



2021

FORMULARIO

(Lista de los medicamentos cubiertos)

Michigan

**Molina Dual Options MI Health Link
Medicare-Medicaid Plan**

Versión 19

Actualizado: 12/01/2021

Departamento de Servicios para Miembros:

(855) 735-5604, TTY al 711

De lunes a viernes, de 8:00 a. m. a 8:00 p. m., EST.

MolinaHealthcare.com/Duals

Plan Molina Dual Options MI Health Link Medicare-Medicaid | 2021 *Lista de medicamentos cubiertos* (Formulario)

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como Lista de medicamentos). Se detallan los medicamentos recetados, los medicamentos de venta libre y los elementos que están cubiertos por Molina Dual Options. En la Lista de medicamentos, también indica si hay políticas o restricciones especiales sobre los medicamentos cubiertos por Molina Dual Options. Los términos principales y sus definiciones aparecen en el último capítulo del *Manual del Miembro*.

Tabla de contenidos

A. Exenciones de responsabilidad	3
B. Preguntas más frecuentes	4
B1. ¿Qué medicamentos recetados se encuentran en la <i>Lista de medicamentos cubiertos</i> ? (Abreviamos la <i>Lista de medicamentos cubiertos</i> como “Lista de medicamentos”).	4
B2. ¿La Lista de medicamentos se modifica?	4
B3. ¿Qué sucede cuando hay un cambio en la Lista de medicamentos?	5
B4. ¿Hay alguna restricción o límite en la cobertura de medicamentos? ¿O hay alguna medida necesaria para poder tomar ciertos medicamentos?	7
B5. ¿Cómo sabrá si el medicamento que necesita tiene límites o si tiene que seguir algunos pasos necesarios para obtenerlo?	7
B6. ¿Qué sucede si cambiamos nuestras políticas sobre algunos medicamentos (por ejemplo, la autorización previa [aprobación], los límites de cantidad o las restricciones en la terapia progresiva)?	8
B7. ¿Cómo encontrar un medicamento en la Lista de medicamentos?	8
B8. ¿Qué sucede si el medicamento que necesita tomar no está incluido en la Lista de medicamentos?	8

12/01/2021

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B9. ¿Qué sucede si usted es un miembro nuevo de Molina Dual Options y no puede encontrar su medicamento en la Lista o tiene problemas para obtener su medicamento?.....	9
B10. ¿Puede solicitar una excepción para que cubramos su medicamento?	11
B11. ¿Cómo puede solicitar una excepción?.....	11
B12. ¿Cuánto tiempo se requiere para obtener una excepción de cobertura?	11
B13. ¿Qué son los medicamentos genéricos?.....	11
B14. ¿Qué son los medicamentos de venta libre (OTC)?	12
B15. ¿Molina Dual Options cubre productos no farmacológicos OTC?	12
B16. ¿Cuál es su copago?	12
B17. ¿Qué son las categorías de medicamentos?	12
C. Resumen de la <i>Lista de medicamentos cubiertos</i>	12
C1. Medicamentos agrupados por enfermedad	13
D. Índice de los medicamentos cubiertos.....	119

12/01/2021

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A. Exenciones de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en Molina Dual Options.

- ❖ El Molina Dual Options MI Health Link Medicare-Medicaid Plan es un plan de salud con contratos con Medicare y Michigan Medicaid para proporcionar los beneficios de ambos programas a las personas inscritas.
 - ❖ ATTENTION: Si habla inglés, dispone de servicios de asistencia lingüística gratuitos. Call (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este. Esta llamada es gratuita.
 - ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5604, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., EST. La llamada es gratuita.
- ❖ ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم والبكم: 711) من الاثنين حتى الجمعة من 8:00 صباحاً حتى 8:00 مساءً كل يوم.
- ❖ También puede solicitar este documento sin costo alguno en otros formatos, como impresión en letra grande, braille o audio. Llame al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este. Esta llamada es gratuita.
 - ❖ Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad, religión, género, sexo, edad, discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamaciones, antecedentes médicos, información genética, evidencia de asegurabilidad o ubicación geográfica.
 - ❖ Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad, religión, género, sexo, edad, discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamaciones, historial médico, información genética, evidencia de asegurabilidad o ubicación geográfica.
 - ❖ Para solicitar este documento en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro, comuníquese con el Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este.

12/01/2021

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B. Preguntas más frecuentes

Encuentre las respuestas a las preguntas que tenga sobre la *Lista de medicamentos cubiertos*. Puede leer las preguntas más frecuentes para obtener más información o buscar una pregunta y ver su respuesta.

B1. ¿Qué medicamentos recetados se encuentran en la *Lista de medicamentos cubiertos*? (Abreviamos la *Lista de medicamentos cubiertos* como “Lista de medicamentos”).

Los medicamentos que se encuentran en la *Lista de medicamentos cubiertos* que comienza en la página 15 son los medicamentos cubiertos por Molina Dual Options. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está incluida dentro de nuestra red si tenemos un contrato para trabajar con ellos y para ofrecerle los servicios. Nos referimos a estas farmacias como “farmacias de la red”.

- Molina Dual Options cubrirá todos los medicamentos médicalemente necesarios incluidos en la Lista de Medicamentos si:
 - Su médico u otro recetador dice que los necesita para mejorar o mantenerse saludable.
 - Surte la receta en las farmacias de la red de Molina Dual Options.
- Es posible que Molina Dual Options disponga pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

También puede ver una lista actualizada de los medicamentos que tienen cobertura en nuestro sitio web en MolinaHealthcare.com/Duals o puede llamar gratis al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este.

B2. ¿La Lista de medicamentos se modifica?

Sí, y Molina Dual Options debe seguir las reglas de Medicare y Michigan Medicaid cuando realiza cambios. Podemos agregar o eliminar medicamentos de la Lista durante el año.

También podemos cambiar nuestras políticas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no una autorización previa para algún medicamento. (Una autorización previa es el permiso otorgado por Molina Dual Options antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que usted puede obtener (llamado “límites de cantidades”).

12/01/2021

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- Añadir o cambiar restricciones de terapia escalonada con respecto a un medicamento. (Terapia progresiva significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información sobre estas políticas de medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto **al principio del año**, generalmente no retiraremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- Surja en el mercado un nuevo medicamento más económico que sea tan efectivo como alguno de los medicamentos que se encuentran en la Lista de medicamentos actual.
- Nos enteremos de que un medicamento no es seguro.
- Un medicamento sea retirado del mercado.

Las preguntas B3 y B6 a continuación contienen más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Siempre puede consultar la Lista de medicamentos actualizada de Molina Dual Options en MolinaHealthcare.com/Duals.
- También puede llamar al Departamento de Servicios para Miembros para ver la Lista de Medicamentos actualizada al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este.

B3. ¿Qué sucede cuando hay un cambio en la Lista de medicamentos?

Algunos cambios a la Lista de Medicamentos serán **inmediatos**. Por ejemplo:

- **Un nuevo medicamento genérico está disponible.** A veces, se lanzan al mercado medicamentos genéricos que son tan efectivos como los medicamentos de marca registrada que se encuentran en la Lista de medicamentos actual. Cuando eso sucede, podemos retirar el medicamento de marca registrada y agregar el nuevo medicamento genérico, pero el costo para usted del nuevo medicamento permanecerá igual. Cuando agregamos un nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca registrada en la Lista, pero cambiar las políticas de cobertura o los límites.
 - Es posible que no le avisemos antes de hacer el cambio, pero le enviaremos información sobre los cambios específicos que hagamos cuando esto ocurra.
 - Usted puede solicitar una excepción a esos cambios. Le enviaremos una notificación con los pasos que puede seguir para solicitar una excepción.

12/01/2021

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Consulte la pregunta B10 para obtener más información sobre las excepciones.

- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) dice que un medicamento que está tomando no es seguro o el fabricante del medicamento saca un medicamento del mercado, lo sacaremos de la Lista de medicamentos. Si está tomando el medicamento, le informaremos de esto mediante el envío de una carta. Hable con su doctor para encontrar una alternativa que sea segura para usted

Es posible que hagamos otros cambios que afecten a los medicamentos que usted toma.

Le informaremos con anticipación acerca de estos otros cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA proporciona nuevas guías o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado y
 - Reemplazamos un medicamento de marca que actualmente está en la Lista de Medicamentos.
 - Cambiamos las políticas o límites de cobertura para el medicamento de marca.

Cuando estos cambios sucedan:

- Le avisaremos por lo menos 30 días antes de implementar el cambio en la Lista de Medicamentos.
- Le avisaremos y le daremos la cantidad de medicamentos necesarios para 60 días después de que pida una renovación.

Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella lo podrá ayudar a decidir:

- Si hay algún otro medicamento similar en la Lista de medicamentos que pueda tomar en su lugar.
- Si pedir una excepción a estos cambios. Para conocer más sobre estas excepciones, consulte la pregunta B10.

12/01/2021

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B4. ¿Hay alguna restricción o límite en la cobertura de medicamentos? ¿O hay alguna medida necesaria para poder tomar ciertos medicamentos?

Sí, algunos medicamentos tienen políticas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su doctor u otro recetador deben hacer algo antes de que pueda obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted, su médico u otro recetador deben obtener una autorización de Molina Dual Options antes de surtir la receta médica. Si no recibe la aprobación, Molina Dual Options no podrá cubrir el medicamento.
- **Límites de cantidad:** Algunas veces, Molina Dual Options limita la cantidad de un medicamento que puede recibir.
- **Terapia progresiva:** Algunas veces, Molina Dual Options le solicita que realice terapia progresiva. Esto significa que tendrá que probar medicamentos en un orden determinado para el tratamiento de su enfermedad. Tendrá que probar un medicamento antes de que cubramos otro medicamento. Si su recetador cree que el primer medicamento no funciona para tratar su enfermedad, entonces cubriremos el segundo.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta las tablas de las páginas 15 - 118. También puede obtener más información en nuestra página web MolinaHealthcare.com/Duals. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia progresiva. También puede pedirnos que le enviemos una copia.

También puede pedir una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabrá si el medicamento que necesita tiene límites o si tiene que seguir algunos pasos necesarios para obtenerlo?

La *Lista de medicamentos cubiertos* de la página número de página tiene una columna llamada “Pasos necesarios, restricciones o límites de uso”.

12/01/2021

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B6. ¿Qué sucede si cambiamos nuestras políticas sobre algunos medicamentos (por ejemplo, la autorización previa [aprobación], los límites de cantidad o las restricciones en la terapia progresiva)?

En algunos casos, le notificaremos con antelación si agregamos o cambiamos las condiciones sobre la autorización previa, los límites de cantidad o las restricciones en la terapia progresiva de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso previo y las situaciones en las que podríamos no notificarle con antelación los cambios de las reglas sobre los medicamentos de la Lista.

B7. ¿Cómo encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar alfabéticamente (si sabe cómo se escribe el medicamento).
- Puede buscar por enfermedad.

Para buscar **alfabéticamente**, vaya al índice de la sección de medicamentos cubiertos. Puede encontrarlo en el índice.

Para buscar **por enfermedad**, busque la sección llamada “Lista de medicamentos ordenados por enfermedad” en la página 15. Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una enfermedad cardíaca, debe buscar en la categoría Betabloqueantes. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

B8. ¿Qué sucede si el medicamento que necesita tomar no está incluido en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este y pregunte al respecto. Si le informan que Molina Dual Options no cubrirá el medicamento, puede tomar alguna de las siguientes medidas:

- Solicite al Departamento de Servicios para Miembros una Lista de medicamentos similares al que tiene que tomar. A continuación, muestre la Lista a su médico o recetador. Él o ella pueden recetar un medicamento de la Lista que sea similar al que necesita tomar. O
- Puede solicitarle al plan de salud que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

12/01/2021

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B9. ¿Qué sucede si usted es un miembro nuevo de Molina Dual Options y no puede encontrar su medicamento en la Lista o tiene problemas para obtener su medicamento?

Podemos ayudarlo. Podemos cubrir el suministro temporal de 60 días de su medicamento durante los primeros 90 días de su membresía en Molina Dual Options. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción.

Si su receta médica está escrita para menos días, permitiremos varias renovaciones para proveer hasta un máximo de 60 días del medicamento.

Cubriremos un suministro de 60 días de su medicamento si:

- Usted toma un medicamento que no está en nuestra Lista de medicamentos.
- Las políticas del plan de salud no le permiten obtener la cantidad solicitada por el recetador.
- El medicamento requiere la autorización previa de Molina Dual Options.
- Está tomando un medicamento sujeto a una restricción de terapia progresiva.

Podemos ayudarlo si se encuentra en una residencia para ancianos o en otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de medicamentos o si no puede obtener fácilmente el medicamento que necesita. Usted ha estado en el plan durante más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro de 60 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de si es un miembro nuevo de Molina Dual Options.
- Esto es además del suministro temporal durante los primeros 90 días de su membresía en Molina Dual Options.

Política de transición

Es posible que los miembros nuevos de nuestro plan estén tomando medicamentos que no están en nuestro formulario o que están sujetos a ciertas restricciones, como la autorización previa o la terapia progresiva. Los miembros actuales también pueden resultar afectados por los cambios en nuestro formulario de un año al otro. Los miembros deben hablar con sus médicos para decidir si deben cambiarse a otro medicamento cubierto o solicitar una excepción de formulario con el fin de obtener la cobertura del medicamento. Consulte el Manual del Miembro para obtener más

12/01/2021

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información sobre cómo solicitar una excepción. Comuníquese con el Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a determinadas restricciones, como la autorización previa o la terapia progresiva, o si ya no estará en nuestro formulario del próximo año y usted necesita ayuda para reemplazarlo con un medicamento diferente cubierto o solicitar una excepción de formulario.

Durante el periodo de tiempo en que los miembros consultan con sus doctores para determinar el curso de acción correcto, es posible que proporcionemos un suministro temporal del medicamento que no está en el formulario si esos miembros necesitan renovar el medicamento durante los primeros 90 días de la nueva membresía en nuestro plan para medicamentos de la Parte D (categoría 1 y 2) y 90 días para los medicamentos de Medicaid (categoría 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al otro, proporcionaremos un suministro temporal del medicamento que no está en el formulario si necesita una renovación del medicamento durante los primeros 90 días del año del nuevo plan.

Cuando un miembro va a una farmacia de la red porque le proporcionamos un suministro temporal de un medicamento que no está en nuestro formulario, está sujeto a restricciones o tiene límites de cobertura (pero que de otro modo se considera un “medicamento Parte D”), cubriremos un suministro de 60 días (a menos que la receta esté hecha para menos días). Después de cubrir el suministro temporal 60 días, generalmente no cubriremos nuevamente estos medicamentos como parte de nuestra política de transición.

Le enviaremos un aviso por escrito después de cubrir su suministro temporal. En este aviso se explicarán los pasos que puede seguir para solicitar una excepción y cómo trabajar con su médico para decidir si debe cambiar a un medicamento adecuado que sí esté cubierto.

Si un nuevo miembro es residente de un centro de atención a largo plazo (como una residencia para ancianos), cubriremos un suministro temporal de transición de 31 días (a menos que la receta esté escrita para menos días). Si es necesario, cubriremos más de una renovación de estos medicamentos durante los primeros 90 días en que se inscriba un nuevo miembro en nuestro plan. Si el residente ha estado inscrito en nuestro plan durante más de 90 días y necesita un medicamento que no se encuentra en nuestro formulario o está sujeto a otras restricciones, tales como una terapia escalonada o dosis limitada, cubriremos un suministro provisional de emergencia de 31 días de ese medicamento (a menos que tenga una receta médica por un número menor de días) mientras el miembro tramita una excepción de formulario. Existen excepciones disponibles en situaciones en que usted experimenta un cambio en el nivel de atención que recibe, que también requiere que realice una transición desde un centro de

12/01/2021

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tratamiento a otro. En dichas circunstancias, usted sería elegible para una excepción provisional de un surtido por única vez, aunque hayan pasado los primeros 90 días como miembro del plan.

B10. ¿Puede solicitar una excepción para que cubramos su medicamento?

Sí. Puede solicitarle a Molina Dual Options una excepción para que cubra un medicamento que no esté incluido en la Lista de medicamentos.

También puede solicitarnos que cambiemos las políticas de su medicamento.

- Por ejemplo, Molina Dual Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitar que cambiemos el límite y se otorgue más cobertura.
- Otros ejemplos: Puede solicitar que quitemos las restricciones de la terapia progresiva o los requisitos de autorización previa.

B11. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, comuníquese con el *Departamento de Servicios para Miembros*. Un representante del Departamento de Servicios para Miembros trabajará con usted y con su proveedor para solicitar una excepción. También puede leer el Capítulo 9 del *Manual del Miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se requiere para obtener una excepción de cobertura?

En primer lugar, debemos obtener una declaración de su recetador que respalde su solicitud de excepción. Después de recibir la declaración, le informaremos la resolución de su solicitud de excepción en un plazo de 72 horas.

Si usted o su recetador piensan que su salud podría verse afectada por esperar 72 horas para recibir la resolución, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si su recetador apoya su solicitud, le informaremos de la resolución dentro de las 24 horas siguientes a la recepción de la declaración de apoyo de su recetador.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos tienen los mismos principios activos que los medicamentos de marca registrada. Por lo general, el costo es menor en comparación con el medicamento de marca registrada y no suelen tener nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA).

Molina Dual Options cubre medicamentos de marca registrada y medicamentos genéricos.

12/01/2021

 **Si tiene alguna pregunta,** llame a Molina Dual Options al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este. Esta llamada es gratuita. **Para obtener más información,** visite MolinaHealthcare.com/Duals.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC es la sigla en inglés de “over-the-counter”, que significa “de venta libre”. Molina Dual Options cubre algunos medicamentos OTC cuando son recetados por su proveedor.

Puede consultar la Lista de medicamentos de Molina Dual Options para ver qué medicamentos OTC están cubiertos.

B15. ¿Molina Dual Options cubre productos no farmacológicos OTC?

Molina Dual Options cubre algunos productos no farmacológicos OTC cuando son recetados por su proveedor.

Entre algunos ejemplos de productos OTC no farmacológicos se encuentran *comprimidos sin aspirina 325 mg, jarabes para la tos 100/5 ml.*

Puede consultar la Lista de medicamentos de Molina Dual Options para ver qué productos no farmacológicos OTC están cubiertos.

B16. ¿Cuál es su copago?

Como miembro de Molina Dual Options, no tiene copagos por los medicamentos recetados y de venta libre, siempre que siga las políticas de Molina Dual Options.

B17. ¿Qué son las categorías de medicamentos?

Las categorías son grupos de medicamentos.

- Los medicamentos de la categoría 1 son medicamentos genéricos. Por los medicamentos de categoría 1, usted no paga nada.
- Los medicamentos de categoría 2 son los medicamentos de marca. Por los medicamentos de categoría 2, usted no paga nada.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC) no cubiertos por Medicare. Por los medicamentos de categoría 3, usted no paga nada.

C. Resumen de la *Lista de medicamentos cubiertos*

En la siguiente Lista de medicamentos cubiertos se le ofrece información sobre los medicamentos cubiertos por Molina Dual Options. Si tiene problemas para encontrar el medicamento en la Lista, consulte el Índice de Medicamentos Cubiertos que comienza en la

12/01/2021

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página 119. El índice enumera alfabéticamente todos los medicamentos cubiertos por Molina Dual Options.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., BYSTOLIC) y los medicamentos genéricos están en minúscula cursiva (p. ej., *metoprolol*).

En la columna de acciones necesarias, restricciones o límites de uso se informa si Molina Dual Options tiene políticas de cobertura para su medicamento.

Nota: El símbolo * junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”.

- Estos medicamentos tienen diferentes políticas para las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos nuestra decisión de cobertura y la cambiemos si usted cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted desea no tenía cobertura o ya no está cubierto por Medicare o Michigan Medicaid.
- Si usted o su recetador no están de acuerdo con nuestra decisión, puede apelar. Para solicitar información sobre cómo apelar, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del Este. También puede leer el Capítulo 9 del *Manual del Miembro* para aprender cómo apelar una decisión.

C1. Medicamentos agrupados por enfermedad

Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una enfermedad cardíaca, debe buscar en la categoría Betabloqueantes. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

PA = autorización previa (prior authorization): debe obtener una aprobación para recibir este medicamento.

QL = límites de cantidad (quantity limits): la cantidad de medicamentos que cubrirá el plan.

ST = criterios de terapia progresiva (step therapy criteria): debe probar otro medicamento antes de obtener este.

NM = pedido sin envío (non-mail order): este medicamento no se puede adquirir por correo.

B/D = este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

12/01/2021

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LA = medicamento de acceso limitado (limited access drug): es posible que este medicamento solo esté disponible en algunas farmacias.

(*) = medicamentos no incluidos en la parte D o elementos OTC cubiertos por Medicaid.

NDS = suministro sin extensión de días (non-extended days supply): se limitará la cantidad de días de suministro que puede recibir.

