril sodium tab 10 mg</i>	51	<i>furosemide tab 80 mg</i>	62
<i>fosinopril sodium tab 20 mg</i>	51	FUZEON INJ 90MG.....	14
<i>fosinopril sodium tab 40 mg</i>	51	<i>fyavolv tab 0.5mg-2.5mcg</i>	115
FOTIVDA CAP 0.89MG.....	36	<i>fyavolv tab 1mg-5mcg</i>	115
FOTIVDA CAP 1.34MG.....	36	FYCOMPA SUS 0.5MG/ML.....	86
		FYCOMPA TAB 2MG.....	86
		FYCOMPA TAB 4MG.....	86
		FYCOMPA TAB 6MG.....	86
		FYCOMPA TAB 8MG.....	86
		FYCOMPA TAB 10MG.....	86
		FYCOMPA TAB 12MG.....	86
		G	
		<i>gabapentin cap 100 mg</i>	86
		<i>gabapentin cap 300 mg</i>	86
		<i>gabapentin cap 400 mg</i>	86

Drug Name	Page #	Drug Name	Page #
<i>gabapentin oral soln 250 mg/5ml</i>	86	<i>gefitinib tab 250 mg</i>	36
<i>gabapentin tab 600 mg</i>	86	<i>gemcitabine hcl for inj 1 gm</i>	27
<i>gabapentin tab 800 mg</i>	87	<i>gemcitabine hcl for inj 2 gm</i>	27
<i>galantamine hydrobromide cap er 24hr</i>		<i>gemcitabine hcl for inj 200 mg</i>	27
8 mg	68	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	
<i>galantamine hydrobromide cap er 24hr</i>		(base equiv)	27
16 mg	68	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	
<i>galantamine hydrobromide cap er 24hr</i>		(base equiv)	27
24 mg	68	<i>gemcitabine hcl inj 200 mg/5.26ml</i>	
<i>galantamine hydrobromide oral soln</i>		(38 mg/ml) (base equiv)	27
4 mg/ml	68	<i>gemfibrozil tab 600 mg</i>	56
<i>galantamine hydrobromide tab 4 mg</i>	68	GEMTESA TAB 75MG	131
<i>galantamine hydrobromide tab 8 mg</i>	68	<i>generlac</i>	127
<i>galantamine hydrobromide tab 12 mg</i>	68	<i>gengraf</i>	142
<i>galbriela chw</i>	109	<i>gengraf sol 100mg/ml</i>	142
<i>gallifrey tab 5mg</i>	120	GENOTROPIN INJ 0.2MG	118
GAMASTAN INJ	140	GENOTROPIN INJ 0.4MG	118
GAMMAGARD INJ 1GM/10ML	140	GENOTROPIN INJ 0.6MG	118
GAMMAGARD INJ 2.5GM/25	140	GENOTROPIN INJ 0.8MG	118
GAMMAGARD INJ 5GM/50ML	140	GENOTROPIN INJ 1.2MG	118
GAMMAGARD INJ 10GM/100	140	GENOTROPIN INJ 1.4MG	118
GAMMAGARD INJ 20GM/200	140	GENOTROPIN INJ 1.6MG	118
GAMMAGARD INJ 30GM/300	140	GENOTROPIN INJ 1.8MG	118
GAMMAGARD SD INJ 5GM HU	140	GENOTROPIN INJ 1MG	118
GAMMAGARD SD INJ 10GM HU	140	GENOTROPIN INJ 2MG	118
GAMMAKED INJ 1GM/10ML	140	GENOTROPIN INJ 5MG	118
GAMMAKED INJ 5GM/50ML	140	GENOTROPIN INJ 12MG	118
GAMMAKED INJ 10GM/100	140	<i>gentamicin in saline inj 0.8 mg/ml</i>	10
GAMMAKED INJ 20GM/200	140	<i>gentamicin in saline inj 1.2 mg/ml</i>	10
GAMMAPLEX INJ 5%	140	<i>gentamicin in saline inj 1.6 mg/ml</i>	10
GAMMAPLEX INJ 10%	140	<i>gentamicin in saline inj 1 mg/ml</i>	10
GAMUNEX-C INJ 1GM/10ML	140	<i>gentamicin in saline inj 2 mg/ml</i>	10
GAMUNEX-C INJ 2.5GM/25	140	<i>gentamicin sulfate cream 0.1%</i>	164
GAMUNEX-C INJ 5GM/50ML	140	<i>gentamicin sulfate inj 10 mg/ml</i>	10
GAMUNEX-C INJ 10GM/100	140	<i>gentamicin sulfate inj 40 mg/ml</i>	10
GAMUNEX-C INJ 20GM/200	141	<i>gentamicin sulfate oint 0.1%</i>	164
GAMUNEX-C INJ 40/400ML	141	<i>gentamicin sulfate ophth soln 0.3%</i>	151
<i>ganciclovir sodium for inj 500 mg</i>	18	GENTEAL GEL 0.3%	153
GARDASIL 9 INJ	143	<i>genteal tears night-time</i>	153
<i>gatifloxacin ophth soln 0.5%</i>	151	<i>gentle laxative</i>	127
GATTEX KIT 5MG	128	GENVOYA TAB	17
GAUZE PADS 2	104	GILOTRIF TAB 20MG	36
<i>gavilyte-c</i>	127	GILOTRIF TAB 30MG	36
<i>gavilyte-g</i>	127	GILOTRIF TAB 40MG	36
<i>gavilyte-n sol flav pk</i>	127	<i>glatiramer acetate soln prefilled syringe</i>	
GAVRETO CAP 100MG	36	20 mg/ml	97

Drug Name	Page #	Drug Name	Page #
<i>glatiramer acetate soln prefilled syringe</i>		<i>gnp childrens allergy</i>	156
40 mg/ml	97	<i>gnp childrens ibuprofen</i>	4
<i>glatopa</i>	97	<i>gnp clearlax</i>	127
GLEOSTINE CAP 10MG	26	<i>gnp clotrimazole 3</i>	131
GLEOSTINE CAP 40MG	26	<i>gnp gentle laxative</i>	127
GLEOSTINE CAP 100MG	26	<i>gnp hydrocortisone</i>	167
<i>glimepiride tab 1 mg</i>	101	<i>gnp hydrocortisone/aloe</i>	167
<i>glimepiride tab 2 mg</i>	101	<i>gnp hydrocortisone maximu</i>	167
<i>glimepiride tab 4 mg</i>	101	<i>gnp hydrocortisone plus</i>	167
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	102	<i>gnp ibuprofen</i>	4
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	102	<i>gnp ibuprofen childrens</i>	4
<i>glipizide-metformin hcl tab 5-500 mg</i>	102	<i>gnp ibuprofen infants</i>	4
<i>glipizide tab 5 mg</i>	101	<i>gnp infants pain/fever</i>	2
<i>glipizide tab 10 mg</i>	101	<i>gnp lansoprazole</i>	129
<i>glipizide tab er 24hr 2.5 mg</i>	101	<i>gnp lice treatment</i>	170
<i>glipizide tab er 24hr 5 mg</i>	101	<i>gnp loperamide hydrochlor</i>	123
<i>glipizide tab er 24hr 10 mg</i>	101	<i>gnp loratadine</i>	156
<i>glipizide xl</i>	101, 102	<i>gnp loratadine childrens</i>	156
<i>glycopyrrolate tab 1 mg</i>	125	<i>gnp miconazole 1 combinat</i>	131
<i>glycopyrrolate tab 2 mg</i>	125	<i>gnp miconazole 3</i>	131
<i>glydo</i>	168	<i>gnp miconazole 7</i>	131
GLYXAMBI TAB 10-5 MG	102	<i>gnp naproxen</i>	4
GLYXAMBI TAB 25-5 MG	102	<i>gnp naproxen sodium</i>	5
<i>gnp 8 hour arthritis reli</i>	2	<i>gnp nicotine gum</i>	99
<i>gnp 8 hour pain relief</i>	2	<i>gnp nicotine mini lozenge</i>	99
<i>gnp 8 hour pain reliever</i>	2	<i>gnp nicotine polacrilex</i>	99
<i>gnp acetaminophen</i>	2	<i>gnp nicotine transdermal</i>	99
<i>gnp acid reducer</i>	126	<i>gnp omeprazole</i>	129
<i>gnp acid reducer maximum</i>	126	<i>gnp pain & fever children</i>	2
<i>gnp adult aspirin low str</i>	2	<i>gnp pain & fever infants</i>	2
<i>gnp all day allergy</i>	156	<i>gnp pain relief</i>	2
<i>gnp all day allergy child</i>	156	<i>gnp pain relief extra str</i>	3
<i>gnp allergy</i>	156	<i>gnp pink bismuth</i>	123
<i>gnp allergy relief</i>	156	<i>gnp pink bismuth ultra st</i>	123
<i>gnp allergy relief maximu</i>	156	<i>gnp stomach relief</i>	123
<i>gnp antacid and anti-gas/</i>	122	<i>gnp stool softener</i>	127
<i>gnp antacid anti-gas/maxi</i>	122	<i>gnp tolnaftate</i>	165
<i>gnp antacid & anti-gas/re</i>	122	<i>gnp triple antibiotic</i>	164
<i>gnp antacid extra strengt</i>	123	<i>gnp womens gentle laxativ</i>	127
<i>gnp antacid/regular stren</i>	123	GOMEKLI CAP 1MG	36
<i>gnp anti-diarrheal</i>	123	GOMEKLI CAP 2MG	36
<i>gnp artificial tears</i>	153	GOMEKLI TAB 1MG	36
<i>gnp aspirin</i>	2	<i>goodsense 24-hour allergy</i>	162
<i>gnp aspirin low dose</i>	2	<i>goodsense all day allergy</i>	156
<i>gnp athletes foot</i>	165	<i>goodsense aller-ease</i>	156
<i>gnp budesonide nasal spra</i>	162	<i>goodsense allergy relief</i>	156

Drug Name	Page #	Drug Name	Page #
<i>goodsense anti-diarrheal</i>	123	<i>haloperidol decanoate im soln 100 mg/ml</i> ...	78
<i>goodsense arthritis pain</i>	3	<i>haloperidol lactate inj 5 mg/ml</i>	78
<i>goodsense aspirin</i>	3	<i>haloperidol lactate oral conc 2 mg/ml</i>	78
<i>goodsense aspirin adults</i>	3	<i>haloperidol tab 0.5 mg</i>	78
<i>goodsense first aid antib</i>	164	<i>haloperidol tab 1 mg</i>	78
<i>goodsense ibuprofen</i>	5	<i>haloperidol tab 2 mg</i>	78
<i>goodsense ibuprofen child</i>	5	<i>haloperidol tab 5 mg</i>	79
<i>goodsense ibuprofen infan</i>	5	<i>haloperidol tab 10 mg</i>	79
<i>goodsense lansoprazole</i>	129	<i>haloperidol tab 20 mg</i>	79
<i>goodsense lice killing cr</i>	170	HARVONI PAK 33.75-150MG.....	18
<i>goodsense lubricating plu</i>	153	HARVONI PAK 45-200MG.....	18
<i>goodsense naproxen sodium</i>	5	HARVONI TAB 45-200MG	18
<i>goodsense nicotine</i>	99	HARVONI TAB 90-400MG	18
<i>goodsense nicotine gum</i>	99	HAVRIX INJ 720UNIT	143
<i>goodsense nicotine polacr</i>	99	HAVRIX INJ 1440UNIT	143
<i>goodsense pain & fever ch</i>	3	<i>healthylax</i>	127
<i>goodsense pain & fever in</i>	3	<i>heartburn relief</i>	126
<i>goodsense pain relief</i>	3	<i>heartburn relief extra st</i>	123
<i>goodsense pain relief ext</i>	3	<i>heartburn relief maximum</i>	126
<i>granisetron hcl inj 1 mg/ml</i>	124	<i>heather</i>	109
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	124	<i>heparin sodium (porcine) inj 1000 unit/ml.</i>	133
<i>granisetron hcl tab 1 mg</i>	124	<i>heparin sodium (porcine) inj 5000 unit/ml.</i>	133
<i>griseofulvin microsize susp 125 mg/5ml</i>	13	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	133
<i>griseofulvin microsize tab 500 mg</i>	13	<i>heparin sodium (porcine) inj 20000 unit/</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	13	<i>ml</i>	133
<i>griseofulvin ultramicrosize tab 250 mg</i>	13	<i>heparin sodium (porcine) pf inj 1000 unit/</i>	
<i>guanfacine hcl tab 1 mg</i>	64	<i>ml</i>	133
<i>guanfacine hcl tab 2 mg</i>	64	HEPLISAV-B INJ 20/0.5ML.....	143
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HEP SOD/NACL INJ 25000UNT	133
<i>equiv)</i>	93	HERCEP HYLEC SOL 60-10000.....	36
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HERCEPTIN INJ 150MG	36
<i>equiv)</i>	93	HERNEXEOS TAB 60MG	37
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		<i>her style</i>	109
<i>equiv)</i>	93	HERZUMA INJ 150MG.....	37
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HERZUMA INJ 420MG.....	37
<i>equiv)</i>	93	HIBERIX SOL 10MCG.....	143
H		HISTEX PD DRO 0.938MG.....	156
HAEGARDA INJ 2000UNIT	134	HISTEX SYP 2.5MG/5.....	156
HAEGARDA INJ 3000UNIT	135	<i>hm all day allergy childr</i>	156
<i>hailey 1.5/30</i>	109	<i>hm allergy relief nasal s</i>	162
<i>hailey 24 fe</i>	109	<i>hm antacid extra strength</i>	123
<i>halobetasol propionate cream 0.05%</i>	167	<i>hm enema saline laxative</i>	127
<i>halobetasol propionate oint 0.05%</i>	167	<i>hm loratadine</i>	156
<i>haloette</i>	109	<i>hm nicotine polacrilex</i>	99
<i>haloperidol decanoate im soln 50 mg/ml</i>	78	HUMIRA INJ 10/0.1ML.....	137
		HUMIRA INJ 20/0.2ML	137

Drug Name	Page #	Drug Name	Page #
HUMIRA INJ 40/0.4ML.....	137	<i>hydrocortisone maximum st</i>	168
HUMIRA KIT 40MG/0.8	137	<i>hydrocortisone oint 1%</i>	168
HUMIRA PEN INJ 40/0.4ML	137	<i>hydrocortisone oint 2.5%</i>	168
HUMIRA PEN INJ 40MG/0.8.....	137	<i>hydrocortisone perianal cream 1%</i>	169
HUMIRA PEN INJ 80/0.8ML	137	<i>hydrocortisone perianal cream 2.5%</i>	169
HUMIRA PEN KIT CD/UC/HS.....	137	<i>hydrocortisone sodium succinate pf for inj</i>	
HUMIRA PEN KIT PED UC.....	137	100 mg.....	116
HUMIRA PEN KIT PS/UV	137	<i>hydrocortisone tab 5 mg</i>	116
HUMULIN R INJ U-500	104	<i>hydrocortisone tab 10 mg</i>	116
<i>hydralazine hcl inj 20 mg/ml</i>	64	<i>hydrocortisone tab 20 mg</i>	116
<i>hydralazine hcl tab 10 mg</i>	64	<i>hydrocortisone valerate cream 0.2%</i>	168
<i>hydralazine hcl tab 25 mg</i>	64	<i>hydromorphone hcl liqd 1 mg/ml</i>	8
<i>hydralazine hcl tab 50 mg</i>	64	<i>hydromorphone hcl tab 2 mg</i>	8
<i>hydralazine hcl tab 100 mg</i>	64	<i>hydromorphone hcl tab 4 mg</i>	8
<i>hydrochlorothiazide cap 12.5 mg</i>	63	<i>hydromorphone hcl tab 8 mg</i>	8
<i>hydrochlorothiazide tab 12.5 mg</i>	63	<i>hydroxocobalamin acetate inj 1000 mcg/ml</i>	
<i>hydrochlorothiazide tab 25 mg</i>	63	(base equivalent).....	149
<i>hydrochlorothiazide tab 50 mg</i>	63	<i>hydroxychloroquine sulfate tab 200 mg</i>	139
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>hydroxyurea cap 500 mg</i>	31
325 mg/15ml.....	7	<i>hydroxyzine hcl im soln 25 mg/ml</i>	156
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .7		<i>hydroxyzine hcl im soln 50 mg/ml</i>	156
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>hydroxyzine hcl syrup 10 mg/5ml</i>	156
325 mg	8	<i>hydroxyzine hcl tab 10 mg</i>	156
<i>hydrocodone-acetaminophen tab 10-325 mg</i> 8		<i>hydroxyzine hcl tab 25 mg</i>	157
<i>hydrocodone bitartrate tab er 24hr deter</i>		<i>hydroxyzine hcl tab 50 mg</i>	157
20 mg	6	<i>hydroxyzine pamoate cap 25 mg</i>	157
<i>hydrocodone bitartrate tab er 24hr deter</i>		<i>hydroxyzine pamoate cap 50 mg</i>	157
30 mg	6		
<i>hydrocodone bitartrate tab er 24hr deter</i>		I	
40 mg	6	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrocodone bitartrate tab er 24hr deter</i>		equivalent)	106
60 mg	6	IBRANCE CAP 75MG.....	37
<i>hydrocodone bitartrate tab er 24hr deter</i>		IBRANCE CAP 100MG.....	37
80 mg	6	IBRANCE CAP 125MG	37
<i>hydrocodone bitartrate tab er 24hr deter</i>		IBRANCE TAB 75MG	37
100 mg.....	6	IBRANCE TAB 100MG	37
<i>hydrocodone bitartrate tab er 24hr deter</i>		IBRANCE TAB 125MG.....	37
120 mg	6	IBTROZI CAP 200MG	37
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	<i>ibu</i>	5
HYDROCORT CRE 1%	167	<i>ibuprofen cap 200 mg</i>	5
<i>hydrocortisone/aloe maxim</i>	168	<i>ibuprofen childrens</i>	5
<i>hydrocortisone cream 0.5%</i>	167	<i>ibuprofen infants</i>	5
<i>hydrocortisone cream 1%</i>	167	<i>ibuprofen junior strength</i>	5
<i>hydrocortisone cream 2.5%</i>	168	<i>ibuprofen susp 100 mg/5ml</i>	5
<i>hydrocortisone enema 100 mg/60ml</i>	126	<i>ibuprofen tab 200 mg</i>	5
<i>hydrocortisone lotion 2.5%</i>	168	<i>ibuprofen tab 400 mg</i>	5

