

2024 List of Covered Drugs/Formulary

Aetna Better Health[®] Premier Plan MMAI

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

For more recent information or other questions, contact us at
1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week or visit
[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)



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

Introduction

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

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

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

Table of Contents

- A. Disclaimers.....III
- B. Frequently Asked Questions (FAQ).....IV
 - B1. What prescription drugs are on the *List of Covered Drugs*?
(We call the *List of Covered Drugs* 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 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 MMAI 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 MMAI 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
B14. What are OTC drugs?	X
B15. Does Aetna Better Health Premier Plan MMAI cover non-drug OTC products?	X
B16. What is my copay?.....	X
B17. What are drug tiers?.....	X
C. Overview of the <i>List of Covered Drugs</i>	XI
C1. Drugs Grouped by Medical Condition.....	1
D. Index of Covered Drugs.....	.119



If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.

A. Disclaimers

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

- ❖ Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ The formulary may change at any time. You will receive notice when necessary.



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 2 are the drugs covered by Aetna Better Health Premier Plan MMAI. 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 MMAI 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 an Aetna Better Health Premier Plan MMAI network pharmacy.
- Aetna Better Health Premier Plan MMAI 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/Illinois](https://www.aetna.com/betterhealth/illinois)** or call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B2. Does the Drug List ever change?

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

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

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

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

This section is continued on the next page.



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

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

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

- You can always check Aetna Better Health Premier Plan MMAI's up to date Drug List online at **AetnaBetterHealth.com/Illinois**.
- You can also call Member Services to check the current Drug List at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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

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

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

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

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

This section is continued on the next page.

If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.



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 medication in an outpatient setting and 31-day supply of medication in a long-term care facility 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 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 MMAI before you fill your prescription. Aetna Better Health Premier Plan MMAI may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Aetna Better Health Premier Plan MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health Premier Plan MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If Aetna Better Health Premier Plan MMAI covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 2 - 118. You can also get more information by visiting our website at **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/betterhealth/illinois)**. We have posted online documents that explains our PA and step therapy restrictions. You may also ask us to send you a copy.

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



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

The table of drugs on page 2 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Aetna Better Health Premier Plan MMAI 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 the drugs on the Drug List change.

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 119.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don’t find your drug on the Drug List, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week and ask about it. The call is free. If you learn that Aetna Better Health Premier Plan MMAI will not cover the drug, you can do one of these things:

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



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

Current members with a change in level of care

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

This section is continued on the next page.



VIII

If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

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 **1-866-600-2139 (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, he or she 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 MMAI 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 MMAI may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can provide their supporting statement by calling Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or faxing it to us at **1-855-365-8109**.

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



B13. What are generic drugs?

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

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

B14. What are OTC drugs?

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

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

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

Aetna Better Health Premier Plan MMAI 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 MMAI Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

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

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- 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 MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 119. The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan MMAI.

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 MMAI has any rules for covering your drug.

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.



C1. Drugs Grouped by Medical Condition

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

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

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

PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	LA = Limited Access
NDS = Non-Extended Days Supply		

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	
MISCELLANEOUS		
<i>acetaminophen</i> LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 325mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>aspirin low strength</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>childrens silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>feverall childrens</i> SUPP 120mg	\$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	\$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	NM; *
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp headache relief extra</i>	\$0(3)	NM; *
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp migraine relief</i>	\$0(3)	NM; *
<i>gnp pain & fever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	NM; *
<i>goodsense aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>goodsense aspirin adults</i> TABS 325mg	\$0(3)	NM; *
<i>goodsense migraine formul</i>	\$0(3)	NM; *
<i>goodsense pain & fever ch</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain & fever in</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>goodsense pain relief ext</i> TABS 500mg	\$0(3)	NM; *
<i>headache relief</i>	\$0(3)	NM; *
<i>headache relief/extra str</i>	\$0(3)	NM; *
<i>hm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>hm aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>hm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>liquid acetaminophen</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg	\$0(3)	NM; *
<i>migraine relief</i>	\$0(3)	NM; *
<i>pain & fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain reliever plus</i>	\$0(3)	NM; *
<i>qc acetaminophen infants</i> SUSP 160mg/5ml	\$0(3)	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>qc headache relief</i>	\$0(3)	NM; *
<i>qc non-aspirin extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>qc pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm migraine relief</i>	\$0(3)	NM; *
<i>sm pain & fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	NM; *
<i>sm pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDs - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	\$0(2)	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

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 TABS 50mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	\$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	\$0(1)	
<i>atovaquone SUSP 750mg/5ml</i>	\$0(1)	
<i>aztreonam SOLR 1gm, 2gm</i>	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	\$0(1)	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	\$0(1)	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</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)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium SOLR 150mg</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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs pinworm treatment</i> SUSP 144mg/ml	\$0(3)	NM; *
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
<i>gentamicin in saline inj</i> 0.8 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.2 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.6 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 2 mg/ml	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pin-away</i> SUSP 144mg/ml	\$0(3)	NM; *
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
<i>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	\$0(1)	
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	\$0(1)	PA
<i>voriconazole</i> SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	\$0(1)	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	\$0(1)	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl</i> TABS 250mg	\$0(1)	
<i>primaquine phosphate</i> TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS 324mg	\$0(1)	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)	NM
APTIVUS CAPS 250mg	\$0(2)	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	NM
<i>darunavir</i> TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	\$0(2)	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	NM
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPk 300mg	\$0(2)	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM
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, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TRIUMEQ PD TAB	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM
TRIZIVIR TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine CAPS 250mg</i>	\$0(2)	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	\$0(1)	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	\$0(1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	\$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</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	\$0(2)	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	\$0(2)	QL (60 tabs / 30 days); \$0 Cost Share

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, NM
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
 B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid
 Formulary ID 00024074 v15

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	\$0(1)	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	\$0(1)	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	\$0(1)	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	\$0(1)	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	\$0(1)	
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg	\$0(1)	
<i>ampicillin</i> CAPS 500mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 SOLR</i> 100mg	\$0(1)	
<i>doxycycline (monohydrate) CAPS</i> 50mg, 100mg; <i>SUSR</i> 25mg/5ml; <i>TABS</i> 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate CAPS</i> 50mg, 100mg; <i>SOLR</i> 100mg; <i>TABS</i> 20mg, 100mg	\$0(1)	
<i>minocycline hcl CAPS</i> 50mg, 75mg, 100mg	\$0(1)	
NUZYRA <i>SOLR</i> 100mg; <i>TABS</i> 150mg	\$0(2)	NDS, NM, LA
<i>tetracycline hcl CAPS</i> 250mg, 500mg	\$0(1)	PA
<i>tigecycline SOLR</i> 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA <i>SOLN</i> 100mg/4ml	\$0(2)	NDS, B/D, NM, LA
<i>carboplatin SOLN</i> 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin SOLN</i> 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide CAPS</i> 25mg, 50mg; <i>SOLR</i> 1gm, 500mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE <i>SOLN</i> 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	\$0(2)	NDS, B/D
<i>cyclophosphamide SOLR</i> 2gm	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE <i>TABS</i> 25mg, 50mg	\$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR <i>SOLN</i> 2gm/10ml	\$0(2)	NDS, B/D
GLEOSTINE <i>CAPS</i> 10mg, 40mg	\$0(2)	NM
GLEOSTINE <i>CAPS</i> 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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	\$0(2)	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM, LA
TABLOID TABS 40mg	\$0(2)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
 B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid
 Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	NM, PA
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORSERDU TABS 345mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(1)	
XTANDI CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWILFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	\$0(2)	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALQUENCE TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	\$0(2)	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NERLYNX TABS 40mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	\$0(2)	NDS, QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETEVMO CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	\$0(2)	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	\$0(2)	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	\$0(2)	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	\$0(2)	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg	\$0(1)	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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid
 Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	\$0(1)	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	\$0(1)	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	\$0(1)	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	\$0(1)	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	\$0(1)	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	\$0(1)	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
KERENDIA TABS 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<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 TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>olmesartan medoxomil</i> TABS 5mg	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	\$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<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 CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	\$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	\$0(1)	
amiloride hcl TABS 5mg	\$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
chlorthalidone TABS 25mg, 50mg	\$0(1)	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$0(1)	
furosemide inj SOLN 10mg/ml	\$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
indapamide TABS 1.25mg, 2.5mg	\$0(1)	
methazolamide TABS 25mg, 50mg	\$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	\$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	\$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	\$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	\$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	\$0(1)	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	\$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
CORLANOR SOLN 5mg/5ml	\$0(2)	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	\$0(1)	
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
VERQUVO TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bosentan</i> TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	\$0(1)	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, LA, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 10-100mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 25-100mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 25-250mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 10-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-250 mg	\$0(1)	
<i>carbidopa & levodopa tab er</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab er</i> 50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	\$0(1)	
<i>entacapone</i> TABS 200mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 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 **LA** - Limited Access **NDS** - Non-Extended Days Supply

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTIOM TABS 200mg, 400mg	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 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 **LA** - Limited Access **NDS** - Non-Extended Days Supply

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	\$0(1)	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	\$0(2)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO 5 MG DOSE	\$0(2)	
VALTOCO 10 MG DOSE	\$0(2)	
VALTOCO 15 MG DOSE	\$0(2)	
VALTOCO 20 MG DOSE	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	\$0(1)	
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR TB24 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	\$0(1)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> TABS 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	\$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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) TB12 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	\$0(1)	
<i>gnp nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex m LOZG 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>goodsense nicotine LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg</i>	\$0(3)	NM; *
<i>hm nicotine transdermal s PT24 7mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex mini</i> LOZG 2mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>varenicline tartrate</i> TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year), PA
VIVITROL SUSR 380mg	\$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>methyltestosterone</i> CAPS 10mg	\$0(2)	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl 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</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	\$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	\$0(2)	
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP SOLN 100unit/ml	\$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	\$0(2)	
FIASP PENFILL SOCT 100unit/ml	\$0(2)	
FIASP PUMPCART SOCT 100unit/ml	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD	\$0(2)	
LANTUS SOLN 100unit/ml	\$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 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 SOLOSTAR SOPN 300unit/ml	\$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
TERIPARATIDE SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	\$0(1)	NM, PA
<i>kionex</i> SUSP 15gm/60ml	\$0(1)	
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen</i> 1/35	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila TABS .35mg</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>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 TABS .35mg</i>	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *
<i>econtra one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>emzahh TABS .35mg</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin TABS .35mg</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 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>finzala</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 TABS .35mg</i>	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia TABS .35mg</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & 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 (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutura</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin 24 fe</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-lynyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norelgestromin-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)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-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 & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wera</i>	\$0(1)	
<i>wymzya fe</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)	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	\$0(2)	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</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 vaginal CREA .1mg/gm; TABS 10mcg</i>	\$0(1)	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/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 PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethindrone acetate-ethinyl estradiol</i> tab 1 mg-5 mcg	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE PFS SOSY 1mg/0.2ml	\$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	\$0(1)	
<i>carglumic acid</i> TBSO 200mg	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	\$0(2)	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at Mail-order
B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	\$0(2)	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	\$0(2)	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	\$0(2)	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	\$0(1)	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	\$0(1)	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(1)	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	\$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<i>progesterone</i> CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	\$0(1)	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg, 750mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml	\$0(3)	NM; *
<i>gnp antacid</i> CHEW 500mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp antacid extra strengt</i> CHEW 750mg	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>qc antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>qc antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>qc heartburn antacid</i>	\$0(3)	NM; *
<i>sm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>sm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
<i>smooth antacid extra stre</i> CHEW 750mg	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *
SODIUM POW BICARBON	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>bismatrol</i> CHEW 262mg	\$0(3)	NM; *
<i>bismuth subsalicylate</i> CHEW 262mg	\$0(3)	NM; *
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp loperamide hydrochlor</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth</i> CHEW 262mg	\$0(3)	NM; *
<i>gnp stomach relief</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>goodsense anti-diarrheal</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>loperamide hcl</i> SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>qc pink bismuth</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>qc stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	NM; *
<i>qc stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>sm stomach relief liquid</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>anti-nausea</i>	\$0(3)	NM; *
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp nausea relief</i>	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion sickness</i> TABS 50mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>motion sickness relief/le</i> TABS 25mg	\$0(3)	NM; *
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>nausea relief</i>	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>qc motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>qc travel ease</i> CHEW 25mg	\$0(3)	NM; *
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	
<i>famotidine original stren</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc famotidine acid reduce</i> TABS 10mg	\$0(3)	NM; *
<i>sm acid reducer</i> TABS 10mg	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	NM; *
<i>chocolated laxative regul</i> CHEW 15mg	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
COLACE CLEAR CAPS 50mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusol plus mini-enema</i>	\$0(3)	NM; *
<i>dok</i> TABS 100mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>enemeez plus</i>	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>fiber laxative</i> TABS 625mg	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>glycerin (laxative)</i> SUPP 2gm	\$0(3)	NM; *
<i>glycerin childrens</i> SUPP 1gm	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp natural fiber</i> CAPS .52gm	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 240mg, 250mg	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>hm stool softener/stimula</i>	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative maximum strength</i> TABS 25mg	\$0(3)	NM; *
<i>laxative regular strength</i> TABS 15mg	\$0(3)	NM; *
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	\$0(3)	NM; *
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>qc chocolated laxative</i> CHEW 15mg	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc fiber</i> TABS 625mg	\$0(3)	NM; *
<i>qc fiber therapy</i> POWD 25%, 51.7%; TABS 500mg	\$0(3)	NM; *
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>qc gentle laxative womens</i> TBEC 5mg	\$0(3)	NM; *
<i>qc laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>qc stool softener plus la</i>	\$0(3)	NM; *
<i>qc stool softener plus st</i>	\$0(3)	NM; *
<i>qc vegetable laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>senexon-s</i>	\$0(3)	NM; *
<i>senna plus</i>	\$0(3)	NM; *
SENNAPLUS CAP 8.6-50MG	\$0(3)	NM; *
<i>senna regular strength</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>sennosides-docusate sodium tab</i> 8.6-50 mg	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber</i> TABS 625mg	\$0(3)	NM; *
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>sm stool softener/stimula</i>	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	\$0(1)	
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOLN 70%	\$0(3)	NM; *
<i>stimulant laxative</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener + stimulan</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	\$0(2)	
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, QL (28 syringes / 28 days), PA
<i>sucalfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XERMELO TABS 250mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000UNT	\$0(2)	
ZENPEP CAP 40000UNT	\$0(2)	
ZENPEP CAP 60000UNT	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
3 day vaginal CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>qc clotrimazole</i> CREA 1%	\$0(3)	NM; *
<i>qc miconazole 7</i> CREA 2%	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm 3-day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>sm tioconazole-1 OINT 6.5%</i>	\$0(3)	NM; *
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	\$0(1)	
<i>tioconazole 1 OINT 6.5%</i>	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	\$0(2)	
HEP SOD/D5W INJ 25000UNT	\$0(2)	
HEP SOD/NAACL INJ 12500UNT	\$0(2)	
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	\$0(1)	B/D
HEPARIN/NAACL INJ 25000UNT	\$0(2)	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
XARELTO SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	\$0(2)	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PSKT 10mg/0.1ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	\$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ TB24 15mg, 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	\$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	\$0(2)	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	\$0(2)	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
JYLAMVO SOLN 2mg/ml	\$0(2)	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 **LA** - Limited Access **NDS** - Non-Extended Days Supply