12/01/2021

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MOLINA_MI_CY21_2T_MMP eff 12/01/2021

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)	LIMITS ON USE
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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)	
<i>MITIGARE CAPS .6mg</i>	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

MISCELLANEOUS

<i>acetaminophen</i> SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg, 650mg; SUSP 160mg/5ml; TABS 325mg, 500mg; TBCR 650mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>aspir-low</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
<i>ASPIRIN</i> SUPP 300mg, 600mg	\$0(3)	NM; *
<i>aspirin 81</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult</i> TABS 325mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult low strengt</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>aspirin low strength</i> CHEW 81mg	\$0(3)	NM; *
<i>childrens acetaminophen</i> SUSP 160mg/5ml, 325mg/10.15ml	\$0(3)	NM; *
<i>childrens aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>childrens silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>childrens tactinal</i> CHEW 80mg	\$0(3)	NM; *
<i>ecpirin</i> TBEC 325mg	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>feverall adults</i> SUPP 650mg	\$0(3)	NM; *
<i>feverall childrens</i> SUPP 120mg	\$0(3)	NM; *
<i>FEVERALL INFANTS</i> SUPP 80mg	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
FEVERALL JUNIOR STRENGTH SUPP <u>325mg</u>	\$0(3)	NM; *
<i>gnp 8 hour pain reliever TBCR 650mg</i>	\$0(3)	NM; *
<i>gnp acetaminophen TABS 325mg</i>	\$0(3)	NM; *
<i>gnp adult aspirin low str CHEW 81mg</i>	\$0(3)	NM; *
<i>gnp arthritis pain relief TBCR 650mg</i>	\$0(3)	NM; *
<i>gnp aspirin TABS 325mg; TBEC 81mg, 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin low dose TBEC 81mg</i>	\$0(3)	NM; *
<i>gnp infants pain relief SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>gnp infants pain/fever SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>gnp pain & fever children SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>gnp pain relief TABS 325mg</i>	\$0(3)	NM; *
<i>gnp pain relief extra str TABS 500mg</i>	\$0(3)	NM; *
<i>goodsense arthritis pain TBCR 650mg</i>	\$0(3)	NM; *
<i>goodsense aspirin CHEW 81mg; TABS 325mg</i>	\$0(3)	NM; *
<i>goodsense aspirin adult / CHEW 81mg</i>	\$0(3)	NM; *
<i>goodsense pain & fever ch SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>goodsense pain & fever in SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>goodsense pain relief ext TABS 500mg</i>	\$0(3)	NM; *
<i>hm arthritis pain relief TBCR 650mg</i>	\$0(3)	NM; *
<i>hm aspirin CHEW 81mg; TABS 325mg</i>	\$0(3)	NM; *
<i>hm aspirin ec TBEC 325mg</i>	\$0(3)	NM; *
<i>hm aspirin ec low dose TBEC 81mg</i>	\$0(3)	NM; *
<i>hm pain & fever childrens SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>hm pain & fever infants SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>hm pain relief extra stre TABS 500mg</i>	\$0(3)	NM; *
<i>hm pain reliever TABS 325mg</i>	\$0(3)	NM; *
<i>8 hour arthritis pain rel TBCR 650mg</i>	\$0(3)	NM; *
<i>8hr muscle aches & pain TBCR 650mg</i>	\$0(3)	NM; *
<i>m-pap LIQD 160mg/5ml</i>	\$0(3)	NM; *
<i>mapap CAPS 500mg; TABS 325mg</i>	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<i>mapap acetaminophen extra LIQD 500mg/15ml</i>	\$0(3)	NM; *
<i>mapap arthritis pain TBCR 650mg</i>	\$0(3)	NM; *
<i>mapap childrens CHEW 80mg</i>	\$0(3)	NM; *
<i>non-aspirin childrens SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>non-aspirin pain relief e TABS 500mg</i>	\$0(3)	NM; *
<i>pain & fever TABS 325mg</i>	\$0(3)	NM; *
<i>pain & fever childrens SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>pain & fever infants SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>pain relief extra strengt TABS 500mg</i>	\$0(3)	NM; *
<i>pharbetol TABS 325mg</i>	\$0(3)	NM; *
<i>pharbetol extra strength TABS 500mg</i>	\$0(3)	NM; *
<i>qc acetaminophen 8 hours TBCR 650mg</i>	\$0(3)	NM; *
<i>qc arthritis pain relief TBCR 650mg</i>	\$0(3)	NM; *
<i>qc aspirin TABS 325mg; TBEC 325mg</i>	\$0(3)	NM; *
<i>qc aspirin low dose CHEW 81mg; TBEC 81mg</i>	\$0(3)	NM; *
<i>qc chewable aspirin low d CHEW 81mg</i>	\$0(3)	NM; *
<i>qc enteric aspirin TBEC 325mg</i>	\$0(3)	NM; *
<i>qc non-aspirin childrens SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>qc non-aspirin extra stre TABS 500mg</i>	\$0(3)	NM; *
<i>qc non-aspirin jr strengt TBDP 160mg</i>	\$0(3)	NM; *
<i>qc pain relief TABS 325mg</i>	\$0(3)	NM; *
<i>qc pain relief childrens SUSP 160mg/5ml</i>	\$0(3)	NM; *
<i>qc pain relief extra stre TABS 500mg</i>	\$0(3)	NM; *
<i>sm 8 hour pain relief TBCR 650mg</i>	\$0(3)	NM; *
<i>sm arthritis pain relief TBCR 650mg</i>	\$0(3)	NM; *
<i>sm arthritis pain relieve TBCR 650mg</i>	\$0(3)	NM; *
<i>sm aspirin TABS 325mg</i>	\$0(3)	NM; *
<i>sm aspirin adult low stre CHEW 81mg; TBEC 81mg</i>	\$0(3)	NM; *
<i>sm aspirin enteric coated TBEC 325mg</i>	\$0(3)	NM; *
<i>sm aspirin low dose CHEW 81mg</i>	\$0(3)	NM; *
<i>sm childrens aspirin CHEW 81mg</i>	\$0(3)	NM; *
<i>sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml</i>	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<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 extra st</i> TABS 500mg; TBCR 650mg	\$0(3)	NM; *
<i>st joseph aspirin</i> TBEC 81mg	\$0(3)	NM; *
<i>st joseph low dose aspiri</i> CHEW 81mg	\$0(3)	NM; *
<i>tactinal</i> TABS 325mg	\$0(3)	NM; *
<i>tactinal extra strength</i> TABS 500mg	\$0(3)	NM; *
<i>tension headache</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ADVIL CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>advil junior strength</i> CHEW 100mg	\$0(3)	NM; *
ADVIL MIGRAINE CAPS 200mg	\$0(3)	NM; *
<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 100mg/5ml	\$0(3)	NM; *
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg, 500mg	\$0(1)	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp ibuprofen junior stre</i> CHEW 100mg	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense ibuprofen junio</i> CHEW 100mg	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> CAPS 200mg; CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen ib/junior st</i> CHEW 100mg	\$0(3)	NM; *
<i>hm ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 600mg, 800mg	\$0(1)	
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen infants drops</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>INFANTS ADVIL</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg; TBEC 375mg, 500mg	\$0(1)	
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>proivil</i> TABS 200mg	\$0(3)	NM; *
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>qc ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>qc ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>qc ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
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
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> 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>morpheine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<u>OPIOID ANALGESICS, SHORT-ACTING</u>		
acetaminophen w/ codeine soln 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	\$0(2)	
endocet tab 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	\$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	\$0(1)	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg	\$0(1)	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 10mg/ml	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
morphine sulfate SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	\$0(2)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl</i> (local anesth.) SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	\$0(2)	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(2)	NDS
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
<i>CAYSTON</i> SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTO MYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	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)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>pentamidine isethionate inh SOLR 300mg</i>	\$0(1)	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	\$0(1)	
<i>praziquantel TABS 600mg</i>	\$0(1)	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	\$0(2)	NDS
<i>streptomycin sulfate SOLR 1gm</i>	\$0(2)	NDS
<i>SULFADIAZINE TABS 500mg</i>	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>SYNERCID INJ 500MG</i>	\$0(2)	NDS
<i>tobramycin NEBU 300mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	\$0(1)	
<i>trimethoprim TABS 100mg</i>	\$0(1)	
<i>vancomycin hcl CAPS 125mg</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	\$0(1)	
<i>VANCOMYCIN INJ 1 GM</i>	\$0(2)	
<i>VANCOMYCIN INJ 500MG</i>	\$0(2)	
<i>VANCOMYCIN INJ 750MG</i>	\$0(2)	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>ABELCET SUSP 5mg/ml</i>	\$0(2)	B/D
<i>AMBISOME SUSR 50mg</i>	\$0(2)	NDS, B/D
<i>amphotericin b SOLR 50mg</i>	\$0(1)	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	\$0(2)	NDS
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)	LIMITS ON USE
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)		
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)		
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA	
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA	
<i>micafungin sodium SOLR 50mg, 100mg</i>	\$0(2)	NDS	
<i>NOXAFIL SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days)	
<i>nystatin TABS 500000unit</i>	\$0(1)		
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days)	
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (90 tabs / year)	
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	\$0(2)	NDS, PA	
<i>voriconazole TABS 50mg</i>	\$0(1)	QL (480 tabs / 30 days), PA	
<i>voriconazole TABS 200mg</i>	\$0(1)	QL (120 tabs / 30 days), PA	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl TABS 250mg</i>	\$0(1)	
<i>primaquine phosphate TABS 26.3mg</i>	\$0(1)	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	\$0(2)	
<i>quinine sulfate CAPS 324mg</i>	\$0(1)	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS

INFECTION

<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	\$0(1)	
<i>APTIVUS CAPS 250mg; SOLN 100mg/ml</i>	\$0(2)	NDS
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	\$0(1)	
<i>CRIXIVAN CAPS 200mg, 400mg</i>	\$0(2)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
EDURANT TABS 25mg	\$0(2)	NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	
<i>emtricitabine</i> CAPS 200mg	\$0(1)	
EMTRIVA SOLN 10mg/ml	\$0(2)	
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS
FUZEON SOLR 90mg	\$0(2)	NDS, NM
INTELENCE TABS 25mg	\$0(2)	
INTELENCE TABS 100mg, 200mg	\$0(2)	NDS
INVIRASE TABS 500mg	\$0(2)	NDS
ISENTRESS CHEW 25mg; PACK 100mg	\$0(2)	
ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS
ISENTRESS HD TABS 600mg	\$0(2)	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	
LEXIVA SUSP 50mg/ml	\$0(2)	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	
PIFELTRO TABS 100mg	\$0(2)	NDS
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	\$0(2)	NDS
<i>ritonavir</i> TABS 100mg	\$0(1)	
RUKOBIA TB12 600mg	\$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS
SELZENTRY TABS 25mg	\$0(2)	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	\$0(1)	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
TIVICAY TABS 10mg	\$0(2)	
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS
TIVICAY PD TBSO 5mg	\$0(2)	
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, LA
TYBOST TABS 150mg	\$0(2)	
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS
<i>zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg</i>	\$0(1)	

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS
HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0(1)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200/25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
KALETRA TAB 100-25MG	\$0(2)	
KALETRA TAB 200-50MG	\$0(2)	NDS

12/01/2021

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<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(2)	NDS
<i>ODEFSEY TAB</i>	\$0(2)	NDS
<i>PREZCOBIX TAB 800-150</i>	\$0(2)	NDS
<i>STRIBILD TAB</i>	\$0(2)	NDS
<i>SYMTUZA TAB</i>	\$0(2)	NDS
<i>TEMIXYS TAB 300-300</i>	\$0(2)	NDS
<i>TRIUMEQ TAB</i>	\$0(2)	NDS
<i>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</i>		
<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)	
<i>PASER PACK 4gm</i>	\$0(2)	
<i>PRIFTIN TABS 150mg</i>	\$0(2)	
<i>pyrazinamide TABS 500mg</i>	\$0(1)	
<i>rifabutin CAPS 150mg</i>	\$0(1)	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	\$0(1)	
<i>SIRTURO TABS 20mg, 100mg</i>	\$0(2)	NDS, LA, PA
<i>TRECATOR TABS 250mg</i>	\$0(2)	
<i>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</i>		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	\$0(1)	
<i>acyclovir sodium SOLN 50mg/ml</i>	\$0(1)	B/D
<i>adefovir dipivoxil TABS 10mg</i>	\$0(2)	NDS
<i>BARACLUDE SOLN .05mg/ml</i>	\$0(2)	NDS
<i>entecavir TABS .5mg, 1mg</i>	\$0(1)	
<i>EPCLUSA TAB 200-50MG</i>	\$0(2)	NDS, PA
<i>EPCLUSA TAB 400-100</i>	\$0(2)	NDS, NM, PA
<i>EPIVIR HBV SOLN 5mg/ml</i>	\$0(2)	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	\$0(1)	
<i>ganciclovir sodium SOLR 500mg</i>	\$0(1)	B/D
<i>HARVONI PAK 33.75-150MG</i>	\$0(2)	NDS, PA
<i>HARVONI PAK 45-200MG</i>	\$0(2)	NDS, PA
<i>HARVONI TAB 45-200MG</i>	\$0(2)	NDS, PA

12/01/2021

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HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml	\$0(2)	NDS, NM, PA
PEGASYS SOSY 180mcg/0.5ml	\$0(2)	NDS, PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c) CAPS 200mg; TABS 200mg</i>	\$0(1)	NM
<i>rimantadine hydrochloride TABS 100mg</i>	\$0(1)	
<i>valacyclovir hcl TABS 1gm, 500mg</i>	\$0(1)	
<i>valganciclovir hcl SOLR 50mg/ml; TABS 450mg</i>	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 20mg, 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	\$0(1)
<i>CEFACLOR ER TB12 500mg</i>	\$0(2)
<i>cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml</i>	\$0(1)
<i>CEFAZOLIN INJ 1GM/50ML</i>	\$0(2)
<i>cefazolin sodium SOLR 1gm, 10gm, 500mg</i>	\$0(1)
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	\$0(2)
<i>cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml</i>	\$0(1)
<i>cefepime hcl SOLR 1gm, 2gm</i>	\$0(1)
<i>cefixime SUSR 100mg/5ml, 200mg/5ml</i>	\$0(1)
<i>cefoxitin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)
<i>cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg</i>	\$0(1)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) 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)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
<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	\$0(1)	
TAZICEF SOLR 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
e.e.s. 400 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)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>CIPRO</i> SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl TABS 400mg</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<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)	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$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</i>	\$0(1)	
<i>oxacillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>PEN GK/DEXTR INJ 40000/ML</i>	\$0(2)	
<i>PEN GK/DEXTR INJ 60000/ML</i>	\$0(2)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	\$0(2)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>pifizerpen 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)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 SOLR 100mg</i>	\$0(1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>monodoxine nl</i> CAPS 100mg	\$0(1)	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
TIGECYCLINE SOLR 50mg	\$0(2)	NDS

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D, NM
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	\$0(2)	NDS, B/D, NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D

ANTIBIOTICS

<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D, NM
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D, NM
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D

ANTIMETABOLITES

ALIMTA SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<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, LA, PA
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
EMCYT CAPS 140mg	\$0(2)	
ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	\$0(1)	
<i>flutamide</i> CAPS 125mg	\$0(1)	
<i>fulvestrant</i> SOLN 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, NM, PA
XTANDI CAPS 40mg	\$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	\$0(2)	NDS, LA, PA
ZYTIGA TABS 500mg	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA

12/01/2021

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REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
bexarotene CAPS 75mg	\$0(2)	NDS, NM, PA
hydroxyurea CAPS 500mg	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
KISQALI 200 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, NM, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D, NM
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D, NM

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MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	\$0(2)	NDS, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	\$0(2)	NDS, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, 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	\$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), 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), PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (56 caps / 28 days), LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA TABS 140mg	\$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TABS 280mg	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TABS 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IRESSA TABS 250mg	\$0(2)	NDS, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, PA
KISQALI TBPK 200mg	\$0(2)	NDS, NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, LA, PA
PHESGO SOL	\$0(2)	NDS, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, NM, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
QINLOCK TABS 50mg	\$0(2)	NDS, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
TALZENNA CAPS .25mg, 1mg	\$0(2)	NDS, NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, NM, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	\$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, LA, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
PROTECTIVE AGENTS		
<i>leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg</i>	\$0(1)	B/D
<i>leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg</i>	\$0(1)	
<i>MESNEX TABS 400mg</i>	\$0(2)	NDS

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<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)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<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)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	\$0(1)	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	\$0(1)	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	\$0(1)	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	\$0(1)	
<i>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>eplerenone TABS 25mg, 50mg</i>	\$0(1)	
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	\$0(1)	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5- 160 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5- 320 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10- 160 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10- 320 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg	\$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg	\$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
irbesartan-hydrochlorothiazide tab 150- 12.5 mg	\$0(1)	QL (30 tabs / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>irbesartan-hydrochlorothiazide tab 300-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</u>	\$0(1)	
<u>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</u>	\$0(1)	
<u>losartan potassium & hydrochlorothiazide tab 100-25 mg</u>	\$0(1)	
<u>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartanamlodipine tab 40-5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartanamlodipine tab 40-10 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartanamlodipine tab 80-5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartanamlodipine tab 80-10 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartan-hydrochlorothiazide tab 40-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>telmisartan-hydrochlorothiazide tab 80-12.5 mg</u>	\$0(1)	QL (60 tabs / 30 days)
<u>telmisartan-hydrochlorothiazide tab 80-25 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>valsartan-hydrochlorothiazide tab 80-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>valsartan-hydrochlorothiazide tab 160-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>valsartan-hydrochlorothiazide tab 160-25 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>valsartan-hydrochlorothiazide tab 320-12.5 mg</u>	\$0(1)	QL (30 tabs / 30 days)

12/01/2021

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<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)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	\$0(1)	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	\$0(2)	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	\$0(1)	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	\$0(1)	
<i>MULTAQ TABS 400mg</i>	\$0(2)	
<i>NORPACE CR CP12 100mg, 150mg</i>	\$0(2)	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	\$0(1)	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	\$0(1)	
<i>quinidine sulfate TABS 200mg, 300mg</i>	\$0(1)	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	\$0(1)	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	\$0(1)	
ANTILIPIDEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	\$0(1)	

12/01/2021

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<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTI-LIPEMICS, 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)
ANTI-LIPEMICS, 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)
<i>JUXTAPID</i> CAPS 5mg, 10mg, 20mg, 30mg	\$0(2)	NDS, LA, PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>PRALUENT</i> SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>VASCEPA</i> 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)	

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<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>BYSTOLIC TABS 2.5mg, 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TABS 20mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	\$0(1)	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	\$0(1)	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	\$0(1)	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0(1)	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>isradipine CAPS 2.5mg, 5mg</i>	\$0(1)	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	\$0(1)	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	\$0(1)	
<i>nimodipine CAPS 30mg</i>	\$0(1)	
<i>NYMALIZE SOLN 6mg/ml</i>	\$0(2)	NDS
<i>taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0(1)	
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0(1)	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</i>	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide CP12 500mg; TABS 125mg, 250mg</i>	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	\$0(1)	
<i>amiloride hcl TABS 5mg</i>	\$0(1)	
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	\$0(1)	
<i>chlorthalidone TABS 25mg, 50mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	\$0(1)	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	\$0(2)	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
<i>CORLANOR</i> SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek</i> TABS .125mg, .25mg	\$0(1)	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>METHYLDOPA</i> TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
metyrosine CAPS 250mg	\$0(2)	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	\$0(1)	
minoxidil TABS 2.5mg, 10mg	\$0(1)	
NORTHERA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
ranolazine TB12 500mg, 1000mg	\$0(1)	

NITRATES - DRUGS TO TREAT HEART CONDITIONS

isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	\$0(1)
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)
NITRO-BID OINT 2%	\$0(2)
NITRO-DUR PT24 .3mg/hr, .8mg/hr	\$0(2)
nitroglycerin 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
ambrisentan TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
bosentan TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
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12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>buspirone 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)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
<i>APTIOM</i> TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>BANZEL</i> TABS 200mg, 400mg	\$0(2)	NDS, PA
<i>BRIVIACT</i> SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
<i>BRIVIACT</i> SOLN 50mg/5ml	\$0(2)	PA
<i>BRIVIACT</i> 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>CELONTIN</i> CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIACOMIT</i> CAPS 250mg, 500mg; PACK 250mg, 500mg	\$0(2)	NDS, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
PEGANONE TABS 250mg	\$0(2)	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	\$0(2)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml; TABS 200mg, 400mg	\$0(2)	NDS, PA
<i>SPRITAM</i> TB3D 250mg, 500mg, 750mg, 1000mg	\$0(2)	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg	\$0(2)	QL (60 films / 30 days), PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMPAZAN FILM 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 LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
vigabatrin PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadroner PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG <i>(MAINTENANCE)</i>	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride TABS 5mg; TBDP 5mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride TABS 10mg; TBDP 10mg</i>	\$0(1)	
<i>galantamine hydrobromide CP24 8mg, 16mg, 24mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide SOLN 4mg/ml</i>	\$0(1)	
<i>galantamine hydrobromide TABS 4mg, 8mg, 12mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
<i>NAMZARIC CAP 7-10MG</i>	\$0(2)	
<i>NAMZARIC CAP 14-10MG</i>	\$0(2)	
<i>NAMZARIC CAP 21-10MG</i>	\$0(2)	
<i>NAMZARIC CAP 28-10MG</i>	\$0(2)	
<i>NAMZARIC CAP PACK</i>	\$0(2)	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate CAPS 4.5mg, 6mg</i>	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	\$0(2)	
<i>bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg</i>	\$0(1)	
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	\$0(2)	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	\$0(1)	QL (30 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
<i>DRIZALMA SPRINKLE</i> 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)
<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
<i>FETZIMA</i> CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
<i>FETZIMA</i> CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
<i>FETZIMA CAP TITRATIO</i>	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
<i>MARPLAN</i> 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(1)	QL (900 mL / 30 days)
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>PAXIL</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days)
<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	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
<i>TRINTELLIX</i> TABS 5mg	\$0(2)	QL (120 tabs / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	