Drug Name	Page #	Drug Name	Page #
<i>ibuprofen tab 600 mg</i>	5	INFUVITE INJ ADULT	149
<i>ibuprofen tab 800 mg</i>	5	INFUVITE INJ PEDIATRI.....	149
<i>icatibant acetate subcutaneous soln pref syr</i>		INLYTA TAB 1MG	38
<i>30 mg/3ml</i>	135	INLYTA TAB 5MG	38
<i>iclevia</i>	109	INQOVI TAB 35-100MG	27
ICLUSIG TAB 10MG.....	37	INREBIC CAP 100MG	38
ICLUSIG TAB 15MG.....	37	INSULIN PEN NEEDLES\ BD-EMBECTA.....	104
ICLUSIG TAB 30MG.....	37	INSULIN SAFETY NEEDLES\ BD-EMBECTA	104
ICLUSIG TAB 45MG.....	37	INSULIN SYRINGES\ BD-EMBECTA	104
IDACIO 2-PEN INJ 40/0.8ML	137	INTELENCE TAB 25MG	14
IDACIO CROHN INJ DISEASE	137	INTRALIPID INJ 20%.....	148
IDACIO PLAQU INJ PSORIASIS.....	137	INTRALIPID INJ 30%.....	148
IDHIFA TAB 50MG	37	<i>introvale</i>	109
IDHIFA TAB 100MG.....	37	INVEGA HAFYE INJ 1092MG.....	79
<i>imatinib mesylate tab 100 mg (base</i>		INVEGA HAFYE INJ 1560MG.....	79
<i>equivalent)</i>	37	INVEGA SUST INJ 39/0.25	79
<i>imatinib mesylate tab 400 mg (base</i>		INVEGA SUST INJ 78/0.5ML.....	79
<i>equivalent)</i>	37	INVEGA SUST INJ 117/0.75	79
IMBRUVICA CAP 70MG	38	INVEGA SUST INJ 156MG/ML	79
IMBRUVICA CAP 140MG	38	INVEGA SUST INJ 234/1.5.....	79
IMBRUVICA SUS 70MG/ML	38	INVEGA TRINZ INJ 273MG	79
IMBRUVICA TAB 140MG	38	INVEGA TRINZ INJ 410MG	79
IMBRUVICA TAB 280MG	38	INVEGA TRINZ INJ 546MG.....	79
IMBRUVICA TAB 420MG	38	INVEGA TRINZ INJ 819MG.....	79
IMCIVREE INJ 10MG/ML	106	IPOL INJ INACTIVE	143
<i>imipenem-cilastatin intravenous for soln</i>		<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>250 mg</i>	10	<i>mg/3ml</i>	154
<i>imipenem-cilastatin intravenous for soln</i>		<i>ipratropium bromide inhal soln 0.02%</i>	154
<i>500 mg</i>	10	<i>ipratropium bromide nasal soln 0.03%</i>	
<i>imipramine hcl tab 10 mg</i>	72	<i>(21 mcg/spray)</i>	154
<i>imipramine hcl tab 25 mg</i>	72	<i>ipratropium bromide nasal soln 0.06%</i>	
<i>imipramine hcl tab 50 mg</i>	72	<i>(42 mcg/spray)</i>	154
<i>imiquimod cream 5%</i>	169	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
IMKELDI SOL 80MG/ML.....	38	<i>12.5 mg</i>	53
IMOVAX RABIE INJ 2.5/ML	143	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
IMPAVIDO CAP 50MG.....	10	<i>12.5 mg</i>	53
INBRIJA CAP 42MG.....	75	<i>irbesartan tab 75 mg</i>	54
<i>incassia</i>	109	<i>irbesartan tab 150 mg</i>	54
INCRELEX INJ 40MG/4ML.....	118	<i>irbesartan tab 300 mg</i>	54
INCRUSE ELPT INH 62.5MCG.....	154	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	31
<i>indapamide tab 1.25 mg</i>	63	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	31
<i>indapamide tab 2.5 mg</i>	63	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	31
INFANRIX INJ	143	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	31
<i>infants ibuprofen</i>	5	ISENTRESS CHW 25MG.....	14
INFLIXIMAB INJ 100MG.....	137	ISENTRESS CHW 100MG	14
INFUVITE INJ	149	ISENTRESS HD TAB 600MG	15

Drug Name	Page #	Drug Name	Page #
ISENTRESS POW 100MG.....	15	JANUVIA TAB 100MG.....	102
ISENTRESS TAB 400MG.....	15	JARDIANCE TAB 10MG.....	102
<i>isibloom</i>	109	JARDIANCE TAB 25MG.....	102
ISOLYTE-P INJ /D5W.....	145	<i>jasmiel</i>	109
ISOLYTE-S INJ PH 7.4.....	145	<i>javygtor</i>	118
<i>isoniazid syrup 50 mg/5ml</i>	17	JAYPIRCA TAB 50MG.....	39
<i>isoniazid tab 100 mg</i>	17	JAYPIRCA TAB 100MG.....	39
<i>isoniazid tab 300 mg</i>	17	JENTADUETO TAB 2.5-500.....	102
<i>isosorbide dinitrate tab 5 mg</i>	65	JENTADUETO TAB 2.5-850.....	102
<i>isosorbide dinitrate tab 10 mg</i>	65	JENTADUETO TAB 2.5-1000.....	102
<i>isosorbide dinitrate tab 20 mg</i>	65	JENTADUETO TAB XR 2.5-1000MG.....	102
<i>isosorbide dinitrate tab 30 mg</i>	65	JENTADUETO TAB XR 5-1000MG.....	102
<i>isosorbide mononitrate tab er 24hr 30 mg</i> ...65		<i>jinteli</i>	115
<i>isosorbide mononitrate tab er 24hr 60 mg</i> ...65		<i>jolessa</i>	109
<i>isosorbide mononitrate tab er 24hr 120 mg</i> .65		<i>juleber</i>	110
<i>isotretinoin cap 10 mg</i>	164	JULUCA TAB 50-25MG.....	17
<i>isotretinoin cap 20 mg</i>	164	<i>junel 1.5/30</i>	110
<i>isotretinoin cap 30 mg</i>	164	<i>junel 1/20</i>	110
<i>isotretinoin cap 40 mg</i>	164	<i>junel fe 1.5/30</i>	110
<i>isradipine cap 2.5 mg</i>	61	<i>junel fe 1/20</i>	110
<i>isradipine cap 5 mg</i>	61	<i>junel fe 24</i>	110
ITOVEBI TAB 3MG.....	38	JYLAMVO SOL 2MG/ML.....	140
ITOVEBI TAB 9MG.....	38	JYNNEOS INJ.....	143
<i>itraconazole cap 100 mg</i>	13	K	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	64	KADCYLA INJ 100MG.....	39
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	64	KADCYLA INJ 160MG.....	39
<i>ivermectin tab 3 mg</i>	10	<i>kaitlib fe</i>	110
<i>ivermectin tab 6 mg</i>	10	KALETRA SOL.....	17
IWILFIN TAB 192MG.....	31	KALYDECO GRA 5.8MG.....	159
IXIARO INJ.....	143	KALYDECO GRA 13.4MG.....	159
J		KALYDECO PAK 25MG.....	160
<i>jaimiess tab</i>	109	KALYDECO PAK 50MG.....	160
JAKAFI TAB 5MG.....	38	KALYDECO PAK 75MG.....	160
JAKAFI TAB 10MG.....	38	KALYDECO TAB 150MG.....	160
JAKAFI TAB 15MG.....	38	KANJINTI INJ 420MG.....	39
JAKAFI TAB 20MG.....	38	KANJINTI SOL 150MG.....	39
JAKAFI TAB 25MG.....	38	<i>kariva</i>	110
<i>jantoven</i>	133	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	145
JANUMET TAB 50-500MG.....	102	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.2% inj</i>	145
JANUMET TAB 50-1000.....	102	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.9% inj</i>	145
JANUMET XR TAB 50-500MG.....	102	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i> <i>0.45% inj</i>	145
JANUMET XR TAB 50-1000.....	102		
JANUMET XR TAB 100-1000.....	102		
JANUVIA TAB 25MG.....	102		
JANUVIA TAB 50MG.....	102		

Drug Name	Page #
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	145
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	145
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	145
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	145
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	145
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	145
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	145
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	145
<i>kelnor 1/35</i>	110
<i>kelnor 1/50 tab</i>	110
<i>KERENDIA TAB 10MG</i>	51
<i>KERENDIA TAB 20MG</i>	51
<i>KERENDIA TAB 40MG</i>	51
<i>KESIMPTA INJ 20/4ML</i>	97
<i>ketoconazole cream 2%</i>	165
<i>ketoconazole shampoo 2%</i>	165
<i>ketoconazole tab 200 mg</i>	13
<i>ketorolac tromethamine ophth soln 0.4% ...</i>	151
<i>ketorolac tromethamine ophth soln 0.5% ...</i>	151
<i>ketotifen fumarate ophth soln 0.035%</i>	152
<i>KEYTRUDA INJ 100MG/4M</i>	39
<i>KINRIX INJ</i>	143
<i>kionex</i>	107
<i>KISQALI 200 DOSE</i>	39
<i>KISQALI 200 PAK FEMARA</i>	39
<i>KISQALI 400 DOSE</i>	39
<i>KISQALI 400 PAK FEMARA</i>	39
<i>KISQALI 600 DOSE</i>	39
<i>KISQALI 600 PAK FEMARA</i>	39
<i>klayesta</i>	165
<i>klor-con</i>	146
<i>klor-con 8</i>	146
<i>klor-con 10</i>	146
<i>klor-con m10</i>	146
<i>klor-con m15</i>	146
<i>klor-con m20</i>	146
<i>KLOXXADO SPR 8MG</i>	99
<i>KOSELUGO CAP 10MG</i>	39
<i>KOSELUGO CAP 25MG</i>	39
<i>kourzeq</i>	170
<i>K-PHOS TAB</i>	148
<i>K-PHOS TAB NEUTRAL</i>	148
<i>KRAZATI TAB 200MG</i>	39

Drug Name	Page #
<i>kurvelo</i>	110
L	
<i>labetalol hcl tab 100 mg</i>	59
<i>labetalol hcl tab 200 mg</i>	59
<i>labetalol hcl tab 300 mg</i>	59
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> ..	87
<i>lacosamide oral</i>	87
<i>lacosamide tab 50 mg</i>	87
<i>lacosamide tab 100 mg</i>	87
<i>lacosamide tab 150 mg</i>	87
<i>lacosamide tab 200 mg</i>	87
<i>lactated ringer's solution</i>	145
<i>lactic acid (ammonium lactate) cream 12%</i>	169
<i>lactic acid (ammonium lactate) lotion 12%</i> .	169
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	127
<i>lactulose solution 10 gm/15ml</i>	127
<i>lamivudine oral soln 10 mg/ml</i>	15
<i>lamivudine tab 100 mg (hbv)</i>	18
<i>lamivudine tab 150 mg</i>	15
<i>lamivudine tab 300 mg</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	17
<i>lamotrigine tab 25 mg</i>	87
<i>lamotrigine tab 100 mg</i>	87
<i>lamotrigine tab 150 mg</i>	87
<i>lamotrigine tab 200 mg</i>	87
<i>lamotrigine tab chewable dispersible 5 mg</i> .	87
<i>lamotrigine tab chewable dispersible 25 mg</i>	87
<i>lamotrigine tab er 24hr 25 mg</i>	87
<i>lamotrigine tab er 24hr 50 mg</i>	87
<i>lamotrigine tab er 24hr 100 mg</i>	87
<i>lamotrigine tab er 24hr 200 mg</i>	87
<i>lamotrigine tab er 24hr 250 mg</i>	87
<i>lamotrigine tab er 24hr 300 mg</i>	87
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	119
<i>lansoprazole cap delayed release 15 mg</i>	130
<i>lansoprazole cap delayed release 30 mg</i> ...	130
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	39
<i>larin 1.5/30</i>	110
<i>larin 1/20</i>	110
<i>larin 24 fe</i>	110
<i>larin fe 1.5/30</i>	110
<i>larin fe 1/20</i>	110
<i>latanoprost ophth soln 0.005%</i>	152

Drug Name	Page #	Drug Name	Page #
<i>layolis fe chw</i>	110	<i>levetiracetam in sodium chloride iv soln</i>	
LAZCLUZE TAB 80MG.....	39	500 mg/100ml.....	87
LAZCLUZE TAB 240MG	39	<i>levetiracetam in sodium chloride iv soln</i>	
<i>leflunomide tab 10 mg</i>	140	1000 mg/100ml.....	87
<i>leflunomide tab 20 mg</i>	140	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lenalidomide cap 5 mg</i>	30	1500 mg/100ml	87
<i>lenalidomide cap 10 mg</i>	30	<i>levetiracetam oral soln 100 mg/ml</i>	87
<i>lenalidomide cap 15 mg</i>	30	<i>levetiracetam tab 250 mg</i>	87
<i>lenalidomide cap 20 mg</i>	30	<i>levetiracetam tab 500 mg</i>	87
<i>lenalidomide cap 25 mg</i>	30	<i>levetiracetam tab 750 mg</i>	87
<i>lenalidomide caps 2.5 mg</i>	30	<i>levetiracetam tab 1000 mg</i>	87
LENVIMA CAP 4MG.....	39	<i>levetiracetam tab er 24hr 500 mg</i>	87
LENVIMA CAP 8 MG.....	40	<i>levetiracetam tab er 24hr 750 mg</i>	88
LENVIMA CAP 10 MG	40	LEVETIRACETA TAB 250MG	87
LENVIMA CAP 12MG	40	<i>levobunolol hcl ophth soln 0.5%</i>	152
LENVIMA CAP 14 MG	40	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	119
LENVIMA CAP 18 MG	40	<i>levocarnitine tab 330 mg</i>	119
LENVIMA CAP 20 MG	40	<i>levocetirizine dihydrochloride soln</i>	
LENVIMA CAP 24 MG	40	2.5 mg/5ml (0.5 mg/ml).....	157
<i>lessina</i>	110	<i>levocetirizine dihydrochloride tab 5 mg</i>	157
<i>letrozole tab 2.5 mg</i>	29	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	22
<i>leucovorin calcium for inj 50 mg</i>	48	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> ...	22
<i>leucovorin calcium for inj 100 mg</i>	48	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	22
<i>leucovorin calcium for inj 200 mg</i>	49	<i>levofloxacin iv soln 25 mg/ml</i>	22
<i>leucovorin calcium for inj 350 mg</i>	49	<i>levofloxacin oral soln 25 mg/ml</i>	22
<i>leucovorin calcium for inj 500 mg</i>	49	<i>levofloxacin tab 250 mg</i>	22
<i>leucovorin calcium inj 500 mg/50ml</i>		<i>levofloxacin tab 500 mg</i>	22
(10 mg/ml).....	49	<i>levofloxacin tab 750 mg</i>	22
<i>leucovorin calcium tab 5 mg</i>	49	levonest.....	110
<i>leucovorin calcium tab 10 mg</i>	49	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	49	ð est 0.01 mg	110
<i>leucovorin calcium tab 25 mg</i>	49	<i>levonorgestrel-eth estra tab</i>	
LEUKERAN TAB 2MG	27	0.05-30/0.075-40/0.125-30mg-mcg	110
<i>leuprolide acetate inj kit 1 mg/0.2ml</i>		<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
(5 mg/ml)	29	tab 0.15-0.03 mg	110
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
(base equiv)	158	tab 90-20 mcg	111
<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-</i>	
(base equiv)	158	20 mcg	110
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
(base equiv)	158	0.15 mg-30 mcg	110
<i>levalbuterol hcl soln nebu conc</i>		<i>levonorgestrel tab 1.5 mg</i>	110
1.25 mg/0.5ml (base equiv)	158	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>levalbuterol tartrate inhal aerosol 45 mcg/</i>		est tab 0.01mg(7)	110
act (base equiv).....	158	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> ..	87	est tab 0.01mg(7)	110