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
leflunomide TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	\$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	\$0(2)	B/D, NM
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	\$0(1)	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	\$0(2)	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	\$0(1)	B/D, NM
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D, NM
REZUROCK TABS 200mg	\$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO INJ	\$0(1)	

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENGVAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(1)	B/D
GARDASIL 9 INJ	\$0(1)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(1)	B/D
HIBERIX SOLR 10mcg	\$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	
IXCHIQ INJ	\$0(1)	
IXIARO INJ	\$0(1)	
JYNNEOS SUSP .5ml	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI INJ	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PREHEVBRIO SUSP 10mcg/ml	\$0(1)	B/D
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTATEQ SOL	\$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(1)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(1)	B/D
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(1)	
VARIVAX INJ 1350pfu/0.5ml	\$0(1)	
YF-VAX INJ	\$0(1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(2)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
IV NUTRITION		
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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
VITAMINS		
<i>ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml</i>	\$0(3)	NM; *
<i>phytonadione SOLN 10mg/ml; TABS 5mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl SOLN 100mg/ml</i>	\$0(3)	NM; *
<i>thiamine hcl SOLN 100mg/ml</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)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	
NATACYN SUSP 5%	\$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 .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%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
XDEM VY SOLN .25%	\$0(2)	NDS, NM, LA, PA
ZIRGAN GEL .15%	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
EYSUVIS SUSP .25%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>loteprednol etabonate</i> SUSP .2%	\$0(1)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
ZERVIAE SOLN .24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	\$0(1)	
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	\$0(2)	
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
TYRVAYA SOLN .03mg/act	\$0(2)	
XIIDRA SOLN 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allergy TABS 10mg</i>	\$0(3)	NM; *
<i>all day allergy childrens SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relief CAPS 25mg; CHEW 25mg; TABS 5mg, 10mg, 25mg</i>	\$0(3)	NM; *
<i>allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relief/indoor/out TABS 10mg</i>	\$0(3)	NM; *
<i>azelastine hcl SOLN .1%</i>	\$0(1)	
<i>banophen CAPS 25mg, 50mg; TABS 25mg</i>	\$0(3)	NM; *
<i>cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg</i>	\$0(3)	NM; *
<i>cetirizine hcl SOLN 5mg/5ml</i>	\$0(1)	QL (300 mL / 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 **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp all day allergy relie</i> CAPS 10mg	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg; TABS 25mg	\$0(3)	NM; *
<i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 10mg	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>loratadine</i> CAPS 10mg; SOLN 5mg/5ml; TABS 10mg; TBP 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>qc all day allergy relief</i> CAPS 10mg	\$0(3)	NM; *
<i>qc allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>qc allergy relief</i> CAPS 10mg, 25mg; TABS 10mg, 25mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy child</i> SOLN 1mg/ml	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> TABS 25mg	\$0(3)	NM; *
<i>sm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>chest congestion relief</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>gnp mucus dm maximum stre</i>	\$0(3)	NM; *
<i>gnp mucus er</i> TB12 600mg, 1200mg	\$0(3)	NM; *
<i>gnp mucus relief er maxim</i> TB12 1200mg	\$0(3)	NM; *
<i>gnp nasal decongestant</i> TABS 30mg	\$0(3)	NM; *
<i>gnp nasal decongestant/ma</i> TABS 30mg	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>goodsense mucus dm</i>	\$0(3)	NM; *
<i>goodsense mucus er</i> TB12 600mg	\$0(3)	NM; *
<i>goodsense mucus er maximu</i> TB12 1200mg	\$0(3)	NM; *
<i>guaifenesin</i> LIQD 100mg/5ml; TB12 600mg	\$0(3)	NM; *
<i>hm mucus relief dm</i>	\$0(3)	NM; *
<i>mucus & chest congestion</i> LIQD 100mg/5ml	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucus relief</i> TB12 600mg	\$0(3)	NM; *
<i>mucus relief dm</i>	\$0(3)	NM; *
<i>mucus relief dm maximum s</i>	\$0(3)	NM; *
<i>mucus relief er</i> TB12 600mg	\$0(3)	NM; *
<i>mucus relief maximum stre</i> TB12 1200mg	\$0(3)	NM; *
<i>nasal decongestant</i> TABS 30mg	\$0(3)	NM; *
<i>promethazine w/ codeine syrup</i> 6.25-10 mg/5ml	\$0(3)	NM; *
<i>pseudoephedrine hcl</i> TABS 30mg	\$0(3)	NM; *
<i>qc mucus relief 12 hour</i> TB12 600mg	\$0(3)	NM; *
<i>qc mucus relief childrens</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>qc mucus relief dm max</i>	\$0(3)	NM; *
<i>qc mucus relief er 12 hou</i> TB12 1200mg	\$0(3)	NM; *
<i>qc nasal decongestant max</i> TABS 30mg	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin expectorant adu</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>robafen mucus/chest conge</i> LIQD 200mg/10ml	\$0(3)	NM; *
<i>siltussin sa</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sinus congestion maximum</i> TABS 30mg	\$0(3)	NM; *
<i>sm mucus relief</i> TB12 600mg	\$0(3)	NM; *
<i>sm mucus relief maximum s</i> TB12 1200mg	\$0(3)	NM; *
<i>sm mucus relief/12 hour</i> TB12 600mg	\$0(3)	NM; *
<i>sm nasal decongestant max</i> TABS 30mg	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>sudogest</i> TABS 30mg	\$0(3)	NM; *
<i>sudogest maximum strength</i> TABS 30mg	\$0(3)	NM; *

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>tusnel-ex</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>tussin mucus + chest cong</i> LIQD 100mg/5ml	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	\$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenacllick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	\$0(2)	NDS, NM, LA, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal) SOLN .025%</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	\$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	\$0(2)	QL (2 inhalers / 30 days)
ARNUIITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/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)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
<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)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLON CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	\$0(1)	QL (45 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 LA - Limited Access NDS - Non-Extended Days Supply
 * - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	\$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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium (topical) GEL 1%</i>	\$0(1)	QL (1000 gm / 30 days)
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	\$0(1)	
<i>imiquimod CREA 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(1)	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	\$0(1)	QL (30 gm / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>proctocort CREA 1%</i>	\$0(1)	
<i>proctosol hc CREA 2.5%</i>	\$0(1)	
<i>proctozone-hc CREA 2.5%</i>	\$0(1)	
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
<i>tacrolimus (topical) OINT .03%, .1%</i>	\$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	\$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</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 LA - Limited Access NDS - Non-Extended Days Supply
* - Non-Part D drugs or OTC items that are covered by Medicaid
Formulary ID 00024074 v15

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$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 **LA** - Limited Access **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 #
*		<i>adult aspirin regimen</i>	2
*sodium phosphates - enema***	88	ADVAIR HFA AER 45/21	113
3		ADVAIR HFA AER 115/21	113
<i>3 day vaginal</i>	90	ADVAIR HFA AER 230/21	113
A		<i>afirmelle</i>	68
<i>abacavir sulfate</i>	12	AIMOVIG	59
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13	AKEEGA TAB 50/500MG	22
ABELCET	10	AKEEGA TAB 100/500	22
ABILIFY MAINTENA	49	<i>ala-cort</i>	115
<i>abiraterone acetate</i>	22	<i>albendazole</i>	8
ABRYSVO	97	<i>albuterol sulfate</i>	108, 109
<i>acamprosate calcium</i>	61	<i>alclometasone dipropionate</i>	115
<i>acarbose</i>	64	ALDURAZYME	77
<i>accutane</i>	114	ALECENSA	24
<i>acebutolol hcl</i>	41	<i>alendronate sodium</i>	68
<i>acetaminophen</i>	2	<i>alfuzosin hcl</i>	89
<i>acetaminophen extra stren</i>	2	<i>aliskiren fumarate</i>	43
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	6	<i>all day allergy</i>	106
<i>acetaminophen w/ codeine tab 300-15 mg</i> ..	6	<i>all day allergy childrens</i>	106
<i>acetaminophen w/ codeine tab 300-30 mg</i> ..	6	<i>all day pain relief</i>	4
<i>acetaminophen w/ codeine tab 300-60 mg</i> ..	6	<i>all day relief</i>	4
<i>acetazolamide</i>	43	<i>allergy childrens</i>	106
<i>acetic acid</i>	90	<i>allergy relief</i>	106
<i>acetic acid (otic)</i>	105	<i>allergy relief childrens</i>	106
<i>acetylcysteine</i>	111	<i>allergy relief/indoor/out</i>	106
<i>acid gone</i>	80	<i>allopurinol</i>	2
<i>acid reducer</i>	84	<i>almacone double strength</i>	80
<i>acid reducer original str</i>	84	<i>alosetron hcl</i>	88
<i>acitretin</i>	115	<i>alprazolam</i>	45
ACTHIB INJ	97	ALREX	104
ACTIMMUNE	96	<i>altavera</i>	68
<i>acyclovir</i>	15	ALUMINUM HYDROXIDE	80
<i>acyclovir sodium</i>	15	ALUNBRIG	25
ADACEL INJ	97	ALUNBRIG PAK	25
ADALIMUMAB-AACF (2 PEN)	93	ALVAIZ	92
<i>adefovir dipivoxil</i>	15	ALVESCO	113
ADEMPAS	44	<i>alyacen 1/35</i>	68
ADMELOG	66	<i>alyacen 7/7/7</i>	69
ADMELOG SOLOSTAR	66	ALYGLO	96
		<i>amantadine hcl</i>	48
		<i>ambrisentan</i>	44
		<i>amethia</i>	69
		<i>amikacin sulfate</i>	8
		<i>amiloride hcl</i>	43

Drug Name	Page #	Drug Name	Page #
<i>amiloride & hydrochlorothiazide tab</i>		<i>amoxicillin & k clavulanate for susp 600-</i>	
5-50 mg	43	42.9 mg/5ml	18
<i>amiodarone hcl</i>	39	<i>amoxicillin & k clavulanate tab 250-125 mg</i> ..	18
<i>amitriptyline hcl</i>	46	<i>amoxicillin & k clavulanate tab 500-125 mg</i> ..	18
<i>amlodipine besylate</i>	42	<i>amoxicillin & k clavulanate tab 875-125 mg</i> ..	18
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate tab er 12hr</i>	
2.5-10 mg	34	1000-62.5 mg	18
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap er</i>	
5-10 mg	34	24hr 5 mg	57
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap er</i>	
5-20 mg	34	24hr 10 mg	57
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap er</i>	
5-40 mg	34	24hr 15 mg	57
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amphetamine-dextroamphetamine cap er</i>	
20 mg	34	24hr 20 mg	57
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amphetamine-dextroamphetamine cap er</i>	
40 mg	35	24hr 25 mg	57
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine cap er</i>	
medoxomil tab 5-20 mg	36	24hr 30 mg	57
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
medoxomil tab 5-40 mg	36	5 mg	57
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
medoxomil tab 10-20 mg	36	7.5 mg	57
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
medoxomil tab 10-40 mg	37	10 mg	57
<i>amlodipine besylate-valsartan tab</i>		<i>amphetamine-dextroamphetamine tab</i>	
5-160 mg	37	12.5 mg	57
<i>amlodipine besylate-valsartan tab</i>		<i>amphetamine-dextroamphetamine tab</i>	
5-320 mg	37	15 mg	57
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
160 mg	37	20 mg	57
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
320 mg	37	30 mg	57
<i>amnestem</i>	114	<i>amphotericin b</i>	10
<i>amoxapine</i>	46	<i>amphotericin b liposome</i>	10
<i>amoxicillin</i>	18	<i>ampicillin</i>	18
<i>amoxicillin & k clavulanate chew tab 200-</i>		<i>ampicillin sodium</i>	19
28.5 mg	18	<i>ampicillin & sulbactam sodium for inj 1.5</i>	
<i>amoxicillin & k clavulanate chew tab 400-</i>		(1-0.5) gm	19
57 mg	18	<i>ampicillin & sulbactam sodium for inj 3 (2-</i>	
<i>amoxicillin & k clavulanate for susp 200-</i>		1) gm	19
28.5 mg/5ml	18	<i>ampicillin & sulbactam sodium for iv soln</i>	
<i>amoxicillin & k clavulanate for susp 250-</i>		1.5 (1-0.5) gm	19
62.5 mg/5ml	18	<i>ampicillin & sulbactam sodium for iv soln 3</i>	
<i>amoxicillin & k clavulanate for susp 400-</i>		(2-1) gm	19
57 mg/5ml	18		