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)	
APOKYN SOCT 30mg/3ml	\$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa & levodopa</i> tab 10-100 mg	\$0(1)	
<i>carbidopa & levodopa</i> tab 25-100 mg	\$0(1)	
<i>carbidopa & levodopa</i> tab 25-250 mg	\$0(1)	
<i>carbidopa & levodopa</i> tab er 25-100 mg	\$0(1)	
<i>carbidopa & levodopa</i> tab er 50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone</i> tabs 12.5-50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone</i> tabs 18.75-75-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone</i> tabs 25-100-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone</i> tabs 31.25-125-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone</i> tabs 37.5-150-200 mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	\$0(2)	NDS, QL (150 films / 30 days), PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$0(2)	PA; PA if 70 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
ariPIPRAZOLE SOLN 1mg/ml	\$0(2)	NDS, QL (900 mL / 30 days)
ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
ariPIPRAZOLE TBDP 10mg, 15mg	\$0(2)	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days)
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
clozapine TABS 25mg, 50mg	\$0(1)	
clozapine TABS 100mg	\$0(1)	QL (270 tabs / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(2)	NDS, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; <i>TBDP</i> 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)	
<i>PERSERIS</i> PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 injection / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>REXULTI</i> TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
<i>REXULTI</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
<i>RISPERDAL CONSTA</i> SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
<i>RISPERDAL CONSTA</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
<i>SECUADO</i> PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>VERSACLOZ</i> SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
<i>VRAYLAR</i> CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

amphetamine-dextroamphetamine cap er 24hr 5 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	\$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	\$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	\$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	\$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	\$0(1)	QL (60 caps / 30 days)

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Drug Name (By Medical Condition)	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>dextroamphetamine hcl</i> TABS 2.5mg, 5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>dextroamphetamine hcl</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

<i>BELSOMRA</i> TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>HETLIOZ</i> CAPS 20mg	\$0(2)	NDS, LA, PA
<i>temazepam</i> CAPS 7.5mg	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zaleplon CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate 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), PA
dihydroergotamine mesylate SOLN 1mg/ml	\$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	\$0(1)	
naratriptan hcl TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	\$0(1)	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	\$0(1)	QL (12 inhalers / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
LYRICA CR TB24 82.5mg, 165mg, 330mg	\$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	NM, PA
GILENYA CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

baclofen TABS 10mg, 20mg	\$0(1)	
carisoprodol TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>dantrolene sodium</i> CAPS 25mg, 50mg, <u>100mg</u>	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), 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
<i>buprenorphine hcl-naloxone hcl sl film</i> <u>2-0.5 mg (base equiv)</u>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> <u>4-1 mg (base equiv)</u>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> <u>8-2 mg (base equiv)</u>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> <u>12-3 mg (base equiv)</u>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> <u>2-0.5 mg (base equiv)</u>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> <u>8-2 mg (base equiv)</u>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	PA
CHANTIX CONTINUING MONTH TABS <u>1mg</u>	\$0(2)	PA
CHANTIX PAK 0.5& 1MG	\$0(2)	PA
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine mini lozenge</i> LOZG 2mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *

12/01/2021

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<i>gnp nicotine polacrilex m LOZG 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/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 4mg; LOZG 4mg</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>hm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</i>	\$0(1)	
<i>NARCAN LIQD 4mg/0.1ml</i>	\$0(2)	
<i>NICODERM CQ PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>NICORETTE GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>NICORETTE MINI LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>NICORETTE STARTER KIT GUM 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>NICOTINE SYS KIT TRANSDER</i>	\$0(3)	NM; *
<i>nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>NICOTROL INHALER INHA 10mg</i>	\$0(2)	
<i>NICOTROL NS SOLN 10mg/ml</i>	\$0(2)	
<i>sm nicotine GUM 4mg; LOZG 2mg</i>	\$0(3)	NM; *
<i>sm nicotine polacrilex GUM 2mg, 4mg; LOZG 4mg</i>	\$0(3)	NM; *
<i>sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>VARENICLINE TARTRATE TABS .5mg, 1mg</i>	\$0(1)	PA
<i>VIVITROL SUSR 380mg</i>	\$0(2)	NDS, NM

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
testosterone enanthate SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	\$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)

12/01/2021

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JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)

12/01/2021

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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)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES:	\$0(2)	
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 boxes / 30 days), PA
PEN NEEDLES:	\$0(2)	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, PA
ibandronate sodium TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 injection / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	

12/01/2021

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TYMLOS SOPN 3120mcg/1.56ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	\$0(2)	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
penicillamine TABS 250mg	\$0(2)	NDS
sodium polystyrene sulfonate powder	\$0(1)	
sps SUSP 15gm/60ml	\$0(1)	
trientine hcl CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

afirmelle	\$0(1)	
aftera TABS 1.5mg	\$0(3)	NM; *
altavera	\$0(1)	
alyacen 1/35	\$0(1)	
alyacen 7/7/7	\$0(1)	
amethia	\$0(1)	
apri	\$0(1)	
aranelle	\$0(1)	
ashlyna	\$0(1)	
aubra eq	\$0(1)	
aurovela 1/20	\$0(1)	
aurovela 24 fe	\$0(1)	
aurovela fe 1.5/30	\$0(1)	
aurovela fe 1/20	\$0(1)	
aviane	\$0(1)	
ayuna	\$0(1)	
azurette	\$0(1)	
balziva	\$0(1)	
bekyree	\$0(1)	
blisovi 24 fe	\$0(1)	
blisovi fe 1.5/30	\$0(1)	
briellyn	\$0(1)	
camila TABS .35mg	\$0(1)	
camrese	\$0(1)	

12/01/2021

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<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>desogest-eth estrad & 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)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	\$0(1)	
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *
<i>econtra one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>ELLA TABS 30mg</i>	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	
<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 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>fayosim</i>	\$0(1)	

12/01/2021

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<i>femynor</i>	\$0(1)	
<i>gianvi</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</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)	
<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>larissa</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 & ethynodiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<i>levonorgestrel & ethynodiol dienoate tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-ethynodiol dienoate tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lilow</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>lutera</i>	\$0(1)	
<i>lyeq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>melodetta 24 fe</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>milki</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate chew tab 0.8 mg-25 mcg</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>norethindrone (contraceptive) TABS .35mg</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 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>PLAN B ONE-STEP TABS 1.5mg</i>	\$0(3)	NM; *
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>syeda</i>	\$0(1)	
<i>take action TABS 1.5mg</i>	\$0(3)	NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarrylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarrylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>tulana TABS .35mg</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienna</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zarah</i>	\$0(1)	
<i>zovia 1/35e</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
<i>ENDOMETRIOSIS</i>		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	\$0(1)	
<i>SYNAREL SOLN 2mg/ml</i>	\$0(2)	NDS, NM
<i>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</i>		
<i>amabelz</i>	\$0(2)	
<i>DELESTROGEN OIL 10mg/ml</i>	\$0(2)	

12/01/2021

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<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1- 0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	\$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>lopreeza</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate</i> TABS 25mg	\$0(1)	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<u>hydrocortisone</u> TABS 5mg, 10mg, 20mg	\$0(1)	
<u>methylprednisolone</u> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<u>methylprednisolone</u> TBPK 4mg	\$0(1)	
<u>methylprednisolone acetate</u> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<u>methylprednisolone sod succ</u> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<u>prednisolone</u> SOLN 15mg/5ml	\$0(1)	B/D
<u>prednisolone sodium phosphate</u> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<u>prednisone</u> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<u>prednisone</u> TBPK 5mg, 10mg	\$0(1)	
<u>PREDNISONE INTENSOL</u> CONC 5mg/ml	\$0(2)	B/D
<u>SOLU-CORTEF</u> SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

<u>diazoxide</u> SUSP 50mg/ml	\$0(2)	NDS
<u>GVOKE HYPOPEN</u> 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
<u>GVOKE PFS SOSY</u> .5mg/0.1ml, 1mg/0.2ml	\$0(2)	

MISCELLANEOUS

<u>ALDURAZYME</u> SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<u>cabergoline</u> TABS .5mg	\$0(1)	
<u>CARBAGLU</u> TABS 200mg	\$0(2)	NDS, LA, PA
<u>CERDELGA</u> CAPS 84mg	\$0(2)	NDS, NM, PA
<u>CEREZYME</u> SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<u>cinacalcet hcl</u> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days), NM
<u>cinacalcet hcl</u> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<u>cinacalcet hcl</u> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
<u>CYSTADANE</u> POW	\$0(2)	NDS, LA
<u>CYSTAGON</u> CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<u>desmopressin acetate</u> SOLN 4mcg/ml	\$0(2)	NDS
<u>desmopressin acetate</u> SOLN 4mcg/ml	\$0(2)	NDS, NM

12/01/2021

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<i>desmopressin acetate</i> TABS .1mg,.2mg	\$0(1)	NM
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	NM
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg,.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	\$0(2)	NDS, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	\$0(2)	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	\$0(2)	NDS, NM, PA
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml	\$0(1)	PA
OCTREOTIDE ACETATE SOSY 500mcg/ml	\$0(2)	NDS, PA
OSPHENA TABS 60mg	\$0(2)	PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride</i> TABS 100mg	\$0(2)	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml,.9mg/ml	\$0(2)	NDS, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA

12/01/2021

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SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
STIMATE SOLN 1.5mg/ml	\$0(2)	NDS, NM
XENICAL CAPS 120mg	\$0(3)	NM; *

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TABS 210mg	\$0(2)	NDS, QL (360 tabs / 30 days), PA
<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)
sevelamer carbonate PACK 2.4gm	\$0(2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	\$0(1)	QL (540 tabs / 30 days)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	\$0(1)	
megestrol acetate SUSP 40mg/ml	\$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	\$0(2)	PA
norethindrone acetate TABS 5mg	\$0(1)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>levoxyli</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
<i>RAYALDEE</i> CPCR 30mcg	\$0(2)	NDS

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone</i>	\$0(3)	NM; *
<i>almacone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
<i>ALUMINUM HYDROXIDE SUSP</i> 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$0(3)	NM; *
<i>antacid calcium extra str</i> CHEW 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 fast relief</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid plus anti-gas fas</i>	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *

12/01/2021

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

12/01/2021

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<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sm calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>sm calcium antacid extra CHEW 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
<i>TUMS CHEW 500mg</i>	\$0(3)	NM; *
<i>TUMS CHEWY BITES CHEW 750mg</i>	\$0(3)	NM; *
<i>TUMS CHEWY DELIGHTS CHEW 1177mg</i>	\$0(3)	NM; *
<i>TUMS E-X 750 CHEW 750mg</i>	\$0(3)	NM; *
<i>TUMS EXTRA STRENGTH 750 CHEW 750mg</i>	\$0(3)	NM; *
<i>tums smoothies CHEW 750mg</i>	\$0(3)	NM; *
<i>TUMS SMOOTHIES CHEW 750mg</i>	\$0(3)	NM; *
<i>TUMS ULTRA 1000 CHEW 1000mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>bismatrol CHEW 262mg; SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>bismatrol maximum strengt SUSP 525mg/15ml</i>	\$0(3)	NM; *
<i>bismuth subsalicylate CHEW 262mg</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>gnp k-pec SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>gnp loperamide hcl SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor LIQD 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp pink bismuth CHEW 262mg; TABS 262mg</i>	\$0(3)	NM; *
<i>gnp stomach relief SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>goodsense stomach relief CHEW 262mg</i>	\$0(3)	NM; *
<i>hm anti-diarrheal TABS 2mg</i>	\$0(3)	NM; *
<i>hm loperamide hcl CAPS 2mg; LIQD 1mg/7.5ml; SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>hm stomach relief CHEW 262mg; SUSP 262mg/15ml, 525mg/30ml</i>	\$0(3)	NM; *

12/01/2021

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<i>hm stomach relief maximum SUSP 525mg/15ml</i>	\$0(3)	NM; *
<i>loperamide hcl LIQD 1mg/7.5ml; SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>peptic relief CHEW 262mg</i>	\$0(3)	NM; *
<i>PEPTO BISMOL TABS 262mg</i>	\$0(3)	NM; *
<i>PEPTO-BISMOL CHEW 262mg; SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>PEPTO-BISMOL INSTACOOL CHEW 262mg</i>	\$0(3)	NM; *
<i>PEPTO-BISMOL MAX STRENGTH SUSP 525mg/15ml</i>	\$0(3)	NM; *
<i>PEPTO-BISMOL SUS 525/15ML</i>	\$0(3)	NM; *
<i>PEPTO-BISMOL TO-GO CHEW 262mg</i>	\$0(3)	NM; *
<i>pink bismuth CHEW 262mg</i>	\$0(3)	NM; *
<i>qc anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>qc diarrhea relief SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>qc pink bismuth CHEW 262mg</i>	\$0(3)	NM; *
<i>sm anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>sm loperamide hcl SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>sm stomach relief CHEW 262mg; TABS 262mg</i>	\$0(3)	NM; *
<i>sm stomach relief liquid SUSP 525mg/30ml</i>	\$0(3)	NM; *
<i>stomach relief CHEW 262mg; SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>stomach relief maximum st SUSP 525mg/15ml</i>	\$0(3)	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>aprepitant CAPS 40mg, 80mg, 125mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro SUPP 25mg</i>	\$0(1)	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>EMEND SUSR 125mg/5ml</i>	\$0(2)	B/D
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	\$0(1)	
<i>granisetron hcl TABS 1mg</i>	\$0(1)	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	\$0(2)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrrolate</i> TABS 1mg, 2mg	\$0(1)	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid control maximum stre</i> TABS 150mg	\$0(3)	NM; *
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$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>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer maximum</i> TABS 20mg	\$0(3)	NM; *
<i>gnp heartburn relief</i> TABS 200mg	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<i>goodsense acid reducer</i> TABS 150mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg, 200mg	\$0(3)	NM; *
<i>heartburn relief maximum</i> TABS 20mg	\$0(3)	NM; *
<i>hm famotidine</i> TABS 10mg, 20mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	NM; *
<i>qc acid controller maximu</i> TABS 20mg	\$0(3)	NM; *
<i>ranitidine hcl</i> TABS 150mg	\$0(3)	NM; *
<i>sm acid reducer</i> TABS 10mg, 200mg	\$0(3)	NM; *
<i>sm acid reducer maximum s</i> TABS 20mg	\$0(3)	NM; *

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	
<i>budesonide</i> TB24 9mg	\$0(2)	NDS
<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; *
<i>COLACE</i> CAPS 100mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docu LIQD</i> 50mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml	\$0(3)	NM; *
<i>docusil</i> CAPS 100mg	\$0(3)	NM; *
<i>dok</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>ducodyl</i> TBEC 5mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>FLEET ENE</i>	\$0(3)	NM; *
<i>FLEET ENE ENEMA</i>	\$0(3)	NM; *
<i>FLEET ENE PED</i>	\$0(3)	NM; *

12/01/2021

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<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac SOLN 10gm/15ml</i>	\$0(1)	
<i>gentle laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>gnp bisa-lax TBEC 5mg</i>	\$0(3)	NM; *
<i>gnp clearlax PACK 17gm</i>	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp gentle laxative SUPP 10mg; TBEC 5mg</i>	\$0(3)	NM; *
<i>gnp laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>gnp natural fiber POWD 48.57%</i>	\$0(3)	NM; *
<i>gnp stool softener CAPS 100mg, 250mg; LIQD 50mg/5ml; SYRP 60mg/15ml</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ TBEC 5mg</i>	\$0(3)	NM; *
<i>GOLYTELY SOL</i>	\$0(2)	
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber POWD 28.3%, 48.57%</i>	\$0(3)	NM; *
<i>hm laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>hm stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>hm stool softener maximum CAPS 250mg</i>	\$0(3)	NM; *
<i>kao-tin CAPS 240mg</i>	\$0(3)	NM; *
<i>konsyl daily fiber POWD 28.3%</i>	\$0(3)	NM; *
<i>lactulose SOLN 10gm/15ml</i>	\$0(1)	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	\$0(1)	
<i>metamucil POWD 28.3%</i>	\$0(3)	NM; *
<i>natural fiber POWD 28.3%</i>	\$0(3)	NM; *
<i>natural fiber therapy POWD 28.3%, 48.57%</i>	\$0(3)	NM; *
<i>NULYTELY SOL LMN/LIME</i>	\$0(2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
<i>PLENUV SOL</i>	\$0(2)	
<i>polyethylene glycol 3350 PACK 17gm</i>	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative SUPP 10mg</i>	\$0(3)	NM; *

12/01/2021

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<i>qc natural vegetable POWD 95%</i>	\$0(3)	NM; *
<i>reguloid POWD 28.3%, 48.57%, 58.6%</i>	\$0(3)	NM; *
<i>silace LIQD 150mg/15ml; SYRP 60mg/15ml</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber POWD 28.3%, 48.57%, 58.6%</i>	\$0(3)	NM; *
<i>sm gentle laxative TBEC 5mg</i>	\$0(3)	NM; *
<i>sm laxative SUPP 10mg</i>	\$0(3)	NM; *
<i>sm stool softener CAPS 100mg, 240mg</i>	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>stool softener CAPS 100mg, 240mg</i>	\$0(3)	NM; *
<i>stool softener extra stre CAPS 250mg</i>	\$0(3)	NM; *
<i>stool softener laxative CAPS 100mg</i>	\$0(3)	NM; *
<i>stool softener laxative e CAPS 250mg</i>	\$0(3)	NM; *
<i>SUPREP BOWEL SOL PREP KIT</i>	\$0(2)	
<i>womens laxative TBEC 5mg</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosetron hcl TABS 1mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>GATTEX KIT 5mg</i>	\$0(2)	NDS, NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	\$0(1)	
<i>misoprostol TABS 100mcg, 200mcg</i>	\$0(1)	
<i>MOVANTIK TABS 12.5mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>MOVANTIK TABS 25mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	\$0(2)	NDS, PA
<i>sucralfate TABS 1gm</i>	\$0(1)	
<i>TRULANCE TABS 3mg</i>	\$0(2)	QL (30 tabs / 30 days)

12/01/2021

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<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
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 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM, PA; *
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>heartburn treatment 24 ho</i> CPDR 15mg	\$0(3)	NM; *
<i>hm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM, PA; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBEC 20mg	\$0(3)	NM, PA; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
PREVACID 24HR CPDR 15mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM, PA; *

12/01/2021

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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 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>MYRBETRIQ</i> SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacain succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
<i>TOVIAZ</i> TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>trospium 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; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$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)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
<i>miconazole 1</i>	\$0(3)	NM; *
<i>miconazole 3 CREA 4%</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal CREA 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0(3)	NM; *
<i>qc 3 day vaginal cream CREA 4%</i>	\$0(3)	NM; *
<i>qc miconazole 7 CREA 2%</i>	\$0(3)	NM; *
<i>sm 3-day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>sm tioconazole-1 OINT 6.5%</i>	\$0(3)	NM; *
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	\$0(1)	
<i>tioconazole 1 OINT 6.5%</i>	\$0(3)	NM; *
<i>vandazole GEL .75%</i>	\$0(1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>ELIQUIS TABS 2.5mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	\$0(2)	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	\$0(1)	NM
<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
<i>HEP SOD/NACL INJ 25000UNT</i>	\$0(2)	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
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
IRON		
wee care SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl CAPS .5mg, 1mg</i>	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol TABS 50mg, 100mg</i>	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, 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 SOLN 30mg/3ml</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline TBCR 400mg</i>	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
sajazir SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	

PLATELET AGGREGATION INHIBITORS

aspirin-dipyridamole cap er 12hr 25- 200 mg	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
clopidogrel bisulfate TABS 75mg	\$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	\$0(1)	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	\$0(2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / year), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TB24 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

hydroxychloroquine sulfate TABS 200mg	\$0(1)	
leflunomide TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	\$0(2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	\$0(1)	B/D

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg	\$0(2)	NDS, B/D
everolimus (immunosuppressant) TABS .25mg	\$0(1)	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	\$0(1)	B/D
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D
REZUROCK TABS 200mg	\$0(2)	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D
sirolimus SOLN 1mg/ml; TABS 2mg	\$0(2)	NDS, B/D
sirolimus TABS .5mg, 1mg	\$0(1)	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	\$0(1)	B/D
ZORTRESS TABS 1mg	\$0(2)	NDS, B/D

VACCINES

ACTHIB INJ	\$0(2)
ADACEL INJ	\$0(2)
BCG VACCINE INJ	\$0(2)
BEXSERO INJ	\$0(2)
BOOSTRIX INJ	\$0(2)
DAPTACEL INJ	\$0(2)
DIP/TET PED INJ 25-5LFU	\$0(2)
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)
GARDASIL 9 INJ	\$0(2)
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)
HIBERIX SOLR 10mcg	\$0(2)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOV INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	
ZOSTAVAX SUSR 19400unt/0.65ml	\$0(2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	\$0(1)
D5W/LYTES INJ #48	\$0(2)
D5W/NACL INJ 0.3%	\$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)