Drug Name	Page #	Drug Name	Page #
levora 0.15/30-28.....	111	lisinopril & hydrochlorothiazide tab 10- 12.5 mg.....	50
levo-t.....	121	lisinopril & hydrochlorothiazide tab 20- 12.5 mg.....	50
levothyroxine sodium tab 25 mcg.....	121	lisinopril & hydrochlorothiazide tab 20- 25 mg.....	50
levothyroxine sodium tab 50 mcg.....	121	lisinopril tab 2.5 mg.....	51
levothyroxine sodium tab 75 mcg.....	121	lisinopril tab 5 mg.....	51
levothyroxine sodium tab 88 mcg.....	121	lisinopril tab 10 mg.....	51
levothyroxine sodium tab 100 mcg.....	121	lisinopril tab 20 mg.....	51
levothyroxine sodium tab 112 mcg.....	121	lisinopril tab 30 mg.....	51
levothyroxine sodium tab 125 mcg.....	121	lisinopril tab 40 mg.....	51
levothyroxine sodium tab 137 mcg.....	121	lithium carbonate cap 150 mg.....	96
levothyroxine sodium tab 150 mcg.....	121	lithium carbonate cap 300 mg.....	96
levothyroxine sodium tab 175 mcg.....	121	lithium carbonate cap 600 mg.....	96
levothyroxine sodium tab 200 mcg.....	121	lithium carbonate tab 300 mg.....	96
levothyroxine sodium tab 300 mcg.....	121	lithium carbonate tab er 300 mg.....	96
levoxyl.....	121	lithium carbonate tab er 450 mg.....	97
l-glutamine (sickle cell).....	135	lithium oral solution 8 meq/5ml.....	97
lice killing maximum stre.....	170	LIVTENCITY TAB 200MG.....	18
lidocaine cream 4%.....	169	loestrin 1.5/30-21.....	111
lidocaine hcl local inj 0.5%.....	3	loestrin 1/20-21.....	111
lidocaine hcl local inj 1%.....	3	loestrin fe 1.5/30.....	111
lidocaine hcl local inj 2%.....	3	loestrin fe 1/20.....	111
lidocaine hcl local preservative free (pf) inj 0.5%.....	3	lojaimiess tab.....	111
lidocaine hcl local preservative free (pf) inj 1%.....	3	LOKELMA PAK 5GM.....	107
lidocaine hcl local preservative free (pf) inj 1.5%.....	3	LOKELMA PAK 10GM.....	107
lidocaine hcl soln 4%.....	168	lomaira tab 8mg.....	106
lidocaine hcl viscous soln 2%.....	170	LONSURF TAB 15-6.14.....	27
lidocaine oint 5%.....	168	LONSURF TAB 20-8.19.....	27
lidocaine patch 5%.....	168	loperamide hcl cap 2 mg.....	129
lidocaine-prilocaine cream 2.5-2.5%.....	168	loperamide hcl soln 1 mg/7.5ml.....	123
lidocan.....	168	lopinavir-ritonavir soln 400-100 mg/5ml (80- 20 mg/ml).....	17
LILETTA IUD 52MG.....	111	lopinavir-ritonavir tab 100-25 mg.....	17
linezolid for susp 100 mg/5ml.....	10	lopinavir-ritonavir tab 200-50 mg.....	17
LINEZOLID INJ 2MG/ML.....	10	loratadine childrens.....	157
linezolid iv soln 600 mg/300ml (2 mg/ml) ...	10	loratadine rapidly-disintegrating tab 10 mg	157
linezolid tab 600 mg.....	10	loratadine tab 10 mg.....	157
LINZESS CAP 72MCG.....	128	lorazepam conc 2 mg/ml.....	67
LINZESS CAP 145MCG.....	128	lorazepam inj 2 mg/ml.....	67
LINZESS CAP 290MCG.....	128	lorazepam inj 4 mg/ml.....	67
liothyronine sodium tab 5 mcg.....	121	lorazepam intensol.....	67
liothyronine sodium tab 25 mcg.....	121	lorazepam tab 0.5 mg.....	67
liothyronine sodium tab 50 mcg.....	121	lorazepam tab 1 mg.....	67
liquid allergy relief.....	157	lorazepam tab 2 mg.....	67

Drug Name	Page #	Drug Name	Page #
LORBRENA TAB 25MG.....	40	LYBALVI TAB 10-10MG	79
LORBRENA TAB 100MG.....	40	LYBALVI TAB 15-10MG.....	79
<i>loryna</i>	111	LYBALVI TAB 20-10MG.....	79
<i>losartan potassium & hydrochlorothiazide</i>		<i>lyleq</i>	111
<i>tab 50-12.5 mg</i>	53	<i>lyllana</i>	115
<i>losartan potassium & hydrochlorothiazide</i>		LYNPARZA TAB 100MG	40
<i>tab 100-12.5 mg</i>	53	LYNPARZA TAB 150MG.....	40
<i>losartan potassium & hydrochlorothiazide</i>		LYSODREN TAB 500MG	29
<i>tab 100-25 mg</i>	53	LYTGOBI (12 MG DAILY DOSE)	40
<i>losartan potassium tab 25 mg</i>	54	LYTGOBI (16 MG DAILY DOSE).....	40
<i>losartan potassium tab 50 mg</i>	54	LYTGOBI (20 MG DAILY DOSE).....	40
<i>losartan potassium tab 100 mg</i>	54	<i>lyza</i>	111
LOTEMAX OIN 0.5%.....	152		
<i>loteprednol etabonate ophth susp 0.2%</i>	152	M	
<i>lovastatin tab 10 mg</i>	56	MAG-AL LIQ.....	123
<i>lovastatin tab 20 mg</i>	56	<i>mag-al plus</i>	123
<i>lovastatin tab 40 mg</i>	56	<i>mag-al plus xs</i>	123
<i>low-ogestrel</i>	111	<i>magnesium oxide tab 400 mg</i>	123
<i>loxapine succinate cap 5 mg</i>	79	<i>magnesium oxide tab 420 mg</i>	123
<i>loxapine succinate cap 10 mg</i>	79	MAGNESIUM SU INJ 2GM/50ML.....	145
<i>loxapine succinate cap 25 mg</i>	79	MAGNESIUM SU INJ 4G/100ML	145
<i>loxapine succinate cap 50 mg</i>	79	MAGNESIUM SU INJ 20/500ML	145
<i>lubricant eye drops</i>	153	MAGNESIUM SU INJ 40G/1000	145
<i>lubricant eye nighttime</i>	153	MAGNESIUM SU INJ 50%	145
<i>lubrifresh p.m.</i>	153	MAGNESIUM SU INJ 80MG/ML.....	145
<i>luizza 1/20 tab</i>	111	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
<i>luizza tab 1.5/30</i>	111	<i>gm/100ml</i>	145
LUMAKRAS TAB 120MG	40	<i>magnesium sulfate inj 50%</i>	145
LUMAKRAS TAB 240MG	40	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
LUMAKRAS TAB 320MG.....	40	<i>(40 mg/ml)</i>	145
LUMIGAN SOL 0.01% OP.....	152	<i>magnesium sulfate iv soln 4 gm/50ml</i>	
LUMIZYME INJ 50MG	119	<i>(80 mg/ml)</i>	146
LUPR DEP-PED INJ 3M 30MG	119	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
LUPR DEP-PED INJ 7.5MG.....	119	<i>(40 mg/ml)</i>	146
LUPR DEP-PED INJ 11.25MG	119	<i>magnesium sulfate iv soln 20 gm/500ml</i>	
LUPR DEP-PED INJ 15MG.....	119	<i>(40 mg/ml)</i>	146
LUPRON DEPOT INJ 3.75MG	29	<i>magnesium sulfate iv soln 40 gm/1000ml</i>	
LUPRON DEPOT INJ 11.25MG	29	<i>(40 mg/ml)</i>	146
LUPRON DEPOT INJ 45MG.....	119	<i>malathion lotion 0.5%</i>	170
<i>lurasidone hcl tab 20 mg</i>	79	<i>manganese chloride inj 0.1 mg/ml</i>	148
<i>lurasidone hcl tab 40 mg</i>	79	<i>mapap</i>	3
<i>lurasidone hcl tab 60 mg</i>	79	<i>mapap childrens</i>	3
<i>lurasidone hcl tab 80 mg</i>	79	<i>maraviroc tab 150 mg</i>	15
<i>lurasidone hcl tab 120 mg</i>	79	<i>maraviroc tab 300 mg</i>	15
<i>luter</i>	111	<i>marlissa</i>	111
LYBALVI TAB 5-10MG	79	MARPLAN TAB 10MG.....	72

Drug Name	Page #	Drug Name	Page #
MATULANE CAP 50MG	31	mercaptopurine tab 50 mg.....	28
MAVYRET PAK 50-20MG	18	meropenem iv for soln 1 gm	10
MAVYRET TAB 100-40MG	18	meropenem iv for soln 2 gm.....	10
<i>m-dryl</i>	157	meropenem iv for soln 500 mg.....	10
<i>meclizine hcl tab 12.5 mg</i>	124	mesalamine cap dr 400 mg	126
<i>meclizine hcl tab 25 mg</i>	124	mesalamine cap er 24hr 0.375 gm.....	126
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	111	mesalamine enema 4 gm	126
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	111	mesalamine rectal enema 4 gm & cleanser <i>wipe kit</i>	126
<i>medroxyprogesterone acetate tab 2.5 mg.</i>	120	mesalamine suppos 1000 mg	126
<i>medroxyprogesterone acetate tab 5 mg</i>	120	mesalamine tab delayed release 1.2 gm....	127
<i>medroxyprogesterone acetate tab 10 mg</i> ..	120	mesna tab 400 mg	49
<i>mefloquine hcl tab 250 mg</i>	14	MESNEX TAB 400MG	49
<i>megestrol acetate susp 40 mg/ml</i>	120	metformin hcl tab 500 mg.....	102
<i>megestrol acetate susp 625 mg/5ml</i>	120	metformin hcl tab 850 mg.....	102
<i>megestrol acetate tab 20 mg</i>	29	metformin hcl tab 1000 mg	102
<i>megestrol acetate tab 40 mg</i>	29	metformin hcl tab er 24hr 500 mg	102
MEKINIST SOL 0.05/ML	41	metformin hcl tab er 24hr 750 mg.....	102
MEKINIST TAB 0.5MG	41	methadone hcl soln 5 mg/5ml	6
MEKINIST TAB 2MG	41	methadone hcl soln 10 mg/5ml	6
MEKTOVI TAB 15MG.....	41	methadone hcl tab 5 mg	7
<i>meleya tab 0.35mg</i>	111	methadone hcl tab 10 mg	7
<i>meloxicam tab 7.5 mg</i>	5	methadone hydrochloride i	7
<i>meloxicam tab 15 mg</i>	5	methazolamide tab 25 mg.....	63
<i>memantine hcl cap er 24hr 7 mg</i>	68	methazolamide tab 50 mg.....	63
<i>memantine hcl cap er 24hr 14 mg</i>	68	methenamine hippurate tab 1 gm.....	10
<i>memantine hcl cap er 24hr 21 mg</i>	68	methimazole tab 5 mg	121
<i>memantine hcl cap er 24hr 28 mg</i>	68	methimazole tab 10 mg.....	121
<i>memantine hcl-donepezil hcl cap er 24hr 14-</i> <i>10 mg</i>	69	methocarbamol tab 500 mg	98
<i>memantine hcl-donepezil hcl cap er 24hr 21-</i> <i>10 mg</i>	69	methocarbamol tab 750 mg.....	98
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	69	methotrexate sodium for inj 1 gm	28
<i>memantine hcl oral solution 2 mg/ml</i>	68	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	28
<i>memantine hcl tab 5 mg</i>	68	methotrexate sodium inj 250 mg/10ml (25 mg/ml)	28
<i>memantine hcl tab 10 mg</i>	68	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	28
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	68	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	28
MENACTRA INJ	143	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	28
MENQUADFI INJ	143	methotrexate sodium tab 2.5 mg (base equiv)	140
MENVEO INJ	143	methsuximide cap 300 mg	88
MENVEO SOL	143	methylphenidate hcl soln 5 mg/5ml.....	93
<i>mercaptopurine susp 2000 mg/100ml</i> (20 mg/ml)	27	methylphenidate hcl soln 10 mg/5ml	93

Drug Name	Page #	Drug Name	Page #
<i>methylphenidate hcl tab 5 mg</i>	93	<i>metoprolol succinate tab er 24hr 200 mg</i>	
<i>methylphenidate hcl tab 10 mg</i>	93	<i>(tartrate equiv)</i>	59
<i>methylphenidate hcl tab 20 mg</i>	93	<i>metoprolol tartrate iv soln 5 mg/5ml</i>	59
<i>methylphenidate hcl tab er 10 mg</i>	93	<i>metoprolol tartrate tab 25 mg</i>	59
<i>methylphenidate hcl tab er 20 mg</i>	93	<i>metoprolol tartrate tab 50 mg</i>	59
<i>methylprednisolone acetate inj susp</i>		<i>metoprolol tartrate tab 100 mg</i>	59
<i>40 mg/ml</i>	116	<i>metronidazole cream 0.75%</i>	169
<i>methylprednisolone acetate inj susp</i>		<i>metronidazole gel 0.75%</i>	169
<i>80 mg/ml</i>	116	<i>metronidazole iv soln 500 mg/100ml</i>	10
<i>methylprednisolone sod succ for inj 40 mg</i>		<i>metronidazole lotion 0.75%</i>	169
<i>(base equiv)</i>	116	<i>metronidazole tab 250 mg</i>	10
<i>methylprednisolone sod succ for inj 125 mg</i>		<i>metronidazole tab 500 mg</i>	11
<i>(base equiv)</i>	116	<i>metronidazole vaginal gel 0.75%</i>	131
<i>methylprednisolone sod succ for inj</i>		<i>metyrosine cap 250 mg</i>	64
<i>1000 mg (base equiv)</i>	116	<i>mibelas 24 fe</i>	111
<i>methylprednisolone tab 4 mg</i>	116	<i>micafungin sodium for iv soln 50 mg</i>	13
<i>methylprednisolone tab 8 mg</i>	116	<i>micafungin sodium for iv soln 100 mg</i>	13
<i>methylprednisolone tab 16 mg</i>	116	<i>miconazole 3 combo pack</i>	131
<i>methylprednisolone tab 32 mg</i>	116	<i>miconazole 7</i>	131
<i>methylprednisolone tab therapy pack 4 mg</i>		<i>miconazole nitrate cream 2%</i>	165
<i>(21)</i>	116	MICONAZOLE SOL 2%	165
<i>methyltestosterone cap 10 mg</i>	101	<i>micotrin ac</i>	165
<i>metoclopramide hcl inj 5 mg/ml (base</i>		<i>microgestin 1.5/30</i>	111
<i>equivalent)</i>	124	<i>microgestin 1/20</i>	111
<i>metoclopramide hcl soln 5 mg/5ml</i>		<i>microgestin fe 1.5/30</i>	111
<i>(10 mg/10ml) (base equiv)</i>	124	<i>microgestin fe 1/20</i>	111
<i>metoclopramide hcl tab 5 mg (base</i>		<i>midodrine hcl tab 2.5 mg</i>	64
<i>equivalent)</i>	124	<i>midodrine hcl tab 5 mg</i>	64
<i>metoclopramide hcl tab 10 mg (base</i>		<i>midodrine hcl tab 10 mg</i>	64
<i>equivalent)</i>	124	MIEBO DRO 1.3GM/ML	153
<i>metolazone tab 2.5 mg</i>	63	<i>mifepristone tab 300 mg</i>	119
<i>metolazone tab 5 mg</i>	63	<i>mili</i>	111
<i>metolazone tab 10 mg</i>	63	<i>mimvey</i>	115
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>minocycline hcl cap 50 mg</i>	25
<i>25 mg</i>	58	<i>minocycline hcl cap 75 mg</i>	25
<i>metoprolol & hydrochlorothiazide tab 100-</i>		<i>minocycline hcl cap 100 mg</i>	25
<i>25 mg</i>	58	<i>minoxidil tab 2.5 mg</i>	64
<i>metoprolol & hydrochlorothiazide tab 100-</i>		<i>minoxidil tab 10 mg</i>	64
<i>50 mg</i>	58	<i>mintox maximum strength</i>	123
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>mirtazapine orally disintegrating tab 15 mg</i> .	72
<i>(tartrate equiv)</i>	59	<i>mirtazapine orally disintegrating tab 30 mg</i>	72
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>mirtazapine orally disintegrating tab 45 mg</i> .	72
<i>(tartrate equiv)</i>	59	<i>mirtazapine tab 7.5 mg</i>	72
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>mirtazapine tab 15 mg</i>	72
<i>(tartrate equiv)</i>	59	<i>mirtazapine tab 30 mg</i>	72
		<i>mirtazapine tab 45 mg</i>	72