Drug Name	Page #	Drug Name	Page #
<i>ampicillin & sulbactam sodium for iv soln</i>		<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	11
15 (10-5) gm	19	<i>atovaquone-proguanil hcl tab 250-100 mg ...</i>	11
<i>anagrelide hcl</i>	92	ATROPINE SULFATE	105
<i>anastrozole</i>	22	<i>atropine sulfate (ophthalmic)</i>	105
ANORO ELLIPT AER 62.5-25	106	ATROVENT HFA	106
<i>antacid</i>	80	<i>aubra eq</i>	69
<i>antacid/antigas liquid</i>	80	AUGTYRO	25
<i>antacid calcium regular s</i>	80	<i>aurovela 1/20</i>	69
<i>antacid extra strength</i>	80	<i>aurovela 24 fe</i>	69
<i>antacid maximum strength</i>	80	<i>aurovela fe 1.5/30</i>	69
<i>antacid regular strength</i>	80	<i>aurovela fe 1/20</i>	69
<i>anti-diarrheal</i>	81	AUSTEDO	59
<i>anti-gas/ and gnp antacid</i>	80	AUSTEDO XR	59, 60
<i>anti-nausea</i>	82	AUSTEDO XR TAB TITR KIT	60
<i>aprepitant</i>	82	AUVELITY TAB 45-105MG	46
<i>aprepitant capsule therapy pack 80 &</i>		<i>aviane</i>	69
125 mg	82	<i>ayuna</i>	69
<i>apri</i>	69	AYVAKIT	25
APTIOM	52	<i>azacitidine</i>	21
APTIVUS	12	<i>azathioprine</i>	97
ARALAST NP	111	<i>azelastine hcl</i>	106
<i>aranelle</i>	69	<i>azelastine hcl (ophth)</i>	104
ARCALYST	96	<i>azithromycin</i>	17
AREXVY	97	<i>aztreonam</i>	8
<i>aripiprazole</i>	49	<i>azurette</i>	69
ARISTADA	49		
ARISTADA INITIO	49	B	
<i>armodafinil</i>	61	<i>bacitracin (ophthalmic)</i>	103
ARNUITY ELLIPTA	113	<i>bacitracin-polymyxin b ophth oint</i>	103
<i>asenapine maleate</i>	49	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
<i>ashlyna</i>	69	<i>oint 1%</i>	102
<i>aspirin</i>	2	<i>baclofen</i>	61
<i>aspirin adult low dose</i>	2	BAFIERTAM	60
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>balsalazide disodium</i>	84
200 mg	93	BALVERSA	25
<i>aspirin low dose</i>	2	<i>balziva</i>	69
<i>aspirin low strength</i>	2	<i>banophen</i>	106
<i>aspirin regimen</i>	2	BARACLUDGE	15
ASTAGRAF XL	97	BASAGLAR KWIKPEN	66
<i>atazanavir sulfate</i>	12	BCG VACCINE	97
<i>atenolol</i>	41	BD ALCOHOL SWABS	66
<i>atenolol & chlorthalidone tab 50-25 mg</i>	41	<i>benazepril hcl</i>	35
<i>atenolol & chlorthalidone tab 100-25 mg</i>	41	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atomoxetine hcl</i>	57, 58	5-6.25mg	35
<i>atorvastatin calcium</i>	40	<i>benazepril & hydrochlorothiazide tab 10-</i>	
<i>atovaquone</i>	8	12.5 mg	35

Drug Name	Page #	Drug Name	Page #
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	35	BOSULIF	25
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	35	BRAFTOVI	25
BENDEKA	20	BREO ELLIPTA INH 50-25MCG	113
BENLYSTA	97	BREO ELLIPTA INH 100-25	113
<i>benzoyl peroxide-erythromycin gel 5-3%</i> ...	114	BREO ELLIPTA INH 200-25	113
<i>benztropine mesylate</i>	48	BREZTRI AERO AER SPHERE	106
BERINERT	92	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	106
BESIVANCE	103	<i>briellyn</i>	69
BESREMI	23	BRILINTA	93
<i>betaine powder for oral solution</i>	77	<i>brimonidine tartrate</i>	104
<i>betamethasone dipropionate augmented</i> ...	115	<i>brinzolamide</i>	104
<i>betamethasone dipropionate (topical)</i>	115	BRIVIACT	52
<i>betamethasone valerate</i>	115	<i>bromfenac sodium (ophth)</i>	104
BETASERON	60	<i>bromocriptine mesylate</i>	48
<i>betaxolol hcl</i>	41	BROMSITE	104
<i>betaxolol hcl (ophth)</i>	104	BRONCHITOL	111
<i>bethanechol chloride</i>	90	BRUKINSA	25
BETOPTIC-S	104	<i>budesonide</i>	84
BEVESPI AER 9-4.8MCG	106	<i>budesonide (inhalation)</i>	113
<i>bexarotene</i>	23	<i>bumetanide</i>	43
<i>bexarotene (topical)</i>	116	<i>buprenorphine</i>	5
BEXSERO INJ	97	<i>buprenorphine hcl</i>	61
<i>bicalutamide</i>	22	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	62
BICILLIN L-A	19	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	62
BIKTARVY TAB 30-120-15 MG	13	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	62
BIKTARVY TAB 50-200-25 MG	13	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	62
<i>bisacodyl</i>	84	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	62
<i>bisacodyl ec</i>	84	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	62
<i>bismatrol</i>	81	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	62
<i>bismuth subsalicylate</i>	81	<i>bupropion hcl</i>	46
<i>bisoprolol fumarate</i>	41	<i>bupropion hcl (smoking deterrent)</i>	62
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	41	<i>buspirone hcl</i>	45
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	41	<i>butorphanol tartrate</i>	6
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	41	BYDUREON BCISE	64
BIVIGAM	96	BYETTA	64
<i>blisovi 24 fe</i>	69	C	
<i>blisovi fe 1.5/30</i>	69	<i>cabergoline</i>	77
BOOSTRIX INJ	98	CABOMETYX	25
<i>bortezomib</i>	25	<i>calcipotriene</i>	115
BORTEZOMIB	25		
<i>bosentan</i>	45		

Drug Name	Page #	Drug Name	Page #
<i>calcitonin (salmon) spray</i>	68	<i>carbidopa & levodopa tab 25-100 mg</i>	48
<i>calcitrene</i>	115	<i>carbidopa & levodopa tab 25-250 mg</i>	48
<i>calcitriol</i>	80	<i>carbidopa & levodopa tab er 25-100 mg</i>	48
<i>calcitriol (oral)</i>	80	<i>carbidopa & levodopa tab er 50-200 mg</i>	48
<i>calcium acetate (phosphate binder)</i>	78	<i>carb/levo orally disintegrating tab 10-</i>	
<i>calcium antacid</i>	80	<i>100mg</i>	48
<i>calcium antacid extra str</i>	80	<i>carb/levo orally disintegrating tab 25-</i>	
<i>calcium carbonate (antacid)</i>	80	<i>100mg</i>	48
<i>calcium polycarbophil</i>	85	<i>carb/levo orally disintegrating tab 25-</i>	
<i>cal-gest antacid</i>	80	<i>250mg</i>	48
CALQUENCE	25, 26	<i>carboplatin</i>	20
<i>camila</i>	69	<i>carglumic acid</i>	77
<i>camrese</i>	69	<i>carisoprodol</i>	61
<i>camrese lo</i>	69	<i>carteolol hcl (ophth)</i>	104
<i>candesartan cilexetil</i>	38	<i>cartia xt</i>	42
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carvedilol</i>	41
<i>tab 16-12.5 mg</i>	37	<i>caspofungin acetate</i>	10
<i>candesartan cilexetil-hydrochlorothiazide</i>		CAYSTON	8
<i>tab 32-12.5 mg</i>	37	<i>cefactor</i>	16
<i>candesartan cilexetil-hydrochlorothiazide</i>		CEFACTOR ER	16
<i>tab 32-25 mg</i>	37	<i>cefadroxil</i>	16
CAPLYTA	49	CEFAZOLIN	16
CAPRELSA	26	CEFAZOLIN INJ 1GM/50ML	16
<i>captopril</i>	36	<i>cefazolin sodium</i>	16
<i>captopril & hydrochlorothiazide tab 25-</i>		CEFAZOLIN SOLN 2GM/100ML-4%	16
<i>15 mg</i>	35	<i>cefdinir</i>	16
<i>captopril & hydrochlorothiazide tab 25-</i>		<i>cefepime hcl</i>	16
<i>25 mg</i>	35	<i>cefixime</i>	16
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefoxitin sodium</i>	16
<i>15 mg</i>	35	<i>cefpodoxime proxetil</i>	16
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefprozil</i>	17
<i>25 mg</i>	35	<i>ceftazidime</i>	17
<i>carbamazepine</i>	52	<i>ceftriaxone sodium</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefuroxime axetil</i>	17
<i>12.5-50-200 mg</i>	48	<i>cefuroxime sodium</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>celecoxib</i>	4
<i>18.75-75-200 mg</i>	48	<i>cephalexin</i>	17
<i>carbidopa-levodopa-entacapone tabs 25-</i>		CERDELGA	77
<i>100-200 mg</i>	48	CEREZYME	77
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cetirizine hcl</i>	106
<i>31.25-125-200 mg</i>	48	<i>cetirizine hcl allergy ch</i>	107
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cetirizine hcl childrens</i>	107
<i>37.5-150-200 mg</i>	48	<i>cetirizine hydrochloride</i>	107
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>cevimeline hcl</i>	117
<i>200-200 mg</i>	48	<i>chateal eq</i>	69
<i>carbidopa & levodopa tab 10-100 mg</i>	48	CHEMET	68

Drug Name	Page #	Drug Name	Page #
<i>chest congestion relief</i>	109	CLINIMIX INJ 5%/D20W	102
<i>chest congestion relief d</i>	109	CLINIMIX INJ 6/5	102
<i>childrens acetaminophen</i>	2	CLINIMIX INJ 8/10	102
<i>childrens loratadine</i>	107	CLINIMIX INJ 8/14	102
<i>childrens silapap</i>	2	<i>clinisol sf 15%</i>	102
<i>chlorhexidine gluconate (mouth-throat)</i>	118	CLINOLIPID EMU 20%	102
<i>chloroquine phosphate</i>	11	<i>clobazam</i>	52
<i>chlorpromazine hcl</i>	49	<i>clobetasol propionate</i>	115, 116
<i>chlorthalidone</i>	43	<i>clobetasol propionate e</i>	116
<i>chocolated laxative regul</i>	85	<i>clomipramine hcl</i>	46
<i>cholestyramine</i>	40	<i>clonazepam</i>	52
<i>cholestyramine light</i>	40	<i>clonidine</i>	43
<i>ciclopirox olamine</i>	114	<i>clonidine hcl</i>	44
<i>cilostazol</i>	92	<i>clopidogrel bisulfate</i>	93
CILOXAN	103	<i>clorazepate dipotassium</i>	53
CIMDUO TAB 300-300	13	<i>clotrimazole</i>	118
<i>cinacalcet hcl</i>	77	<i>clotrimazole (topical)</i>	114
CIPRO	17	<i>clotrimazole vaginal</i>	90
<i>ciprofloxacin 200 mg/100ml in d5w</i>	17	<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	114
<i>ciprofloxacin 400 mg/200ml in d5w</i>	17	<i>clozapine</i>	49, 50
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	105	COARTEM TAB 20-120MG	11
<i>ciprofloxacin hcl</i>	18	<i>colace 2-in-1</i>	85
<i>ciprofloxacin hcl (ophth)</i>	103	COLACE CLEAR	85
<i>cisplatin</i>	20	<i>colchicine</i>	2
<i>citalopram hydrobromide</i>	46	<i>colchicine w/ probenecid tab 0.5-500 mg</i> ...	2
<i>claravis</i>	114	<i>colesevelam hcl</i>	40
<i>clarithromycin</i>	17	<i>colestipol hcl</i>	40
<i>clearlax</i>	85	<i>colistimethate sodium</i>	8
<i>clindamycin hcl</i>	8	COMBIGAN SOL 0.2/0.5%	104
<i>clindamycin palmitate hydrochloride</i>	8	COMBIVENT AER 20-100	106
<i>clindamycin phosphate</i>	8	COMETRIQ (60MG DOSE)	26
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	8	COMETRIQ KIT 100MG	26
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	8	COMETRIQ KIT 140MG	26
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	8	COMPLERA TAB	13
<i>clindamycin phosphate (topical)</i>	114	<i>complete allergy medicine</i>	107
<i>clindamycin phosphate vaginal</i>	90	<i>compro</i>	82
CLINDMYC/NAC INJ 300/50ML	8	<i>constulose</i>	85
CLINDMYC/NAC INJ 600/50ML	8	COPIKTRA	26
CLINDMYC/NAC INJ 900/50ML	8	CORLANOR	44
CLINIMIX INJ 4.25/D5W	101	COTELLIC	26
CLINIMIX INJ 4.25/D10	101	CREON CAP 3000UNIT	89
CLINIMIX INJ 5%/D15W	101	CREON CAP 6000UNIT	89
		CREON CAP 12000UNT	89
		CREON CAP 24000UNT	89
		CREON CAP 36000UNT	89