12/01/2021

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dextrose 5% w/ sodium chloride 0.3%	\$0(1)	
dextrose 5% w/ sodium chloride 0.9%	\$0(1)	
dextrose 5% w/ sodium chloride 0.45%	\$0(1)	
dextrose 5% w/ sodium chloride 0.225%	\$0(1)	
dextrose 10% w/ sodium chloride 0.45%	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	\$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	\$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	\$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	\$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)	
lactated ringer's solution	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL/NACL INJ 20MEQ/L	\$0(1)	
POT CHL/NACL INJ 40MEQ/L	\$0(1)	
potassium chloride SOLN 2meq/ml	\$0(1)	

12/01/2021

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POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	\$0(1)	
klor-con 8 TBCR 8meq	\$0(1)	
klor-con 10 TBCR 10meq	\$0(1)	
klor-con m10 TBCR 10meq	\$0(1)	
klor-con m15 TBCR 15meq	\$0(1)	
klor-con m20 TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
IV NUTRITION		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
<i>chromic chloride SOLN 40mcg/10ml</i>	\$0(3)	NM; *
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clenisol sf 15%</i>	\$0(1)	B/D

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>cupric chloride</i> SOLN .4mg/ml	\$0(3)	NM; *
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	
<i>dextrose</i> SOLN 50%, 70%	\$0(1)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
calcium 600 TABS 600mg	\$0(3)	NM; *
calcium 600+d	\$0(3)	NM; *
calcium carbonate TABS 600mg	\$0(3)	NM; *
calcium carbonate (<i>antacid</i>) SUSP 1250mg/5ml	\$0(3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-200 unit	\$0(3)	NM; *
calcium high potency TABS 1500mg	\$0(3)	NM; *
calcium high potency + vi	\$0(3)	NM; *
K-PHOS TABS 500mg	\$0(3)	NM; *
magnesium oxide (<i>mg supplement</i>) TABS 400mg	\$0(3)	NM; *
manganese chloride SOLN .1mg/ml	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
VITAMINS		
AQUASOL A PARENTERAL SOLN 50000unit/ml	\$0(3)	NM; *
BACMIN TAB	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
cholecalciferol CAPS 10000unit	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
<i>corvite free</i>	\$0(3)	NM; *
cyanocobalamin SOLN 1000mcg/ml	\$0(3)	NM; *
<i>dalyvite</i>	\$0(3)	NM; *

12/01/2021

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DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
DRISDOL CAPS 50000unit	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>ergocalciferol</i> CAPS 50000unit	\$0(3)	NM; *
<i>fabb</i>	\$0(3)	NM; *
<i>folbic</i>	\$0(3)	NM; *
<i>folic acid</i> SOLN 5mg/ml; TABS 1mg	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
M.V.I PEDIAT INJ	\$0(3)	NM; *
MEPHYTON TABS 5mg	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multivitamin with fluorid</i>	\$0(3)	NM; *
<i>multivitamin/fluoride</i>	\$0(3)	NM; *
<i>multivitamin/fluoride/iro</i>	\$0(3)	NM; *
<i>mvc-fluoride</i>	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
<i>niacin</i> CPCR 500mg	\$0(3)	NM; *
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	\$0(3)	NM; *
<i>pyridoxine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
STROVITE FOR TAB	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
<i>tri-vitamin/fluoride</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitamins a/c/d/fluoride</i>	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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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>BLEPHAMIDE OIN S.O.P.</i>	\$0(2)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)
<i>TOBRADEX OIN 0.3-0.1%</i>	\$0(2)
<i>TOBRADEX ST SUS 0.3-0.05</i>	\$0(2)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)
<i>ZYLET SUS 0.5-0.3%</i>	\$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)
<i>BESIVANCE SUSP .6%</i>	\$0(2)
<i>CILOXAN OINT .3%</i>	\$0(2)
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)
<i>gentak OINT .3%</i>	\$0(1)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)
<i>NATACYN SUSP 5%</i>	\$0(2)
<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>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	\$0(1)

12/01/2021

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<i>tobramycin (ophth)</i> SOLN .3%	\$0(1)	
<i>trifluridine</i> SOLN 1%	\$0(1)	
<i>ZIRGAN GEL</i> .15%	\$0(2)	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

<i>ALREX</i> SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth)</i> SOLN .09%	\$0(1)	
<i>BROMSITE</i> SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
<i>dilfluprednate</i> EMUL .05%	\$0(1)	
<i>DUREZOL</i> EMUL .05%	\$0(2)	
<i>FLAREX</i> SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
<i>ILEVRO</i> SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
<i>LOTEMAX</i> OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
<i>PREDNISOLONE SODIUM PHOSP</i> SOLN 1%	\$0(2)	
<i>PROLENSA</i> SOLN .07%	\$0(2)	

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

<i>alaway</i> SOLN .025%	\$0(3)	NM; *
<i>alaway childrens allergy</i> SOLN .025%	\$0(3)	NM; *
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>bepotastine besilate</i> SOLN 1.5%	\$0(1)	
<i>BEPREVE</i> SOLN 1.5%	\$0(2)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>eye itch relief</i> SOLN .025%	\$0(3)	NM; *
<i>hm eye itch relief</i> SOLN .025%	\$0(3)	NM; *
<i>ketotifen fumarate (ophth)</i> SOLN .025%	\$0(3)	NM; *
<i>LASTACRAFT</i> SOLN .25%	\$0(2)	
<i>olopatadine hcl</i> SOLN .2%	\$0(1)	
<i>PAZEO</i> SOLN .7%	\$0(2)	
<i>sm eye itch relief</i> SOLN .025%	\$0(3)	NM; *
<i>ZADITOR</i> SOLN .025%	\$0(3)	NM; *
<i>ZERVIADE</i> SOLN .24%	\$0(2)	

12/01/2021

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ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOLN .1%	\$0(2)
AZOPT SUSP 1%	\$0(2)
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)
BETOPTIC-S SUSP .25%	\$0(2)
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)
<i>brinzolamide</i> SUSP 1%	\$0(1)
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)
COMBIGAN SOLN 0.2/0.5%	\$0(2)
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	\$0(1)
<i>latanoprost</i> SOLN .005%	\$0(1)
<i>levobunolol hcl</i> SOLN .5%	\$0(1)
LUMIGAN SOLN .01%	\$0(2)
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)
RHOPRESSA SOLN .02%	\$0(2)
SIMBRINZA SUS 1-0.2%	\$0(2)
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	\$0(1)
VYZULTA SOLN .024%	\$0(2)

MISCELLANEOUS

<i>artificial tears</i> SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
CYSTADROPS SOLN .37%	\$0(2)	NDS, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, LA, PA
GENTEAL SEVERE GEL .3%	\$0(3)	NM; *
<i>genteal tears mild</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp eye drops</i> SOLN .5%	\$0(3)	NM; *
<i>gnp lubricant pm</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye</i> SOLN .5%	\$0(3)	NM; *
<i>goodsense lubricating plu</i> SOLN .5%	\$0(3)	NM; *
<i>hm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
ISOPTO TEARS SOLN .5%	\$0(3)	NM; *
<i>lubricating plus eye drop</i> SOLN .5%	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *

12/01/2021

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<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>refresh celluvisc</i> GEL 1%	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
<i>refresh p.m.</i>	\$0(3)	NM; *
REFRESH PLUS SOLN .5%	\$0(3)	NM; *
REFRESH TEARS SOLN .5%	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
SYSTANE OVERNIGHT THERAPY GEL .3%	\$0(3)	NM; *
XIIDRA SOLN 5%	\$0(2)	

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</i> SOLN .02%	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	\$0(1)	

12/01/2021

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ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
alavert TBDP 10mg	\$0(3)	NM; *
all day allergy TABS 10mg	\$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	\$0(3)	NM; *
all-day allergy childrens SOLN 5mg/5ml	\$0(3)	NM; *
aller-chlor TABS 4mg	\$0(3)	NM; *
aller-ease TABS 60mg	\$0(3)	NM; *
allergy TABS 4mg, 10mg, 25mg	\$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
allergy relief CAPS 25mg; TABS 4mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml	\$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	\$0(3)	NM; *
allergy-time TABS 4mg	\$0(3)	NM; *
azelastine hcl SOLN .1%, .15%	\$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
cetirizine hcl SOLN 1mg/ml	\$0(1)	
cetirizine hcl allergy ch SOLN 5mg/5ml	\$0(3)	NM; *
cetirizine hcl childrens CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	\$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
chlorpheniramine maleate TABS 4mg	\$0(3)	NM; *
complete allergy medicine CAPS 25mg	\$0(3)	NM; *
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
diphenhist CAPS 25mg	\$0(3)	NM; *
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	\$0(1)	
ed chlorped jr SYRP 2mg/5ml	\$0(3)	NM; *
fexofenadine hcl TABS 60mg, 180mg	\$0(3)	NM; *

12/01/2021

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gnp all day allergy TABS 10mg	\$0(3)	NM; *
gnp all day allergy child SOLN 5mg/5ml	\$0(3)	NM; *
gnp allergy CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
gnp allergy antihistamine LIQD 12.5mg/5ml	\$0(3)	NM; *
gnp allergy relief CAPS 25mg	\$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	\$0(3)	NM; *
gnp dayhist allergy TABS 1.34mg	\$0(3)	NM; *
gnp loratadine SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
gnp loratadine childrens SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
goodsense aller-ease TABS 180mg	\$0(3)	NM; *
goodsense allergy relief TABS 4mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
HISTEX PD LIQD .938mg/ml	\$0(3)	NM; *
hm all day allergy TABS 10mg	\$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	\$0(3)	NM; *
hm allergy TABS 25mg	\$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
hm allergy relief childre LIQD 12.5mg/5ml	\$0(3)	NM; *
hm cetirizine hcl childre SOLN 5mg/5ml	\$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	\$0(3)	NM; *
hm fexofenadine hydrochlo TABS 60mg, 180mg	\$0(3)	NM; *
hm loratadine TABS 10mg	\$0(3)	NM; *
hm loratadine childrens SYRP 5mg/5ml	\$0(3)	NM; *
24hr allergy relief TABS 180mg	\$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	

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<i>loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>m-hist pd</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>pediaclear allergy childr</i> LIQD .313mg/ml	\$0(3)	NM; *
<i>pediaclear cough children</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>PEDIAVENT</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc chlor-pheniramine</i> TABS 4mg	\$0(3)	NM; *
<i>qc complete allergy medic</i> TABS 25mg	\$0(3)	NM; *
<i>qc fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> CAPS 25mg; LIQD 12.5mg/5ml; TABS 1.34mg, 25mg	\$0(3)	NM; *
<i>sm childrens loratadine</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm fexofenadine hcl</i> TABS 60mg	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>VANACLEAR PD</i> LIQD .313mg/ml	\$0(3)	NM; *
<i>VANAMINE PD</i> LIQD 6.25mg/ml	\$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)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)

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
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA

12/01/2021

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FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), PA
PROLASTIN-C SOLN 1000mg/20ml	\$0(2)	NDS, LA, PA
PROLASTIN-C SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	\$0(3)	NM; *
budesonide (nasal) SUSP 32mcg/act	\$0(3)	NM; *
FLONASE ALLERGY RELIEF SUSP 50mcg/act	\$0(3)	NM; *
FLONASE ALLERGY RELIEF CH SUSP 50mcg/act	\$0(3)	NM; *

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
FLONASE SENSI MIST SUSP <i>27.5mcg/spray</i>	\$0(3)	NM; *
<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)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	\$0(3)	NM; *
<i>gnp budesonide nasal spra SUSP 32mcg/act</i>	\$0(3)	NM; *
<i>gnp fluticasone propionat SUSP 50mcg/act</i>	\$0(3)	NM; *
<i>hm allergy relief nasal s SUSP 50mcg/act</i>	\$0(3)	NM; *
<i>qc allergy relief SUSP 50mcg/act</i>	\$0(3)	NM; *
<i>sm allergy relief nasal s SUSP 50mcg/act</i>	\$0(3)	NM; *

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ARNUITY 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
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>avita</i> CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
DIFFERIN GEL .1%	\$0(3)	NM; *
<i>ery</i> PADS 2%	\$0(1)	
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulacetamide sodium (acne)</i> LOTN 10%	\$0(1)	
<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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%	\$0(1)	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	\$0(1)	
<i>grp triple antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm triple antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLYON CREA 85mg/gm	\$0(2)	
<i>triple antibiotic</i>	\$0(3)	NM; *

DERMATOLOGY, ANTIFUNGALS

<i>anti-fungal powder</i> POWD 1%	\$0(3)	NM; *
<i>antifungal</i> CREA 1%, 2%	\$0(3)	NM; *
<i>baza antifungal</i> CREA 2%	\$0(3)	NM; *
<i>carrington antifungal</i> CREA 2%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
FUNGOID TINCTURE SOLN 2%	\$0(3)	NM; *
<i>grp athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>grp tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA <i>100000unit/gm; OINT 100000unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD <i>100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	NM; *

12/01/2021

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<i>soothe & cool inzo antifu</i> CREA 2%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<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
<i>TAZORAC</i> CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	\$0(1)	
<i>betamethasone dipropionate</i>	\$0(1)	
<i>augmented</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%		
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	\$0(1)	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
<i>ENSTILAR AER</i>	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%, .025%; OIL .01%; OINT .025%	\$0(1)	
<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)

12/01/2021

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<i>fluocinonide emulsified base CREA .05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate CREA .05%; OINT .005%</i>	\$0(1)	
<i>gnp hydrocortisone CREA .5%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone maximu OINT 1%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone plus CREA 1%</i>	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate CREA .05%; OINT .05%</i>	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
<i>hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%</i>	\$0(1)	
<i>hydrocortisone (topical) CREA 1%; OINT .5%, 1%</i>	\$0(3)	NM; *
<i>hydrocortisone maximum st CREA 1%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0(3)	NM; *
<i>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</i>	\$0(1)	
<i>preparation h CREA 1%</i>	\$0(3)	NM; *
<i>scalpicin maximum strengt SOLN 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone CREA 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone maximum OINT 1%</i>	\$0(3)	NM; *
<i>sm hydrocortisone plus</i>	\$0(3)	NM; *
<i>sm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
<i>triamcinolone acetonide (topical) CREA .1%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%</i>	\$0(1)	
<i>triderm CREA .5%</i>	\$0(1)	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo PRSY 2%</i>	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine OINT 5%</i>	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine PTCH 5%</i>	\$0(1)	QL (3 patches / 1 day), PA

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<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	QL (30 gm / 30 days), PA
<i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i>		
<i>AVAGE</i> CREA .1%	\$0(3)	NM; *
<i>BETADINE</i> SOLN 10%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>hm povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(3)	NM; *
<i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75%	\$0(1)	
<i>PANRETIN</i> GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>PICATO</i> GEL .05%	\$0(2)	QL (2 tubes / 30 days)
<i>PICATO</i> GEL .015%	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	\$0(1)	
<i>povidone-iodine</i> OINT 10%; SOLN 10%	\$0(3)	NM; *
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>procto-pak</i> CREA 1%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>qc povidone iodine</i> SOLN 10%	\$0(3)	NM; *
<i>RECTIV</i> OINT .4%	\$0(2)	QL (30 gm / 30 days)
<i>RENOVA</i> CREA .02%	\$0(3)	NM; *
<i>RENOVA PUMP</i> CREA .02%	\$0(3)	NM; *
<i>rosadan</i> CREA .75%	\$0(1)	
<i>sm povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>gnp lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>hm lice killing maximum s</i>	\$0(3)	NM; *
<i>hm lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment LOTN 1%</i>	\$0(3)	NM; *
<i>malathion LOTN .5%</i>	\$0(1)	
<i>permethrin CREA 5%</i>	\$0(1)	
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment LOTN 1%</i>	\$0(3)	NM; *

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	
<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)	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$0(1)	
<i>clotrimazole TROC 10mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	\$0(1)	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	\$0(1)	
<i>paroex SOLN .12%</i>	\$0(1)	
<i>periogard SOLN .12%</i>	\$0(1)	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	\$0(1)	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>acetic acid (otic) SOLN 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>flac OIL .01%</i>	\$0(1)	
<i>fluocinolone acetonide (otic) OIL .01%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic) SOLN .3%</i>	\$0(1)	

PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	\$0
TRUE METRIX KIT METER	\$0
TRUE METRIX STRIPS	\$0

12/01/2021

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D. Índice de los medicamentos cubiertos

*sodium phosphates - enema***	88
24hr allergy relief	107
3 day vaginal	90
8 hour arthritis pain rel	16
8hr muscle aches & pain	16
abacavir sulfate	25
abacavir sulfate-lamivudine tab 600-300 mg	27
abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg	27
ABELCET	24
ABILIFY MAINTENA	58
abiraterone acetate	34
ABRAXANE INJ 100MG	35
acamprosate calcium	65
acarbose	67
accutane	112
acebutolol hcl	47
acetaminophen	15
acetaminophen extra stren	15
acetaminophen w/ codeine soln 120-12 mg/5ml	21
acetaminophen w/ codeine tab 300- 15 mg	21
acetaminophen w/ codeine tab 300- 30 mg	21
acetaminophen w/ codeine tab 300- 60 mg	21
acetazolamide	48
acetic acid	90
acetic acid (otic)	117
acetylcysteine	109
acid control maximum stre	85
acid gone	81
acid reducer	85
acid reducer complete	88
acid reducer maximum stre	85
acitretin	114
acne medication 10	112
ACNE MEDICATION 10	112
acne medication 5	112
ACTHIB INJ	96
ACTIMMUNE	95
acyclovir	28
acyclovir sodium	28
ADACEL INJ	96
adefovir dipivoxil	28
ADEMPAS	50
ADRENALIN	49
adriamycin	33
adult aspirin regimen	15
ADVAIR DISKU AER 100/50	111
ADVAIR DISKU AER 250/50	111
ADVAIR DISKU AER 500/50	111
ADVAIR HFA AER 115/21	111
ADVAIR HFA AER 230/21	112
ADVAIR HFA AER 45/21	111
ADVIL	18
advil junior strength	18
ADVIL MIGRAINE	18
AFINITOR	36
AFINITOR DISPERZ	36
afirmelle	71
aftera	71
AHIST	106
AIMOVIG	63
ala-cort	114
ALA-HIST IR	106
alavert	106
alaway	103
alaway childrens allergy	103
albendazole	22
albuterol sulfate	108, 109
alclometasone dipropionate	114
ALDURAZYME	78
ALECENSA	36
alendronate sodium	70
alfuzosin hcl	90
ALIMTA	33
aliskiren fumarate	49
all day allergy	106
all day allergy childrens	106
all day pain relief	18

<i>all day relief</i>	18
<i>all-day allergy childrens</i>	106
<i>aller-chlor</i>	106
<i>aller-ease</i>	106
<i>allergy</i>	106
<i>allergy childrens</i>	106
<i>allergy relief</i>	106, 110
<i>allergy relief childrens</i>	106
<i>allergy relief/indoor/out</i>	106
<i>allergy-time</i>	106
<i>allopurinol</i>	15
<i>almacone</i>	81
<i>almacone double strength</i>	81
<i>alosetron hcl</i>	88
<i>ALPHAGAN P</i>	104
<i>alprazolam</i>	50
<i>ALREX</i>	103
<i>altavera</i>	71
<i>ALUMINUM HYDROXIDE</i>	81
<i>ALUNBRIG</i>	36
<i>ALUNBRIG PAK</i>	36
<i>alyacen 1/35</i>	71
<i>alyacen 7/7/7</i>	71
<i>amabelz</i>	76
<i>amantadine hcl</i>	57
<i>AMBISOME</i>	24
<i>ambrisentan</i>	50
<i>amethia</i>	71
<i>amikacin sulfate</i>	22
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	48
<i>amiloride hcl</i>	48
<i>AMINOSYN-PF INJ 7%</i>	99
<i>amiodarone hcl</i>	45
<i>amitriptyline hcl</i>	55
<i>amlodipine besylate</i>	48
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	41