Drug Name	Page #	Drug Name	Page #
<i>misoprostol tab 100 mcg</i>	129	MOUNJARO INJ 15MG/0.5	103
<i>misoprostol tab 200 mcg</i>	129	MOVANTIK TAB 12.5MG.....	129
MITIGARE CAP 0.6MG	1	MOVANTIK TAB 25MG	129
M-M-R II INJ	143	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	22
M-NATAL PLUS TAB	147	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	151
<i>modafinil tab 100 mg</i>	98	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	22
<i>modafinil tab 200 mg</i>	98	<i>m-pap</i>	3
MODEYSO CAP 125MG.....	31	MRESVIA INJ 50MCG	143
<i>moexipril hcl tab 7.5 mg</i>	51	MULTAQ TAB 400MG.....	55
<i>moexipril hcl tab 15 mg</i>	51	<i>multiple electrolytes ph 5.5</i>	146
<i>molindone hcl tab 5 mg</i>	79	<i>multiple electrolytes ph 7.4</i>	146
<i>molindone hcl tab 10 mg</i>	79	<i>multivitamin/fluoride</i>	149
<i>molindone hcl tab 25 mg</i>	79	<i>multi-vitamin/fluoride dr</i>	149
<i>mometasone furoate cream 0.1%</i>	168	<i>multi-vitamin/fluoride/ir</i>	149
<i>mometasone furoate oint 0.1%</i>	168	MULTIVITAMIN WITH FLUORID	149
<i>mometasone furoate solution 0.1% (lotion)</i> 168		<i>multi-vit/iron/fluoride</i>	149
MONJUVI INJ 200MG.....	41	<i>mupirocin oint 2%</i>	164
<i>mono-lynah</i>	111	<i>my choice</i>	111
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	158	<i>mycophenolate mofetil cap 250 mg</i>	142
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	158	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	142
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	158	<i>mycophenolate mofetil tab 500 mg</i>	142
<i>montelukast sodium tab 10 mg (base equiv)</i>	159	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	142
<i>morphine sulfate iv soln 2 mg/ml</i>	8	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	142
<i>morphine sulfate iv soln 4 mg/ml</i>	8	<i>mycozyl ac</i>	165
<i>morphine sulfate iv soln 8 mg/ml</i>	8	MYRBETRIQ SUS 8MG/ML	131
<i>morphine sulfate iv soln 10 mg/ml</i>	8	MYRBETRIQ TAB 25MG	131
<i>morphine sulfate oral soln 10 mg/5ml</i>	8	MYRBETRIQ TAB 50MG.....	131
<i>morphine sulfate oral soln 20 mg/5ml</i>	8	<i>my way</i>	111
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	8	N	
<i>morphine sulfate tab 15 mg</i>	8	<i>nabumetone tab 500 mg</i>	5
<i>morphine sulfate tab 30 mg</i>	8	<i>nabumetone tab 750 mg</i>	5
<i>morphine sulfate tab er 15 mg</i>	7	<i>nadolol tab 20 mg</i>	59
<i>morphine sulfate tab er 30 mg</i>	7	<i>nadolol tab 40 mg</i>	59
<i>morphine sulfate tab er 60 mg</i>	7	<i>nadolol tab 80 mg</i>	59
<i>morphine sulfate tab er 100 mg</i>	7	<i>nafcillin sodium for inj 1 gm</i>	24
<i>morphine sulfate tab er 200 mg</i>	7	<i>nafcillin sodium for inj 2 gm</i>	24
MOUNJARO INJ 2.5/0.5	102	<i>nafcillin sodium for iv soln 10 gm</i>	24
MOUNJARO INJ 5MG/0.5.....	102	NAGLAZYME INJ 1MG/ML.....	119
MOUNJARO INJ 7.5/0.5.....	102	<i>nalbuphine hcl inj 10 mg/ml</i>	8
MOUNJARO INJ 10MG/0.5	102	<i>nalbuphine hcl inj 20 mg/ml</i>	8
MOUNJARO INJ 12.5/0.5.....	103		

Drug Name	Page #	Drug Name	Page #
<i>naloxone hcl inj 0.4 mg/ml</i>	99	<i>neomycin-polymyxin-hc ophth susp</i>	150
<i>naloxone hcl inj 4 mg/10ml</i>	100	<i>neomycin-polymyxin-hc otic soln 1%</i>	154
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	100	<i>neomycin-polymyxin-hc otic susp</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	100	<i>3.5 mg/ml-10000 unit/ml-1%</i>	154
<i>naloxone hcl soln prefilled syringe</i>		<i>neomycin sulfate tab 500 mg</i>	11
<i>0.4 mg/ml</i>	100	<i>neo-polycin 5(3.5)mg-400unt-10000unt op</i>	
<i>naloxone hcl soln prefilled syringe</i>		<i>oin</i>	151
<i>2 mg/2ml</i>	100	<i>neo-polycin hc ophth oint 1%</i>	150
<i>naltrexone hcl tab 50 mg</i>	100	NEPHPLEX RX TAB.....	149
NAMZARIC CAP 7-10MG	69	NERLYNX TAB 40MG	41
NAMZARIC CAP 14-10MG	69	<i>nevirapine susp 50 mg/5ml</i>	15
NAMZARIC CAP 21-10MG.....	69	<i>nevirapine tab 200 mg</i>	15
NAMZARIC CAP 28-10MG.....	69	<i>nevirapine tab er 24hr 400 mg</i>	15
NAMZARIC CAP PACK.....	69	<i>new day</i>	111
<i>naproxen sodium tab 220 mg</i>	5	NEXLETOL TAB 180MG.....	57
<i>naproxen sodium tab 275 mg</i>	5	NEXLIZET TAB 180/10MG	57
<i>naproxen sodium tab 550 mg</i>	5	NEXPLANON IMP 68MG	112
<i>naproxen tab 250 mg</i>	5	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	57
<i>naproxen tab 375 mg</i>	5	<i>niacin tab er 750 mg (antihyperlipidemic)</i> ...	57
<i>naproxen tab 500 mg</i>	5	<i>niacin tab er 1000 mg (antihyperlipidemic)</i> ..	57
<i>naproxen tab ec 375 mg</i>	5	<i>nicardipine hcl cap 20 mg</i>	61
<i>naratriptan hcl tab 1 mg (base equiv)</i>	95	<i>nicardipine hcl cap 30 mg</i>	61
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	95	<i>nicotine mini lozenge</i>	100
NASCOBAL SPR 500MCG	149	<i>nicotine polacrilex gum 2 mg</i>	100
NATACYN SUS 5% OP.....	151	<i>nicotine polacrilex gum 4 mg</i>	100
<i>nateglinide tab 60 mg</i>	103	<i>nicotine polacrilex lozenge 2 mg</i>	100
<i>nateglinide tab 120 mg</i>	103	<i>nicotine polacrilex lozenge 4 mg</i>	100
NAYZILAM SPR 5MG.....	88	<i>nicotine polacrilex mini</i>	100
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> ...	59	NICOTINE SYS KIT TRANSDER.....	100
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	59	<i>nicotine td patch 24hr 7 mg/24hr</i>	100
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	59	<i>nicotine td patch 24hr 14 mg/24hr</i>	100
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	59	<i>nicotine td patch 24hr 21 mg/24hr</i>	100
<i>necon 0.5/35-28</i>	111	<i>nicotine transdermal syst</i>	100
<i>nefazodone hcl tab 50 mg</i>	72	NICOTROL INH.....	100
<i>nefazodone hcl tab 100 mg</i>	72	NICOTROL NS SPR 10MG/ML	100
<i>nefazodone hcl tab 150 mg</i>	72	<i>nifedipine tab er 24hr 30 mg</i>	61
<i>nefazodone hcl tab 200 mg</i>	72	<i>nifedipine tab er 24hr 60 mg</i>	61
<i>nefazodone hcl tab 250 mg</i>	72	<i>nifedipine tab er 24hr 90 mg</i>	61
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>nifedipine tab er 24hr osmotic release</i>	
<i>400unt-10000unt op oin</i>	151	<i>30 mg</i>	61
<i>neomycin-polymy-gramicid op sol</i>		<i>nifedipine tab er 24hr osmotic release</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>	151	<i>60 mg</i>	61
<i>neomycin-polymyxin-dexamethasone ophth</i>		<i>nifedipine tab er 24hr osmotic release</i>	
<i>oint 0.1%</i>	150	<i>90 mg</i>	61
<i>neomycin-polymyxin-dexamethasone ophth</i>		<i>nikki</i>	112
<i>susp 0.1%</i>	150	<i>nilotinib hcl cap 50 mg (base equivalent)</i>	41

Drug Name	Page #	Drug Name	Page #
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	41	<i>norethindrone tab 0.35 mg</i>	112
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	41	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>nilutamide tab 150 mg</i>	29	<i>25/0.25-25 mg-mcg</i>	112
<i>nimodipine cap 30 mg</i>	61	<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
NINLARO CAP 2.3MG	41	<i>35/0.25-35 mg-mcg</i>	112
NINLARO CAP 3MG	41	<i>norgestimate & ethinyl estradiol tab</i>	
NINLARO CAP 4MG	41	<i>0.25 mg-35 mcg</i>	112
<i>nitazoxanide tab 500 mg</i>	11	<i>norlyroc</i>	112
<i>nitisinone cap 2 mg</i>	119	<i>nortrel 0.5/35 (28)</i>	112
<i>nitisinone cap 5 mg</i>	119	<i>nortrel 1/35 (21)</i>	112
<i>nitisinone cap 10 mg</i>	119	<i>nortrel 1/35 (28)</i>	112
<i>nitisinone cap 20 mg</i>	119	<i>nortrel 7/7/7</i>	112
NITRO-BID OIN 2%	65	<i>nortriptyline hcl cap 10 mg</i>	72
<i>nitrofurantoin macrocrystalline cap 50 mg</i> ...	11	<i>nortriptyline hcl cap 25 mg</i>	72
<i>nitrofurantoin macrocrystalline cap 100 mg</i> .	11	<i>nortriptyline hcl cap 50 mg</i>	72
<i>nitrofurantoin monohydrate macrocrystalline</i>		<i>nortriptyline hcl cap 75 mg</i>	72
<i>cap 100 mg</i>	11	<i>nortriptyline hcl soln 10 mg/5ml</i>	72
<i>nitroglycerin oint 0.4%</i>	169	NORVIR POW 100MG	15
<i>nitroglycerin sl tab 0.3 mg</i>	65	NOVOLIN INJ 70/30	104
<i>nitroglycerin sl tab 0.4 mg</i>	65	NOVOLIN INJ 70/30 FP	104
<i>nitroglycerin sl tab 0.6 mg</i>	65	NOVOLIN N INJ 100 UNIT	104
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	65	NOVOLIN N INJ U-100	104
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	65	NOVOLIN R INJ 100 UNIT	105
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	65	NOVOLIN R INJ U-100	105
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	65	NOVOLOG INJ 100/ML	105
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/</i>		NOVOLOG INJ FLEXPEN	105
<i>spray)</i>	65	NOVOLOG INJ PENFILL	105
NIVA-FOL TAB	149	NOVOLOG MIX INJ 70/30	105
<i>nizatidine cap 150 mg</i>	126	NOVOLOG MIX INJ FLEXPEN	105
<i>nizatidine cap 300 mg</i>	126	NUBEQA TAB 300MG	29
<i>nora-be</i>	112	NUEDEXTA CAP 20-10MG	97
<i>norelgestromin-ethinyl estradiol td ptwk</i>		NULOJIX INJ 250MG	142
<i>150-35 mcg/24hr</i>	112	NUPLAZID CAP 34MG	80
<i>norethindrone ace-eth estradiol-fe chew tab</i>		NUPLAZID TAB 10MG	80
<i>1 mg-20 mcg (24)</i>	112	NURTEC TAB 75MG ODT	95
<i>norethindrone ace & ethinyl estradiol tab</i>		NUTRILIPID EMU 20%	148
<i>1.5 mg-30 mcg</i>	112	NUZYRA INJ 100MG	25
<i>norethindrone ace & ethinyl estradiol tab</i>		NUZYRA TAB 150MG	25
<i>1 mg-20 mcg</i>	112	<i>nyamyc</i>	165
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nylia 1/35</i>	112
<i>0.5 mg-2.5 mcg</i>	115	<i>nylia 7/7/7</i>	112
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystatin cream 100000 unit/gm</i>	165
<i>1 mg-5 mcg</i>	115	<i>nystatin oint 100000 unit/gm</i>	165
<i>norethindrone acetate tab 5 mg</i>	120	<i>nystatin susp 100000 unit/ml</i>	170
<i>norethindrone & ethinyl estradiol-fe chew</i>		<i>nystatin tab 500000 unit</i>	13
<i>tab 0.4 mg-35 mcg</i>	112	<i>nystatin topical powder 100000 unit/gm</i> ...	165

Drug Name	Page #
<i>nystop</i>	165
O	
<i>ocella</i>	112
OCTAGAM INJ 1GM.....	141
OCTAGAM INJ 2.5GM.....	141
OCTAGAM INJ 2GM/20ML	141
OCTAGAM INJ 5GM	141
OCTAGAM INJ 5GM/50ML.....	141
OCTAGAM INJ 10/100ML	141
OCTAGAM INJ 10GM	141
OCTAGAM INJ 20/200ML.....	141
OCTAGAM INJ 30/300ML.....	141
<i>octreotide acetate inj 50 mcg/ml</i> <i>(0.05 mg/ml)</i>	119
<i>octreotide acetate inj 100 mcg/ml</i> <i>(0.1 mg/ml)</i>	119
<i>octreotide acetate inj 200 mcg/ml</i> <i>(0.2 mg/ml)</i>	119
<i>octreotide acetate inj 500 mcg/ml</i> <i>(0.5 mg/ml)</i>	119
<i>octreotide acetate inj 1000 mcg/ml</i> <i>(1 mg/ml)</i>	119
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 50 mcg/ml</i>	119
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 100 mcg/ml</i>	119
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 500 mcg/ml</i>	119
ODEFSEY TAB	17
ODOMZO CAP 200MG	41
OFEV CAP 100MG	160
OFEV CAP 150MG.....	160
<i>ofloxacin ophth soln 0.3%</i>	151
<i>ofloxacin otic soln 0.3%</i>	154
OGIVRI INJ 150MG	41
OGIVRI INJ 420MG.....	41
OGSIVEO TAB 50MG.....	41
OGSIVEO TAB 100MG	41
OGSIVEO TAB 150MG	41
OJEMDA SUS 25MG/ML	41
OJEMDA TAB 100MG.....	42
OJJAARA TAB 100MG	42
OJJAARA TAB 150MG	42
OJJAARA TAB 200MG	42
<i>olanzapine for im inj 10 mg</i>	80

Drug Name	Page #
<i>olanzapine orally disintegrating tab 5 mg</i>	80
<i>olanzapine orally disintegrating tab 10 mg</i> ...	80
<i>olanzapine orally disintegrating tab 15 mg</i> ...	80
<i>olanzapine orally disintegrating tab 20 mg</i> ..	80
<i>olanzapine tab 2.5 mg</i>	80
<i>olanzapine tab 5 mg</i>	80
<i>olanzapine tab 7.5 mg</i>	80
<i>olanzapine tab 10 mg</i>	80
<i>olanzapine tab 15 mg</i>	80
<i>olanzapine tab 20 mg</i>	80
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i>	53
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-12.5 mg</i>	53
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-25 mg</i>	53
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-12.5 mg</i>	53
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-25 mg</i>	53
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	53
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i>	53
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i>	53
<i>olmesartan medoxomil tab 5 mg</i>	55
<i>olmesartan medoxomil tab 20 mg</i>	55
<i>olmesartan medoxomil tab 40 mg</i>	55
<i>omega-3-acid ethyl esters cap 1 gm</i>	58
<i>omeprazole cap delayed release 10 mg</i>	130
<i>omeprazole cap delayed release 20 mg</i>	130
<i>omeprazole cap delayed release 40 mg</i>	130
<i>omeprazole delayed release tab 20 mg</i>	130
<i>omeprazole magnesium cap dr 20.6 mg</i> <i>(20 mg base equiv)</i>	130
OMNIPOD 5 DX KIT INT G7G6	105
OMNIPOD 5 DX MIS POD G7G6	105
OMNIPOD 5 G7 KIT INTRO	105
OMNIPOD 5 G7 MIS PODS	105
OMNIPOD 5 L2 KIT INTRO G6	105
OMNIPOD 5 L2 MIS PODS G6	105
OMNIPOD DASH KIT INTRO.....	105
OMNIPOD DASH MIS PODS.....	105
OMNIPOD GO KIT 10UNT/DY.....	105
OMNIPOD GO KIT 15UNT/DY	105