Drug Name	Page #	Drug Name	Page #
<i>cromolyn sodium</i>	111	<i>desmopressin acetate spray</i>	77
<i>cromolyn sodium (mastocytosis)</i>	88	<i>desmopressin acetate spray refrigerated</i>	77
<i>cromolyn sodium (ophth)</i>	104	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>cryselle-28</i>	69	<i>0.02/0.01 mg(21/5)</i>	69
<i>cvs pinworm treatment</i>	9	<i>desogestrel & ethinyl estradiol tab</i>	
<i>cyclobenzaprine hcl</i>	61	<i>0.15 mg-30 mcg</i>	69
<i>cyclophosphamide</i>	20	<i>desvenlafaxine succinate</i>	46
CYCLOPHOSPHAMIDE	20	<i>dexamethasone</i>	76
CYCLOPHOSPHAMIDE MONOHYDR	20	DEXAMETHASONE INTENSOL	76
<i>cycloserine</i>	14	<i>dexamethasone sodium phosphate</i>	76
<i>cyclosporine</i>	97	<i>dexamethasone sodium phosphate (ophth)</i>	
<i>cyclosporine modified (for microemulsion)</i> .	97	104	
<i>cyproheptadine hcl</i>	107	<i>dexmethylphenidate hcl</i>	58
<i>cyred eq</i>	69	<i>dextromethorphan-guaifenesin syrup 10-</i>	
CYSTADROPS	105	<i>100 mg/5ml</i>	109
CYSTAGON	77	<i>dextrose</i>	102
CYSTARAN	105	<i>dextrose 2.5% w/ sodium chloride 0.45%</i> ..	99
<i>cytarabine</i>	21	<i>dextrose 5% in lactated ringers</i>	99
D		<i>dextrose 5% w/ sodium chloride 0.2%</i>	99
D2.5W/NAACL INJ 0.45%	99	<i>dextrose 5% w/ sodium chloride 0.3%</i>	99
D5W/LYTES INJ #48	99	<i>dextrose 5% w/ sodium chloride 0.9%</i>	99
D10W/NAACL INJ 0.2%	99	<i>dextrose 5% w/ sodium chloride 0.45%</i>	99
<i>dalfampridine</i>	60	<i>dextrose 5% w/ sodium chloride 0.225%</i> ...	99
<i>danazol</i>	75	<i>dextrose 10% w/ sodium chloride 0.45%</i> ...	99
<i>dantrolene sodium</i>	61	DIACOMIT	53
<i>dapsone</i>	9	<i>diazepam</i>	53
DAPTACEL INJ	98	<i>diazepam (anticonvulsant)</i>	53
<i>daptomycin</i>	9	<i>diazepam inj</i>	53
DAPTOMYCIN	9	<i>diazepam intensol</i>	53
<i>darunavir</i>	12	<i>diazoxide</i>	76
<i>dasetta 1/35</i>	69	<i>diclofenac potassium</i>	4
<i>dasetta 7/7/7</i>	69	<i>diclofenac sodium</i>	4
DAURISMO	26	<i>diclofenac sodium (ophth)</i>	104
<i>daysee</i>	69	<i>diclofenac sodium (topical)</i>	117
DAYVIGO	58	<i>dicloxacillin sodium</i>	19
<i>deblitane</i>	69	<i>dicyclomine hcl</i>	83
<i>deferasirox</i>	68	DIFICID	17
DELSTRIGO TAB	13	<i>diflunisal</i>	4
DENGVAXIA SUS	98	<i>digoxin</i>	44
DEPO-SUBQ PROVERA 104	69	<i>dihydroergotamine mesylate</i>	59
<i>depo-testosterone</i>	63	DILANTIN	53
DESCOVY TAB 120-15MG	13	DILANTIN-125	53
DESCOVY TAB 200/25MG	13	DILANTIN INFATABS	53
<i>desipramine hcl</i>	46	<i>diltiazem hcl</i>	42
<i>desmopressin acetate</i>	77	<i>diltiazem hcl coated beads</i>	42
		<i>diltiazem hcl extended release beads</i>	42

Drug Name	Page #	Drug Name	Page #
<i>dilt-xr</i>	42	<i>droxidopa</i>	44
<i>diphenhydramine hcl</i>	107	DULERA AER 50-5MCG	113
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	88	DULERA AER 100-5MCG	113
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	88	DULERA AER 200-5MCG	113
DIP/TET PED INJ 25-5LFU	98	<i>duloxetine hcl</i>	46
<i>dipyridamole</i>	93	DUPIXENT	93
<i>disopyramide phosphate</i>	39	<i>dutasteride</i>	89
<i>disulfiram</i>	62	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	89
<i>divalproex sodium</i>	53	E	
<i>docetaxel</i>	24	<i>ec-naproxen</i>	4, 5
DOCETAXEL	24	<i>econtra ez</i>	70
<i>docusate calcium</i>	85	<i>econtra one-step</i>	70
<i>docusate mini</i>	85	<i>ed-apap</i>	2
<i>docusate sodium</i>	85	EDURANT	12
DOCUSOL KIDS	85	<i>e.e.s. 400</i>	17
<i>docusol mini</i>	85	<i>efavirenz</i>	12
<i>docusol plus mini-enema</i>	85	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>dofetilide</i>	39	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>dok</i>	85	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>donepezil hydrochloride</i>	45	ELIGARD	22
DOPTLET	92	<i>elinest</i>	70
<i>dorzolamide hcl</i>	104	ELIQUIS	91
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	104	ELIQUIS STARTER PACK	91
<i>dotti</i>	75	ELLENCE	21
DOVATO TAB 50-300MG	13	<i>eluryng</i>	70
<i>doxazosin mesylate</i>	36	EMSAM	46
<i>doxepin hcl</i>	46	<i>emtricitabine</i>	12
<i>doxepin hcl (sleep)</i>	58	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>doxorubicin hcl</i>	21	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
<i>doxorubicin hcl liposomal</i>	21	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>doxy 100</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
<i>doxycycline hyclate</i>	20	EMTRIVA	12
<i>doxycycline (monohydrate)</i>	20	EMVERM	9
<i>driminate</i>	82	<i>emzahh</i>	70
DRIZALMA SPRINKLE	46	<i>enalapril maleate</i>	36
<i>dronabinol</i>	82	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	35
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	70		
<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i>	70		
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	70		
DROXIA	92		

Drug Name	Page #	Drug Name	Page #
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin base</i>	17
<i>tab 10-25 mg</i>	35	<i>erythromycin ethylsuccinate</i>	17
ENBREL	93	<i>erythromycin lactobionate</i>	17
ENBREL MINI	93	<i>erythromycin (ophth)</i>	103
ENBREL SURECLICK	93	<i>escitalopram oxalate</i>	47
ENDARI	92	<i>esomeprazole magnesium</i>	89
<i>endocet tab 2.5-325mg</i>	6	<i>estarylla</i>	70
<i>endocet tab 5-325mg</i>	6	<i>estradiol</i>	75
<i>endocet tab 7.5-325mg</i>	6	<i>estradiol & norethindrone acetate tab 0.5-</i>	
<i>endocet tab 10-325mg</i>	6	<i>0.1 mg</i>	75
<i>enema ready-to-use</i>	85	<i>estradiol & norethindrone acetate tab</i>	
<i>enemeez mini</i>	85	<i>1-0.5 mg</i>	75
<i>enemeez plus</i>	85	<i>estradiol vaginal</i>	75
ENGERIX-B	98	<i>estradiol valerate</i>	75
<i>enilloring</i>	70	<i>eszopiclone</i>	58
<i>enoxaparin sodium</i>	91	<i>ethambutol hcl</i>	14
<i>enpresse-28</i>	70	<i>ethosuximide</i>	54
<i>enskyce</i>	70	<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
ENSTILAR AER	116	<i>1 mg-35 mcg</i>	70
<i>entacapone</i>	48	<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
<i>entecavir</i>	15	<i>1 mg-50 mcg</i>	70
ENTRESTO TAB 24-26MG	37	<i>etodolac</i>	5
ENTRESTO TAB 49-51MG	37	<i>etonogestrel-ethinyl estradiol va ring 0.12-</i>	
ENTRESTO TAB 97-103MG	37	<i>0.015 mg/24hr</i>	70
<i>enulose</i>	85	<i>etoposide</i>	24
EPCLUSA PAK 150-37.5	15	<i>etravirine</i>	12
EPCLUSA PAK 200-50MG	15	EULEXIN	22
EPCLUSA TAB 200-50MG	15	<i>euthyrox</i>	79
EPCLUSA TAB 400-100	15	<i>everolimus</i>	26
EPIDIOLEX	53	<i>everolimus (immunosuppressant)</i>	97
<i>epinephrine (anaphylaxis)</i>	44, 111	EVOTAZ TAB 300-150	14
<i>epitol</i>	53	<i>exemestane</i>	22
<i>eplerenone</i>	36	EYSUVIS	104
EPRONTIA	53	<i>ezetimibe</i>	40
<i>ergocalciferol</i>	102	<i>ezetimibe-simvastatin tab 10-10 mg</i>	40
<i>ergotamine w/ caffeine tab 1-100 mg</i>	59	<i>ezetimibe-simvastatin tab 10-20 mg</i>	40
ERIVEDGE	26	<i>ezetimibe-simvastatin tab 10-40 mg</i>	40
ERLEADA	22	<i>ezetimibe-simvastatin tab 10-80 mg</i>	40
<i>erlotinib hcl</i>	26		
<i>errin</i>	70	F	
<i>ertapenem sodium</i>	9	FABRAZYME	77
<i>ery</i>	114	<i>falmina</i>	70
<i>ery-tab</i>	17	<i>famciclovir</i>	15
ERYTHROCIN LACTOBIONATE	17	<i>famotidine</i>	84
<i>erythrocin stearate</i>	17	<i>famotidine in nacl 0.9% iv soln</i>	
<i>erythromycin (acne aid)</i>	114	<i>20 mg/50ml</i>	84

Drug Name	Page #	Drug Name	Page #
<i>famotidine original stren</i>	84	<i>fluoxetine hcl</i>	47
FANAPT	50	<i>fluphenazine decanoate</i>	50
FANAPT PAK	50	<i>fluphenazine hcl</i>	50
FARXIGA	64	<i>flurbiprofen</i>	5
FASENRA	111	<i>flurbiprofen sodium</i>	104
FASENRA PEN	111	<i>fluticasone propionate</i>	116
<i>felbamate</i>	54	<i>fluticasone propionate (nasal)</i>	113
<i>felodipine</i>	42	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	113
<i>fenofibrate</i>	39	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	113
<i>fenofibrate micronized</i>	40	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	113
<i>fentanyl</i>	6	<i>fluvoxamine maleate</i>	45
<i>fentanyl citrate</i>	6, 7	<i>fondaparinux sodium</i>	91
FETZIMA	47	<i>fosamprenavir calcium</i>	12
FETZIMA CAP TITRATIO	47	<i>fosinopril sodium</i>	36
<i>feverall childrens</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	35
FEVERALL INFANTS	2	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	35
FEVERALL JUNIOR STRENGTH	2	FOTIVDA	27
FIASP	66	FRUZAQLA	27
FIASP FLEXTOUCH	66	<i>fulvestrant</i>	22
FIASP PENFILL	66	<i>furosemide</i>	43
FIASP PUMPCART	66	<i>furosemide inj</i>	43
<i>fiber-lax</i>	85	FUZEON	12
<i>fiber laxative</i>	85	<i>fyavolv tab 0.5mg-2.5mcg</i>	75
<i>finasteride</i>	89	<i>fyavolv tab 1mg-5mcg</i>	75
<i>ingolimod hcl</i>	60	FYCOMPA	54
FINTEPLA	54	G	
<i>finzala</i>	70	<i>gabapentin</i>	54
FIRMAGON	22	<i>galantamine hydrobromide</i>	45
<i>flac</i>	105	GAMASTAN INJ	96
FLAREX	104	GAMMAGARD LIQUID	96
FLEBOGAMMA DIF	96	GAMMAGARD S/D IGA LESS TH	96
<i>flecainide acetate</i>	39	GAMMAKED	96
FLEET ENE PED	85	GAMMAPLEX	96
<i>fluconazole</i>	11	GAMUNEX-C	96
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> ..	11	<i>ganciclovir sodium</i>	15
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .	11	GARDASIL 9 INJ	98
<i>flucytosine</i>	11	<i>gatifloxacin (ophth)</i>	103
<i>fludrocortisone acetate</i>	76	GATTEX	88
<i>flunisolide (nasal)</i>	113	GAUZE PADS 2	66
<i>fluocinolone acetonide</i>	116	<i>gavilax</i>	85
<i>fluocinolone acetonide (otic)</i>	105		
<i>fluocinonide</i>	116		
<i>fluocinonide emulsified base</i>	116		
<i>fluorometholone (ophth)</i>	104		
<i>fluorouracil</i>	21		
<i>fluorouracil (topical)</i>	117		

Drug Name	Page #	Drug Name	Page #
<i>gavilyte-c</i>	85	<i>gnp antacid</i>	80
<i>gavilyte-g</i>	85	and anti-gas/ 80	
GAVRETO	27	<i>gnp antacid anti-gas/maxi</i>	80
<i>gefitinib</i>	27	<i>gnp antacid & anti-gas/re</i>	80
<i>gemcitabine hcl</i>	21	<i>gnp antacid extra strengt</i>	81
<i>gemfibrozil</i>	40	<i>gnp antacid/regular stren</i>	81
GEMTESA	90	<i>gnp anti-diarrheal</i>	81
<i>generlac</i>	85	<i>gnp aspirin</i>	2
<i>gengraf</i>	97	<i>gnp aspirin low dose</i>	3
GENOTROPIN	77	<i>gnp childrens allergy</i>	107
GENOTROPIN MINIQUICK	77	<i>gnp clearlax</i>	85
<i>gentamicin in saline inj 0.8 mg/ml</i>	9	<i>gnp clotrimazole 3</i>	90
<i>gentamicin in saline inj 1.2 mg/ml</i>	9	<i>gnp fiber therapy</i>	85
<i>gentamicin in saline inj 1.6 mg/ml</i>	9	<i>gnp gentle laxative</i>	85
<i>gentamicin in saline inj 1 mg/ml</i>	9	<i>gnp headache relief extra</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	9	<i>gnp ibuprofen</i>	5
<i>gentamicin sulfate</i>	9	<i>gnp infants pain/fever</i>	3
<i>gentamicin sulfate (ophth)</i>	103	<i>gnp loperamide hydrochlor</i>	82
<i>gentamicin sulfate (topical)</i>	114	<i>gnp loratadine</i>	107
<i>gentle laxative</i>	85	<i>gnp loratadine childrens</i>	107
GENVOYA TAB	14	<i>gnp miconazole 1 combinat</i>	90
GILOTRIF	27	<i>gnp miconazole 3</i>	90
<i>glatiramer acetate</i>	60	<i>gnp miconazole 7</i>	90
<i>glatopa</i>	60	<i>gnp migraine relief</i>	3
GLEOSTINE	20	<i>gnp milk of magnesia</i>	86
<i>glimepiride</i>	64	<i>gnp motion sickness relie</i>	82
<i>glipizide</i>	64	<i>gnp mucus dm maximum stre</i>	109
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	64	<i>gnp mucus er</i>	109
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	64	<i>gnp mucus relief er maxim</i>	109
<i>glipizide-metformin hcl tab 5-500 mg</i>	64	<i>gnp naproxen</i>	5
<i>glipizide xl</i>	64	<i>gnp nasal decongestant</i>	109
<i>glycerin childrens</i>	85	<i>gnp nasal decongestant/ma</i>	109
<i>glycerin (laxative)</i>	85	<i>gnp natural fiber</i>	86
<i>glycopyrrolate</i>	83, 84	<i>gnp nausea relief</i>	83
<i>glydo</i>	116	<i>gnp nicotine gum</i>	62
GLYXAMBI TAB 10-5 MG	64	<i>gnp nicotine mini lozenge</i>	62
GLYXAMBI TAB 25-5 MG	64	<i>gnp nicotine polacrilex</i>	62
<i>gnp acetaminophen</i>	2	<i>gnp nicotine polacrilex m</i>	62
<i>gnp acid reducer</i>	84	<i>gnp nicotine transdermal</i>	62
<i>gnp adult aspirin low str</i>	2	<i>gnp pain & fever children</i>	3
<i>gnp all day allergy</i>	107	<i>gnp pain & fever infants</i>	3
<i>gnp all day allergy child</i>	107	<i>gnp pain relief</i>	3
<i>gnp all day allergy relie</i>	107	<i>gnp pain relief extra str</i>	3
<i>gnp allergy</i>	107	<i>gnp pink bismuth</i>	82
<i>gnp allergy relief</i>	107	<i>gnp senna lax</i>	86
<i>gnp allergy relief maximu</i>	107		