<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	43
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	43
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	43
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	43
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	43
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	43
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	43
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	43
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	43
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	43
<i>amnesteem</i>	112
<i>amoxapine</i>	55
<i>amoxicillin</i>	31
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	31
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	31
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	31
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	31
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	31

amoxicillin & k clavulanate for susp
600-42.9 mg/5ml 31
amoxicillin & k clavulanate tab 250-
125 mg 31
amoxicillin & k clavulanate tab 500-
125 mg 31
amoxicillin & k clavulanate tab 875-
125 mg 31
amoxicillin & k clavulanate tab er
12hr 1000-62.5 mg 31
amphetamine-dextroamphetamine
cap er 24hr 10 mg 61
amphetamine-dextroamphetamine
cap er 24hr 15 mg 61
amphetamine-dextroamphetamine
cap er 24hr 20 mg 61
amphetamine-dextroamphetamine
cap er 24hr 25 mg 61
amphetamine-dextroamphetamine
cap er 24hr 30 mg 61
amphetamine-dextroamphetamine
cap er 24hr 5 mg 61
amphetamine-dextroamphetamine
tab 10 mg 61
amphetamine-dextroamphetamine
tab 12.5 mg 61
amphetamine-dextroamphetamine
tab 15 mg 61
amphetamine-dextroamphetamine
tab 20 mg 61
amphetamine-dextroamphetamine
tab 30 mg 61
amphetamine-dextroamphetamine
tab 5 mg 61
amphetamine-dextroamphetamine
tab 7.5 mg 61
amphotericin b 24
ampicillin 31
ampicillin & sulbactam sodium for
inj 1.5 (1-0.5) gm 31
ampicillin & sulbactam sodium for
inj 3 (2-1) gm 31
ampicillin & sulbactam sodium for iv
soln 1.5 (1-0.5) gm 31
ampicillin & sulbactam sodium for iv
soln 15 (10-5) gm 32

ampicillin & sulbactam sodium for iv
soln 3 (2-1) gm 31
ampicillin sodium 32
anagrelide hcl 92
anastrozole 34
ANDRODERM 67
ANORO ELLIPT AER 62.5-25 105
antacid 81
antacid anti-gas maximum 81
antacid calcium extra str 81
antacid calcium regular s 81
antacid extra strength 81
antacid fast relief 81
antacid maximum strength 81
antacid plus anti-gas fas 81
antacid plus anti-gas rel 81
antacid ultra strength 81
anti-diarrheal 83
antifungal 113
anti-fungal powder 113
anti-gas/
and gnp antacid 82
anti-itch maximum strengt 114
APOKYN 57
aprepitant 84
aprepitant capsule therapy pack
80 & 125 mg 84
apri 71
APTIOM 51
APTIVUS 25
AQUASOL A PARENTERAL 100
ARALAST NP 109
aranelle 71
ARCALYST 95
ariPIPRAZOLE 58
ARISTADA 58
ARISTADA INITIO 58
armodafinil 65
ARNUITY ELLIPTA 111
arthritis pain relief 15
artificial tears 104
asenapine maleate 58
ashlyna 71
aspirin 15
ASPIRIN 15
aspirin 81 15
aspirin adult 15

aspirin adult low dose	15
aspirin adult low strengt	15
aspirin low dose	15
aspirin low strength	15
aspirin-dipyridamole cap er 12hr 25-200 mg.....	93
aspir-low	15
atazanavir sulfate	25
atenolol.....	47
atenolol & chlorthalidone tab 100- 25 mg	47
atenolol & chlorthalidone tab 50-25 mg	46
atomoxetine hcl	61, 62
atorvastatin calcium.....	46
atovaquone.....	22
atovaquone-proguanil hcl tab 250- 100 mg	25
atovaquone-proguanil hcl tab 62.5- 25 mg	25
ATROPINE SULFATE	104
ATROVENT HFA	105
aubra eq	71
aurovela 1/20	71
aurovela 24 fe.....	71
aurovela fe 1.5/30	71
aurovela fe 1/20.....	71
AURYXIA	80
AUSTEDO	63
AVAGE	116
AVASTIN	36
aviane.....	71
avita	112
ayuna	71
AYVAKIT.....	36
azacitidine	33
azathioprine.....	95
azelastine hcl	106
azelastine hcl (ophth)	103
azithromycin	30
AZOPT	104
aztreonam	22
azurette	71
bacitracin (ophthalmic)	102
bacitracin-polymyxin b ophth oint	102

bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	102
baclofen	64
BACMIN TAB.....	100
balsalazide disodium.....	86
BALVERSA.....	36
balziva	71
banophen	106
BANZEL	51
BARACLUDE	28
BASAGLAR KWIKPEN	69
baza antifungal	113
BCG VACCINE INJ	96
BD ALCOHOL SWABS.....	69
bekyree	71
BELSOMRA	62
benazepril & hydrochlorothiazide tab 10-12.5 mg	41
benazepril & hydrochlorothiazide tab 20-12.5 mg	41
benazepril & hydrochlorothiazide tab 20-25 mg.....	41
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	41
benazepril hcl	42
BENDEKA	33
BENLYSTA	96
benzoyl peroxide.....	112
BENZOYL PEROXIDE	112
benzoyl peroxide wash.....	112
benzoyl peroxide-erythromycin gel 5-3%	112
benztropine mesylate	57
bepotastine besilate	103
BEPREVE	103
BERINERT	92
BESIVANCE	102
BETADINE	116
betamethasone dipropionate (topical)	114
betamethasone dipropionate augmented	114
betamethasone valerate.....	114
BETASERON	64
betaxolol hcl	47
betaxolol hcl (ophth)	104

<i>bethanechol chloride</i>	90
BETOPTIC-S	104
BEVESPI AER 9-4.8MCG	105
<i>bexarotene</i>	35
BEXSERO INJ	96
<i>bicalutamide</i>	34
BICILLIN L-A	32
BIKTARVY TAB	27
<i>bisacodyl</i>	86
<i>bisacodyl ec</i>	86
<i>bismatrol</i>	83
<i>bismatrol maximum strengt</i>	83
<i>bismuth subsalicylate</i>	83
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	47
<i>bisoprolol fumarate</i>	47
BIVIGAM	95
BLEPHAMIDE OIN S.O.P.	102
<i>blisovi 24 fe</i>	71
<i>blisovi fe 1.5/30</i>	71
BOOSTRIX INJ	96
BORTEZOMIB	36
<i>bosentan</i>	50
BOSULIF	36
BP VIT 3 CAP	100
BRAFTOVI	36
BREO ELLIPTA INH 100-25	112
BREO ELLIPTA INH 200-25	112
BREZTRI AERO AER SPHERE	105
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	105
<i>briellyn</i>	71
BRILINTA	93
<i>brimonidine tartrate</i>	104
<i>brinzolamide</i>	104
BRIVIACT	51
<i>bromfenac sodium (ophth)</i>	103
<i>bromocriptine mesylate</i>	57
BROMSITE	103
BRUKINSA	36
<i>budesonide</i>	86
<i>budesonide (inhalation)</i>	111
<i>budesonide (nasal)</i>	110
<i>bumetanide</i>	48
<i>buprenorphine</i>	20
<i>buprenorphine hcl</i>	65
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	65
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	65
<i>bupropion hcl</i>	55
<i>bupropion hcl (smoking deterrent)</i>	65
<i>buspirone hcl</i>	51
<i>butorphanol tartrate</i>	21
BYDUREON BCISE	67
BYDUREON PEN	67
BYETTA	67
BYSTOLIC	47
<i>cabergoline</i>	78
CABOMETYX	36
<i>calcipotriene</i>	114
<i>calcitonin (salmon) spray</i>	70
<i>calcitrene</i>	114
<i>calcitriol</i>	81
<i>calcium 600</i>	100
<i>calcium 600+d</i>	100
<i>calcium acetate (phosphate binder)</i>	80
<i>calcium antacid</i>	81
<i>calcium antacid extra str</i>	82
<i>calcium antacid ultra</i>	82
<i>calcium antacid ultra max</i>	82
<i>calcium antacid ultra str</i>	82
<i>calcium carbonate</i>	100
<i>calcium carbonate (antacid)</i>	100
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	100
<i>calcium high potency</i>	100
<i>calcium high potency + vi</i>	100
<i>cal-gest antacid</i>	81
CALQUENCE	36

<i>camila</i>	71
<i>camrese</i>	71
<i>camrese lo</i>	72
<i>candesartan cilexetil</i>	45
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5</i>	
<i>mg</i>	43
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5</i>	
<i>mg</i>	43
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	
.....	43
CAPLYTA	58
CAPRELSA	36
<i>captopril</i>	42
CARB/LEVO ORALLY	
DISINTEGRATING TAB 10-100MG	
.....	57
CARB/LEVO ORALLY	
DISINTEGRATING TAB 25-100MG	
.....	57
CARB/LEVO ORALLY	
DISINTEGRATING TAB 25-250MG	
.....	57
CARBAGLU.....	78
<i>carbamazepine</i>	51
<i>carbidopa & levodopa tab 10-100</i>	
<i>mg</i>	57
<i>carbidopa & levodopa tab 25-100</i>	
<i>mg</i>	57
<i>carbidopa & levodopa tab 25-250</i>	
<i>mg</i>	57
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	57
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	57
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 12.5-50-200 mg</i>	57
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 18.75-75-200 mg</i>	57
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 25-100-200 mg</i>	57
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 31.25-125-200 mg</i>	57
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 37.5-150-200 mg</i>	57

<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 50-200-200 mg</i>	58
<i>carboplatin</i>	33
<i>carisoprodol</i>	64
<i>carrington antifungal</i>	113
<i>carteolol hcl (ophth)</i>	104
<i>cartia xt</i>	48
<i>carvedilol</i>	47
<i>caspofungin acetate</i>	24
CAYSTON	22
<i>caziant</i>	72
<i>cefaclor</i>	29
CEFACLOR ER	29
<i>cefadroxil</i>	29
CEFAZOLIN INJ 1GM/50ML	29
<i>cefazolin sodium</i>	29
CEFAZOLIN SOLN 2GM/100ML-4%	
.....	29
<i>cefdinir</i>	29
<i>cefepime hcl</i>	29
<i>cefixime</i>	29
<i>cefoxitin sodium</i>	29
<i>cefpodoxime proxetil</i>	29
<i>cefprozil</i>	30
<i>ceftazidime</i>	30
CEFTAZIDIME/ SOL D5W 1GM	30
CEFTAZIDIME/ SOL D5W 2GM	30
<i>ceftriaxone sodium</i>	30
<i>cefuroxime axetil</i>	30
<i>cefuroxime sodium</i>	30
<i>celecoxib</i>	18
CELONTIN	51
<i>cephalexin</i>	30
CERDELGA	78
CEREZYME	78
<i>cetirizine hcl</i>	106
<i>cetirizine hcl allergy ch</i>	106
<i>cetirizine hcl childrens</i>	106
<i>cetirizine hydrochloride</i>	106
<i>cevimeline hcl</i>	117
CHANTIX	65
CHANTIX CONTINUING MONTH ...	65
CHANTIX PAK 0.5& 1MG	65
<i>chateal</i>	72
CHEMET	71
<i>chewable antacid</i>	82
<i>childrens acetaminophen</i>	15

CHILDRENS ADVIL.....	18
<i>childrens aspirin low str</i>	15
<i>childrens ibuprofen</i>	18
<i>childrens loratadine</i>	106
<i>childrens silapap</i>	15
<i>childrens tactinal</i>	15
<i>chlorhexidine gluconate (mouth-throat)</i>	117
<i>chloroquine phosphate</i>	25
<i>chlorpheniramine maleate</i>	106
<i>chlorpromazine hcl</i>	58
CHLORPROMAZINE HYDROCHLOR58	
<i>chlorthalidone</i>	48
<i>cholecalciferol</i>	100
<i>cholestyramine</i>	46
<i>cholestyramine light</i>	46
<i>chromic chloride</i>	99
<i>cyclopirox olamine</i>	113
<i>cilstazol</i>	92
CILOXAN	102
CIMDUO TAB 300-300.....	27
<i>cinacalcet hcl</i>	78
CIPRO	30
<i>ciprofloxacin 200 mg/100ml in d5w</i>	30
<i>ciprofloxacin 400 mg/200ml in d5w</i>	30
<i>ciprofloxacin hcl</i>	30
<i>ciprofloxacin hcl (ophth)</i>	102
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	117
<i>cisplatin</i>	33
<i>citalopram hydrobromide</i>	55
<i>claravis</i>	112
<i>clarithromycin</i>	30
<i>clindamycin hcl</i>	22
<i>clindamycin palmitate hydrochloride</i>	22
<i>clindamycin phosphate</i>	22
<i>clindamycin phosphate (topical)</i>	112
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	22
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	22
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	22
<i>clindamycin phosphate vaginal</i>	90
CLINDMYC/NAC INJ 300/50ML	23
CLINDMYC/NAC INJ 600/50ML	23
CLINDMYC/NAC INJ 900/50ML	23
CLINIMIX INJ 4.25/D10	99
CLINIMIX INJ 4.25/D5W	99
CLINIMIX INJ 5%/D15W	99
CLINIMIX INJ 5%/D20W	99
CLINIMIX INJ 6/5	99
CLINIMIX INJ 8/10	99
CLINIMIX INJ 8/14	99
<i>clinisol sf 15%</i>	99
CLINOLIPID EMU 20%	100
<i>clobazam</i>	51
<i>clobetasol propionate</i>	114
<i>clobetasol propionate e</i>	114
<i>clomipramine hcl</i>	55
<i>clonazepam</i>	51
<i>clonidine</i>	49
<i>clonidine hcl</i>	49
<i>clopidogrel bisulfate</i>	93
<i>clorazepate dipotassium</i>	51
<i>clotrimazole</i>	117
<i>clotrimazole (topical)</i>	113
<i>clotrimazole antifungal</i>	113
<i>clotrimazole vaginal</i>	90
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	113
<i>clozapine</i>	58, 59
COARTEM TAB 20-120MG.....	25
COLACE	86
<i>colchicine</i>	15
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	15
colesevelam hcl	46
<i>colestipol hcl</i>	46
<i>colistimethate sodium</i>	23
COMBIGAN SOL 0.2/0.5%	104
COMBIVENT AER 20-100	105
COMETRIQ (60MG DOSE)	36
COMETRIQ KIT 100MG	36
COMETRIQ KIT 140MG	36
COMPLERA TAB	27
<i>complete allergy medicine</i>	106
<i>compro</i>	84
<i>constulose</i>	86
COPIKTRA	36
CORLANOR	49

cortisone acetate	77
corvita	100
corvite free	100
COTELLIC	36
CREON CAP 12000UNT	89
CREON CAP 24000UNT	89
CREON CAP 3000UNIT	89
CREON CAP 36000UNT	89
CREON CAP 6000UNIT	89
CRIXIVAN	25
cromolyn sodium	109
cromolyn sodium (mastocytosis) ..	88
cromolyn sodium (nasal)	109
cromolyn sodium (ophth)	103
cryselle-28	72
cupric chloride.....	100
cyanocobalamin	100
cyclafem 1/35	72
cyclafem 7/7/7.....	72
cyclobenzaprine hcl.....	64
cyclophosphamide	33
CYCLOPHOSPHAMIDE.....	33
cycloserine	28
cyclosporine.....	96
cyclosporine modified (for microemulsion)	96
cyproheptadine hcl	106
cyred eq.....	72
CYSTADANE POW	78
CYSTADROPS	104
CYSTAGON	78
CYSTARAN.....	104
cytarabine	33
D10W/NACL INJ 0.2%.....	97
D2.5W/NACL INJ 0.45%	97
D5W/LYTES INJ #48	97
D5W/NACL INJ 0.3%	97
dalfampridine	64
DALIRESP	109
danazol	76
dantrolene sodium	65
dapsone	23
DAPTACEL INJ.....	96
daptomycin.....	23
DAPTO MYCIN	23
dasetta 1/35	72
dasetta 7/7/7.....	72
DAURISMO	36
daysee.....	72
deblitane.....	72
deferasirox	71
DELESTROGEN.....	76
DELSTRIGO TAB.....	27
DESCOVY TAB 200/25MG	27
desipramine hcl.....	55
desmopressin acetate	78, 79
desmopressin acetate spray	79
desmopressin acetate spray refrigerated	79
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) ..	72
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	72
desvenlafaxine succinate.....	55
dexamethasone	77
DEXAMETHASONE INTENSOL.....	77
dexamethasone sodium phosphate	77
dexamethasone sodium phosphate (ophth)	103
DEXILANT	89
dexmethylphenidate hcl	62
dextrose	100
dextrose 10% w/ sodium chloride 0.45%	98
dextrose 2.5% w/ sodium chloride 0.45%	97
dextrose 5% in lactated ringers ..	97
dextrose 5% w/ sodium chloride 0.2%	97
dextrose 5% w/ sodium chloride 0.225%.....	98
dextrose 5% w/ sodium chloride 0.3%	98
dextrose 5% w/ sodium chloride 0.45%	98
dextrose 5% w/ sodium chloride 0.9%	98
DIACOMIT	51
dialyvite	100
DIALYVITE TAB 3000	101
DIALYVITE TAB 5000	101
DIALYVITE TAB SUPREM D	101
DIALYVITE/ TAB ZINC.....	101

<i>diazepam</i>	51, 52
<i>diazepam (anticonvulsant)</i>	52
<i>diazepam inj</i>	52
<i>diazoxide</i>	78
<i>diclofenac potassium</i>	18
<i>diclofenac sodium</i>	18
<i>diclofenac sodium (ophth)</i>	103
<i>diclofenac sodium (topical)</i>	116
<i>dicloxacillin sodium</i>	32
<i>dicyclomine hcl</i>	85
DIFFERIN	112
DIFICID	30
<i>diflunisal</i>	18
<i>dilfluprednate</i>	103
<i>digitek</i>	49
<i>digox</i>	49
<i>digoxin</i>	49
<i>dihydroergotamine mesylate</i>	63
DILANTIN	52
DILANTIN INFATABS	52
DILANTIN-125	52
<i>diltiazem hcl</i>	48
<i>diltiazem hcl coated beads</i>	48
<i>diltiazem hcl extended release beads</i>	48
<i>dilt-xr</i>	48
DIP/TET PED INJ 25-5LFU	96
<i>diphenhist</i>	106
<i>diphenhydramine hcl</i>	106
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	88
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	88
<i>dipyridamole</i>	93
<i>disopyramide phosphate</i>	45
<i>disulfiram</i>	65
<i>divalproex sodium</i>	52
<i>docetaxel</i>	35
DOCETAXEL	35
<i>docu</i>	86
<i>docusate sodium</i>	86
<i>docusil</i>	86
<i>dofetilide</i>	45
<i>dok</i>	86
<i>donepezil hydrochloride</i>	55
DOPTELET	92
<i>dorzolamide hcl</i>	104

<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	104
<i>dotti</i>	77
DOVATO TAB 50-300MG	27
<i>doxazosin mesylate</i>	42
<i>doxepin hcl</i>	56
<i>doxepin hcl (sleep)</i>	62
<i>doxorubicin hcl</i>	33
<i>doxorubicin hcl liposomal</i>	33
<i>doxy 100</i>	32
<i>doxycycline (monohydrate)</i>	32
<i>doxycycline hyclate</i>	32
DRISDOL	101
DRIZALMA SPRINKLE	56
<i>dronabinol</i>	84
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	72
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	72
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	72
DROXIA	92
<i>droxidopa</i>	49
<i>ducodyl</i>	86
<i>duloxetine hcl</i>	56
DUREZOL	103
<i>dutasteride</i>	90
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	90
<i>e.e.s. 400</i>	30
<i>ec-naproxen</i>	18
<i>econtra ez</i>	72
<i>econtra one-step</i>	72
<i>ecpirin</i>	15
<i>ed chlorped jr</i>	106
<i>ed-apap</i>	15
EDURANT	26
<i>efavirenz</i>	26
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	27

<i>efavirenz-lamivudine-tenofovir df</i>	
<i>tab 600-300-300 mg</i>	27
<i>elinest</i>	72
<i>ELIQUIS</i>	91
<i>ELIQUIS STARTER PACK</i>	91
<i>ELLA</i>	72
<i>eluryng</i>	72
<i>EMCYT</i>	34
<i>EMEND</i>	84
<i>emoquette</i>	72
<i>EMSAM</i>	56
<i>emtricitabine</i>	26
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 100-150 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 133-200 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 167-250 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 200-300 mg</i>	27
<i>EMTRIVA</i>	26
<i>EMVERM</i>	23
<i>enalapril maleate</i>	42
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab 10-25 mg</i>	
<i>.....</i>	41
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab 5-12.5 mg</i>	
<i>.....</i>	41
<i>ENBREL</i>	93
<i>ENBREL MINI</i>	93
<i>ENBREL SURECLICK</i>	93
<i>ENDARI</i>	92
<i>endocet tab 10-325mg</i>	21
<i>endocet tab 2.5-325mg</i>	21
<i>endocet tab 5-325mg</i>	21
<i>endocet tab 7.5-325mg</i>	21
<i>enema ready-to-use</i>	86
<i>ENGERIX-B</i>	96
<i>ENLYTE CAP</i>	101
<i>exoxaparin sodium</i>	91
<i>enpresse-28</i>	72
<i>enskyce</i>	72
<i>ENSTILAR AER</i>	114
<i>entacapone</i>	58
<i>entecavir</i>	28
<i>ENTRESTO TAB 24-26MG</i>	43
<i>ENTRESTO TAB 49-51MG</i>	43
<i>ENTRESTO TAB 97-103MG</i>	43
<i>enulose</i>	86
<i>EPCLUSIA TAB 200-50MG</i>	28
<i>EPCLUSIA TAB 400-100</i>	28
<i>EPIDIOLEX</i>	52
<i>epinephrine (anaphylaxis)</i>	109
<i>epirubicin hcl</i>	33
<i>epitol</i>	52
<i>EPIVIR HBV</i>	28
<i>eplerenone</i>	42
<i>ergocalciferol</i>	101
<i>ergotamine w/ caffeine tab 1-100 mg</i>	
<i>.....</i>	63
<i>ERIVEDGE</i>	36
<i>ERLEADA</i>	34
<i>erlotinib hcl</i>	36
<i>errin</i>	72
<i>ertapenem sodium</i>	23
<i>ery</i>	112
<i>ery-tab</i>	30
<i>ERYTHROCIN LACTOBIONATE</i>	30
<i>erythrocin stearate</i>	30
<i>erythromycin (acne aid)</i>	112
<i>erythromycin (ophth)</i>	102
<i>erythromycin base</i>	30
<i>erythromycin ethylsuccinate</i>	30
<i>ESBRIET</i>	109
<i>escitalopram oxalate</i>	56
<i>esomeprazole magnesium</i>	89
<i>estarrylla</i>	72
<i>estradiol</i>	77
<i>estradiol & norethindrone acetate</i>	
<i>tab 0.5-0.1 mg</i>	77
<i>estradiol & norethindrone acetate</i>	
<i>tab 1-0.5 mg</i>	77
<i>estradiol vaginal</i>	77
<i>estradiol valerate</i>	77
<i>eszopiclone</i>	62
<i>ethambutol hcl</i>	28
<i>ethosuximide</i>	52
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	72
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	72
<i>etodolac</i>	18