Drug Name	Page #
OMNIPOD GO KIT 20UNT/DY	105
OMNIPOD GO KIT 25UNT/DY	105
OMNIPOD GO KIT 30UNT/DY	105
OMNIPOD GO KIT 35UNT/DY	105
OMNIPOD GO KIT 40UNT/DY	105
OMNIPOD MIS CLASSIC	105
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml) ...</i>	124
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	124
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	124
<i>ondansetron hcl oral soln 4 mg/5ml</i>	124
<i>ondansetron hcl tab 4 mg</i>	124
<i>ondansetron hcl tab 8 mg</i>	124
<i>ondansetron orally disintegrating tab 4 mg</i>	124
<i>ondansetron orally disintegrating tab 8 mg</i>	124
ONTRUZANT INJ 150MG	42
ONTRUZANT INJ 420MG	42
ONUREG TAB 200MG	28
ONUREG TAB 300MG	28
<i>opcicon one-step</i>	112
OPIPZA MIS 2MG	80
OPIPZA MIS 5MG	80
OPIPZA MIS 10MG	80
OPSUMIT TAB 10MG	66
<i>option 2</i>	112
ORGOVYX TAB 120MG	29
ORKAMBI GRA 75-94MG	160
ORKAMBI GRA 100-125	160
ORKAMBI GRA 150-188	160
ORKAMBI TAB 100-125	160
ORKAMBI TAB 200-125	160
<i>orlistat cap 120 mg</i>	106
<i>orquidea tab 0.35mg</i>	112
ORSERDU TAB 86MG	29
ORSERDU TAB 345MG	29
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	18
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	18
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	18
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	18
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	24
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	24

Drug Name	Page #
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	24
<i>oxaliplatin for iv inj 50 mg</i>	27
<i>oxaliplatin for iv inj 100 mg</i>	27
<i>oxaliplatin iv soln 50 mg/10ml</i>	27
<i>oxaliplatin iv soln 100 mg/20ml</i>	27
<i>oxaliplatin iv soln 200 mg/40ml</i>	27
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	88
<i>oxcarbazepine tab 150 mg</i>	88
<i>oxcarbazepine tab 300 mg</i>	88
<i>oxcarbazepine tab 600 mg</i>	88
<i>oxybutynin chloride solution 5 mg/5ml</i>	131
<i>oxybutynin chloride tab 5 mg</i>	131
<i>oxybutynin chloride tab er 24hr 5 mg</i>	131
<i>oxybutynin chloride tab er 24hr 10 mg</i>	131
<i>oxybutynin chloride tab er 24hr 15 mg</i>	131
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	8
<i>oxycodone hcl soln 5 mg/5ml</i>	8
<i>oxycodone hcl tab 5 mg</i>	8
<i>oxycodone hcl tab 10 mg</i>	8
<i>oxycodone hcl tab 15 mg</i>	8
<i>oxycodone hcl tab 20 mg</i>	8
<i>oxycodone hcl tab 30 mg</i>	8
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	8
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	8
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	9
OXYCONTIN TAB 10MG ER	7
OXYCONTIN TAB 15MG ER	7
OXYCONTIN TAB 20MG ER	7
OXYCONTIN TAB 30MG ER	7
OXYCONTIN TAB 40MG ER	7
OXYCONTIN TAB 60MG ER	7
OXYCONTIN TAB 80MG ER	7
OZEMPIC (0.25 OR 0.5MG/DOSE)	103
OZEMPIC (1MG/DOSE)	103
OZEMPIC (2MG/DOSE)	103

P

<i>pacerone</i>	55
<i>paclitaxel inj 100mg</i>	32
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	32

Drug Name	Page #	Drug Name	Page #
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> ..32		PEGASYS INJ 180MCG/M	19
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> ... 32		PEMAZYRE TAB 4.5MG	42
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> ..32		PEMAZYRE TAB 9MG.....	42
<i>pain & fever childrens</i> 3		PEMAZYRE TAB 13.5MG	42
<i>pain & fever infants</i> 3		<i>pemetrexed disodium for iv soln 100 mg</i>	
<i>paliperidone tab er 24hr 1.5 mg</i>80		<i>(base equiv)</i>	28
<i>paliperidone tab er 24hr 3 mg</i>80		<i>pemetrexed disodium for iv soln 500 mg</i>	
<i>paliperidone tab er 24hr 6 mg</i>80		<i>(base equiv)</i>	28
<i>paliperidone tab er 24hr 9 mg</i>80		<i>pemetrexed disodium for iv soln 750 mg</i>	
<i>pamidronate disodium iv soln 3 mg/ml</i> 106		<i>(base equiv)</i>	28
<i>pamidronate disodium iv soln 9 mg/ml</i> 106		<i>pemetrexed disodium for iv soln 1000 mg</i>	
PAMIDRONATE INJ 6MG/ML..... 106		<i>(base equiv)</i>	28
PANRETIN GEL 0.1%..... 169		PENBRAYA INJ.....	143
<i>pantoprazole sodium ec tab 20 mg (base</i>		<i>penicillamine tab 250 mg</i>	107
<i>equiv)</i>	130	<i>penicillin g potassium for inj 5000000 unit</i> ..24	
<i>pantoprazole sodium ec tab 40 mg (base</i>		<i>penicillin g potassium for inj 20000000 unit</i> 24	
<i>equiv)</i>	130	<i>penicillin g sodium for inj 5000000 unit</i>24	
<i>pantoprazole sodium for iv soln 40 mg (base</i>		<i>penicillin v potassium for soln 125 mg/5ml</i> ..24	
<i>equiv)</i>	130	<i>penicillin v potassium for soln 250 mg/5ml</i> .24	
PANZYGA SOL 1GM/10ML..... 141		<i>penicillin v potassium tab 250 mg</i>	24
PANZYGA SOL 2.5/25ML	141	<i>penicillin v potassium tab 500 mg</i>24	
PANZYGA SOL 5GM/50ML..... 141		PENMENVY INJ.....	143
PANZYGA SOL 10/100ML	141	PENTACEL INJ.....	143
PANZYGA SOL 20/200ML..... 141		<i>pentamidine isethionate inh</i>	11
PANZYGA SOL 30/300ML..... 141		<i>pentamidine isethionate inj</i>	11
<i>paricalcitol cap 1 mcg</i> 122		<i>pentoxifylline tab er 400 mg</i>	135
<i>paricalcitol cap 2 mcg</i>	122	<i>perampanel tab 2 mg</i>	88
<i>paricalcitol cap 4 mcg</i> 122		<i>perampanel tab 4 mg</i>	88
<i>paroxetine hcl oral susp 10 mg/5ml (base</i>		<i>perampanel tab 6 mg</i>	88
<i>equiv)</i>	72	<i>perampanel tab 8 mg</i>	88
<i>paroxetine hcl tab 10 mg</i> 72		<i>perampanel tab 10 mg</i>	88
<i>paroxetine hcl tab 20 mg</i>	72	<i>perampanel tab 12 mg</i>	88
<i>paroxetine hcl tab 30 mg</i> 72		<i>perindopril erbumine tab 2 mg</i>	51
<i>paroxetine hcl tab 40 mg</i>	72	<i>perindopril erbumine tab 4 mg</i>	51
PAXLOVID PAK.....18		<i>perindopril erbumine tab 8 mg</i>	51
PAXLOVID TAB 150-100	19	<i>periogard</i>	170
PAXLOVID TAB 300-100	19	<i>permethrin cream 5%</i>	170
<i>pazopanib hcl tab 200 mg (base equiv)</i> 42		<i>perphenazine tab 2 mg</i>	80
PEDIACLEARPD LIQ 0.625/ML	157	<i>perphenazine tab 4 mg</i>	80
PEDIARIX INJ 0.5ML	143	<i>perphenazine tab 8 mg</i>	80
PEDVAX HIB INJ..... 143		<i>perphenazine tab 16 mg</i>	80
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>		<i>pfizerpen</i>	24
<i>soln 236 gm</i>	128	PHENDIMETRAZ CAP 105MG ER	106
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>		<i>phendimetrazine tartrate tab 35 mg</i>	106
<i>gm</i>	128	<i>phenelzine sulfate tab 15 mg</i>	72
PEGASYS INJ.....19		<i>phenobarbital elixir 20 mg/5ml</i>	88

Drug Name	Page #	Drug Name	Page #
<i>phenobarbital sodium inj 65 mg/ml</i>	88	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	25
<i>phenobarbital sodium inj 130 mg/ml</i>	88	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	25
<i>phenobarbital tab 15 mg</i>	88	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	25
<i>phenobarbital tab 16.2 mg</i>	88	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	25
<i>phenobarbital tab 30 mg</i>	88	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	25
<i>phenobarbital tab 32.4 mg</i>	89	PIQRAY 200MG TAB DOSE	42
<i>phenobarbital tab 60 mg</i>	89	PIQRAY 250MG TAB DOSE.....	42
<i>phenobarbital tab 64.8 mg</i>	89	PIQRAY 300MG TAB DOSE	42
<i>phenobarbital tab 97.2 mg</i>	89	<i>pirfenidone cap 267 mg</i>	160
<i>phenobarbital tab 100 mg</i>	89	<i>pirfenidone tab 267 mg</i>	160
<i>phentermine hcl cap 15 mg</i>	106	<i>pirfenidone tab 534 mg</i>	160
<i>phentermine hcl cap 30 mg</i>	106	<i>pirfenidone tab 801 mg</i>	160
<i>phentermine hcl cap 37.5 mg</i>	106	<i>piroxicam cap 10 mg</i>	5
<i>phentermine hcl tab 37.5 mg</i>	106	<i>piroxicam cap 20 mg</i>	5
<i>phenytek</i>	89	<i>plenamine</i>	148
<i>phenytoin chew tab 50 mg</i>	89	PLENVU SOL	128
<i>phenytoin sodium extended cap 100 mg</i>	89	<i>podofilox soln 0.5%</i>	169
<i>phenytoin sodium extended cap 200 mg</i>	89	<i>polycin ophth oint</i>	151
<i>phenytoin sodium extended cap 300 mg</i>	89	<i>polyethylene glycol 3350 oral packet 17 gm</i>	128
<i>phenytoin sodium inj 50 mg/ml</i>	89	<i>polymyxin b sulfate for inj 500000 unit</i>	11
<i>phenytoin susp 125 mg/5ml</i>	89	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	151
PHESGO SOL.....	42	POLY-VI-FLOR CHW 0.5MG	149
<i>philith</i>	112	POLY-VI-FLOR CHW 0.25MG	149
<i>phospha 250 neutral</i>	148	POLY-VI-FLOR CHW 1MG	149
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	149	POLY-VI-FLOR CHW W/IRON.....	149
<i>phytonadione inj 10 mg/ml</i>	149	POLY-VI-FLOR SUS 0.25/ML	149
<i>phytonadione tab 5 mg</i>	149	POMALYST CAP 1MG.....	30
PIFELTRO TAB 100MG.....	15	POMALYST CAP 2MG	30
<i>pilocarpine hcl ophth soln 1%</i>	152	POMALYST CAP 3MG	30
<i>pilocarpine hcl ophth soln 2%</i>	152	POMALYST CAP 4MG	30
<i>pilocarpine hcl ophth soln 4%</i>	152	<i>portia-28</i>	112
<i>pilocarpine hcl tab 5 mg</i>	170	<i>posaconazole susp 40 mg/ml</i>	13
<i>pilocarpine hcl tab 7.5 mg</i>	170	<i>posaconazole tab delayed release 100 mg</i> ...	13
<i>pimecrolimus cream 1%</i>	169	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	146
<i>pimozide tab 1 mg</i>	80	<i>potassium chloride cap er 8 meq</i>	147
<i>pimozide tab 2 mg</i>	80	<i>potassium chloride cap er 10 meq</i>	147
<i>pimtrea</i>	112	<i>potassium chloride inj 2 meq/ml</i>	146
<i>pindolol tab 5 mg</i>	59	<i>potassium chloride inj 10 meq/50ml</i>	146
<i>pindolol tab 10 mg</i>	59		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	103		
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	103		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	103		
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	103		
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	103		

Drug Name	Page #	Drug Name	Page #
<i>potassium chloride inj 10 meq/100ml</i>	146	<i>prednisolone sod phosphate oral soln</i>	
<i>potassium chloride inj 20 meq/50ml</i>	146	5 mg/5ml (base equiv)	117
<i>potassium chloride inj 20 meq/100ml</i>	146	<i>prednisolone sod phosphate oral soln</i>	
<i>potassium chloride inj 40 meq/100ml</i>	146	15 mg/5ml (base equiv).....	117
<i>potassium chloride microencapsulated crys</i>		<i>prednisolone soln 15 mg/5ml</i>	117
<i>er tab 10 meq</i>	147	PREDNISON CON 5MG/ML	117
<i>potassium chloride microencapsulated crys</i>		<i>prednisone oral soln 5 mg/5ml</i>	117
<i>er tab 15 meq</i>	147	<i>prednisone tab 1 mg</i>	117
<i>potassium chloride microencapsulated crys</i>		<i>prednisone tab 2.5 mg</i>	117
<i>er tab 20 meq</i>	147	<i>prednisone tab 5 mg</i>	117
<i>potassium chloride oral soln 10% (20</i>		<i>prednisone tab 10 mg</i>	117
<i>meq/15ml)</i>	147	<i>prednisone tab 20 mg</i>	117
<i>potassium chloride oral soln 20% (40</i>		<i>prednisone tab 50 mg</i>	117
<i>meq/15ml)</i>	147	<i>prednisone tab therapy pack 5 mg (21)</i>	117
<i>potassium chloride powder packet 20 meq</i>	147	<i>prednisone tab therapy pack 5 mg (48)</i>	117
<i>potassium chloride tab er 8 meq (600 mg)</i> .	147	<i>prednisone tab therapy pack 10 mg (21)</i>	117
<i>potassium chloride tab er 10 meq</i>	147	<i>prednisone tab therapy pack 10 mg (48)</i>	117
<i>potassium chloride tab er 20 meq</i>		PRED SOD PHO SOL 1% OP	152
<i>(1500 mg)</i>	147	<i>pregabalin cap 25 mg</i>	89
<i>potassium citrate tab er 5 meq (540 mg)</i> ...	130	<i>pregabalin cap 50 mg</i>	89
<i>potassium citrate tab er 10 meq (1080 mg)</i> .	131	<i>pregabalin cap 75 mg</i>	89
<i>potassium citrate tab er 15 meq (1620 mg)</i> .	131	<i>pregabalin cap 100 mg</i>	89
POT CHL 20MEQ/L IN NAACL 0.9% INJ	146	<i>pregabalin cap 150 mg</i>	89
POT CHL 20MEQ/L IN NAACL 0.45% INJ	146	<i>pregabalin cap 200 mg</i>	89
POT CHL 40MEQ/L IN NAACL 0.9% INJ	146	<i>pregabalin cap 225 mg</i>	89
<i>povidone-iodine soln 10%</i>	169	<i>pregabalin cap 300 mg</i>	89
<i>pramipexole dihydrochloride tab 0.5 mg</i>	75	<i>pregabalin soln 20 mg/ml</i>	89
<i>pramipexole dihydrochloride tab 0.25 mg</i> ...	75	PREMASOL SOL 10%	148
<i>pramipexole dihydrochloride tab 0.75 mg</i>	75	PRENATAL TAB 27-1MG.....	147
<i>pramipexole dihydrochloride tab 0.125 mg</i> ..	75	PRENATAL TAB PLUS	147
<i>pramipexole dihydrochloride tab 1.5 mg</i>	75	<i>prevalite</i>	58
<i>pramipexole dihydrochloride tab 1 mg</i>	75	PREVYMIS TAB 240MG	19
<i>prasugrel hcl tab 5 mg (base equiv)</i>	135	PREVYMIS TAB 480MG	19
<i>prasugrel hcl tab 10 mg (base equiv)</i>	135	PREZCOBIX TAB 675/150	17
<i>pravastatin sodium tab 10 mg</i>	57	PREZCOBIX TAB 800-150.....	17
<i>pravastatin sodium tab 20 mg</i>	57	PREZISTA SUS 100MG/ML.....	15
<i>pravastatin sodium tab 40 mg</i>	57	PREZISTA TAB 75MG.....	15
<i>pravastatin sodium tab 80 mg</i>	57	PREZISTA TAB 150MG.....	15
<i>praziquantel tab 600 mg</i>	11	PRIFTIN TAB 150MG.....	17
<i>prazosin hcl cap 1 mg</i>	52	<i>primaquine phosphate tab 26.3 mg (15 mg</i>	
<i>prazosin hcl cap 2 mg</i>	52	<i>base)</i>	14
<i>prazosin hcl cap 5 mg</i>	52	PRIMAQUINE TAB 26.3MG	14
<i>prednisolone acetate ophth susp 1%</i>	152	<i>primidone tab 50 mg</i>	89
<i>prednisolone sodium phosphate oral soln</i>		<i>primidone tab 125 mg</i>	89
<i>25 mg/5ml (base eq)</i>	117	<i>primidone tab 250 mg</i>	89
		PRIORIX INJ.....	144