Drug Name	Page #	Drug Name	Page #
<i>gnp senna plus</i>	86	HARVONI PAK 45-200MG	15
<i>gnp stomach relief</i>	82	HARVONI TAB 45-200MG	15
<i>gnp stool softener</i>	86	HARVONI TAB 90-400MG	15
<i>gnp stool softener/stimul</i>	86	HAVRIX	98
<i>gnp tussin dm cough</i>	109	<i>headache relief</i>	3
<i>gnp tussin mucus & chest</i>	109	<i>headache relief/extra str</i>	3
<i>gnp womens gentle laxativ</i>	86	<i>healthylax</i>	86
<i>goodsense all day allergy</i>	107	<i>heartburn relief</i>	84
<i>goodsense allergy relief</i>	107	<i>heartburn relief extra st</i>	81
<i>goodsense anti-diarrheal</i>	82	<i>heather</i>	70
<i>goodsense aspirin</i>	3	HEPARIN/NACL INJ 25000UNT	91
<i>goodsense aspirin adults</i>	3	<i>heparin sodium (porcine)</i>	91
<i>goodsense clearlax</i>	86	HEPLISAV-B	98
<i>goodsense ibuprofen</i>	5	HEP SOD/D5W INJ 20000UNT	91
<i>goodsense migraine formul</i>	3	HEP SOD/D5W INJ 25000UNT	91
<i>goodsense mucus dm</i>	109	HEP SOD/NAACL INJ 12500UNT	91
<i>goodsense mucus er</i>	109	HEP SOD/NAACL INJ 25000UNT	91
<i>goodsense mucus er maximu</i>	109	HERCEP HYLEC SOL 60-10000	27
<i>goodsense naproxen sodium</i>	5	HERCEPTIN	27
<i>goodsense nicotine</i>	62	HERZUMA	27
<i>goodsense nicotine gum</i>	62	HIBERIX	98
<i>goodsense nicotine polacr</i>	62	<i>hm adult aspirin</i>	3
<i>goodsense pain & fever ch</i>	3	<i>hm all day allergy</i>	107
<i>goodsense pain & fever in</i>	3	<i>hm all day allergy childr</i>	107
<i>goodsense pain relief</i>	3	<i>hm allergy relief</i>	107
<i>goodsense pain relief ext</i>	3	<i>hm antacid</i>	81
<i>granisetron hcl</i>	83	<i>hm antacid anti-gas extra</i>	81
<i>griseofulvin microsize</i>	11	<i>hm antacid extra strength</i>	81
<i>griseofulvin ultramicrosize</i>	11	<i>hm aspirin</i>	3
<i>guaifenesin</i>	109	<i>hm aspirin ec low dose</i>	3
<i>guanfacine hcl</i>	44	<i>hm cetirizine hydrochlori</i>	107
<i>guanfacine hcl (adhd)</i>	58	<i>hm clearlax</i>	86
GVOKE HYPOPEN 2-PACK	76	<i>hm enema saline laxative</i>	86
GVOKE KIT	76	<i>hm gentle laxative</i>	86
GVOKE PFS	77	<i>hm ibuprofen</i>	5
H		<i>hm laxative</i>	86
HAEGARDA	92	<i>hm loratadine</i>	107
<i>hailey 1.5/30</i>	70	<i>hm milk of magnesia</i>	86
<i>hailey 24 fe</i>	70	<i>hm motion sickness</i>	83
<i>halobetasol propionate</i>	116	<i>hm mucus relief dm</i>	109
<i>haloette</i>	70	<i>hm nicotine polacrilex</i>	62
<i>haloperidol</i>	50	<i>hm nicotine transdermal s</i>	62
<i>haloperidol decanoate</i>	50	<i>hm pain reliever</i>	3
<i>haloperidol lactate</i>	50	<i>hm senna</i>	86
HARVONI PAK 33.75-150MG	15	<i>hm stool softener</i>	86
		<i>hm stool softener/stimula</i>	86

Drug Name	Page #	Drug Name	Page #
HUMIRA	94	<i>imipenem-cilastatin intravenous for soln</i>	
HUMIRA PEN	94	500 mg	9
HUMIRA PEN-CD/UC/HS START	94	<i>imipramine hcl</i>	47
HUMIRA PEN KIT PS/UV	94	<i>imiquimod</i>	117
HUMIRA PEN-PEDIATRIC UC S	94	IMOVAX RABIES (H.D.C.V.)	98
HUMULIN R U-500 (CONCENTR	66	INBRIJA	49
HUMULIN R U-500 KWIKPEN	66	<i>incassia</i>	70
<i>hydralazine hcl</i>	44	INCRELEX	77
<i>hydrochlorothiazide</i>	43	INCRUSE ELLIPTA	106
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>indapamide</i>	43
325 mg/15ml	7	INFANRIX INJ	98
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	7	INFLIXIMAB	94
<i>hydrocodone-acetaminophen tab 7.5-</i>		INLYTA	28
325 mg	7	INQOVI TAB 35-100MG	21
<i>hydrocodone-acetaminophen tab 10-</i>		INREBIC	28
325 mg	7	INSULIN PEN NEEDLES\ BD/NOVO	66
<i>hydrocodone bitartrate</i>	6	INSULIN SAFETY NEEDLES	66
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7	INSULIN SYRINGES\ BD	66
<i>hydrocortisone</i>	76	INTELENCE	12
<i>hydrocortisone (intrarectal)</i>	84	INTRALIPID	102
<i>hydrocortisone (rectal)</i>	117	<i>introvale</i>	70
<i>hydrocortisone (topical)</i>	116	INVEGA HAFYERA	50
<i>hydromorphone hcl</i>	7	INVEGA SUSTENNA	50
<i>hydroxychloroquine sulfate</i>	95	INVEGA TRINZA	50
<i>hydroxyurea</i>	23	IPOL INJ INACTIVE	98
<i>hydroxyzine hcl</i>	108	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>hydroxyzine pamoate</i>	108	mg/3ml	106
HYSINGLA ER	6	<i>ipratropium bromide</i>	106
I		<i>ipratropium bromide (nasal)</i>	106
<i>ibandronate sodium</i>	68	<i>irbesartan</i>	39
IBRANCE	27	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
<i>ibu</i>	5	12.5 mg	37
<i>ibuprofen</i>	5	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
<i>icatibant acetate</i>	92	12.5 mg	37
<i>iclevia</i>	70	<i>irinotecan hcl</i>	24
ICLUSIG	27	ISENTRESS	12
IDACIO (2 PEN)	94	ISENTRESS HD	12
IDACIO (2 SYRINGE)	94	<i>isibloom</i>	70
IDACIO CROHN INJ DISEASE	94	ISOLYTE-P INJ /D5W	99
IDACIO PLAQU INJ PSORIASIS	94	ISOLYTE-S INJ	99
IDHIFA	27	ISOLYTE-S INJ PH 7.4	99
<i>imatinib mesylate</i>	27	<i>isoniazid</i>	14
IMBRUVICA	27	<i>isosorbide dinitrate</i>	44
<i>imipenem-cilastatin intravenous for soln</i>		<i>isosorbide mononitrate</i>	44
250 mg	9	<i>isotretinoin</i>	114
		<i>isradipine</i>	42

Drug Name	Page #	Drug Name	Page #
<i>itraconazole</i>	11	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i>	
<i>ivermectin</i>	9	<i>0.9% inj</i>	100
IWILFIN	24	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i>	
IXCHIQ INJ	98	<i>0.45% inj</i>	100
IXIARO INJ	98	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	100
J		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	100
JAKAFI	28	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	100
<i>jantoven</i>	91	<i>kcl 30 meq/l (0.224%) in dextrose 5% &</i>	
JANUMET TAB 50-500MG	64	<i>nacl 0.45% inj</i>	100
JANUMET TAB 50-1000	64	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i>	
JANUMET XR TAB 50-500MG	64	<i>0.9% inj</i>	100
JANUMET XR TAB 50-1000	64	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl</i>	
JANUMET XR TAB 100-1000	64	<i>0.45% inj</i>	100
JANUVIA	64	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	100
JARDIANCE	64	KCL/D5W/NACL INJ 0.3/0.9%	100
<i>jasmiel</i>	70	<i>kelnor 1/35</i>	71
<i>javygtor</i>	77	<i>kelnor 1/50</i>	71
JAYPIRCA	28	KERENDIA	36
JENTADUETO TAB 2.5-500	64	KESIMPTA	61
JENTADUETO TAB 2.5-850	64	<i>ketoconazole</i>	11
JENTADUETO TAB 2.5-1000	64	<i>ketoconazole (topical)</i>	115
JENTADUETO TAB XR 2.5-1000MG	64	<i>ketorolac tromethamine (ophth)</i>	104
JENTADUETO TAB XR 5-1000MG	64	KEVZARA	94
<i>jinteli</i>	75	KEYTRUDA	28
<i>jolessa</i>	70	KINRIX INJ	98
<i>juleber</i>	71	<i>kionex</i>	68
JULUCA TAB 50-25MG	14	KISQALI 200 DOSE	28
<i>junel 1.5/30</i>	71	KISQALI 200 PAK FEMARA	24
<i>junel 1/20</i>	71	KISQALI 400 DOSE	28
<i>junel fe 1.5/30</i>	71	KISQALI 400 PAK FEMARA	24
<i>junel fe 1/20</i>	71	KISQALI 600 DOSE	28
JYLAMVO	95	KISQALI 600 PAK FEMARA	24
JYNNEOS	98	<i>klayesta</i>	115
K		<i>klor-con</i>	101
KADCYLA	28	<i>klor-con 8</i>	101
<i>kaitlib fe</i>	71	<i>klor-con 10</i>	101
KALYDECO	111	<i>klor-con m10</i>	101
KANJINTI	28	<i>klor-con m15</i>	101
<i>kariva</i>	71	<i>klor-con m20</i>	101
<i>kcl 10 meq/l (0.075%) in dextrose 5% &</i>		KORLYM	77
<i>nacl 0.45% inj</i>	100	KOSELUGO	28
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl</i>		<i>kourzeq</i>	118
<i>0.2% inj</i>	100	KRAZATI	28
		<i>kurvelo</i>	71

Drug Name	Page #
L	
<i>labetalol hcl</i>	41
<i>lacosamide</i>	54
<i>lacosamide oral</i>	54
<i>lactated ringer's solution</i>	100
<i>lactic acid (ammonium lactate)</i>	117
<i>lactulose</i>	86
<i>lactulose (encephalopathy)</i>	86
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>lamotrigine</i>	54
<i>lanreotide acetate</i>	77
<i>lansoprazole</i>	89
<i>lanthanum carbonate</i>	79
LANTUS	66
LANTUS SOLOSTAR	66
<i>lapatinib ditosylate</i>	28
<i>larin 1.5/30</i>	71
<i>larin 1/20</i>	71
<i>larin 24 fe</i>	71
<i>larin fe 1.5/30</i>	71
<i>larin fe 1/20</i>	71
<i>latanoprost</i>	105
<i>laxative maximum strength</i>	86
<i>laxative regular strength</i>	86
<i>layolis fe</i>	71
<i>leena</i>	71
<i>leflunomide</i>	96
<i>lenalidomide</i>	23
LENVIMA 4 MG DAILY DOSE	28
LENVIMA 8 MG DAILY DOSE	28
LENVIMA 10 MG DAILY DOSE	28
LENVIMA 12MG DAILY DOSE	29
LENVIMA 20 MG DAILY DOSE	29
LENVIMA CAP 14 MG	29
LENVIMA CAP 18 MG	29
LENVIMA CAP 24 MG	29
<i>lessina</i>	71
<i>letrozole</i>	22
<i>leucovorin calcium</i>	34
LEUKERAN	21
<i>leuprolide acetate</i>	22
<i>levalbuterol hcl</i>	109
<i>levalbuterol tartrate</i>	109

Drug Name	Page #
<i>levetiracetam</i>	54
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	54
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	54
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	54
<i>levobunolol hcl</i>	105
<i>levocarnitine (metabolic modifiers)</i>	77
<i>levocetirizine dihydrochloride</i>	108
<i>levofloxacin</i>	18
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	18
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	18
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	18
<i>levonest</i>	71
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg & eth est 0.01 mg</i>	71
<i>levonorgestrel (emergency oc)</i>	71
<i>levonorgestrel-eth estra tab</i> <i>0.05-30/0.075-40/0.125-30mg-mcg</i>	72
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	71
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	71
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	71
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	71
<i>levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	71
<i>levora 0.15/30-28</i>	72
<i>levo-t</i>	79
<i>levothyroxine sodium</i>	79
<i>levoxyl</i>	79
LEXIVA	12
<i>l-glutamine (sickle cell)</i>	92
LIBERVANT	55
<i>lidocaine</i>	116
<i>lidocaine hcl</i>	116
<i>lidocaine hcl (local anesth.)</i>	8
<i>lidocaine hcl (mouth-throat)</i>	118
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	116
<i>lidocan</i>	116
<i>linezolid</i>	9
LINEZOLID INJ 2MG/ML	9
LINZESS	88