<i>etonogestrel-ethynodiol va ring 0.120-0.015 mg/24hr</i>	72
<i>etoposide</i>	35
<i>etravirine</i>	26
<i>euthyrox</i>	80
<i>everolimus</i>	36, 37
<i>everolimus (immunosuppressant)</i>	96
<i>EVOTAZ TAB 300-150</i>	27
<i>exemestane</i>	34
<i>EXKIVITY</i>	37
<i>eye itch relief</i>	103
<i>ezetimibe</i>	46
<i>ezetimibe-simvastatin tab 10-10 mg</i>	46
<i>ezetimibe-simvastatin tab 10-20 mg</i>	46
<i>ezetimibe-simvastatin tab 10-40 mg</i>	46
<i>ezetimibe-simvastatin tab 10-80 mg</i>	46
<i>fabb</i>	101
<i>FABRAZYME</i>	79
<i>falmina</i>	72
<i>famciclovir</i>	28
<i>famotidine</i>	85
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	85
<i>FANAPT</i>	59
<i>FANAPT PAK</i>	59
<i>FARXIGA</i>	67
<i>FARYDAK</i>	37
<i>FASENRA</i>	109
<i>FASENRA PEN</i>	110
<i>fayosim</i>	72
<i>felbamate</i>	52
<i>felodipine</i>	48
<i>femynor</i>	73
<i>fenofibrate</i>	45
<i>fenofibrate micronized</i>	46
<i>fentanyl</i>	20
<i>fentanyl citrate</i>	21
<i>FETZIMA</i>	56
<i>FETZIMA CAP TITRATIO</i>	56
<i>feverall adults</i>	15
<i>feverall childrens</i>	15
<i>FEVERALL INFANTS</i>	15
<i>FEVERALL JUNIOR STRENGTH</i>	16
<i>fexofenadine hcl</i>	106
<i>FIASP FLEX INJ TOUCH</i>	69
<i>FIASP INJ 100/ML</i>	69
<i>FIASP PENFIL INJ U-100</i>	69
<i>finasteride</i>	90
<i>FINTEPLA</i>	52
<i>flac</i>	118
<i>FLAREX</i>	103
<i>FLEBOGAMMA DIF</i>	95
<i>flecainide acetate</i>	45
<i>FLEET ENE</i>	86
<i>FLEET ENE ENEMA</i>	86
<i>FLEET ENE PED</i>	86
<i>FLONASE ALLERGY RELIEF</i>	110
<i>FLONASE ALLERGY RELIEF CH</i>	110
<i>FLONASE SENSIMIST</i>	111
<i>FLOVENT DISKUS</i>	111
<i>FLOVENT HFA</i>	111
<i>fluconazole</i>	24
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	24
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	24
<i>flucytosine</i>	24
<i>fludrocortisone acetate</i>	77
<i>flunisolide (nasal)</i>	111
<i>fluocinolone acetonide</i>	114
<i>fluocinolone acetonide (otic)</i>	118
<i>fluocinonide</i>	114
<i>fluocinonide emulsified base</i>	115
<i>fluorometholone (ophth)</i>	103
<i>fluorouracil</i>	33
<i>fluorouracil (topical)</i>	116
<i>fluoxetine hcl</i>	56
<i>fluphenazine decanoate</i>	59
<i>fluphenazine hcl</i>	59
<i>flurbiprofen</i>	18
<i>flurbiprofen sodium</i>	103
<i>flutamide</i>	34
<i>fluticasone propionate</i>	115
<i>fluticasone propionate (nasal)</i>	111
<i>fluvoxamine maleate</i>	51
<i>folbic</i>	101
<i>folic acid</i>	101
<i>FOLTRATE TAB</i>	101
<i>fondaparinux sodium</i>	91
<i>FORTEO</i>	70

<i>fosamprenavir calcium</i>	26
<i>fosinopril sodium</i>	42
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab 10-12.5 mg</i>	41
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>FOTIVDA</i>	37
<i>FREAMINE III INJ 10%</i>	100
<i>fulvestrant</i>	34
<i>FUNGOID TINCTURE</i>	113
<i>furosemide</i>	49
<i>furosemide inj</i>	49
<i>FUZEON</i>	26
<i>fyavolv tab 0.5mg-2.5mcg</i>	77
<i>fyavolv tab 1mg-5mcg</i>	77
<i>FYCOMPA</i>	52
<i> gabapentin</i>	52
<i> galantamine hydrobromide</i>	55
<i>GAMASTAN INJ</i>	95
<i>GAMMAGARD LIQUID</i>	95
<i>GAMMAGARD S/D IGA LESS TH</i>	95
<i>GAMMAKED</i>	95
<i>GAMMAPLEX</i>	95
<i>GAMUNEX-C</i>	95
<i> ganciclovir sodium</i>	28
<i>GARDASIL 9 INJ</i>	96
<i> gatifloxacin (ophth)</i>	102
<i>GATTEX</i>	88
<i> GAUZE PADS 2</i>	69
<i> gavilyte-c</i>	87
<i> gavilyte-g</i>	87
<i> gavilyte-n/flavor pack</i>	87
<i> GAVISCON SUS</i>	82
<i> GAVISCON SUS CHERRY</i>	82
<i> GAVRETO</i>	37
<i> gemcitabine hcl</i>	33
<i> gemfibrozil</i>	46
<i> generlac</i>	87
<i> gengraf</i>	96
<i> GENOTROPIN</i>	79
<i> GENOTROPIN MINIQUICK</i>	79
<i> gentak</i>	102
<i> gentamicin in saline inj 0.8 mg/ml</i>	23
<i> gentamicin in saline inj 1 mg/ml</i>	23

<i>gentamicin in saline inj 1.2 mg/ml</i>	23
<i>gentamicin in saline inj 1.6 mg/ml</i>	23
<i>gentamicin in saline inj 2 mg/ml</i>	23
<i>gentamicin sulfate</i>	23
<i>gentamicin sulfate (ophth)</i>	102
<i>gentamicin sulfate (topical)</i>	113
<i>GENTEAL SEVERE</i>	104
<i> genteal tears mild</i>	104
<i> gentle laxative</i>	87
<i> GENVOYA TAB</i>	27
<i> gianvi</i>	73
<i> GILENYA</i>	64
<i> GILOTRIF</i>	37
<i> glatiramer acetate</i>	64
<i> glatopa</i>	64
<i> glimepiride</i>	67
<i> glipizide</i>	67
<i> glipizide xl</i>	67
<i> glipizide-metformin hcl tab 2.5-250 mg</i>	67
<i> glipizide-metformin hcl tab 2.5-500 mg</i>	67
<i> glipizide-metformin hcl tab 5-500 mg</i>	67
<i> glycopyrrrolate</i>	85
<i> glydo</i>	115
<i> GLYXAMBI TAB 10-5 MG</i>	67
<i> GLYXAMBI TAB 25-5 MG</i>	67
<i> gnp 8 hour pain reliever</i>	16
<i> gnp acetaminophen</i>	16
<i> gnp acid reducer</i>	85
<i> gnp acid reducer maximum</i>	85
<i> gnp adult aspirin low str</i>	16
<i> gnp all day allergy</i>	107
<i> gnp all day allergy child</i>	107
<i> gnp all day pain relief</i>	18
<i> gnp allergy</i>	107
<i> gnp allergy antihistamine</i>	107
<i> gnp allergy relief</i>	107
<i> gnp antacid</i>	
<i> and anti-gas/</i>	82
<i> gnp antacid & anti-gas/re</i>	82
<i> gnp antacid anti-gas</i>	82
<i> gnp antacid anti-gas/maxi</i>	82
<i> gnp antacid extra strengt</i>	82

<i>gnp antacid/regular stren</i>	82
<i>gnp anti-diarrheal</i>	83
<i>gnp arthritis pain relief</i>	16
<i>gnp artificial tears</i>	104
<i>gnp aspirin</i>	16
<i>gnp aspirin low dose</i>	16
<i>gnp athletes foot</i>	113
<i>gnp bisa-lax</i>	87
<i>gnp budesonide nasal spra</i>	111
<i>gnp childrens allergy</i>	107
<i>gnp childrens ibuprofen</i>	18
<i>gnp clearlax</i>	87
<i>gnp clotrimazole 3</i>	90
<i>gnp dayhist allergy</i>	107
<i>gnp enema</i>	87
<i>gnp eye drops</i>	104
<i>gnp fluticasone propionat</i>	111
<i>gnp foaming antacid</i>	82
<i>gnp gentle laxative</i>	87
<i>gnp heartburn relief</i>	85
<i>gnp hydrocortisone</i>	115
<i>gnp hydrocortisone maximu</i>	115
<i>gnp hydrocortisone plus</i>	115
<i>gnp hydrocortisone/aloe</i>	115
<i>gnp ibuprofen</i>	18
<i>gnp ibuprofen infants</i>	18
<i>gnp ibuprofen junior stre</i>	18
<i>gnp infants pain relief</i>	16
<i>gnp infants pain/fever</i>	16
<i>gnp k-peс</i>	83
<i>gnp lansoprazole</i>	89
<i>gnp laxative</i>	87
<i>gnp lice treatment</i>	117
<i>gnp loperamide hcl</i>	83
<i>gnp loperamide hydrochlor</i>	83
<i>gnp loratadine</i>	107
<i>gnp loratadine childrens</i>	107
<i>gnp lubricant pm</i>	104
<i>gnp lubricating plus eye</i>	104
<i>gnp miconazole 3</i>	90
<i>gnp miconazole 7</i>	90
<i>gnp naproxen</i>	19
<i>gnp naproxen sodium</i>	19
<i>gnp natural fiber</i>	87
<i>gnp nicotine mini lozenge</i>	65
<i>gnp nicotine polacrilex</i>	65
<i>gnp nicotine polacrilex m</i>	66
<i>gnp nicotine transdermal</i>	66
<i>gnp omeprazole</i>	89
<i>gnp pain & fever children</i>	16
<i>gnp pain relief</i>	16
<i>gnp pain relief extra str</i>	16
<i>gnp pink bismuth</i>	83
<i>gnp stomach relief</i>	83
<i>gnp stool softener</i>	87
<i>gnp tolnaftate</i>	113
<i>gnp triple antibiotic</i>	113
<i>gnp womens gentle laxativ</i>	87
GOLYTELY SOL	87
<i>goodsense acid reducer</i>	86
<i>goodsense all day allergy</i>	107
<i>goodsense aller-ease</i>	107
<i>goodsense allergy relief</i>	107
<i>goodsense arthritis pain</i>	16
<i>goodsense aspirin</i>	16
<i>goodsense aspirin adult l</i>	16
<i>goodsense ibuprofen</i>	19
<i>goodsense ibuprofen child</i>	19
<i>goodsense ibuprofen infan</i>	19
<i>goodsense ibuprofen junio</i>	19
<i>goodsense lansoprazole</i>	89
<i>goodsense lubricating plu</i>	104
<i>goodsense naproxen sodium</i>	19
<i>goodsense nicotine</i>	66
<i>goodsense nicotine gum</i>	66
<i>goodsense nicotine polacr</i>	66
<i>goodsense pain & fever ch</i>	16
<i>goodsense pain & fever in</i>	16
<i>goodsense pain relief ext</i>	16
<i>goodsense stomach relief</i>	83
<i>granisetron hcl</i>	84
<i>griseofulvin microsize</i>	25
<i>griseofulvin ultramicrosize</i>	25
<i>guanfacine hcl</i>	49
<i>guanfacine hcl (adhd)</i>	62
GVOKE HYOPEN 2-PACK	78
GVOKE PFS	78
HAEGARDA	92
<i>hailey 1.5/30</i>	73
<i>hailey 24 fe</i>	73
<i>halobetasol propionate</i>	115
<i>haloperidol</i>	59
<i>haloperidol decanoate</i>	59
<i>haloperidol lactate</i>	59

HARVONI PAK 33.75-150MG	28
HARVONI PAK 45-200MG.....	28
HARVONI TAB 45-200MG.....	28
HARVONI TAB 90-400MG.....	29
HAVRIX	96
heartburn relief	86
heartburn relief extra st	82
heartburn relief maximum	86
heartburn treatment 24 ho	89
heather	73
HEP SOD/NACL INJ 25000UNT	91
heparin sodium (porcine).....	91
heparin sodium (porcine) 100 unit/ml in d5w.....	91
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%....	91
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%....	92
HEPARIN/NACL INJ 25000UNT	92
hepatamine	100
HERCEP HYLEC SOL 60-10000	37
HERCEPTIN	37
HERZUMA	37
HETLIOZ	62
HIBERIX	96
HISTEX	107
HISTEX PD.....	107
hm advanced antacid maxim.....	82
hm all day allergy	107
hm all day allergy childr	107
hm allergy	107
hm allergy relief	107
hm allergy relief childre	107
hm allergy relief nasal s	111
hm antacid	82
hm antacid anti-gas extra	82
hm antacid/antigas	82
hm anti-diarrheal	83
hm arthritis pain relief.....	16
hm aspirin	16
hm aspirin ec	16
hm aspirin ec low dose.....	16
hm calcium antacid	82
hm calcium antacid extra.....	82
hm calcium antacid smooth	82
hm calcium antacid ultra	82
hm cetirizine hcl childre.....	107
hm cetirizine hydrochloride	107
hm enema saline laxative	87
hm eye itch relief	103
hm famotidine	86
hm fexofenadine hydrochloride.....	107
hm fiber	87
hm hydrocortisone plus.....	115
hm hydrocortisone/aloe ma	115
hm ibuprofen	19
hm ibuprofen childrens	19
hm ibuprofen ib	19
hm ibuprofen ib/junior st	19
hm ibuprofen infants	19
hm lansoprazole.....	89
hm laxative	87
hm lice killing maximum s	117
hm lice treatment.....	117
hm loperamide hcl.....	83
hm loratadine	107
hm loratadine childrens.....	107
hm lubricating plus	104
hm naproxen sodium	19
hm nicotine polacrilex	66
hm nicotine transdermal s	66
hm omeprazole	89
hm pain & fever childrens.....	16
hm pain & fever infants.....	16
hm pain relief extra stre.....	16
hm pain reliever.....	16
hm povidone-iodine	116
hm stomach relief	83
hm stomach relief maximum	84
hm stool softener	87
hm stool softener maximum	87
hm triple antibiotic	113
HUMIRA	93
HUMIRA PEDIA INJ CROHNS	93
HUMIRA PEDIATRIC CROHNS D ..	93
HUMIRA PEN.....	94
HUMIRA PEN KIT PS/UV	94
HUMIRA PEN-CD/UC/HS START ..	94
HUMIRA PEN-PEDIATRIC UC S ..	94
HUMIRA PEN-PS/UV STARTER ..	94
HUMULIN R U-500 (CONCENTR.....	69
HUMULIN R U-500 KWIKPEN	69
hydralazine hcl.....	49
hydrochlorothiazide	49

hydrocodone bitartrate.....	20
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	21
hydrocodone-acetaminophen tab 10-325 mg.....	21
hydrocodone-acetaminophen tab 5- 325 mg	21
hydrocodone-acetaminophen tab 7.5-325 mg.....	21
hydrocodone-ibuprofen tab 7.5-200 mg.....	21
hydrocortisone	78
hydrocortisone (intrarectal)	86
hydrocortisone (rectal).....	116
hydrocortisone (topical)	115
hydrocortisone maximum st.....	115
hydrocortisone-aloe vera cream 0.5%.....	115
hydrocortisone-aloe vera cream 1%	115
hydromorphone hcl.....	21
hydroxocobalamin acetate	101
hydroxychloroquine sulfate	94
hydroxyurea	35
hydroxyzine hcl.....	107
hydroxyzine pamoate.....	107
HYSINGLA ER.....	20
ibandronate sodium	70
IBRANCE	37
ibu.....	19
ibu-200	19
ibuprofen.....	19
ibuprofen childrens	19
ibuprofen infants	19
ibuprofen infants drops	19
ibuprofen junior strength	19
icatibant acetate.....	92
iclevia	73
ICLUSIG	37
IDHIFA.....	37
ILEVRO	103
imatinib mesylate	37
IMBRUVICA.....	37
imipenem-cilastatin intravenous for soln 250 mg.....	23
imipenem-cilastatin intravenous for soln 500 mg.....	23
imipramine hcl	56
imiquimod	116
IMOVAZ RABIES (H.D.C.V.)	97
incassia.....	73
INCRELEX	79
INCRUSE ELLIPTA	105
indapamide	49
INFANRIX INJ	97
INFANTS ADVIL	19
infants ibuprofen	19
INFUVITE INJ.....	101
INFUVITE INJ ADULT	101
INFUVITE INJ PEDIATRI	101
INGREZZA.....	63
INGREZZA CAP 40-80MG	64
INLYTA	37
INQOVI TAB 35-100MG	35
INREBIC.....	37
INSULIN SAFETY NEEDLES	69
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC	69
INTELENCE.....	26
INTRALIPID	100
INTRON A	95
introvale	73
INVEGA SUSTENNA	59
INVEGA TRINZA	59
INVIRASE.....	26
IPOL INJ INACTIVE	97
ipratropium bromide	105
ipratropium bromide (nasal)	105
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	105
irbesartan	45
irbesartan-hydrochlorothiazide tab 150-12.5 mg	43
irbesartan-hydrochlorothiazide tab 300-12.5 mg	44
IRESSA	38
irinotecan hcl	35
ISENTRESS	26
ISENTRESS HD	26
isibloom	73
ISOLYTE-P INJ /D5W	98
ISOLYTE-S INJ	98
isoniazid	28

ISOPTO ATROPINE.....	104
ISOPTO TEARS.....	104
<i>isosorbide dinitrate</i>	50
<i>isosorbide mononitrate</i>	50
<i>isotretinoin</i>	112
<i>isradipine</i>	48
<i>itraconazole</i>	25
<i>ivermectin</i>	23
IXIARO INJ	97
JAKAFI	38
<i>jantoven</i>	92
JANUMET TAB 50-1000	67
JANUMET TAB 50-500MG.....	67
JANUMET XR TAB 100-1000.....	67
JANUMET XR TAB 50-1000.....	67
JANUMET XR TAB 50-500MG.....	67
JANUVIA.....	68
JARDIANCE.....	68
<i>jasmiel</i>	73
JENTADUETO TAB 2.5-1000	68
JENTADUETO TAB 2.5-500	68
JENTADUETO TAB 2.5-850.....	68
JENTADUETO TAB XR 2.5-1000MG	68
JENTADUETO TAB XR 5-1000MG .68	
<i>jinteli</i>	77
<i>jolessa</i>	73
<i>juleber</i>	73
JULUCA TAB 50-25MG.....	27
<i>junel 1.5/30</i>	73
<i>junel 1/20</i>	73
<i>junel fe 1.5/30</i>	73
<i>junel fe 1/20</i>	73
<i>junel fe 24</i>	73
JUXTAPID	46
KACSYLA.....	38
<i>kaitlib fe</i>	73
KALETRA TAB 100-25MG	27
KALETRA TAB 200-50MG	27
KALYDECO.....	110
KANJINTI.....	38
<i>kao-tin</i>	87
<i>kariva</i>	73
<i>kcl 10 meq/l (0.075%) in dextrose</i>	
<i>5% & nacl 0.45% inj</i>	98
<i>kcl 20 meq/l (0.15%) in dextrose</i>	
<i>5% & nacl 0.2% inj</i>	98
<i>kcl 20 meq/l (0.15%) in dextrose</i>	
<i>5% & nacl 0.45% inj</i>	98
<i>kcl 20 meq/l (0.15%) in nacl 0.45%</i>	
<i>inj</i>	98
<i>kcl 20 meq/l (0.15%) in nacl 0.9%</i>	
<i>inj</i>	98
<i>kcl 30 meq/l (0.224%) in dextrose</i>	
<i>5% & nacl 0.45% inj</i>	98
<i>kcl 40 meq/l (0.3%) in dextrose 5%</i>	
<i>& nacl 0.45% inj</i>	98
KCL/D5W/NACL INJ 0.15/0.2.....	98
KCL/D5W/NACL INJ 0.3/0.9%....	98
<i>kelnor 1/35</i>	73
<i>kelnor 1/50</i>	73
<i>ketoconazole</i>	25
<i>ketoconazole (topical)</i>	113, 114
<i>ketorolac tromethamine (ophth)</i> 103	
<i>ketotifen fumarate (ophth)</i>	103
KEYTRUDA	38
KINRIX INJ	97
KISQALI.....	38
KISQALI 200 PAK FEMARA.....	35
KISQALI 400 PAK FEMARA.....	35
KISQALI 600 PAK FEMARA.....	35
<i>klor-con</i>	99
<i>klor-con 10</i>	99
<i>klor-con 8</i>	99
<i>klor-con m10</i>	99
<i>klor-con m15</i>	99
<i>klor-con m20</i>	99
<i>konsyl daily fiber</i>	87
KORLYM	79
K-PHOS	100
<i>kurvelo</i>	73
KYNMOBI	58
<i>labetalol hcl</i>	47
<i>lactated ringer's solution</i>	98
<i>lactic acid (ammonium lactate)</i> .116	
<i>lactulose</i>	87
<i>lactulose (encephalopathy)</i>	87
<i>lamivudine</i>	26
<i>lamivudine (hbv)</i>	29
<i>lamivudine-zidovudine tab 150-300 mg</i>	28
<i>lamotrigine</i>	52