Drug Name	Page #	Drug Name	Page #
PRIVIGEN INJ 5 GRAMS	141	<i>propranolol hcl tab 10 mg</i>	59
PRIVIGEN INJ 10GRAMS	141	<i>propranolol hcl tab 20 mg</i>	60
PRIVIGEN INJ 20GRAMS.....	141	<i>propranolol hcl tab 40 mg</i>	60
PRIVIGEN INJ 40GRAMS.....	141	<i>propranolol hcl tab 60 mg</i>	60
<i>probenecid tab 500 mg</i>	1	<i>propranolol hcl tab 80 mg</i>	60
<i>prochlorperazine edisylate inj 10 mg/2ml...</i>	124	<i>propylthiouracil tab 50 mg</i>	121
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	124	PROQUAD INJ.....	144
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	125	PROSOL INJ 20%	148
<i>prochlorperazine suppos 25 mg</i>	125	<i>protriptyline hcl tab 5 mg</i>	72
PROCRIT INJ 2000/ML.....	134	<i>protriptyline hcl tab 10 mg</i>	73
PROCRIT INJ 3000/ML	134	PULMOZYME SOL 1MG/ML	160
PROCRIT INJ 4000/ML	134	PURIXAN SUS 20MG/ML	28
PROCRIT INJ 10000/ML.....	134	<i>pyrazinamide tab 500 mg</i>	17
PROCRIT INJ 20000/ML	134	<i>pyridostigmine bromide tab 60 mg</i>	97
PROCRIT INJ 40000/ML.....	134	<i>pyridoxine hcl inj 100 mg/ml</i>	149
<i>proctocort</i>	169	<i>pyrimethamine tab 25 mg</i>	11
<i>procto-med hc</i>	169	PYZCHIVA INJ 45/0.5ML.....	137
<i>proctosol hc</i>	169	PYZCHIVA INJ 90MG/ML.....	138
<i>proctozone-hc</i>	169	PYZCHIVA INJ 130/26ML	138
<i>progesterone cap 100 mg</i>	120	Q	
<i>progesterone cap 200 mg</i>	120	<i>qc enema</i>	128
PROGRAF GRA 0.2MG.....	142	QINLOCK TAB 50MG.....	42
PROGRAF GRA 1MG.....	142	QUADRACEL INJ 0.5ML	144
PROLASTIN-C INJ 1000MG	160	<i>quetiapine fumarate tab 25 mg</i>	80
PROLIA INJ 60MG/ML.....	106	<i>quetiapine fumarate tab 50 mg</i>	80
<i>promethazine hcl inj 25 mg/ml</i>	125	<i>quetiapine fumarate tab 100 mg</i>	80
<i>promethazine hcl inj 50 mg/ml</i>	125	<i>quetiapine fumarate tab 150 mg</i>	81
<i>promethazine hcl oral soln 6.25 mg/5ml...</i>	125	<i>quetiapine fumarate tab 200 mg</i>	81
<i>promethazine hcl tab 12.5 mg</i>	125	<i>quetiapine fumarate tab 300 mg</i>	81
<i>promethazine hcl tab 25 mg</i>	125	<i>quetiapine fumarate tab 400 mg</i>	81
<i>promethazine hcl tab 50 mg</i>	125	<i>quetiapine fumarate tab er 24hr 50 mg</i>	81
<i>propafenone hcl cap er 12hr 225 mg</i>	55	<i>quetiapine fumarate tab er 24hr 150 mg</i>	81
<i>propafenone hcl cap er 12hr 325 mg</i>	55	<i>quetiapine fumarate tab er 24hr 200 mg</i>	81
<i>propafenone hcl cap er 12hr 425 mg</i>	55	<i>quetiapine fumarate tab er 24hr 300 mg</i>	81
<i>propafenone hcl tab 150 mg</i>	56	<i>quetiapine fumarate tab er 24hr 400 mg</i>	81
<i>propafenone hcl tab 225 mg</i>	56	QUFLORA FE CHW	149
<i>propafenone hcl tab 300 mg</i>	56	QUFLORA FE DRO 0.25-9.5.....	149
<i>proparacaine hcl ophth soln 0.5%</i>	153	QUFLORA PED CHW 0.5MG	149
<i>propranolol hcl cap er 24hr 60 mg</i>	59	QUFLORA PED CHW 0.25MG	149
<i>propranolol hcl cap er 24hr 80 mg</i>	59	QUFLORA PED CHW 1MG	149
<i>propranolol hcl cap er 24hr 120 mg</i>	59	QUFLORA PED DRO 0.5MG/ML	150
<i>propranolol hcl cap er 24hr 160 mg</i>	59	QUFLORA PED DRO 0.25MG	150
<i>propranolol hcl oral soln 20 mg/5ml</i>	59	<i>quinapril hcl tab 5 mg</i>	51
<i>propranolol hcl oral soln 40 mg/5ml</i>	59	<i>quinapril hcl tab 10 mg</i>	51
		<i>quinapril hcl tab 20 mg</i>	51

Drug Name	Page #	Drug Name	Page #
<i>quinapril hcl tab 40 mg</i>	51	RETEVMO TAB 40MG	42
<i>quinidine sulfate tab 200 mg</i>	56	RETEVMO TAB 80MG	42
<i>quinidine sulfate tab 300 mg</i>	56	RETEVMO TAB 120MG	43
<i>quinine sulfate cap 324 mg</i>	14	RETEVMO TAB 160MG.....	43
QULIPTA TAB 10MG.....	95	REVUFORJ TAB 25MG	43
QULIPTA TAB 30MG.....	95	REVUFORJ TAB 110MG	43
QULIPTA TAB 60MG.....	95	REVUFORJ TAB 160MG	43
R		REXULTI TAB 0.5MG.....	81
RABAVERT INJ	144	REXULTI TAB 0.25MG	81
<i>rabeprazole sodium ec tab 20 mg</i>	130	REXULTI TAB 1MG.....	81
RALDESY SOL 10MG/ML.....	73	REXULTI TAB 2MG	81
<i>raloxifene hcl tab 60 mg</i>	119	REXULTI TAB 3MG	81
<i>ramipril cap 1.25 mg</i>	51	REXULTI TAB 4MG.....	81
<i>ramipril cap 2.5 mg</i>	51	REYATAZ POW 50MG	15
<i>ramipril cap 5 mg</i>	51	REZLIDHIA CAP 150MG	43
<i>ramipril cap 10 mg</i>	51	REZUROCK TAB 200MG.....	142
<i>ranolazine tab er 12hr 500 mg</i>	64	RHOPRESSA SOL 0.02%	152
<i>ranolazine tab er 12hr 1000 mg</i>	64	<i>ribavirin cap 200 mg</i>	19
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> 75		<i>ribavirin tab 200 mg</i>	19
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	75	<i>rifabutin cap 150 mg</i>	17
<i>reclipsen</i>	113	<i>rifampin cap 150 mg</i>	17
RECOMBIVA HB INJ 5MCG/0.5.....	144	<i>rifampin cap 300 mg</i>	17
RECOMBIVA HB INJ 10MCG/ML.....	144	<i>rifampin for inj 600 mg</i>	17
RECOMBIVA-HB INJ 40MCG/ML	144	<i>riluzole tab 50 mg</i>	97
<i>refresh celluvisc</i>	153	<i>rimantadine hydrochloride tab 100 mg</i>	19
<i>refresh lacri-lube</i>	153	RINVOQ LQ SOL 1MG/ML.....	138
REFRESH LIQU DRO 1% OP	153	RINVOQ TAB 15MG ER	138
REFRESH PLUS DRO 0.5% OP	153	RINVOQ TAB 30MG ER	138
REFRESH TEAR DRO 0.5% OP	153	RINVOQ TAB 45MG ER	138
RELENZA MIS DISKHALE.....	19	<i>risedronate sodium tab 5 mg</i>	106
RELISTOR INJ 8/0.4ML.....	129	<i>risedronate sodium tab 35 mg</i>	106
RELISTOR INJ 12/0.6ML	129	<i>risedronate sodium tab 150 mg</i>	107
REMICADE INJ 100MG.....	138	<i>risedronate sodium tab delayed release</i> <i>35 mg</i>	107
RENFLIXIS INJ 100MG	138	<i>risperidone microspheres for im extended</i> <i>rel susp 12.5 mg</i>	81
RENOVA CRE 0.02%	169	<i>risperidone microspheres for im extended</i> <i>rel susp 25 mg</i>	81
RENOVA PUMP CRE 0.02%	169	<i>risperidone microspheres for im extended</i> <i>rel susp 37.5 mg</i>	81
<i>repaglinide tab 0.5 mg</i>	103	<i>risperidone microspheres for im extended</i> <i>rel susp 50 mg</i>	81
<i>repaglinide tab 1 mg</i>	103	<i>risperidone orally disintegrating tab 0.5 mg</i> .81	
<i>repaglinide tab 2 mg</i>	103	<i>risperidone orally disintegrating tab</i> <i>0.25 mg</i>	81
REPATHA INJ 140MG/ML.....	58	<i>risperidone orally disintegrating tab 1 mg</i>	81
REPATHA SURE INJ 140MG/ML	58		
RESTASIS EMU 0.05% OP	153		
RESTASIS MUL EMU 0.05% OP	153		
RETEVMO CAP 40MG.....	42		
RETEVMO CAP 80MG.....	42		

Drug Name	Page #	Drug Name	Page #
<i>risperidone orally disintegrating tab 2 mg</i>	81	<i>rosuvastatin calcium tab 5 mg</i>	57
<i>risperidone orally disintegrating tab 3 mg</i>	81	<i>rosuvastatin calcium tab 10 mg</i>	57
<i>risperidone orally disintegrating tab 4 mg</i>	81	<i>rosuvastatin calcium tab 20 mg</i>	57
<i>risperidone soln 1 mg/ml</i>	81	<i>rosuvastatin calcium tab 40 mg</i>	57
<i>risperidone tab 0.5 mg</i>	81	<i>rosyrah tab</i>	113
<i>risperidone tab 0.25 mg</i>	81	ROTARIX SUS.....	144
<i>risperidone tab 1 mg</i>	82	ROTATEQ SOL.....	144
<i>risperidone tab 2 mg</i>	82	<i>roweepra</i>	90
<i>risperidone tab 3 mg</i>	82	ROZLYTREK CAP 100MG.....	43
<i>risperidone tab 4 mg</i>	82	ROZLYTREK CAP 200MG.....	43
<i>ritonavir tab 100 mg</i>	15	ROZLYTREK PAK 50MG.....	43
<i>rivaroxaban for susp 1 mg/ml</i>	133	RUBRACA TAB 200MG.....	43
<i>rivaroxaban tab 2.5 mg</i>	133	RUBRACA TAB 250MG.....	43
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	69	RUBRACA TAB 300MG.....	43
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	69	<i>rufinamide susp 40 mg/ml</i>	90
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	69	<i>rufinamide tab 200 mg</i>	90
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	69	<i>rufinamide tab 400 mg</i>	90
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	69	RUKOBIA TAB 600MG ER.....	15
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	69	RYBELSUS TAB 3MG.....	103
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	69	RYBELSUS TAB 7MG.....	103
<i>rivelsa</i>	113	RYBELSUS TAB 14MG.....	103
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	95	RYDAPT CAP 25MG.....	43
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	95	S	
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	95	<i>sacubitril-valsartan tab 24-26 mg</i>	53
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	95	<i>sacubitril-valsartan tab 49-51 mg</i>	54
ROCKLATAN DRO.....	152	<i>sacubitril-valsartan tab 97-103 mg</i>	54
<i>roflumilast tab 250 mcg</i>	160	<i>sajazir</i>	135
<i>roflumilast tab 500 mcg</i>	160	SANTYL OIN 250/GM.....	170
ROMVIMZA CAP 14MG.....	43	<i>sapropterin dihydrochloride powder packet 100 mg</i>	120
ROMVIMZA CAP 20MG.....	43	<i>sapropterin dihydrochloride powder packet 500 mg</i>	120
ROMVIMZA CAP 30MG.....	43	<i>sapropterin dihydrochloride tab 100 mg</i>	120
<i>ropinirole hydrochloride tab 0.5 mg</i>	75	SAXENDA INJ 18MG/3ML.....	106
<i>ropinirole hydrochloride tab 0.25 mg</i>	75	SCSEMBLIX TAB 20MG.....	43
<i>ropinirole hydrochloride tab 1 mg</i>	75	SCSEMBLIX TAB 40MG.....	44
<i>ropinirole hydrochloride tab 2 mg</i>	75	SCSEMBLIX TAB 100MG.....	44
<i>ropinirole hydrochloride tab 3 mg</i>	75	<i>scopolamine td patch 72hr 1 mg/3days</i>	125
<i>ropinirole hydrochloride tab 4 mg</i>	75	SECUADO DIS 3.8MG.....	82
<i>ropinirole hydrochloride tab 5 mg</i>	75	SECUADO DIS 5.7MG.....	82
		SECUADO DIS 7.6MG.....	82
		<i>selegiline hcl cap 5 mg</i>	75
		<i>selegiline hcl tab 5 mg</i>	75
		<i>selenium sulfide lotion 2.5%</i>	165
		SELZENTRY SOL 20MG/ML.....	15

Drug Name	Page #	Drug Name	Page #
SEREVENT DIS AER 50MCG	158	<i>sm anti-diarrheal</i>	123
<i>sertraline hcl oral concentrate for solution</i>		<i>sm antifungal clotrimazol</i>	165
20 mg/ml.....	73	<i>sm antifungal miconazole</i>	165
<i>sertraline hcl tab 25 mg</i>	73	<i>sm antifungal tolnaftate</i>	165
<i>sertraline hcl tab 50 mg</i>	73	<i>sm arthritis pain relieve</i>	3
<i>sertraline hcl tab 100 mg</i>	73	<i>sm aspirin adult low stre</i>	3
<i>setlakin</i>	113	<i>sm aspirin low dose</i>	3
<i>sharobel</i>	113	<i>sm childrens ibuprofen</i>	5
SHINGRIX INJ 50/0.5ML	144	<i>sm clotrimazole vaginal</i>	131
SIGNIFOR INJ 0.3MG/ML.....	120	<i>sm enema</i>	128
SIGNIFOR INJ 0.6MG/ML.....	120	<i>sm fexofenadine hydrochlo</i>	157
SIGNIFOR INJ 0.9MG/ML.....	120	<i>sm gentle laxative</i>	128
SIKLOS TAB 100MG.....	135	<i>sm hydrocortisone</i>	168
SIKLOS TAB 1000MG	135	<i>sm hydrocortisone maximum</i>	168
<i>sildenafil citrate tab 20 mg</i>	66	<i>sm hydrocortisone plus</i>	168
<i>silver sulfadiazine cream 1%</i>	164	<i>sm ibuprofen</i>	5
SIMBRINZA SUS 1-0.2%	152	<i>sm ibuprofen ib childrens</i>	5
<i>simliya</i>	113	<i>sm infants ibuprofen</i>	5
<i>simpesse</i>	113	<i>sm lansoprazole</i>	130
<i>simvastatin tab 5 mg</i>	57	<i>sm lice killing maximum s</i>	170
<i>simvastatin tab 10 mg</i>	57	<i>sm lice treatment</i>	170
<i>simvastatin tab 20 mg</i>	57	<i>sm loratadine</i>	157
<i>simvastatin tab 40 mg</i>	57	<i>sm miconazole 3</i>	132
<i>simvastatin tab 80 mg</i>	57	<i>sm miconazole 7</i>	132
<i>sirolimus oral soln 1 mg/ml</i>	142	<i>sm naproxen sodium</i>	6
<i>sirolimus tab 0.5 mg</i>	142	<i>sm nicotine</i>	100
<i>sirolimus tab 1 mg</i>	142	<i>sm nicotine polacrilex</i>	100
<i>sirolimus tab 2 mg</i>	142	<i>sm nicotine transdermal s</i>	100
SIRTURO TAB 20MG	17	<i>sm omeprazole</i>	130
SIRTURO TAB 100MG.....	17	<i>smooth antacid extra stre</i>	123
SKYRIZI INJ 150MG/ML.....	138	<i>sm pain & fever childrens</i>	3
SKYRIZI INJ 180/1.2	138	<i>sm pain & fever infants</i>	3
SKYRIZI INJ 360/2.4	138	<i>sm pain reliever</i>	3
SKYRIZI PEN INJ 150MG/ML	138	<i>sm pain reliever extra st</i>	3
SKYRIZI SOL 60MG/ML.....	138	<i>sm povidone-iodine</i>	169
<i>sm 3-day vaginal</i>	131	<i>sm stomach relief</i>	123
<i>sm 8 hour pain relief</i>	3	<i>sm stool softener</i>	128
<i>sm acid reducer</i>	126	<i>sm tioconazole-1</i>	132
<i>sm acid reducer maximum s</i>	126	<i>sm triple antibiotic orig</i>	164
<i>sm all day allergy</i>	157	<i>sodium bicarbonate tab 325 mg</i>	123
<i>sm allergy childrens</i>	157	<i>sodium bicarbonate tab 650 mg</i>	123
<i>sm allergy relief</i>	157	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	146
<i>sm allergy relief childre</i>	157	<i>sodium chloride irrigation soln 0.9%</i>	170
<i>sm allergy relief nasal s</i>	162	<i>sodium chloride iv soln 0.9%</i>	146
<i>sm antacid</i>	123	<i>sodium chloride iv soln 0.45%</i>	146
<i>sm antacid extra strength</i>	123	<i>sodium chloride iv soln 3%</i>	146