Drug Name	Page #	Drug Name	Page #
<i>liothyronine sodium</i>	79	LUPRON DEPOT-PED (1-MONTH)	77
<i>liquid acetaminophen</i>	3	LUPRON DEPOT-PED (3-MONTH)	78
<i>lisinopril</i>	36	LUPRON DEPOT-PED (6-MONTH)	78
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	35	<i>lurasidone hcl</i>	50
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	35	<i>lutera</i>	72
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	35	<i>lyleq</i>	72
<i>lithium</i>	60	<i>lyllana</i>	75
<i>lithium carbonate</i>	60	LYNPARZA	29
<i>loestrin 1.5/30-21</i>	72	LYSODREN	22
<i>loestrin 1/20-21</i>	72	LYTGOBI (12 MG DAILY DOSE)	29
<i>loestrin fe 1.5/30</i>	72	LYTGOBI (16 MG DAILY DOSE)	29
<i>loestrin fe 1/20</i>	72	LYTGOBI (20 MG DAILY DOSE)	29
LOKELMA	68	<i>lyza</i>	72
LONSURF TAB 15-6.14	21	M	
LONSURF TAB 20-8.19	21	<i>mag-al plus</i>	81
<i>loperamide hcl</i>	82, 88	<i>mag-al plus xs</i>	81
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	14	<i>magnesium oxide</i>	81
<i>lopinavir-ritonavir tab 100-25 mg</i>	14	<i>magnesium sulfate</i>	100
<i>lopinavir-ritonavir tab 200-50 mg</i>	14	MAGNESIUM SULFATE	100
<i>loratadine</i>	108	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	100
<i>loratadine childrens</i>	108	<i>malathion</i>	117
<i>lorazepam</i>	45	<i>mapap childrens</i>	3
<i>lorazepam intensol</i>	45	<i>maraviroc</i>	12
LORBRENA	29	<i>marlissa</i>	72
<i>loryna</i>	72	MARPLAN	47
<i>losartan potassium</i>	39	MATULANE	24
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	37	MAVYRET PAK 50-20MG	15
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	37	MAVYRET TAB 100-40MG	15
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	37	<i>m-dryl</i>	108
LOTEMAX	104	<i>meclizine hcl</i>	83
<i>loteprednol etabonate</i>	104	<i>medroxyprogesterone acetate</i>	79
<i>lovastatin</i>	40	<i>medroxyprogesterone acetate (contraceptive)</i>	72
<i>low-ogestrel</i>	72	<i>mefloquine hcl</i>	11
<i>loxapine succinate</i>	50	<i>megestrol acetate</i>	22, 79
LUMAKRAS	29	<i>megestrol acetate (appetite)</i>	79
LUMIGAN	105	MEKINIST	29
LUMIZYME	77	MEKTOVI	29
LUPRON DEPOT (1-MONTH)	22	<i>meloxicam</i>	5
LUPRON DEPOT (3-MONTH)	22	<i>memantine hcl</i>	45
		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	45
		MENACTRA INJ	98
		MENQUADFI INJ	98

Drug Name	Page #	Drug Name	Page #
MENVEO INJ	98	<i>microgestin fe 1/20</i>	72
MENVEO SOL	98	<i>midodrine hcl</i>	44
<i>mercaptopurine</i>	21	MIEBO	105
<i>meropenem</i>	9	<i>mifepristone (hyperglycemia)</i>	78
<i>mesalamine</i>	84	<i>miglustat</i>	78
<i>mesalamine w/ cleanser</i>	84	<i>migraine relief</i>	3
MESNEX	34	<i>mili</i>	72
<i>metformin hcl</i>	64, 65	<i>milk of magnesia</i>	86
<i>methadone hcl</i>	6	MILK OF MAGNESIA CONCENTR	86
<i>methadone hydrochloride i</i>	6	<i>mimvey</i>	75
<i>methazolamide</i>	43	<i>minocycline hcl</i>	20
<i>methenamine hippurate</i>	9	<i>minoxidil</i>	44
<i>methimazole</i>	79	<i>mintox maximum strength</i>	81
<i>methocarbamol</i>	61	<i>mintox plus</i>	81
<i>methotrexate sodium</i>	21, 96	<i>mirtazapine</i>	47
<i>methsuximide</i>	55	<i>misoprostol</i>	88
<i>methylphenidate hcl</i>	58	MITIGARE	2
<i>methylprednisolone</i>	76	M-M-R II INJ	98
<i>methylprednisolone acetate</i>	76	M-NATAL PLUS TAB	101
<i>methylprednisolone sod succ</i>	76	<i>modafinil</i>	61
<i>methyltestosterone</i>	63	<i>moexipril hcl</i>	36
<i>metoclopramide hcl</i>	83	<i>molindone hcl</i>	50
<i>metolazone</i>	43	<i>mometasone furoate</i>	116
<i>metoprolol & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	41	MONJUVI	29
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>25 mg</i>	41	<i>mono-lynyah</i>	72
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>50 mg</i>	41	<i>montelukast sodium</i>	111
<i>metoprolol succinate</i>	41	<i>morphine sulfate</i>	6, 7
<i>metoprolol tartrate</i>	41	MORPHINE SULFATE	7
<i>metronidazole</i>	9	MORPHINE SULFATE/SODIUM C	7
<i>metronidazole (topical)</i>	117	<i>motion sickness relief</i>	83
<i>metronidazole vaginal</i>	90	<i>motion sickness relief/le</i>	83
<i>metyrosine</i>	44	<i>motion-time</i>	83
MG SO4/D5W INJ 10MG/ML	100	MOUNJARO	65
<i>mibelas 24 fe</i>	72	MOVANTIK	88
<i>micafungin sodium</i>	11	<i>moxifloxacin hcl</i>	18
<i>miconazole 3 combination</i>	90	<i>moxifloxacin hcl 400 mg/250ml in sodium</i> <i>chloride 0.8% inj</i>	18
<i>miconazole 3 combo pack</i>	90	<i>moxifloxacin hcl (ophth)</i>	103
<i>miconazole 7</i>	90	<i>m-pap</i>	3
<i>miconazole nitrate vaginal</i>	90	<i>mucus & chest congestion</i>	109
<i>microgestin 1.5/30</i>	72	<i>mucus relief</i>	110
<i>microgestin 1/20</i>	72	<i>mucus relief dm</i>	110
<i>microgestin 24 fe</i>	72	<i>mucus relief dm maximum s</i>	110
<i>microgestin fe 1.5/30</i>	72	<i>mucus relief er</i>	110
		<i>mucus relief maximum stre</i>	110
		MULTAQ	39

Drug Name	Page #	Drug Name	Page #
<i>multiple electrolytes ph 5.5</i>	100	<i>neomycin sulfate</i>	9
<i>multiple electrolytes ph 7.4</i>	100	<i>neo-polycin 5(3.5)mg-400unt-10000unt</i>	
<i>mupirocin</i>	114	<i>op oin</i>	103
<i>my choice</i>	72	<i>neo-polycin hc ophth oint 1%</i>	102
<i>mycophenolate mofetil</i>	97	NERLYNX	30
<i>mycophenolate sodium</i>	97	NEUPRO	49
MYRBETRIQ	90	<i>nevirapine</i>	12
<i>my way</i>	72	<i>new day</i>	72
N		NEXAVAR	30
<i>nabumetone</i>	5	NEXLETOL	40
<i>nadolol</i>	42	NEXLIZET TAB 180/10MG	40
<i>nafcillin sodium</i>	19	<i>niacin (antihyperlipidemic)</i>	40
NAGLAZYME	78	<i>nicardipine hcl</i>	42
<i>nalbuphine hcl</i>	7	<i>nicotine</i>	63
<i>naloxone hcl</i>	62	<i>nicotine mini lozenge</i>	63
<i>naltrexone hcl</i>	62	<i>nicotine polacrilex</i>	63
NAMZARIC CAP 7-10MG	46	<i>nicotine polacrilex mini</i>	63
NAMZARIC CAP 14-10MG	46	NICOTINE SYS KIT TRANSDER	63
NAMZARIC CAP 21-10MG	46	<i>nicotine transdermal syst</i>	63
NAMZARIC CAP 28-10MG	46	NICOTROL INHALER	63
NAMZARIC CAP PACK	46	NICOTROL NS	63
<i>naproxen</i>	5	<i>nifedipine</i>	42
<i>naproxen sodium</i>	5	<i>nikki</i>	72
<i>naratriptan hcl</i>	59	<i>nilutamide</i>	22
<i>nasal decongestant</i>	110	<i>nimodipine</i>	42
NATACYN	103	NINLARO	30
<i>nateglinide</i>	65	<i>nitazoxanide</i>	9
NATPARA	68	<i>nitisinone</i>	78
<i>nausea relief</i>	83	NITRO-BID	44
NAYZILAM	55	<i>nitrofurantoin macrocrystal</i>	9
<i>nebivolol hcl</i>	42	<i>nitrofurantoin monohyd macro</i>	9
<i>necon 0.5/35-28</i>	72	<i>nitroglycerin</i>	44
<i>nefazodone hcl</i>	47	<i>nitroglycerin (intra-anal)</i>	117
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>nizatidine</i>	84
<i>400unt-10000unt op oin</i>	103	<i>nora-be</i>	72
<i>neomycin-polymy-gramicid op sol</i>		<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>	103	<i>150-35 mcg/24hr</i>	72
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>ophth oint 0.1%</i>	102	<i>tab 1 mg-20 mcg (24)</i>	73
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>ophth susp 0.1%</i>	102	<i>tab 1 mg-20 mcg</i>	73
<i>neomycin-polymyxin-hc ophth susp</i>	102	<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	105	<i>1.5 mg-30 mcg</i>	73
<i>neomycin-polymyxin-hc otic susp</i>		<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>3.5 mg/ml-10000 unit/ml-1%</i>	105	<i>1 mg-20 mcg</i>	73
		<i>norethindrone acetate</i>	79

Drug Name	Page #	Drug Name	Page #
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystatin (mouth-throat)</i>	118
0.5 mg-2.5 mcg	75	<i>nystatin (topical)</i>	115
<i>norethindrone acetate-ethinyl estradiol tab</i>		<i>nystop</i>	115
1 mg-5 mcg	76	O	
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>ocella</i>	73
1-20/1-30/1-35 mg-mcg	73	OCTAGAM	96
<i>norethindrone (contraceptive)</i>	73	<i>octreotide acetate</i>	78
<i>norethindrone & ethinyl estradiol-fe chew</i>		ODEFSEY TAB	14
tab 0.4 mg-35 mcg	72	ODOMZO	30
<i>norethindrone & ethinyl estradiol-fe chew</i>		OFEV	111
tab 0.8 mg-25 mcg	73	<i>ofloxacin (ophth)</i>	103
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>		<i>ofloxacin (otic)</i>	105
25/0.25-25 mg-mcg	73	OGIVRI	30
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		OGSIVEO	30
35/0.25-35 mg-mcg	73	OJEMDA	30
<i>norgestimate & ethinyl estradiol tab</i>		OJJAARA	30
0.25 mg-35 mcg	73	<i>olanzapine</i>	51
<i>norlyroc</i>	73	<i>olmesartan-amlodipine-</i>	
NORPACE CR	39	<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	38
<i>nortrel 0.5/35 (28)</i>	73	<i>olmesartan-amlodipine-</i>	
<i>nortrel 1/35 (21)</i>	73	<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	38
<i>nortrel 1/35 (28)</i>	73	<i>olmesartan-amlodipine-</i>	
<i>nortrel 7/7/7</i>	73	<i>hydrochlorothiazide tab 40-5-25 mg</i>	38
<i>nortriptyline hcl</i>	47	<i>olmesartan-amlodipine-</i>	
NORVIR	12	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	38
NOVOLIN INJ 70/30	66	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30 FP	66	<i>hydrochlorothiazide tab 40-10-25 mg</i>	38
NOVOLIN N	67	<i>olmesartan medoxomil</i>	39
NOVOLIN N FLEXPEN	67	<i>olmesartan medoxomil-</i>	
NOVOLIN R	67	<i>hydrochlorothiazide tab 20-12.5 mg</i>	37
NOVOLIN R FLEXPEN	67	<i>olmesartan medoxomil-</i>	
NOVOLOG MIX INJ 70/30	67	<i>hydrochlorothiazide tab 40-12.5 mg</i>	37
NOVOLOG MIX INJ FLEXPEN	67	<i>olmesartan medoxomil-</i>	
NUBEQA	22	<i>hydrochlorothiazide tab 40-25 mg</i>	37
NUDEXTA CAP 20-10MG	60	<i>omega-3-acid ethyl esters cap 1 gm</i>	40
NULOJIX	97	<i>omeprazole</i>	89
NUPLAZID	50, 51	OMNIPOD 5 G6 KIT INTRO	67
NURTEC	59	OMNIPOD 5 G6 MIS PODS	67
NUTRILIPID	102	OMNIPOD 5 G7 KIT INTRO	67
NUZYRA	20	OMNIPOD 5 G7 MIS PODS	67
<i>nyamyc</i>	115	OMNIPOD DASH KIT INTRO	67
<i>nylia 1/35</i>	73	OMNIPOD DASH MIS PODS	67
<i>nylia 7/7/7</i>	73	OMNIPOD GO KIT 10UNT/DY	67
NYMALIZE	42	OMNIPOD GO KIT 15UNT/DY	67
<i>nymyo</i>	73	OMNIPOD GO KIT 20UNT/DY	67
<i>nystatin</i>	11		