<i>lansoprazole</i>	89
<i>lapatinib ditosylate</i>	38
<i>larin 1.5/30</i>	73
<i>larin 1/20</i>	73
<i>larin 24 fe</i>	73
<i>larin fe 1.5/30</i>	73
<i>larin fe 1/20</i>	73
<i>larissa</i>	73
LASTACRAFT	103
<i>latanoprost</i>	104
LATUDA	59
<i>layolis fe</i>	73
<i>leena</i>	73
<i>leflunomide</i>	94
LENVIMA 10 MG DAILY DOSE	38
LENVIMA 12MG DAILY DOSE	38
LENVIMA 20 MG DAILY DOSE	38
LENVIMA 4 MG DAILY DOSE	38
LENVIMA 8 MG DAILY DOSE	38
LENVIMA CAP 14 MG	38
LENVIMA CAP 18 MG	38
LENVIMA CAP 24 MG	38
<i>lessina</i>	73
<i>letrozole</i>	34
<i>leucovorin calcium</i>	41
LEUKERAN	33
<i>leuprolide acetate</i>	34
<i>levalbuterol hcl</i>	109
<i>levalbuterol tartrate</i>	109
LEVEMIR	69
LEVEMIR FLEXTOUCH	69
<i>levetiracetam</i>	53
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	53
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	53
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	53
<i>levobunolol hcl</i>	104
<i>levocarnitine (metabolic modifiers)</i>	79
<i>levocetirizine dihydrochloride</i>	107
<i>levofloxacin</i>	30
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	31
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	31
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	31
<i>levonest</i>	73
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est</i> <i>0.01 mg</i>	73
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	73
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	74
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	74
<i>levonorgestrel (emergency oc)</i>	74
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i> 74	
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab</i> <i>0.01mg(7)</i>	73
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab</i> <i>0.01mg(7)</i>	73
<i>levora 0.15/30-28</i>	74
<i>levo-t</i>	80
<i>levothyroxine sodium</i>	80
<i>levoxyl</i>	81
LEXIVA	26
<i>lice killing maximum stre</i>	117
<i>lice killing shampoo</i>	117
<i>lice treatment</i>	117
<i>lidocaine</i>	115
<i>lidocaine hcl</i>	116
<i>lidocaine hcl (local anesth.)</i>	22
<i>lidocaine hcl (mouth-throat)</i>	117
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	116
<i>lillow</i>	74
<i>linezolid</i>	23
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	23
LINZESS	88
<i>liothyronine sodium</i>	81
<i>lisinopril</i>	42
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	42
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	42

<i>lisinopril & hydrochlorothiazide tab</i>	
20-25 mg	42
LITHIUM.....	64
<i>lithium carbonate</i>	64
<i>loestrin 1.5/30-21</i>	74
<i>loestrin 1/20-21</i>	74
<i>loestrin fe 1.5/30.....</i>	74
<i>loestrin fe 1/20</i>	74
LOKELMA.....	71
LONSURF TAB 15-6.14	35
LONSURF TAB 20-8.19	35
<i>loperamide hcl</i>	84, 88
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	28
<i>lopinavir-ritonavir tab 100-25 mg</i>	28
<i>lopinavir-ritonavir tab 200-50 mg</i>	28
<i>lopreeza</i>	77
<i>loratadine</i>	108
<i>loratadine childrens</i>	108
<i>lorazepam</i>	51
<i>lorazepam intensol</i>	51
LORBRENA.....	38
<i>loryna</i>	74
<i>losartan potassium</i>	45
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5</i>	
<i>mg</i>	44
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25</i>	
<i>mg</i>	44
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5</i>	
<i>mg</i>	44
LOTEMAX.....	103
<i>lovastatin</i>	46
<i>low-ogestrel.....</i>	74
<i>loxapine succinate</i>	59
<i>lubricating plus eye drop</i>	104
<i>lubrifresh p.m.</i>	104
LUMAKRAS	38
LUMIGAN.....	104
LUMIZYME	79
LUPRON DEPOT (1-MONTH).....	34
LUPRON DEPOT (3-MONTH).....	34
LUPRON DEPOT-PED (1-MONTH ..	79
LUPRON DEPOT-PED (3-MONTH ..	79
<i>lutera</i>	74
<i>lyleq</i>	74
<i>lyllana</i>	77
LYNPARZA.....	38
LYRICA CR	64
LYSODREN	34
<i>lyza</i>	74
M.V.I PEDIAT INJ	101
MAG-AL LIQ.....	82
<i>mag-al plus</i>	82
<i>mag-al plus xs</i>	82
<i>magnesium oxide</i>	82
<i>magnesium oxide (mg supplement)</i>	
.....	100
<i>magnesium sulfate</i>	98
MAGNESIUM SULFATE	98
<i>magnesium sulfate in dextrose 5%</i>	
<i>iv soln 1 gm/100ml.....</i>	98
<i>malathion</i>	117
<i>manganese chloride.....</i>	100
<i>mapap</i>	16
<i>mapap acetaminophen extra</i>	17
<i>mapap arthritis pain</i>	17
<i>mapap childrens.....</i>	17
<i>marlissa</i>	74
MARPLAN	56
MATULANE	35
MAVYRET TAB 100-40MG	29
<i>m-dryl</i>	108
<i>meclizine hcl.....</i>	84
<i>medroxyprogesterone acetate....</i>	80
<i>medroxyprogesterone acetate</i>	
<i>(contraceptive)</i>	74
<i>mefloquine hcl</i>	25
<i>megestrol acetate</i>	34, 80
<i>megestrol acetate (appetite)</i>	80
MEKINIST	38
MEKTOVI.....	38
<i>melodetta 24 fe</i>	74
<i>meloxicam</i>	19
<i>memantine hcl</i>	55
<i>memantine hcl tab 28 x 5 mg & 21</i>	
<i>x 10 mg titration pack.....</i>	55
MENACTRA INJ	97
MENQUADFI INJ	97
MENVEO INJ	97
MEPHYTON	101
<i>mercaptopurine</i>	34

<i>meropenem</i>	23
<i>mesalamine</i>	86
<i>mesalamine w/ cleanser</i>	86
<i>MESNEX</i>	41
<i>metadate er</i>	62
<i>metamucil</i>	87
<i>metformin hcl</i>	68
<i>methadone hcl</i>	20
<i>methadone hydrochloride i</i>	20
<i>methazolamide</i>	49
<i>methenamine hippurate</i>	23
<i>methimazole</i>	81
<i>methocarbamol</i>	65
<i>methotrexate sodium</i>	34, 94
<i>METHYLDOPA</i>	49
<i>methylphenidate hcl</i>	62
<i>methylprednisolone</i>	78
<i>methylprednisolone acetate</i>	78
<i>methylprednisolone sod succ</i>	78
<i>metoclopramide hcl</i>	85
<i>metolazone</i>	49
<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	47
<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-50 mg</i>	47
<i>metoprolol & hydrochlorothiazide</i> <i>tab 50-25 mg</i>	47
<i>metoprolol succinate</i>	47
<i>metoprolol tartrate</i>	47
<i>metronidazole</i>	23
<i>metronidazole (topical)</i>	116
<i>metronidazole in nacl 0.79% iv soln</i> <i>500 mg/100ml</i>	23
<i>metronidazole vaginal</i>	90
<i>metyrosine</i>	50
<i>MG SO4/D5W INJ 10MG/ML</i>	98
<i>m-hist pd</i>	108
<i>mi-acid</i>	82
<i>mi-acid maximum strength</i>	82
<i>mibelas 24 fe</i>	74
<i>micafungin sodium</i>	25
<i>miconazole 1</i>	91
<i>miconazole 3</i>	91
<i>miconazole 3 combo pack</i>	91
<i>miconazole 7</i>	91
<i>miconazole nitrate (topical)</i>	113
<i>miconazole nitrate vaginal</i>	91
<i>miconazole nitrate vaginal supp</i> <i>1200 mg & 2% cream kit</i>	91
<i>microgestin 1.5/30</i>	74
<i>microgestin 1/20</i>	74
<i>microgestin fe 1.5/30</i>	74
<i>microgestin fe 1/20</i>	74
<i>midodrine hcl</i>	50
<i>miglustat</i>	79
<i>milli</i>	74
<i>mimvey</i>	77
<i>minocycline hcl</i>	33
<i>minoxidil</i>	50
<i>mintox maximum strength</i>	82
<i>mintox regular strength</i>	82
<i>mirtazapine</i>	56
<i>misoprostol</i>	88
<i>MITIGARE</i>	15
<i>M-M-R II INJ</i>	97
<i>M-NATAL PLUS TAB</i>	99
<i>moexipril hcl</i>	42
<i>molindone hcl</i>	59
<i>mometasone furoate</i>	115
<i>monodoxyne nl</i>	33
<i>MONJUVI</i>	38
<i>mono-linyah</i>	74
<i>montelukast sodium</i>	109
<i>morphine sulfate</i>	20, 21
<i>MORPHINE SULFATE</i>	21
<i>MOVANTIK</i>	88
<i>moxifloxacin hcl</i>	31
<i>moxifloxacin hcl (ophth)</i>	102
<i>m-pap</i>	16
<i>MULTAQ</i>	45
<i>multi-vit/iron/fluoride</i>	101
<i>multivitamin with fluorid</i>	101
<i>multivitamin/fluoride</i>	101
<i>multivitamin/fluoride/iro</i>	101
<i>mupirocin</i>	113
<i>MVASI</i>	38
<i>mvc-fluoride</i>	101
<i>my choice</i>	74
<i>my way</i>	74
<i>mycophenolate mofetil</i>	96
<i>mycophenolate sodium</i>	96
<i>myorisan</i>	112
<i>MYRBETRIQ</i>	90
<i>nabumetone</i>	19

<i>nadolol</i>	47
<i>nafcillin sodium</i>	32
NAGLAZYME.....	79
<i>nalbuphine hcl</i>	21
<i>naloxone hcl</i>	66
<i>naltrexone hcl</i>	66
NAMZARIC CAP 14-10MG	55
NAMZARIC CAP 21-10MG	55
NAMZARIC CAP 28-10MG	55
NAMZARIC CAP 7-10MG	55
NAMZARIC CAP PACK.....	55
<i>naproxen</i>	19
<i>naproxen sodium</i>	19
<i>naratriptan hcl</i>	63
NARCAN	66
NASCOBAL	101
NATACYN.....	102
<i>nateglinide</i>	68
NATPARA.....	70
<i>natural fiber</i>	87
<i>natural fiber therapy</i>	87
NAYZILAM	53
<i>nebivolol hcl</i>	47
<i>necon 0.5/35-28</i>	74
<i>nefazodone hcl</i>	56
<i>neomycin sulfate</i>	23
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i>	102
<i>neomycin-polymyx-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	102
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth oint 0.1%</i>	102
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth susp 0.1%</i>	102
<i>neomycin-polymyxin-hc ophth susp</i>	102
<i>neomycin-polymyxin-hc otic soln</i> <i>1%</i>	118
<i>neomycin-polymyxin-hc otic susp</i> <i>3.5 mg/ml-10000 unit/ml-1%</i> 118	
NEPHPLEX RX TAB	101
NERLYNX	38
NEUPRO	58
<i>nevirapine</i>	26
<i>new day</i>	74
NEXAVAR	38
<i>niacin</i>	101
<i>niacin (antihyperlipidemic)</i>	46
<i>nicardipine hcl</i>	48
NICODERM CQ.....	66
NICORETTE	66
NICORETTE MINI.....	66
NICORETTE STARTER KIT.....	66
<i>nicotine</i>	66
<i>nicotine polacrilex</i>	66
NICOTINE SYS KIT TRANSDER.....	66
<i>nicotine transdermal syst</i>	66
NICOTROL INHALER	66
NICOTROL NS	66
<i>nifedipine</i>	48
<i>nikki</i>	74
<i>nilutamide</i>	34
<i>nimodipine</i>	48
NINLARO	38
<i>nitazoxanide</i>	23
<i>nitisinone</i>	79
NITRO-BID	50
NITRO-DUR	50
<i>nitrofurantoin macrocrystal</i>	23
<i>nitrofurantoin monohyd macro</i>	23
<i>nitroglycerin</i>	50
<i>nizatidine</i>	86
<i>non-aspirin childrens</i>	17
<i>non-aspirin pain relief e</i>	17
<i>nora-be</i>	74
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	74
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	74
<i>norethindrone (contraceptive)</i>	75
<i>norethindrone ace & ethinyl</i> <i>estradiol tab 1 mg-20 mcg</i>	75
<i>norethindrone ace & ethinyl</i> <i>estradiol tab 1.5 mg-30 mcg</i>	75
<i>norethindrone ace & ethinyl</i> <i>estradiol-fe tab 1 mg-20 mcg</i> ...	75
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	75
<i>norethindrone acetate</i>	80

<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	77
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	77
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	75
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	75
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	75
<i>norlyroc</i>	75
<i>NORPACE CR</i>	45
<i>NORTHERA</i>	50
<i>nortrel 0.5/35 (28)</i>	75
<i>nortrel 1/35 (21)</i>	75
<i>nortrel 1/35 (28)</i>	75
<i>nortrel 7/7/7</i>	75
<i>nortriptyline hcl</i>	56
<i>NORVIR</i>	26
<i>NOVOLIN INJ 70/30</i>	69
<i>NOVOLIN INJ 70/30 FP</i>	69
<i>NOVOLIN N</i>	69
<i>NOVOLIN N FLEXPEN</i>	69
<i>NOVOLIN R</i>	69
<i>NOVOLIN R FLEXPEN</i>	69
<i>NOVOLOG</i>	70
<i>NOVOLOG FLEXPEN</i>	70
<i>NOVOLOG MIX INJ 70/30</i>	70
<i>NOVOLOG MIX INJ FLEXPEN</i>	70
<i>NOVOLOG PENFILL</i>	70
<i>NOXAFIL</i>	25
<i>NUBEQA</i>	34
<i>NUEDEXTA CAP 20-10MG</i>	64
<i>NULOJIX</i>	96
<i>NULYTELY SOL LMN/LIME</i>	87
<i>NUPLAZID</i>	59
<i>NUTRILIPID</i>	100
<i>nyamyc</i>	113
<i>nylia 7/7/7</i>	75
<i>NYMALIZE</i>	48
<i>nymyo</i>	75
<i>nystatin</i>	25
<i>nystatin (mouth-throat)</i>	117
<i>nystatin (topical)</i>	113
<i>nystop</i>	113
<i>ocella</i>	75
<i>OCTAGAM</i>	95
<i>octreotide acetate</i>	79
<i>OCTREOTIDE ACETATE</i>	79
<i>ODEFSEY TAB</i>	28
<i>ODOMZO</i>	38
<i>OFEV</i>	110
<i>ofloxacin (ophth)</i>	102
<i>ofloxacin (otic)</i>	118
<i>OGIVRI</i>	38
<i>OGIVRI INJ 420MG</i>	38
<i>olanzapine</i>	59, 60
<i>olmesartan medoxomil</i>	45
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	44
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	44
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	44
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	44
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	44
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	44
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	44
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	44
<i>olopatadine hcl</i>	103
<i>omeprazole</i>	89
<i>OMNIPOD KIT STARTER</i>	70
<i>OMNIPOD MIS 5 PACK</i>	70
<i>ondansetron</i>	85
<i>ondansetron hcl</i>	85
<i>ONTRUZANT</i>	38
<i>ONUREG</i>	34
<i>opcicon one-step</i>	75
<i>OPSUMIT</i>	50
<i>option 2</i>	75
<i>ORGOVYX</i>	34

ORKAMBI GRA 100-125.....	110
ORKAMBI GRA 150-188.....	110
ORKAMBI TAB 100-125	110
ORKAMBI TAB 200-125	110
<i>orsythia</i>	75
<i>oseltamivir phosphate</i>	29
OSPHENA	79
<i>oxacillin sodium</i>	32
<i>oxaliplatin</i>	33
<i>oxandrolone</i>	67
<i>oxcarbazepine</i>	53
<i>oxybutynin chloride</i>	90
<i>oxycodone hcl</i>	22
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	22
OXYCONTIN	20
OZEMPIC (0.25 OR 0.5MG/DOSE)68	
OZEMPIC (1MG/DOSE)	68
pacerone	45
paclitaxel.....	35
<i>pain & fever</i>	17
<i>pain & fever childrens</i>	17
<i>pain & fever infants</i>	17
<i>pain relief extra strengt</i>	17
<i>paliperidone</i>	60
<i>pamidronate disodium</i>	70
PAMIDRONATE DISODIUM	70
PANRETIN.....	116
<i>pantoprazole sodium</i>	89
PANZYGA.....	95
<i>paraplatin</i>	33
<i>paricalcitol</i>	81
<i>paroex</i>	117
<i>paromomycin sulfate</i>	23
<i>paroxetine hcl</i>	56
PASER.....	28
PAXIL.....	56
PAZEO	103
<i>pediaclear allergy childr</i>	108
<i>pediaclear cough children</i>	108
<i>pediaclear pd childrens</i>	108

PEDIARIX INJ 0.5ML.....	97
PEDIAVENT	108
PEDVAX HIB	97
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	87
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	87
PEGANONE	53
PEGASYS.....	29
PEMAZYRE.....	38
PEN GK/DEXTR INJ 40000/ML.....	32
PEN GK/DEXTR INJ 60000/ML.....	32
PEN NEEDLES:	
NOVO/BD/ULTIMED/OWEN/TRIVI DIA.....	70
<i>penicillamine</i>	71
<i>penicillin g potassium</i>	32
PENICILLIN G PROCAINE.....	32
<i>penicillin g sodium</i>	32
<i>penicillin v potassium</i>	32
PENTACEL INJ.....	97
<i>pentamidine isethionate inh</i>	24
<i>pentamidine isethionate inj</i>	24
<i>pentoxifylline</i>	92
<i>peptic relief</i>	84
PEPTO BISMOL	84
PEPTO-BISMOL	84
PEPTO-BISMOL INSTACOOL.....	84
PEPTO-BISMOL MAX STRENGTH..	84
PEPTO-BISMOL SUS 525/15ML ..	84
PEPTO-BISMOL TO-GO.....	84
<i>perindopril erbumine</i>	42
<i>periogard</i>	117
<i>permethrin</i>	117
<i>perphenazine</i>	60
PERSERIS	60
<i>pfizerpen</i>	32
<i>pharbedryl</i>	108
<i>pharbetol</i>	17
<i>pharbetol extra strength</i>	17
<i>phenelzine sulfate</i>	56
<i>phenobarbital</i>	53
<i>phenobarbital sodium</i>	53
PHENYTEK	53
<i>phenytoin</i>	53
<i>phenytoin sodium</i>	53
<i>phenytoin sodium extended</i>	53

PHESGO SOL	38
<i>philith</i>	75
<i>phytonadione</i>	101
PICATO	116
PIFELTRO	26
<i>pilocarpine hcl</i>	104
<i>pilocarpine hcl (oral)</i>	117
<i>pimozide</i>	60
<i>pimtrea</i>	75
<i>pindolol</i>	47
<i>pink bismuth</i>	84
<i>pioglitazone hcl</i>	68
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	32
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm).....	32
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm).....	32
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	32
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm).....	32
PIQRAY 200MG DAILY DOSE	38
PIQRAY 250MG TAB DOSE	38
PIQRAY 300MG DAILY DOSE	38
<i>pirmella</i> 1/35	75
<i>piroxicam</i>	20
PLAN B ONE-STEP	75
PLASMA-LYTE INJ -148.....	98
PLASMA-LYTE INJ -A	98
<i>plenamine</i>	100
PLENUV SOL	87
PNV FOLIC AC TAB + IRON	99
<i>podofilox</i>	116
<i>polyethylene glycol</i> 3350	87
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	102
POMALYST	34
<i>portia-28</i>	75
<i>posaconazole</i>	25
POT CHL/NACL INJ 20MEQ/L.....	98
POT CHL/NACL INJ 40MEQ/L.....	98
<i>potassium chloride</i>	98, 99
POTASSIUM CHLORIDE	99
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	99