Drug Name	Page #	Drug Name	Page #
sodium chloride iv soln 5%	146	SPRITAM TAB 1000MG	90
sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml soln	147	sps	107
sodium phenylbutyrate oral powder 3 gm/ teaspoonful	120	sps rectal.....	107
sodium phenylbutyrate tab 500 mg	120	sronyx.....	113
sodium phosphates - enema.....	128	ssd	164
sodium polystyrene sulfonate powder.....	107	STELARA INJ 5MG/ML.....	138
SOD OXYBATE SOL 500MG/ML	99	STELARA INJ 45/0.5ML	138
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13- 1.6 gm/177ml.....	128	STELARA INJ 90MG/ML	138
solifenacin succinate tab 5 mg	131	STIVARGA TAB 40MG	44
solifenacin succinate tab 10 mg.....	131	stomach relief.....	123
SOLQUA INJ 100/33.....	105	stomach relief extra stre	123
SOLTAMOX SOL 10MG/5ML	29	stomach relief ultra.....	123
SOLU-CORTEF INJ 100MG.....	117	stool softener.....	128
SOLU-CORTEF INJ 250MG	117	streptomycin sulfate for inj 1 gm	11
SOLU-CORTEF INJ 500MG.....	117	STRIBILD TAB	17
SOLU-CORTEF INJ 1000MG	117	STROVITE ONE TAB.....	150
SOMATULINE INJ 60/0.2ML	120	subvenite.....	90
SOMATULINE INJ 90/0.3ML	120	sucalfate tab 1 gm.....	129
SOMATULINE INJ 120/5ML	120	sulfacetamide sodium lotion 10% (acne)....	164
SOMAVERT INJ 10MG	120	sulfacetamide sodium ophth oint 10%.....	151
SOMAVERT INJ 15MG	120	sulfacetamide sodium ophth soln 10%	151
SOMAVERT INJ 20MG	120	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	150
SOMAVERT INJ 25MG	120	sulfadiazine tab 500 mg	11
SOMAVERT INJ 30MG	120	sulfamethoxazole-trimethoprim iv soln 400- 80 mg/5ml	11
sorafenib tosylate tab 200 mg (base equivalent)	44	sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml	11
sotalol hcl (afib/af) tab 80 mg	56	sulfamethoxazole-trimethoprim tab 400- 80 mg	11
sotalol hcl (afib/af) tab 120 mg	56	sulfamethoxazole-trimethoprim tab 800- 160 mg	11
sotalol hcl (afib/af) tab 160 mg	56	SULFAMYLON CRE 85MG/GM	164
sotalol hcl tab 80 mg	56	sulfasalazine tab 500 mg.....	127
sotalol hcl tab 120 mg.....	56	sulfasalazine tab delayed release 500 mg .	127
sotalol hcl tab 160 mg	56	sulindac tab 150 mg.....	6
sotalol hcl tab 240 mg	56	sulindac tab 200 mg.....	6
SOTYKTU TAB 6MG	138	sumatriptan nasal spray 5 mg/act	95
spironolactone & hydrochlorothiazide tab 25-25 mg.....	63	sumatriptan nasal spray 20 mg/act.....	95
spironolactone tab 25 mg	52	sumatriptan succinate inj 6 mg/0.5ml	95
spironolactone tab 50 mg.....	52	sumatriptan succinate solution auto-injector 4 mg/0.5ml	95
spironolactone tab 100 mg	52	sumatriptan succinate solution auto-injector 6 mg/0.5ml	95
sprintec 28.....	113	sumatriptan succinate solution cartridge 4 mg/0.5ml	95
SPRITAM TAB 250MG	90		
SPRITAM TAB 500MG.....	90		
SPRITAM TAB 750MG	90		

Drug Name	Page #	Drug Name	Page #
<i>sumatriptan succinate solution cartridge</i>		TABRECTA TAB 150MG	44
6 mg/0.5ml	95	TABRECTA TAB 200MG	44
<i>sumatriptan succinate tab 25 mg</i>	95	<i>tacrolimus cap 0.5 mg</i>	142
<i>sumatriptan succinate tab 50 mg</i>	96	<i>tacrolimus cap 1 mg</i>	142
<i>sumatriptan succinate tab 100 mg</i>	96	<i>tacrolimus cap 5 mg</i>	142
<i>sunitinib malate cap 12.5 mg (base</i> <i>equivalent)</i>	44	<i>tacrolimus oint 0.1%</i>	169
<i>sunitinib malate cap 25 mg (base</i> <i>equivalent)</i>	44	<i>tacrolimus oint 0.03%</i>	169
<i>sunitinib malate cap 37.5 mg (base</i> <i>equivalent)</i>	44	<i>tadalafil tab 5 mg</i>	130
<i>sunitinib malate cap 50 mg (base</i> <i>equivalent)</i>	44	<i>tadalafil tab 20 mg (pah)</i>	66
SUNLENCA TAB 300MG	15	TAFINLAR CAP 50MG	44
<i>syeda</i>	113	TAFINLAR CAP 75MG	44
SYMDEKO TAB 50-75MG	161	TAFINLAR TAB 10MG	44
SYMDEKO TAB 100-150	161	TAGRISSE TAB 40MG	44
SYMPAZAN MIS 5MG	90	TAGRISSE TAB 80MG	44
SYMPAZAN MIS 10MG	90	TALZENNA CAP 0.1MG	44
SYMPAZAN MIS 20MG	90	TALZENNA CAP 0.5MG	44
SYMTUZA TAB	17	TALZENNA CAP 0.25MG	45
SYNAREL SOL 2MG/ML	120	TALZENNA CAP 0.35MG	45
SYNJARDY TAB 5-500MG	103	TALZENNA CAP 0.75MG	45
SYNJARDY TAB 5-1000MG	103	TALZENNA CAP 1MG	45
SYNJARDY TAB 12.5-500	103	<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	30
SYNJARDY TAB 12.5-1000MG	103	<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	30
SYNJARDY XR TAB 5-1000MG	103	<i>tamsulosin hcl cap 0.4 mg</i>	130
SYNJARDY XR TAB 10-1000	103	<i>tarina 24 fe</i>	113
SYNJARDY XR TAB 12.5-1000	103	<i>tarina fe 1/20 eq</i>	113
SYNJARDY XR TAB 25-1000	103	TASIGNA CAP 50MG	45
SYNTHROID TAB 25MCG	121	TASIGNA CAP 150MG	45
SYNTHROID TAB 50MCG	121	TASIGNA CAP 200MG	45
SYNTHROID TAB 75MCG	121	<i>tasimelteon capsule 20 mg</i>	94
SYNTHROID TAB 88MCG	121	TAVNEOS CAP 10MG	135
SYNTHROID TAB 100MCG	121	<i>tazarotene cream 0.1%</i>	166
SYNTHROID TAB 112MCG	121	<i>tazarotene cream 0.05%</i>	166
SYNTHROID TAB 125MCG	121	<i>tazicef</i>	21
SYNTHROID TAB 137MCG	121	TAZORAC CRE 0.05%	166
SYNTHROID TAB 150MCG	121	TAZVERIK TAB 200MG	45
SYNTHROID TAB 175MCG	121	TECENTRIQ INJ 840/14	45
SYNTHROID TAB 200MCG	121	TECENTRIQ INJ 1200/20	45
SYNTHROID TAB 300MCG	121	TECENTRIQ INJ HYBREZA	45
<i>systane nighttime</i>	154	TEFLARO INJ 400MG	21
T		TEFLARO INJ 600MG	21
TABLOID TAB 40MG	28	<i>telmisartan-amlodipine tab 40-5 mg</i>	54
		<i>telmisartan-amlodipine tab 40-10 mg</i>	54
		<i>telmisartan-amlodipine tab 80-5 mg</i>	54
		<i>telmisartan-amlodipine tab 80-10 mg</i>	54

Drug Name	Page #	Drug Name	Page #
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	54	<i>theophylline soln 80 mg/15ml</i>	161
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	54	<i>theophylline tab er 12hr 100 mg</i>	161
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	54	<i>theophylline tab er 12hr 200 mg</i>	161
<i>telmisartan tab 20 mg</i>	55	<i>theophylline tab er 12hr 300 mg</i>	161
<i>telmisartan tab 40 mg</i>	55	<i>theophylline tab er 12hr 450 mg</i>	161
<i>telmisartan tab 80 mg</i>	55	<i>theophylline tab er 24hr 400 mg</i>	161
<i>temazepam cap 7.5 mg</i>	94	<i>theophylline tab er 24hr 600 mg</i>	161
<i>temazepam cap 15 mg</i>	94	<i>thiamine hcl inj 100 mg/ml</i>	150
<i>temazepam cap 30 mg</i>	94	<i>thioridazine hcl tab 10 mg</i>	82
TENIVAC INJ 5-2LF	144	<i>thioridazine hcl tab 25 mg</i>	82
<i>tenofovir disoproxil fumarate tab 300 mg</i>	15	<i>thioridazine hcl tab 50 mg</i>	82
<i>tension headache</i>	3	<i>thioridazine hcl tab 100 mg</i>	82
TEPMETKO TAB 225MG	45	<i>thiothixene cap 1 mg</i>	82
<i>terazosin hcl cap 1 mg (base equivalent)</i>	52	<i>thiothixene cap 2 mg</i>	82
<i>terazosin hcl cap 2 mg (base equivalent)</i>	52	<i>thiothixene cap 5 mg</i>	82
<i>terazosin hcl cap 5 mg (base equivalent)</i>	52	<i>thiothixene cap 10 mg</i>	82
<i>terazosin hcl cap 10 mg (base equivalent)</i>	52	<i>tiadylt er</i>	61
<i>terbinafine hcl tab 250 mg</i>	13	<i>tiagabine hcl tab 2 mg</i>	90
<i>terbutaline sulfate tab 2.5 mg</i>	158	<i>tiagabine hcl tab 4 mg</i>	90
<i>terbutaline sulfate tab 5 mg</i>	158	<i>tiagabine hcl tab 12 mg</i>	90
<i>terconazole vaginal cream 0.4%</i>	132	<i>tiagabine hcl tab 16 mg</i>	90
<i>terconazole vaginal cream 0.8%</i>	132	TIBSOVO TAB 250MG	45
<i>terconazole vaginal suppos 80 mg</i>	132	<i>ticagrelor tab 60 mg</i>	135
TERIPARATIDE INJ 560/2.24	107	<i>ticagrelor tab 90 mg</i>	135
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	101	TICOVAC INJ	144
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	101	<i>tigecycline for iv soln 50 mg</i>	25
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	101	<i>tilia fe</i>	113
<i>testosterone pump</i>	101	<i>timolol maleate ophth gel forming soln 0.5%</i>	153
<i>testosterone td gel 12.5 mg/act (1%)</i>	101	<i>timolol maleate ophth gel forming soln 0.25%</i>	153
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	101	<i>timolol maleate ophth soln 0.5%</i>	153
<i>testosterone td gel 50 mg/5gm (1%)</i>	101	<i>timolol maleate ophth soln 0.25%</i>	153
<i>tetrabenazine tab 12.5 mg</i>	97	<i>timolol maleate tab 5 mg</i>	60
<i>tetrabenazine tab 25 mg</i>	97	<i>timolol maleate tab 10 mg</i>	60
<i>tetracycline hcl cap 250 mg</i>	25	<i>timolol maleate tab 20 mg</i>	60
<i>tetracycline hcl cap 500 mg</i>	25	<i>tinidazole tab 250 mg</i>	11
THALOMID CAP 50MG	31	<i>tinidazole tab 500 mg</i>	11
THALOMID CAP 100MG	31	<i>tioconazole 1</i>	132
THALOMID CAP 150MG	31	TIVICAY PD TAB 5MG	15
THALOMID CAP 200MG	31	TIVICAY TAB 10MG	15
<i>theophylline elixir 80 mg/15ml</i>	161	TIVICAY TAB 25MG	15
		TIVICAY TAB 50MG	15
		<i>tizanidine hcl tab 2 mg (base equivalent)</i>	98
		<i>tizanidine hcl tab 4 mg (base equivalent)</i>	98
		<i>tm-clotrimazole</i>	165

Drug Name	Page #	Drug Name	Page #
TOBI PODHALR CAP 28MG	11	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TOBRADEX OIN 0.3-0.1%	150	<i>(100 mg/ml)</i>	135
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	150	<i>tranexamic acid tab 650 mg</i>	135
<i>tobramycin nebu soln 300 mg/5ml</i>	11	<i>tranylcypromine sulfate tab 10 mg</i>	73
<i>tobramycin ophth soln 0.3%</i>	151	TRAVASOL INJ 10%.....	148
<i>tobramycin sulfate inj 1.2 gm/30ml</i>		TRAZIMERA INJ 150MG	45
<i>(40 mg/ml) (base equiv)</i>	11	TRAZIMERA INJ 420MG.....	45
<i>tobramycin sulfate inj 2 gm/50ml</i>		<i>trazodone hcl tab 50 mg</i>	73
<i>(40 mg/ml) (base equiv)</i>	11	<i>trazodone hcl tab 100 mg</i>	73
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	11	<i>trazodone hcl tab 150 mg</i>	73
<i>tobramycin sulfate inj 80 mg/2ml</i>		TRELEGY AER ELLIPTA 100-62.5-25 MCG .	154
<i>(40 mg/ml) (base equiv)</i>	12	TRELEGY AER ELLIPTA 200-62.5-25 MCG	154
<i>tolnaftate cream 1%</i>	166	TREMFYA INJ 100MG/ML	138, 139
<i>tolterodine tartrate cap er 24hr 2 mg</i>	131	TREMFYA INJ 200/2ML	139
<i>tolterodine tartrate cap er 24hr 4 mg</i>	131	TREMFYA INJ 200/20ML	139
<i>tolterodine tartrate tab 1 mg</i>	131	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> ...	66
<i>tolterodine tartrate tab 2 mg</i>	131	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	66
<i>topiramate oral soln 25 mg/ml</i>	90	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .	66
<i>topiramate sprinkle cap 15 mg</i>	90	<i>(10 mg/ml)</i>	66
<i>topiramate sprinkle cap 25 mg</i>	90	TRESIBA FLEX INJ 100UNIT	105
<i>topiramate sprinkle cap 50 mg</i>	90	TRESIBA FLEX INJ 200UNIT	105
<i>topiramate tab 25 mg</i>	90	TRESIBA INJ 100UNIT	105
<i>topiramate tab 50 mg</i>	90	<i>tretinoin cap 10 mg</i>	31
<i>topiramate tab 100 mg</i>	90	<i>tretinoin cream 0.1%</i>	164
<i>topiramate tab 200 mg</i>	90	<i>tretinoin cream 0.05%</i>	164
<i>toremifene citrate tab 60 mg (base equivalent)</i>	30	<i>tretinoin cream 0.025%</i>	164
<i>torpenz tab 2.5mg</i>	45	<i>tretinoin gel 0.01%</i>	164
<i>torpenz tab 5mg</i>	45	<i>tretinoin gel 0.025%</i>	164
<i>torpenz tab 7.5mg</i>	45	<i>triamcinolone acetonide cream 0.1%</i>	168
<i>torpenz tab 10mg</i>	45	<i>triamcinolone acetonide cream 0.5%</i>	168
<i>torseamide tab 5 mg</i>	63	<i>triamcinolone acetonide cream 0.025%</i>	168
<i>torseamide tab 10 mg</i>	63	<i>triamcinolone acetonide dental paste 0.1%</i>	170
<i>torseamide tab 20 mg</i>	63	<i>triamcinolone acetonide lotion 0.1%</i>	168
<i>torseamide tab 100 mg</i>	63	<i>triamcinolone acetonide lotion 0.025%</i>	168
TOUJEO MAX INJ 300/ML.....	105	<i>triamcinolone acetonide oint 0.1%</i>	168
TOUJEO SOLO INJ 300/ML	105	<i>triamcinolone acetonide oint 0.5%</i>	168
TPN ELECTROL INJ	146	<i>triamcinolone acetonide oint 0.025%</i>	168
TRADJENTA TAB 5MG	103	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	63
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	63
<i>tramadol hcl tab 50 mg</i>	9	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	63
<i>trandolapril tab 1 mg</i>	51	<i>tri-buffered aspirin</i>	3
<i>trandolapril tab 2 mg</i>	51	<i>tridacaine dis 5% patch</i>	168
<i>trandolapril tab 4 mg</i>	51		