Drug Name	Page #	Drug Name	Page #
OMNIPOD GO KIT 25UNT/DY	67	<i>pain & fever childrens</i>	3
OMNIPOD GO KIT 30UNT/DY	67	<i>pain & fever infants</i>	3
OMNIPOD GO KIT 35UNT/DY	67	<i>pain reliever plus</i>	3
OMNIPOD GO KIT 40UNT/DY	67	<i>paliperidone</i>	51
OMNIPOD MIS CLASSIC	67	<i>pamidronate disodium</i>	68
<i>ondansetron</i>	83	PAMIDRONATE DISODIUM	68
<i>ondansetron hcl</i>	83	PANRETIN	117
ONTRUZANT	30	<i>pantoprazole sodium</i>	89
ONUREG	21	PANZYGA	96
<i>opcicon one-step</i>	73	<i>paraplatin</i>	21
OPSUMIT	45	<i>paricalcitol</i>	80
<i>option 2</i>	73	<i>paroxetine hcl</i>	47
ORGOVYX	22	PAXLOVID TAB 150-100	15
ORKAMBI GRA 75-94MG	111	PAXLOVID TAB 300-100	15
ORKAMBI GRA 100-125	111	<i>pazopanib hcl</i>	30
ORKAMBI GRA 150-188	112	PEDIA-LAX	86
ORKAMBI TAB 100-125	112	PEDIARIX INJ 0.5ML	98
ORKAMBI TAB 200-125	112	PEDVAX HIB	98
ORSERDU	22, 23	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>	
<i>oseltamivir phosphate</i>	15	<i>soln 236 gm</i>	86
OTEZLA	94	<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>	
OTEZLA TAB 10/20/30	94	<i>gm</i>	86
<i>oxacillin sodium</i>	19	PEGASYS	16
<i>oxaliplatin</i>	21	PEMAZYRE	30
<i>oxcarbazepine</i>	55	<i>pemetrexed disodium</i>	21
<i>oxybutynin chloride</i>	90	PENBRAYA INJ	98
<i>oxycodone hcl</i>	7	PEN GK/DEXTR INJ 40000/ML	19
<i>oxycodone w/ acetaminophen tab 2.5-</i>		PEN GK/DEXTR INJ 60000/ML	19
<i>325 mg</i>	7	<i>penicillamine</i>	68
<i>oxycodone w/ acetaminophen tab</i>		<i>penicillin g potassium</i>	19
<i>5-325 mg</i>	7	<i>penicillin g sodium</i>	19
<i>oxycodone w/ acetaminophen tab 7.5-</i>		<i>penicillin v potassium</i>	19
<i>325 mg</i>	8	PENTACEL INJ	98
<i>oxycodone w/ acetaminophen tab 10-</i>		<i>pentamidine isethionate inh</i>	9
<i>325 mg</i>	8	<i>pentamidine isethionate inj</i>	9
OXYCONTIN	6	<i>pentoxifylline</i>	92
OZEMPIC (0.25 OR 0.5 MG/DOSE)	65	<i>perindopril erbumine</i>	36
OZEMPIC (0.25 OR 0.5MG/DOSE)	65	<i>periogard</i>	118
OZEMPIC (1MG/DOSE)	65	<i>permethrin</i>	117
OZEMPIC (2MG/DOSE)	65	<i>perphenazine</i>	51
P		PERSERIS	51
<i>pacerone</i>	39	<i>pfizerpen</i>	19
<i>paclitaxel</i>	24	<i>phenelzine sulfate</i>	47
<i>paclitaxel protein-bound particles for iv</i>		<i>phenobarbital</i>	55
<i>susp 100 mg</i>	24	<i>phenobarbital sodium</i>	55
		<i>phenytek</i>	55

Drug Name	Page #	Drug Name	Page #
<i>phenytoin</i>	55	POTASSIUM CHLORIDE	101
<i>phenytoin sodium</i>	55	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	101
<i>phenytoin sodium extended</i>	55	<i>potassium chloride microencapsulated crystals er</i>	101
PHESGO SOL	30	<i>potassium citrate (alkalinizer)</i>	90
<i>philit</i>	73	POT CHL 20MEQ/L IN NACL 0.9% INJ	100
<i>phytonadione</i>	102	POT CHL 20MEQ/L IN NACL 0.45% INJ ...	101
PIFELTRO	12	POT CHL 40MEQ/L IN NACL 0.9% INJ	101
<i>pilocarpine hcl</i>	105	<i>pramipexole dihydrochloride</i>	49
<i>pilocarpine hcl (oral)</i>	118	<i>prasugrel hcl</i>	93
<i>pimozide</i>	51	<i>pravastatin sodium</i>	40
<i>pimtree</i>	73	<i>praziquantel</i>	10
<i>pin-away</i>	10	<i>prazosin hcl</i>	36
<i>pindolol</i>	42	<i>prednisolone</i>	76
<i>pioglitazone hcl</i>	65	<i>prednisolone acetate (ophth)</i>	104
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	65	PREDNISOLONE SODIUM PHOSP	104
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	65	<i>prednisolone sodium phosphate</i>	76
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	19	<i>prednisone</i>	76
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	19	PREDNISONE INTENSOL	76
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	19	<i>pregabalin</i>	55
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	20	PREHEVBRIO	98
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	20	PREMASOL SOL 10%	102
PIQRAY 200MG DAILY DOSE	30	PRENATAL TAB 27-1MG	101
PIQRAY 250MG TAB DOSE	30	PRENATAL TAB PLUS	101
PIQRAY 300MG DAILY DOSE	30	<i>prevalite</i>	40
<i>pirfenidone</i>	112	PREVYMIS	16
<i>piroxicam</i>	5	PREZCOBIX TAB 800-150	14
PLASMA-LYTE INJ -148	100	PREZISTA	12, 13
PLASMA-LYTE INJ -A	100	PRIFTIN	15
<i>plenamine</i>	102	<i>primaquine phosphate</i>	11
PLENVU SOL	87	PRIMAQUINE PHOSPHATE	11
<i>podofilox</i>	117	<i>primidone</i>	55
<i>polycin ophth oint</i>	103	PRIORIX INJ	98
<i>polyethylene glycol 3350</i>	87	PRIVIGEN	96
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	103	<i>probenecid</i>	2
POMALYST	23	<i>prochlorperazine</i>	83
<i>portia-28</i>	73	<i>prochlorperazine edisylate</i>	83
<i>posaconazole</i>	11	<i>prochlorperazine maleate</i>	83
<i>potassium chloride</i>	101	PROCRIT	92
		<i>proctocort</i>	117
		<i>procto-med hc</i>	117
		<i>proctosol hc</i>	117
		<i>proctozone-hc</i>	117
		<i>progesterone</i>	79
		PROGRAF	97

Drug Name	Page #	Drug Name	Page #
PROLASTIN-C	112	<i>qc loratadine allergy rel</i>	108
PROLENSA	104	<i>qc miconazole 7</i>	90
PROLIA	68	<i>qc milk of magnesia</i>	87
PROMACTA	92, 93	<i>qc motion sickness relief</i>	83
<i>promethazine hcl</i>	83	<i>qc mucus relief 12 hour</i>	110
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	110	<i>qc mucus relief childrens</i>	110
<i>propafenone hcl</i>	39	<i>qc mucus relief dm max</i>	110
<i>proparacaine hcl</i>	105	<i>qc mucus relief er 12 hou</i>	110
<i>propranolol hcl</i>	42	<i>qc naproxen sodium</i>	5
<i>propylthiouracil</i>	79	<i>qc nasal decongestant max</i>	110
PROQUAD INJ	98	<i>qc natura-lax</i>	87
PROSOL INJ 20%	102	<i>qc non-aspirin extra stre</i>	4
<i>protriptyline hcl</i>	47	<i>qc pain relief</i>	4
<i>pseudoephedrine hcl</i>	110	<i>qc pain relief childrens</i>	4
PULMOZYME	112	<i>qc pain relief extra stre</i>	4
PURIXAN	21	<i>qc pink bismuth</i>	82
<i>pyrazinamide</i>	15	<i>qc stomach relief</i>	82
<i>pyridostigmine bromide</i>	60	<i>qc stomach relief ultra</i>	82
<i>pyridoxine hcl</i>	102	<i>qc stool softener</i>	87
Q		<i>qc stool softener plus la</i>	87
<i>qc acetaminophen infants</i>	3	<i>qc stool softener plus st</i>	87
<i>qc all day allergy relief</i>	108	<i>qc travel ease</i>	83
<i>qc allergy childrens</i>	108	<i>qc tussin dm cough & ches</i>	110
<i>qc allergy relief</i>	108	<i>qc tussin expectorant adu</i>	110
<i>qc antacid</i>	81	<i>qc vegetable laxative</i>	87
<i>qc antacid/anti-gas</i>	81	QINLOCK	30
<i>qc antacid/anti-gas maxim</i>	81	QUADRACEL INJ	98
<i>qc antacid extra strength</i>	81	QUADRACEL INJ 0.5ML	98
<i>qc anti-diarrheal</i>	82	<i>quetiapine fumarate</i>	51
<i>qc aspirin</i>	4	<i>quinapril hcl</i>	36
<i>qc aspirin low dose</i>	4	<i>quinidine sulfate</i>	39
<i>qc chocolated laxative</i>	87	<i>quinine sulfate</i>	11
<i>qc clotrimazole</i>	90	QULIPTA	59
<i>qc enema</i>	87	R	
<i>qc enteric aspirin</i>	4	RABAVERT INJ	98
<i>qc famotidine acid reduce</i>	84	<i>rabeprazole sodium</i>	89
<i>qc fiber</i>	87	<i>raloxifene hcl</i>	78
<i>qc fiber therapy</i>	87	<i>ramipril</i>	36
<i>qc gentle laxative</i>	87	<i>ranolazine</i>	44
<i>qc gentle laxative womens</i>	87	<i>rasagiline mesylate</i>	49
<i>qc headache relief</i>	4	RAYALDEE	80
<i>qc heartburn antacid</i>	81	<i>reclipsen</i>	74
<i>qc ibuprofen</i>	5	RECOMBIVAX HB	99
<i>qc laxative</i>	87	RECTIV	117
		<i>reeses pinworm medicine</i>	10

Drug Name	Page #	Drug Name	Page #
REGRANEX	117	RYDAPT	31
RELENZA DISKHALER	16	S	
RELISTOR	88	<i>sajazir</i>	93
REMICADE	94	SANDIMMUNE	97
RENFLEXIS	94	SANTYL	117
<i>repaglinide</i>	65	<i>sapropterin dihydrochloride</i>	78
REPATHA	41	SCEMBLIX	31
REPATHA PUSHTRONEX SYSTEM	41	<i>scopolamine</i>	83
REPATHA SURECLICK	41	SECUADO	52
RESTASIS	105	<i>selegiline hcl</i>	49
RESTASIS MULTIDOSE	105	<i>selenium sulfide</i>	115
RETEVMO	30, 31	SELZENTRY	13
REVLIMID	23	<i>senexon-s</i>	87
REXULTI	51	<i>senna-lax</i>	87
REYATAZ	13	<i>senna plus</i>	87
REZLIDHIA	31	SENNAPLUS CAP 8.6-50MG	87
REZUROCK	97	<i>senna regular strength</i>	87
RHOPRESSA	105	<i>senna-time</i>	87
<i>ribavirin (hepatitis c)</i>	16	<i>senna-time s</i>	87
<i>rifabutin</i>	15	<i>sennosides</i>	87
<i>rifampin</i>	15	<i>sennosides-docusate sodium tab 8.6-</i>	
<i>riluzole</i>	60	<i>50 mg</i>	87
<i>rimantadine hydrochloride</i>	16	<i>senokot extra strength</i>	87
RINVOQ	95	SEREVENT DISKUS	109
RINVOQ LQ	95	<i>sertraline hcl</i>	47
<i>risedronate sodium</i>	68	<i>setlakin</i>	74
<i>risperidone</i>	51	<i>sevelamer carbonate</i>	79
<i>risperidone microspheres</i>	51	<i>sharobel</i>	74
<i>ritonavir</i>	13	SHINGRIX	99
<i>rivastigmine</i>	46	SIGNIFOR	78
<i>rivastigmine tartrate</i>	46	<i>siladryl allergy</i>	108
<i>rivelsa</i>	74	<i>sildenafil citrate (pulmonary hypertension)</i> .	45
<i>rizatriptan benzoate</i>	59	<i>siltussin-dm</i>	110
<i>robafen mucus/chest conge</i>	110	<i>siltussin sa</i>	110
ROCKLATAN DRO	105	<i>silver sulfadiazine</i>	114
<i>roflumilast</i>	112	SIMBRINZA SUS 1-0.2%	105
<i>ropinirole hydrochloride</i>	49	<i>simliya</i>	74
<i>rosuvastatin calcium</i>	40	<i>simpesse</i>	74
ROTARIX SUS	99	<i>simvastatin</i>	40
ROTATEQ SOL	99	<i>sinus congestion maximum</i>	110
<i>roweepra</i>	55	<i>sirolimus</i>	97
ROZLYTREK	31	SIRTURO	15
RUBRACA	31	SIVEXTRO	10
<i>rufinamide</i>	55	SKYRIZI	95
RUKOBIA	13	SKYRIZI PEN	95
RYBELSUS	65		

Drug Name	Page #	Drug Name	Page #
<i>sm 3-day vaginal</i>	91	<i>sm pain reliever</i>	4
<i>sm acid reducer</i>	84	<i>sm pain reliever children</i>	4
<i>sm adult aspirin</i>	4	<i>sm pain reliever extra st</i>	4
<i>sm all day allergy</i>	108	<i>sm stomach relief</i>	82
<i>sm all day allergy child</i>	108	<i>sm stomach relief liquid</i>	82
<i>sm all day allergy childr</i>	108	<i>sm stool softener</i>	88
<i>sm all day allergy relief</i>	108	<i>sm stool softener/stimula</i>	88
<i>sm allergy childrens</i>	108	<i>sm tioconazole-1</i>	91
<i>sm allergy relief</i>	108	<i>sm tussin dm</i>	110
<i>sm allergy relief childre</i>	108	<i>sm tussin dm cough/chest</i>	110
<i>sm antacid</i>	81	<i>sm tussin mucus + chest c</i>	110
<i>sm antacid advanced</i>	81	<i>sodium bicarbonate (antacid)</i>	81
<i>sm antacid advanced maxi</i>	81	<i>sodium chloride</i>	101
<i>sm antacid extra strength</i>	81	<i>sodium chloride (gu irrigant)</i>	117
<i>sm antacid maximum streng</i>	81	<i>sodium fluoride chew\; tab\; 1.1 (0.5 f)</i>	
<i>sm anti-diarrheal</i>	82	<i>mg/ml soln</i>	101
<i>sm aspirin adult low stre</i>	4	SODIUM OXYBATE	61
<i>sm aspirin enteric coated</i>	4	<i>sodium phenylbutyrate</i>	78
<i>sm aspirin low dose</i>	4	<i>sodium polystyrene sulfonate powder</i>	68
<i>sm calcium antacid extra</i>	81	SODIUM POW BICARBON	81
<i>sm clearlax</i>	87	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
<i>sm clotrimazole vaginal</i>	91	<i>3.13-1.6 gm/177ml</i>	88
<i>sm enema</i>	87	<i>solifenacin succinate</i>	90
<i>sm fiber</i>	87	SOLQUA INJ 100/33	67
<i>sm fiber laxative</i>	87	SOLTAMOX	23
<i>sm gentle laxative</i>	88	<i>soluble fiber</i>	88
<i>sm ibuprofen</i>	5	SOLU-CORTEF	76
<i>sm ibuprofen ib</i>	5	SOMATULINE DEPOT	78
<i>sm loratadine</i>	108	SOMAVERT	78
<i>sm miconazole 3</i>	91	<i>sorafenib tosylate</i>	31
<i>sm miconazole 7</i>	91	SORBITOL	88
<i>sm migraine relief</i>	4	<i>sorine</i>	39
<i>sm milk of magnesia</i>	88	<i>sotalol hcl</i>	39
<i>sm motion sickness</i>	83	<i>sotalol hcl (afib/afl)</i>	39
<i>sm mucus relief</i>	110	<i>spironolactone</i>	36
<i>sm mucus relief/12 hour</i>	110	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>sm mucus relief maximum s</i>	110	<i>25-25 mg</i>	43
<i>sm naproxen sodium</i>	5	<i>sprintec 28</i>	74
<i>sm nasal decongestant max</i>	110	SPRITAM	55
<i>sm nicotine</i>	63	SPRYCEL	31
<i>sm nicotine polacrilex</i>	63	<i>sps</i>	68
<i>sm nicotine transdermal s</i>	63	<i>sronyx</i>	74
<i>smooth antacid extra stre</i>	81	<i>ssd</i>	114
<i>sm pain & fever childrens</i>	4	STELARA	95
<i>sm pain & fever infants</i>	4	<i>stimulant laxative</i>	88
<i>sm pain relief extra stre</i>	4	STIVARGA	31

Drug Name	Page #	Drug Name	Page #
STL SOFT/LAX CAP 8.6-50MG	88	SYNTHROID	80
<i>stomach relief</i>	82	T	
<i>stomach relief extra stre</i>	82	TABLOID	21
<i>stomach relief ultra</i>	82	TABRECTA	31
<i>stool softener</i>	88	<i>tacrolimus</i>	97
<i>stool softener + stimulan</i>	88	<i>tacrolimus (topical)</i>	117
<i>streptomycin sulfate</i>	10	TAFINLAR	31, 32
STRIBILD TAB	14	TAGRISSO	32
<i>subvenite</i>	56	TALTZ	95
<i>sucralfate</i>	88	TALZENNA	32
<i>sudogest</i>	110	<i>tamoxifen citrate</i>	23
<i>sudogest maximum strength</i>	110	<i>tamsulosin hcl</i>	89
<i>sulfacetamide sodium (acne)</i>	114	<i>tarina 24 fe</i>	74
<i>sulfacetamide sodium (ophth)</i>	103	<i>tarina fe 1/20 eq</i>	74
<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	103	TASIGNA	32
<i>sulfadiazine</i>	10	<i>tasimelteon</i>	58
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	10	<i>tazarotene</i>	115
<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	10	<i>tazicef</i>	17
<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	10	TAZORAC	115
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	10	TAZVERIK	32
SULFAMYLON	114	TDVAX INJ 2-2 LF	99
<i>sulfasalazine</i>	84	TECENTRIQ	32
<i>sulindac</i>	5	TEFLARO	17
<i>sumatriptan</i>	59	<i>telmisartan</i>	39
<i>sumatriptan succinate</i>	59	<i>telmisartan-amlodipine tab 40-5 mg</i>	38
<i>sunitinib malate</i>	31	<i>telmisartan-amlodipine tab 40-10 mg</i>	38
SUNLENCA	13	<i>telmisartan-amlodipine tab 80-5 mg</i>	38
<i>syeda</i>	74	<i>telmisartan-amlodipine tab 80-10 mg</i>	38
SYMDEKO TAB 50-75MG	112	<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	38
SYMDEKO TAB 100-150	112	<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	38
SYMPAZAN	56	<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i>	38
SYMTUZA TAB	14	<i>temazepam</i>	58
SYNAREL	75	TENIVAC INJ 5-2LF	99
SYNJARDY TAB 5-500MG	65	<i>tenofovir disoproxil fumarate</i>	13
SYNJARDY TAB 5-1000MG	65	TEPMETKO	32
SYNJARDY TAB 12.5-500	65	<i>terazosin hcl</i>	36
SYNJARDY TAB 12.5-1000MG	65	<i>terbinafine hcl</i>	11
SYNJARDY XR TAB 5-1000MG	65	<i>terbutaline sulfate</i>	109
SYNJARDY XR TAB 10-1000	65	<i>terconazole vaginal</i>	91
SYNJARDY XR TAB 12.5-1000	65	TERIPARATIDE	68
SYNJARDY XR TAB 25-1000	65	<i>testosterone</i>	63
		<i>testosterone cypionate</i>	63

Drug Name	Page #	Drug Name	Page #
<i>testosterone enanthate</i>	63	TRELEGY AER ELLIPTA 200-62.5-25 MCG .	
<i>tetrabenazine</i>	60	106	
<i>tetracycline hcl</i>	20	TREMFYA	95
THALOMID	23	<i>treprostinil</i>	45
<i>theophylline</i>	112	TRESIBA	67
<i>thiamine hcl</i>	102	TRESIBA FLEXTOUCH	67
<i>thioridazine hcl</i>	52	<i>tretinoin</i>	114
<i>thiothixene</i>	52	<i>tretinoin (chemotherapy)</i>	24
<i>tiadylt er</i>	42	<i>triamcinolone acetonide (mouth)</i>	118
<i>tiagabine hcl</i>	56	<i>triamcinolone acetonide (topical)</i>	116
TIBSOVO	32	<i>triamterene & hydrochlorothiazide cap</i>	
TICOVAC	99	37.5-25 mg	43
<i>tigecycline</i>	20	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tilia fe</i>	74	37.5-25 mg	43
<i>timolol maleate</i>	42	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>timolol maleate (ophth)</i>	105	50 mg	43
<i>tinidazole</i>	10	<i>tri-buffered aspirin</i>	4
<i>tioconazole 1</i>	91	<i>trientine hcl</i>	68
TIVICAY	13	<i>tri-estarylla</i>	74
TIVICAY PD	13	<i>trifluoperazine hcl</i>	52
<i>tizanidine hcl</i>	61	<i>trifluridine</i>	103
TOBRADEX OIN 0.3-0.1%	103	<i>trihexyphenidyl hcl</i>	49
TOBRADEX ST SUS 0.3-0.05	103	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>tobramycin</i>	10	1000MG	66
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 10-5-1000MG ..	66
0.3-0.1%	103	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tobramycin (ophth)</i>	103	1000MG	66
<i>tobramycin sulfate</i>	10	TRIJARDY XR TAB ER 24HR 25-5-1000MG .	66
<i>tolterodine tartrate</i>	90	TRIKAFTA PAK 59.5MG	112
<i>topiramate</i>	56	TRIKAFTA PAK 75MG	112
<i>toremifene citrate</i>	23	TRIKAFTA TAB 50-25-37.5MG & 75MG	112
<i>torseamide</i>	43	TRIKAFTA TAB 100-50-75MG & 150MG	112
TOUJEO MAX SOLOSTAR	67	<i>tri-legest fe</i>	74
TOUJEO SOLOSTAR	67	<i>tri-linyah</i>	74
TPN ELECTROL INJ	101	<i>tri-lo-estarylla</i>	74
TRADJENTA	65	<i>tri-lo-marzia</i>	74
<i>tramadol-acetaminophen tab 37.5-325 mg</i> ...	8	<i>tri-lo-mili</i>	74
<i>tramadol hcl</i>	8	<i>tri-lo-sprintec</i>	74
<i>trandolapril</i>	36	<i>trimethoprim</i>	10
<i>tranexamic acid</i>	93	<i>tri-mili</i>	74
<i>tranylcyromine sulfate</i>	47	<i>trimipramine maleate</i>	47
TRAVASOL INJ 10%	102	TRINTELLIX	47
TRAZIMERA	32	<i>tri-nymyo</i>	74
<i>trazodone hcl</i>	47	<i>tri-sprintec</i>	74
TRECTOR	15	TRIUMEQ PD TAB	14
TRELEGY AER ELLIPTA 100-62.5-25 MCG	106	TRIUMEQ TAB	14

Drug Name	Page #	Drug Name	Page #
<i>trivora-28</i>	74	<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i>tri-vylibra</i>	74	<i>25 mg</i>	38
<i>tri-vylibra lo</i>	74	VALTOCO 5 MG DOSE	56
TRIZIVIR TAB	14	VALTOCO 10 MG DOSE	56
TROGARZO	13	VALTOCO 15 MG DOSE	56
TROPHAMINE INJ 10%	102	VALTOCO 20 MG DOSE	56
<i>tropium chloride</i>	90	<i>vancomycin hcl</i>	10
TRULICITY	66	VANCOMYCIN HYDROCHLORIDE	10
TRUMENBA INJ	99	VANCOMYCIN INJ 1 GM	10
TRUQAP	32	VANCOMYCIN INJ 500MG	10
TRUXIMA	32	VANCOMYCIN INJ 750MG	10
TUKYSA	32	VANFLYTA	32
TURALIO	32	VAQTA	99
<i>turqoz</i>	74	<i>varenicline tartrate</i>	63
<i>tusnel diabetic</i>	111	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x</i>	
<i>tusnel-ex</i>	111	<i>1 mg start pack</i>	63
<i>tussin dm</i>	111	VARIVAX	99
<i>tussin mucus + chest cong</i>	111	VASCEPA	41
<i>tussin mucus & chest cong</i>	111	<i>velivet</i>	74
TWINRIX INJ	99	VELPHORO	79
TYBOST	13	VELTASSA	68
<i>tydemy</i>	74	VEMLIDY	16
TYPHIM VI	99	VENCLEXTA	32, 33
TYRVAYA	105	VENCLEXTA TAB START PK	33
U		<i>venlafaxine hcl</i>	47
UBRELVY	59	VENTAVIS	45
<i>unithroid</i>	80	VENTOLIN HFA	109
<i>ursodiol</i>	88	VENTOLIN HFA (INSTITUTIONAL PACK)	109
V		<i>verapamil hcl</i>	43
<i>valacyclovir hcl</i>	16	VERQUOVO	44
VALCHLOR	117	VERSACLOZ	52
<i>valganciclovir hcl</i>	16	VERZENIO	33
<i>valproate sodium</i>	56	<i>vestura</i>	74
<i>valproic acid</i>	56	V-GO 20 KIT	67
<i>valsartan</i>	39	V-GO 30 KIT	67
<i>valsartan-hydrochlorothiazide tab 80-</i>		V-GO 40 KIT	67
<i>12.5 mg</i>	38	<i>vienna</i>	74
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>vigabatrin</i>	56
<i>12.5 mg</i>	38	<i>vigadrone</i>	56
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>vigpoder</i>	56
<i>25 mg</i>	38	<i>vilazodone hcl</i>	47
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>vincristine sulfate</i>	24
<i>12.5 mg</i>	38	<i>vinorelbine tartrate</i>	24
		<i>viorele</i>	74
		VIRACEPT	13
		VIREAD	13

Drug Name	Page #	Drug Name	Page #
VITRAKVI	33	XOSPATA	33
VIVITROL	63	XPOVIO 40 MG ONCE WEEKLY	33
VIZIMPRO	33	XPOVIO 40 MG TWICE WEEKLY	33
VONJO	33	XPOVIO 60 MG ONCE WEEKLY	33
<i>voriconazole</i>	11	XPOVIO 60 MG TWICE WEEKLY	33
VOSEVI TAB	16	XPOVIO 80 MG ONCE WEEKLY	33
VRAYLAR	52	XPOVIO 80 MG TWICE WEEKLY	34
<i>vyfemla</i>	74	XPOVIO 100 MG ONCE WEEKLY	34
<i>vylibra</i>	74	XTANDI	23
VYZULTA	105	<i>xulane</i>	75
W		XULTOPHY INJ 100/3.6	67
<i>warfarin sodium</i>	91	Y	
<i>water for irrigation, sterile irrigation soln</i>	117	<i>yargesa</i>	78
WELIREG	24	YF-VAX INJ	99
<i>wera</i>	75	<i>yuvaferm</i>	76
<i>wixela inhub</i>	113	Z	
<i>wymzya fe</i>	75	<i>zafemy</i>	75
X		<i>zafirlukast</i>	111
XALKORI	33	<i>zaleplon</i>	58
XARELTO	91, 92	ZARXIO	92
XARELTO STAR TAB 15/20MG	92	ZEJULA	34
XATMEP	96	ZELBORAF	34
XCOPRI	56	ZEMAIRA	113
XCOPRI PAK 12.5-25	56	<i>zenatane</i>	114
XCOPRI PAK 50-100MG	56	ZENPEP CAP 3000UNIT	89
XCOPRI PAK 100-150	56	ZENPEP CAP 5000UNIT	89
XCOPRI PAK 150-200MG	56	ZENPEP CAP 10000UNT	89
(MAINTENANCE)	56	ZENPEP CAP 15000UNT	89
XCOPRI PAK 150-200MG (TITRATION)	56	ZENPEP CAP 20000UNT	89
XDEMVEY	103	ZENPEP CAP 25000UNT	89
XELJANZ	95	ZENPEP CAP 40000UNT	89
XELJANZ XR	95	ZENPEP CAP 60000UNT	89
XERMELO	89	ZERVIAE	104
XGEVA	68	<i>zidovudine</i>	13
XHANCE	113	ZIEXTENZO	92
XIFAXAN	89	<i>ziprasidone hcl</i>	52
XIGDUO XR TAB 2.5-1000	66	<i>ziprasidone mesylate</i>	52
XIGDUO XR TAB 5-500MG	66	ZIRABEV	34
XIGDUO XR TAB 5-1000MG	66	ZIRGAN	103
XIGDUO XR TAB 10-500MG	66	<i>zoledronic acid</i>	68
XIGDUO XR TAB 10-1000	66	ZOLINZA	34
XIIDRA	105	<i>zolpidem tartrate</i>	59
XOFLUZA	16	ZONISADE	57
XOLAIR	112	<i>zonisamide</i>	57

Drug Name	Page #
<i>zovia 1/35</i>	75
ZTALMY	57
<i>zumandimine</i>	75
ZURZUVAE	47, 48
ZYDELIG	34
ZYKADIA	34
ZYLET SUS 0.5-0.3%	103
ZYPREXA RELPREVV	52

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 **1-866-600-2139 (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 **1-866-600-2139 (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**1-866-600-2139 (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**1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (TTY: 711)**. Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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、**1-866-600-2139 (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 **1-866-600-2139 (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)

Aetna Better Health Premier Plan MMA is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.



©2024 Aetna Inc.

IL-23-09-08 | (09/24)

No changes made since 09/01/2024