Drug Name	Page #	Drug Name	Page #
<i>triderm</i>	168	<i>tri-vite/fluoride</i>	150
<i>trientine hcl cap 250 mg</i>	107	<i>tri-vylibra</i>	113
<i>tri-estarylla</i>	113	<i>tri-vylibra lo</i>	113
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	82	TROGARZO INJ 150MG/ML	15
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	82	TROPHAMINE INJ 10%	148
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	82	<i>trosipium chloride tab 20 mg</i>	131
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	82	TRULICITY INJ 0.75/0.5.....	104
<i>trifluridine ophth soln 1%</i>	151	TRULICITY INJ 1.5/0.5.....	104
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	76	TRULICITY INJ 3/0.5	104
<i>trihexyphenidyl hcl tab 2 mg</i>	76	TRULICITY INJ 4.5/0.5.....	104
<i>trihexyphenidyl hcl tab 5 mg</i>	76	TRUMENBA INJ.....	144
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	103	TRUQAP PAK 160MG	46
TRIJARDY XR TAB ER 24HR 10-5-1000MG	103	TRUQAP PAK 200MG.....	46
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	103	TRUQAP TAB 160MG.....	46
TRIJARDY XR TAB ER 24HR 25-5-1000MG	104	TRUQAP TAB 200MG.....	46
TRIKAFTA PAK 59.5MG	161	TRUXIMA INJ 100/10ML	46
TRIKAFTA PAK 75MG.....	161	TRUXIMA INJ 500/50ML.....	46
TRIKAFTA TAB 50-25-37.5MG & 75MG.....	161	TUKYSA TAB 50MG.....	46
TRIKAFTA TAB 100-50-75MG & 150MG.....	161	TUKYSA TAB 150MG	46
<i>tri-legest fe</i>	113	TURALIO CAP 125MG.....	46
<i>tri-linyah</i>	113	<i>turqoz</i>	113
<i>tri-lo-estarylla</i>	113	<i>twice-daily clindamycin phosphate (topical)</i>	164
<i>tri-lo-marzia</i>	113	TWINRIX INJ.....	144
<i>tri-lo-mili</i>	113	TYBOST TAB 150MG	15
<i>tri-lo-sprintec</i>	113	<i>tydemy tab</i>	113
<i>trimethoprim tab 100 mg</i>	12	TYENNE INJ 80MG/4ML	139
<i>tri-mili</i>	113	TYENNE INJ 162/0.9	139
<i>trimipramine maleate cap 25 mg</i>	73	TYENNE INJ 162MG	139
<i>trimipramine maleate cap 50 mg</i>	73	TYENNE INJ 200/10ML	139
<i>trimipramine maleate cap 100 mg</i>	73	TYENNE INJ 400/20ML.....	139
TRINTELLIX TAB 5MG	73	TYPHIM VI INJ.....	144
TRINTELLIX TAB 10MG.....	73	U	
TRINTELLIX TAB 20MG.....	73	UBRELVY TAB 50MG.....	96
<i>tri-nymyo tab</i>	113	UBRELVY TAB 100MG	96
<i>triphrocaps</i>	150	<i>unithroid</i>	122
<i>triple antibiotic</i>	164	UPTRAVI PACK TAB 200/800	66
<i>triprolidine hcl drops 0.938 mg/ml</i>	157	UPTRAVI TAB 200MCG.....	66
<i>tri-sprintec</i>	113	UPTRAVI TAB 400MCG	66
TRIUMEQ PD TAB	17	UPTRAVI TAB 600MCG	66
TRIUMEQ TAB	17	UPTRAVI TAB 800MCG	66
		UPTRAVI TAB 1000MCG.....	66
		UPTRAVI TAB 1200MCG	66
		UPTRAVI TAB 1400MCG.....	67
		UPTRAVI TAB 1600MCG.....	67

Drug Name	Page #	Drug Name	Page #
ursodiol cap 300 mg	129	vancomycin hcl for iv soln 5 gm (base equivalent)	12
ursodiol tab 250 mg	129	vancomycin hcl for iv soln 10 gm (base equivalent)	12
ursodiol tab 500 mg	129	vancomycin hcl for iv soln 500 mg (base equivalent)	12
V		vancomycin hcl for iv soln 750 mg (base equivalent)	12
valacyclovir hcl tab 1 gm	19	VANCOMYCIN INJ 1 GM	12
valacyclovir hcl tab 500 mg.....	19	VANCOMYCIN INJ 500MG	12
VALCHLOR GEL 0.016%	169	VANCOMYCIN INJ 750MG.....	12
valganciclovir hcl for soln 50 mg/ml (base equiv)	19	VANFLYTA TAB 17.7MG	46
valganciclovir hcl tab 450 mg (base equivalent)	19	VANFLYTA TAB 26.5MG.....	46
valproate sodium inj 100 mg/ml.....	90	VAQTA INJ 25/0.5ML	144
valproate sodium oral soln 250 mg/5ml (base equiv)	90	VAQTA INJ 50UNT/ML.....	144
valproic acid cap 250 mg	90	varenicline tartrate tab 0.5 mg (base equiv)	100
valsartan-hydrochlorothiazide tab 80-12.5 mg	54	varenicline tartrate tab 1 mg (base equiv)...	100
valsartan-hydrochlorothiazide tab 160-12.5 mg	54	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	100
valsartan-hydrochlorothiazide tab 160-25 mg.....	54	VARIVAX INJ.....	144
valsartan-hydrochlorothiazide tab 320-12.5 mg	54	VASCEPA CAP 0.5GM	58
valsartan-hydrochlorothiazide tab 320-25 mg.....	54	VASCEPA CAP 1GM	58
valsartan tab 40 mg.....	55	VAXCHORA SUS	144
valsartan tab 80 mg.....	55	velivet	113
valsartan tab 160 mg	55	VELSIPITY TAB 2MG.....	139
valsartan tab 320 mg.....	55	VENCLEXTA TAB 10MG	46
VALTOCO SPR 5MG	91	VENCLEXTA TAB 50MG.....	46
VALTOCO SPR 10MG.....	91	VENCLEXTA TAB 100MG.....	46
VALTOCO SPR 15MG	91	VENCLEXTA TAB START PK	46
VALTOCO SPR 20MG	91	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	73
valtya 1/35 tab	113	venlafaxine hcl cap er 24hr 75 mg (base equivalent)	73
valtya 1/50 tab	113	venlafaxine hcl cap er 24hr 150 mg (base equivalent)	73
vancomycin hcl cap 125 mg (base equivalent)	12	venlafaxine hcl tab 25 mg (base equivalent) 73	
vancomycin hcl cap 250 mg (base equivalent)	12	venlafaxine hcl tab 37.5 mg (base equivalent)	73
vancomycin hcl for iv soln 1.5 gm (base equivalent)	12	venlafaxine hcl tab 50 mg (base equivalent) 73	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	12	venlafaxine hcl tab 75 mg (base equivalent) 73	
vancomycin hcl for iv soln 1 gm (base equivalent)	12	venlafaxine hcl tab 100 mg (base equivalent)	73
		VENTOLIN HFA AER	158
		VENTOLIN HFA (INSTITUTIONAL PACK)....	158
		VEOZAH TAB 45MG	120

Drug Name	Page #	Drug Name	Page #
<i>verapamil hcl cap er 24hr 100 mg</i>	62	VITAL-D RX TAB	150
<i>verapamil hcl cap er 24hr 120 mg</i>	62	VITRAKVI CAP 25MG	47
<i>verapamil hcl cap er 24hr 180 mg</i>	62	VITRAKVI CAP 100MG	47
<i>verapamil hcl cap er 24hr 200 mg</i>	62	VITRAKVI SOL 20MG/ML.....	47
<i>verapamil hcl cap er 24hr 240 mg</i>	62	VIVIMUSTA INJ 100/4ML.....	27
<i>verapamil hcl cap er 24hr 300 mg</i>	62	VIVITROL INJ 380MG.....	100
<i>verapamil hcl cap er 24hr 360 mg</i>	62	VIVOTIF CAP EC.....	144
<i>verapamil hcl iv soln 2.5 mg/ml</i>	62	VIZIMPRO TAB 15MG.....	47
<i>verapamil hcl tab 40 mg</i>	62	VIZIMPRO TAB 30MG.....	47
<i>verapamil hcl tab 80 mg</i>	62	VIZIMPRO TAB 45MG.....	47
<i>verapamil hcl tab 120 mg</i>	62	VONJO CAP 100MG	47
<i>verapamil hcl tab er 120 mg</i>	62	VORANIGO TAB 10MG	47
<i>verapamil hcl tab er 180 mg</i>	62	VORANIGO TAB 40MG	47
<i>verapamil hcl tab er 240 mg</i>	62	<i>voriconazole for inj 200 mg</i>	13
VERQUVO TAB 2.5MG.....	64	<i>voriconazole for susp 40 mg/ml</i>	13
VERQUVO TAB 5MG.....	64	<i>voriconazole tab 50 mg</i>	13
VERQUVO TAB 10MG	64	<i>voriconazole tab 200 mg</i>	13
VERSACLOZ SUS 50MG/ML	82	VOSEVI TAB	19
VERZENIO TAB 50MG	46	VOWST CAP	129
VERZENIO TAB 100MG	46	VRAYLAR CAP 1.5MG.....	82
VERZENIO TAB 150MG.....	46	VRAYLAR CAP 3MG	82
VERZENIO TAB 200MG.....	47	VRAYLAR CAP 4.5MG.....	82
<i>vestura</i>	113	VRAYLAR CAP 6MG	82
<i>vienna</i>	113	<i>vyfemla</i>	114
<i>vigabatrin powd pack 500 mg</i>	91	<i>vylibra</i>	114
<i>vigabatrin tab 500 mg</i>	91	VYZULTA SOL 0.024%	153
<i>vigadrone</i>	91		
VIGAFYDE SOL 100MG/ML.....	91	W	
<i>vigpoder</i>	91	<i>warfarin sodium tab 1 mg</i>	133
<i>vilazodone hcl tab 10 mg</i>	73	<i>warfarin sodium tab 2.5 mg</i>	133
<i>vilazodone hcl tab 20 mg</i>	74	<i>warfarin sodium tab 2 mg</i>	133
<i>vilazodone hcl tab 40 mg</i>	74	<i>warfarin sodium tab 3 mg</i>	133
VIMKUNYA INJ 40/0.8ML	144	<i>warfarin sodium tab 4 mg</i>	133
<i>vincristine sulfate iv soln 1 mg/ml</i>	32	<i>warfarin sodium tab 5 mg</i>	133
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	32	<i>warfarin sodium tab 6 mg</i>	133
<i>vinorelbine tartrate inj 50 mg/5ml</i> <i>(10 mg/ml) (base equiv)</i>	32	<i>warfarin sodium tab 7.5 mg</i>	133
<i>viorele</i>	113	<i>warfarin sodium tab 10 mg</i>	133
VIRACEPT TAB 250MG	15	<i>water for irrigation, sterile irrigation soln</i>	170
VIRACEPT TAB 625MG	15	WEGOVY INJ 0.5MG	106
VIREAD POW 40MG/GM.....	15	WEGOVY INJ 0.25MG.....	106
VIREAD TAB 150MG	16	WEGOVY INJ 1.7MG	106
VIREAD TAB 200MG.....	16	WEGOVY INJ 1MG	106
VIREAD TAB 250MG.....	16	WEGOVY INJ 2.4MG	106
<i>virt-caps</i>	150	WELIREG TAB 40MG.....	31
		<i>wera</i>	114
		<i>wescaps</i>	150

Drug Name	Page #	Drug Name	Page #
WESTAB PLUS TAB 27-1MG.....	147	XIIDRA DRO 5%	154
<i>wixela inhub</i>	163	XOFLUZA TAB 40MG.....	19
<i>wymzya fe</i>	114	XOFLUZA TAB 80MG.....	19
WYOST INJ 120/1.7	107	XOLAIR INJ 75/0.5	161
X		XOLAIR INJ 150MG/ML	161
XALKORI CAP 20MG.....	47	XOLAIR INJ 300/2ML.....	161
XALKORI CAP 50MG.....	47	XOLAIR SOL 150MG	161
XALKORI CAP 150MG	47	XOSPATA TAB 40MG.....	47
XALKORI CAP 200MG	47	XPOVIO PAK (40 MG ONCE WEEKLY)	47, 48
XALKORI CAP 250MG.....	47	XPOVIO PAK (40 MG TWICE WEEKLY).....	48
<i>xarah fe tab</i>	114	XPOVIO PAK (60 MG ONCE WEEKLY)	48
XARELTO STAR TAB 15/20MG	133	XPOVIO PAK (60 MG TWICE WEEKLY).....	48
XARELTO SUS 1MG/ML	133	XPOVIO PAK (80 MG ONCE WEEKLY)	48
XARELTO TAB 2.5MG	133	XPOVIO PAK (80 MG TWICE WEEKLY).....	48
XARELTO TAB 10MG.....	133	XPOVIO PAK (100 MG ONCE WEEKLY)	48
XARELTO TAB 15MG.....	133	XTANDI CAP 40MG	30
XARELTO TAB 20MG	134	XTANDI TAB 40MG.....	30
XATMEP SOL 2.5MG/ML.....	140	XTANDI TAB 80MG.....	30
XCOPRI PAK 12.5-25.....	91	<i>xulane</i>	114
XCOPRI PAK 50-100MG	91	XULTOPHY INJ 100/3.6.....	105
XCOPRI PAK 100-150	91	Y	
XCOPRI PAK 150-200MG (MAINTENANCE) .91		YESINTEK INJ 45/0.5ML	139
XCOPRI PAK 150-200MG (TITRATION)	91	YESINTEK INJ 90MG/ML	139
XCOPRI TAB 25MG	91	YESINTEK INJ 130/26ML	139
XCOPRI TAB 50MG.....	91	YF-VAX INJ	144
XCOPRI TAB 100MG.....	91	YONSA TAB 125MG	30
XCOPRI TAB 150MG	91	YUTREPIA CAP 26.5MCG	67
XCOPRI TAB 200MG	91	YUTREPIA CAP 53MCG	67
XDEMVY DRO 0.25%	151	YUTREPIA CAP 79.5MCG	67
XELJANZ SOL 1MG/ML.....	139	YUTREPIA CAP 106MCG	67
XELJANZ TAB 5MG	139	<i>yuvaferm</i>	115
XELJANZ TAB 10MG.....	139	Z	
XELJANZ XR TAB 11MG	139	ZADITOR DRO 0.035%OP	152
XELJANZ XR TAB 22MG	139	<i>zafemy</i>	114
<i>xelria fe chw 0.4mg-35</i>	114	<i>zafirlukast tab 10 mg</i>	159
XENICAL CAP 120MG.....	106	<i>zafirlukast tab 20 mg</i>	159
XERMELO TAB 250MG.....	129	<i>zaleplon cap 5 mg</i>	94
XGEVA INJ	107	<i>zaleplon cap 10 mg</i>	94
XHANCE MIS 93MCG.....	162	ZARXIO INJ 300/0.5	134
XIFAXAN TAB 550MG	129	ZARXIO INJ 480/0.8	134
XIGDUO XR TAB 2.5-1000	104	ZEGALOGUE INJ 0.6/0.6	117
XIGDUO XR TAB 5-500MG.....	104	ZEJULA TAB 100MG.....	48
XIGDUO XR TAB 5-1000MG	104	ZEJULA TAB 200MG	48
XIGDUO XR TAB 10-500MG	104	ZEJULA TAB 300MG	48
XIGDUO XR TAB 10-1000	104		

Drug Name	Page #	Drug Name	Page #
ZELBORAF TAB 240MG	48	ZYKADIA TAB 150MG.....	48
<i>zelvysia pow 100mg</i>	120	ZYLET SUS 0.5-0.3%	150
<i>zelvysia pow 500mg</i>	120	ZYPREXA RELP INJ 210MG.....	83
ZEMAIRA INJ 1000MG.....	161	ZYPREXA RELP INJ 300MG.....	83
ZEMAIRA INJ 4000MG.....	162	ZYPREXA RELP INJ 405MG.....	83
ZEMAIRA INJ 5000MG.....	162		
<i>zenatane</i>	164		
ZENPEP CAP 3000UNIT	129		
ZENPEP CAP 5000UNIT	129		
ZENPEP CAP 10000UNT	129		
ZENPEP CAP 15000UNT.....	129		
ZENPEP CAP 20000UNT.....	129		
ZENPEP CAP 25000UNT	129		
ZENPEP CAP 40000UNT.....	129		
ZENPEP CAP 60000UNT.....	129		
ZERVIATE DRO 0.24%	152		
<i>zidovudine cap 100 mg</i>	16		
<i>zidovudine syrup 10 mg/ml</i>	16		
<i>zidovudine tab 300 mg</i>	16		
<i>ziprasidone hcl cap 20 mg</i>	82		
<i>ziprasidone hcl cap 40 mg</i>	82		
<i>ziprasidone hcl cap 60 mg</i>	83		
<i>ziprasidone hcl cap 80 mg</i>	83		
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	83		
ZIRABEV INJ 100/4ML	48		
ZIRABEV INJ 400/16ML.....	48		
ZIRGAN GEL 0.15%	151		
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	107		
<i>zoledronic acid iv soln 5 mg/100ml</i>	107		
ZOLINZA CAP 100MG	48		
<i>zolpidem tartrate tab 5 mg</i>	94		
<i>zolpidem tartrate tab 10 mg</i>	94		
ZONISADE SUS 100MG/5.....	91		
<i>zonisamide cap 25 mg</i>	91		
<i>zonisamide cap 50 mg</i>	92		
<i>zonisamide cap 100 mg</i>	92		
<i>zovia 1/35</i>	114		
ZTALMY SUS 50MG/ML.....	92		
<i>zumandimine</i>	114		
ZURZUVAE CAP 20MG.....	74		
ZURZUVAE CAP 25MG.....	74		
ZURZUVAE CAP 30MG.....	74		
ZYDELIG TAB 100MG	48		
ZYDELIG TAB 150MG	48		

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 Dolmeterservice 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 대해 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 **1-855-676-5772 (TTY: 711)**. 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 Italianovi 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。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 **[AetnaBetterHealth.com/Michigan-mmp](https://www.aetna.com/betterhealth/michigan-mmp)**.



©2025 Aetna Inc.
373-2219-01-01
Updated on 12/01/2025