<i>potassium chloride</i>	
<i>microencapsulated crystals er</i> ..	99
<i>potassium citrate (alkalinizer)</i>	90
<i>povidone-iodine</i>	116
PRALUENT	46
<i>pramipexole dihydrochloride</i>	58
<i>prasugrel hcl</i>	93
<i>pravastatin sodium</i>	46
<i>praziquantel</i>	24
<i>prazosin hcl</i>	42
<i>prednisolone</i>	78
<i>prednisolone acetate (ophth)</i>	103
PREDNISOLONE SODIUM PHOSP103	
<i>prednisolone sodium phosphate</i> ..	78
<i>prednisone</i>	78
PREDNISONE INTENSOL	78
<i>pregabalin</i>	53
<i>pregabalin (once-daily)</i>	64
PREMASOL SOL 10%	100
PRENATAL TAB 27-1MG.....	99
PRENATAL TAB PLUS	99
PRENATAL VIT TAB LOW IRON	99
<i>preparation h</i>	115
PREVACID 24HR.....	89
<i>prevalite</i>	46
<i>previfem</i>	75
PREZCOBIX TAB 800-150	28
PREZISTA.....	26
PRIFTIN	28
<i>primaquine phosphate</i>	25
PRIMAQUINE PHOSPHATE	25
<i>primidone</i>	53
PRIVIGEN	95
<i>probenecid</i>	15
PROCALAMINE INJ 3%	100
<i>prochlorperazine</i>	85
<i>prochlorperazine edisylate</i>	85
<i>prochlorperazine maleate</i>	85
PROCERIT	92
<i>procto-med hc</i>	116
<i>procto-pak</i>	116
<i>proctosol hc</i>	116
<i>proctozone-hc</i>	116
PROGRAF	96
PROLASTIN-C	110
PROLENSA.....	103
PROLIA	70

PROMACTA	92, 93
<i>promethazine hcl</i>	85
<i>propafenone hcl</i>	45
<i>proparacaine hcl</i>	105
<i>propranolol hcl</i>	47
<i>propylthiouracil</i>	81
PROQUAD INJ	97
PROSOL INJ 20%	100
<i>protriptyline hcl</i>	56
<i>provil</i>	20
PULMICORT FLEXHALER	111
PULMOZYME	110
PURIXAN	34
<i>pyrazinamide</i>	28
<i>pyridostigmine bromide</i>	64
<i>pyridoxine hcl</i>	101
<i>qc 3 day vaginal cream</i>	91
<i>qc acetaminophen 8 hours</i>	17
<i>qc acid controller</i>	86
<i>qc acid controller maximu</i>	86
<i>qc all day allergy</i>	108
<i>qc allergy relief</i>	111
<i>qc antacid</i>	82
<i>qc antacid/anti-gas</i>	82
<i>qc antacid/anti-gas maxim</i>	82
<i>qc anti-diarrheal</i>	84
<i>qc arthritis pain relief</i>	17
<i>qc aspirin</i>	17
<i>qc aspirin low dose</i>	17
<i>qc chewable aspirin low d</i>	17
<i>qc childrens allergy</i>	108
<i>qc childrens ibuprofen</i>	20
<i>qc chlor-pheniramine</i>	108
<i>qc complete allergy medic</i>	108
<i>qc diarrhea relief</i>	84
<i>qc enema</i>	87
<i>qc enteric aspirin</i>	17
<i>qc fexofenadine hydrochlo</i>	108
<i>qc gentle laxative</i>	87
<i>qc ibuprofen</i>	20
<i>qc ibuprofen ib</i>	20
<i>qc ibuprofen infants</i>	20
<i>qc loratadine allergy rel</i>	108
<i>qc miconazole 7</i>	91
<i>qc naproxen sodium</i>	20
<i>qc natural vegetable</i>	88
<i>qc non-aspirin childrens</i>	17
<i>qc non-aspirin extra stre</i>	17
<i>qc non-aspirin jr strengt</i>	17
<i>qc pain relief</i>	17
<i>qc pain relief childrens</i>	17
<i>qc pain relief extra stre</i>	17
<i>qc pink bismuth</i>	84
<i>qc povidone iodine</i>	116
<i>qc tolnaftate</i>	113
QINLOCK	39
QUADRACEL INJ	97
<i>quetiapine fumarate</i>	60
<i>quinapril hcl</i>	42
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	42
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	42
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	42
<i>quinidine sulfate</i>	45
<i>quinine sulfate</i>	25
RABAVERT INJ	97
<i>rabeprazole sodium</i>	89
<i>raloxifene hcl</i>	79
<i>ramipril</i>	42
<i>ranitidine hcl</i>	86
<i>ranolazine</i>	50
<i>rasagiline mesylate</i>	58
RAYALDEE	81
<i>reclipsen</i>	75
RECOMBIVAX HB	97
RECTIV	116
<i>refresh celluvisc</i>	105
<i>refresh lacri-lube</i>	105
REFRESH LIQUIGEL	105
<i>refresh p.m.</i>	105
REFRESH PLUS	105
REFRESH TEARS	105
REGRANEX	117
<i>reguloid</i>	88
RELENZA DISKHALER	29
RELISTOR	88
REMICADE	94
<i>renal caps</i>	101
RENFLEXIS	94
<i>reno caps</i>	101
RENOVA	116
RENOVA PUMP	116

<i>repaglinide</i>	68
RESTASIS	105
RESTASIS MULTIDOSE	105
RETEVMO	39
REVLIMID	35
REXULTI	60
REYATAZ	26
REZUROCK	96
RHOPRESSA	104
RIABNI	39
<i>ribavirin (hepatitis c)</i>	29
rifabutin	28
rifampin	28
riluzole	64
rimantadine hydrochloride	29
RINVOQ	94
risedronate sodium	70
RISPERDAL CONSTA	60
risperidone	60
ritonavir	26
RITUXAN	39
RITUXAN INJ HYCELA	39
rivastigmine	55
rivastigmine tartrate	55
rivelsa	75
rizatriptan benzoate	63
ropinirole hydrochloride	58
rosadan	116
rosuvastatin calcium	46
ROTARIX SUS	97
ROTATEQ SOL	97
roweepra	53
ROZLYTREK	39
RUBRACA	39
rufinamide	53
RUKOBIA	26
RUXIENCE	39
RYBELSUS	68
RYDAPT	39
sajazir	93
SANDIMMUNE	96
SANTYL	117
<i>sapropterin dihydrochloride</i>	79
<i>scalpicin maximum strengt</i>	115
scopolamine	85
SECUADO	60
<i>selegiline hcl</i>	58
<i>selenium sulfide</i>	114
SELZENTRY	26
SEREVENT DISKUS	109
<i>sertraline hcl</i>	56
<i>setlakin</i>	75
<i>sevelamer carbonate</i>	80
<i>sharobel</i>	75
SHINGRIX	97
SIGNIFOR	79
<i>silace</i>	88
<i>siladryl allergy</i>	108
<i>sildenafil citrate (pulmonary hypertension)</i>	50
<i>silver sulfadiazine</i>	113
SIMBRINZA SUS 1-0.2%	104
<i>simliya</i>	75
<i>simpesse</i>	75
<i>simvastatin</i>	46
<i>sirolimus</i>	96
SIRTURO	28
SIVEXTRO	24
SKYRIZI	94
SKYRIZI PEN	94
SLOW-MAG TAB	100
<i>sm 3-day vaginal</i>	91
<i>sm 8 hour pain relief</i>	17
<i>sm acid reducer</i>	86
<i>sm acid reducer maximum s</i>	86
<i>sm all day allergy</i>	108
<i>sm all day allergy childr</i>	108
<i>sm allergy 4 hour</i>	108
<i>sm allergy childrens</i>	108
<i>sm allergy relief</i>	108
<i>sm allergy relief nasal s</i>	111
<i>sm antacid advanced</i>	82
<i>sm antacid advanced maxi</i>	83
<i>sm antacid maximum streng</i>	83
<i>sm antacid/antigas</i>	83
<i>sm anti-diarrheal</i>	84
<i>sm antifungal clotrimazol</i>	113
<i>sm antifungal miconazole</i>	113
<i>sm antifungal tolnaftate</i>	113
<i>sm arthritis pain relief</i>	17
<i>sm arthritis pain relieve</i>	17
<i>sm aspirin</i>	17
<i>sm aspirin adult low stre</i>	17
<i>sm aspirin enteric coated</i>	17

<i>sm aspirin low dose</i>	17
<i>sm calcium antacid</i>	83
<i>sm calcium antacid extra</i>	83
<i>sm childrens aspirin</i>	17
<i>sm childrens ibuprofen</i>	20
<i>sm childrens loratadine</i>	108
<i>sm clotrimazole vaginal</i>	91
<i>sm enema</i>	88
<i>sm eye itch relief</i>	103
<i>sm fexofenadine hcl</i>	108
<i>sm fexofenadine hydrochlo</i>	108
<i>sm fiber</i>	88
<i>sm gentle laxative</i>	88
<i>sm hydrocortisone</i>	115
<i>sm hydrocortisone maximum</i>	115
<i>sm hydrocortisone plus</i>	115
<i>sm hydrocortisone/aloe ma</i>	115
<i>sm ibuprofen</i>	20
<i>sm ibuprofen ib</i>	20
<i>sm infants ibuprofen</i>	20
<i>sm lansoprazole</i>	89
<i>sm laxative</i>	88
<i>sm lice killing maximum s</i>	117
<i>sm lice treatment</i>	117
<i>sm loperamide hcl</i>	84
<i>sm loratadine</i>	108
<i>sm lubricating plus</i>	105
<i>sm miconazole 3</i>	91
<i>sm miconazole 7</i>	91
<i>sm naproxen sodium</i>	20
<i>sm nicotine</i>	66
<i>sm nicotine polacrilex</i>	66
<i>sm nicotine transdermal s</i>	66
<i>sm omeprazole</i>	89
<i>sm pain & fever childrens</i>	17
<i>sm pain & fever infants</i>	18
<i>sm pain relief extra stre</i>	18
<i>sm pain reliever</i>	18
<i>sm pain reliever extra st</i>	18
<i>sm povidone-iodine</i>	116
<i>sm stomach relief</i>	84
<i>sm stomach relief liquid</i>	84
<i>sm stool softener</i>	88
<i>sm tioconazole-1</i>	91
<i>sm triple antibiotic</i>	113
<i>sm triple antibiotic orig</i>	113
<i>sodium bicarbonate (antacid)</i>	83
<i>sodium chloride</i>	99
<i>sodium chloride (gu irrigant)</i>	117
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	99
<i>sodium phenylbutyrate</i>	79
<i>sodium polystyrene sulfonate powder</i>	71
<i>solifenacin succinate</i>	90
<i>SOLIQUA INJ 100/33</i>	70
<i>SOLTAMOX</i>	34
<i>SOLU-CORTEF</i>	78
<i>SOMATULINE DEPOT</i>	80
<i>SOMAVERT</i>	80
<i>soothe & cool inzo antifu</i>	114
<i>sorine</i>	45
<i>sotalol hcl</i>	45
<i>sotalol hcl (afib/afl)</i>	45
<i>spironolactone</i>	42
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	49
<i>sprintec 28</i>	75
<i>SPRITAM</i>	53
<i>SPRYCEL</i>	39
<i>sps</i>	71
<i>sronyx</i>	75
<i>ssd</i>	113
<i>st joseph aspirin</i>	18
<i>st joseph low dose aspiri</i>	18
<i>stavudine</i>	26
<i>STELARA</i>	94
<i>STIMATE</i>	80
<i>STIVARGA</i>	39
<i>stomach relief</i>	84
<i>stomach relief maximum st</i>	84
<i>stool softener</i>	88
<i>stool softener extra stre</i>	88
<i>stool softener laxative</i>	88
<i>stool softener laxative e</i>	88
<i>streptomycin sulfate</i>	24
<i>STRIBILD TAB</i>	28
<i>STROVITE FOR TAB</i>	101
<i>STROVITE ONE TAB</i>	101
<i>subvenite</i>	53
<i>sucralfate</i>	88
<i>sulfacetamide sodium (acne)</i>	112
<i>sulfacetamide sodium (ophth)</i>	102

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	102
SULFADIAZINE	24
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	24
SULFAMYLYON	113
<i>sulfasalazine</i>	86
<i>sulindac</i>	20
<i>sumatriptan</i>	63
<i>sumatriptan succinate</i>	63
<i>sunitinib malate</i>	39
SUPREP BOWEL SOL PREP KIT	88
SUTENT	39
<i>syeda</i>	76
SYMBICORT AER 160-4.5	112
SYMBICORT AER 80-4.5	112
SYMDEKO TAB 100-150	110
SYMDEKO TAB 50-75MG	110
SYMJEPI	110
SYMPAZAN	53, 54
SYMTUZA TAB	28
SYNAREL	76
SYNERCID INJ 500MG	24
SYNJARDY TAB 12.5-1000MG	68
SYNJARDY TAB 12.5-500	68
SYNJARDY TAB 5-1000MG	68
SYNJARDY TAB 5-500MG	68
SYNJARDY XR TAB 10-1000	68
SYNJARDY XR TAB 12.5-1000MG	68
SYNJARDY XR TAB 25-1000	68
SYNJARDY XR TAB 5-1000MG	68
SYNRIBO	35
SYNTHROID	81
<i>systane nighttime</i>	105
SYSTANE OVERNIGHT THERAPY	105
TABLOID	34
TABRECTA	39
<i>tacrolimus</i>	96
<i>tacrolimus (topical)</i>	116
<i>tactinal</i>	18
<i>tactinal extra strength</i>	18
TAFINLAR	39
TAGRISSO	39
<i>take action</i>	76
TALTZ	94
TALZENNA	39
<i>tamoxifen citrate</i>	34
<i>tamsulosin hcl</i>	90
TARGETIN	117
<i>tarina 24 fe</i>	76
<i>tarina fe 1/20 eq</i>	76
TASIGNA	39
<i>tazarotene</i>	114
<i>tazicef</i>	30
TAZICEF	30
TAZORAC	114
<i>taztia xt</i>	48
TAZVERIK	39
TDVAX INJ 2-2 LF	97
TECENTRIQ	39
TEFLARO	30
<i>telmisartan</i>	45
<i>telmisartanamlodipine tab 40-10 mg</i>	44
<i>telmisartanamlodipine tab 40-5 mg</i>	44
<i>telmisartanamlodipine tab 80-10 mg</i>	44
<i>telmisartanamlodipine tab 80-5 mg</i>	44
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	44
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	44
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	44
<i>temazepam</i>	62
TEMIXYS TAB 300-300	28
TENIVAC INJ 5-2LF	97
<i>tenofovir disoproxil fumarate</i>	26
<i>tension headache</i>	18
TEPMETKO	39
<i>terazosin hcl</i>	43
<i>terbinafine hcl</i>	25
<i>terbutaline sulfate</i>	109
<i>terconazole vaginal</i>	91
<i>testosterone</i>	67
<i>testosterone cypionate</i>	67

<i>testosterone enanthate</i>	67
<i>tetrabenazine</i>	64
<i>tetracycline hcl</i>	33
<i>THALOMID</i>	35
<i>THEO-24</i>	110
<i>theophylline</i>	110
<i>thiamine hcl</i>	101
<i>thioridazine hcl</i>	60
<i>thiothixene</i>	60
<i>tiadylt er</i>	48
<i>tiagabine hcl</i>	54
<i>TIBSOVO</i>	39
<i>tigecycline</i>	33
<i>TIGECYCLINE</i>	33
<i>tilia fe</i>	76
<i>timolol maleate</i>	47
<i>timolol maleate (ophth)</i>	104
<i>timolol maleate (ophth) once-daily</i>	104
<i>tioconazole 1</i>	91
<i>TIVICAY</i>	27
<i>TIVICAY PD</i>	27
<i>tizanidine hcl</i>	65
<i>TOBRADEX OIN 0.3-0.1%</i>	102
<i>TOBRADEX ST SUS 0.3-0.05</i>	102
<i>tobramycin</i>	24
<i>tobramycin (ophth)</i>	103
<i>tobramycin sulfate</i>	24
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	102
<i>tolnaftate</i>	114
<i>tolterodine tartrate</i>	90
<i>topiramate</i>	54
<i>toposar</i>	35
<i>toremifene citrate</i>	34
<i>torsemide</i>	49
<i>TOVIAZ</i>	90
<i>TPN ELECTROL INJ</i>	99
<i>TRADJENTA</i>	68
<i>tramadol hcl</i>	22
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22
<i>trandolapril</i>	42
<i>tranexamic acid</i>	93
<i>tranylcypromine sulfate</i>	56
<i>TRAVASOL INJ 10%</i>	100
<i>TRAZIMERA</i>	39
<i>trazodone hcl</i>	56
<i>TRECATOR</i>	28
<i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i>	105
<i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i>	105
<i>TRELSTAR MIXJECT</i>	34
<i>treprostinil</i>	50
<i>TRESIBA</i>	70
<i>TRESIBA FLEXTOUCH</i>	70
<i>tretinoiin</i>	112
<i>tretinoiin (chemotherapy)</i>	35
<i>triamcinolone acetonide (mouth)</i>	117
<i>triamcinolone acetonide (topical)</i>	115
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	49
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	49
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	49
<i>tri-buffered aspirin</i>	18
<i>TRICARE TAB PRENATAL</i>	99
<i>triderm</i>	115
<i>trientine hcl</i>	71
<i>tri-estarylla</i>	76
<i>trifluoperazine hcl</i>	60
<i>trifluridine</i>	103
<i>trihexyphenidyl hcl</i>	58
<i>TRIJARDY XR TAB ER 24HR 10-5-1000MG</i>	68
<i>TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG</i>	69
<i>TRIJARDY XR TAB ER 24HR 25-5-1000MG</i>	69
<i>TRIJARDY XR TAB ER 24HR 5-2.5-1000MG</i>	68
<i>TRIKAFTA TAB 100-50-75MG & 150MG</i>	110
<i>TRIKAFTA TAB 50-25-37.5MG & 75MG</i>	110
<i>tri-legest fe</i>	76
<i>tri-linyah</i>	76
<i>tri-lo-estarylla</i>	76
<i>tri-lo-marzia</i>	76
<i>tri-lo-mili</i>	76

<i>tri-lo-sprintec</i>	76	UKONIQ	40
<i>trimethoprim</i>	24	<i>unithroid</i>	81
<i>tri-mili</i>	76	<i>ursodiol</i>	89
<i>trimipramine maleate</i>	56	<i>valacyclovir hcl</i>	29
TRINTELLIX	56, 57	VALCHLOR	117
<i>tri-nymyo</i>	76	<i>valganciclovir hcl</i>	29
<i>triprocaps</i>	101	<i>valproate sodium</i>	54
<i>triple antibiotic</i>	113	<i>valproic acid</i>	54
<i>tri-previfem</i>	76	<i>valsartan</i>	45
<i>triprolididine hcl</i>	108	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-sprintec</i>	76	160-12.5 mg	44
TRIUMEQ TAB	28	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-vitamin/fluoride</i>	101	160-25 mg	44
<i>trivora-28</i>	76	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-vylibra</i>	76	320-12.5 mg	44
<i>tri-vylibra lo</i>	76	<i>valsartan-hydrochlorothiazide tab</i>	
TROGARZO	27	320-25 mg	45
TROPHAMINE INJ 10%	100	<i>valsartan-hydrochlorothiazide tab</i>	
<i>trospium chloride</i>	90	80-12.5 mg	44
TRUE METRIX KIT AIR	118	VALTOCO	54
TRUE METRIX KIT METER	118	VANACLEAR PD	108
TRUE METRIX STRIPS	118	<i>vanadom</i>	65
TRULANCE	88	VANAMINE PD	108
TRULICITY	69	<i>vancomycin hcl</i>	24
TRUMENBA INJ	97	VANCOMYCIN INJ 1 GM	24
TRUSELTIQ 100 MG DAILY DOSE	39	VANCOMYCIN INJ 500MG	24
TRUSELTIQ 125 MG DAILY DOSE	39	VANCOMYCIN INJ 750MG	24
TRUSELTIQ 50 MG DAILY DOSE	39	<i>vandazole</i>	91
TRUSELTIQ 75 MG DAILY DOSE	39	VAQTA	97
TRUXIMA	39	VARENICLINE TARTRATE	66
TUKYSA	40	VARIVAX	97
<i>tulana</i>	76	VASCEPA	46
TUMS	83	VELCADE	40
TUMS CHEWY BITES	83	<i>velvet</i>	76
TUMS CHEWY DELIGHTS	83	VELTASSA	71
TUMS E-X 750	83	VEMLIDY	29
TUMS EXTRA STRENGTH 750	83	VENCLEXTA	40
<i>tums smoothies</i>	83	VENCLEXTA TAB START PK	40
TUMS SMOOTHIES	83	<i>venlafaxine hcl</i>	57
TUMS ULTRA 1000	83	VENTAVIS	50
TURALIO	40	VENTOLIN HFA	109
TWINRIX INJ	97	VENTOLIN HFA (INSTITUTIONAL PACK)	109
TYBOST	27	<i>verapamil hcl</i>	48
<i>tydemy</i>	76	VERSACLOZ	60
TYMLOS	71	VERZENIO	40
TYPHIM VI	97	<i>vestura</i>	76
UBRELVY	63		

V-GO 20 KIT	70
V-GO 30 KIT	70
V-GO 40 KIT	70
VICTOZA	69
vienna	76
vigabatrin	54
vigadrone	54
VIIBRYD	57
VIIBRYD KIT STARTER	57
VIMPAT	54
vincristine sulfate	35
vinorelbine tartrate	35
viorele	76
VIRACEPT	27
VIREAD	27
virt-caps	101
virt-gard	101
VITAL-D RX TAB	101
vitamins a/c/d/fluoride	101
VITRAKVI	40
VIVITROL	66
VIZIMPRO	40
voriconazole	25
VOSEVI TAB	29
VOTRIENT	40
VRAYLAR	60
VRAYLAR CAP 1.5-3MG	61
vyfemla	76
vylibra	76
VYZULTA	104
warfarin sodium	92
water for irrigation, sterile irrigation soln	117
wee care	92
WELIREG	35
wera	76
womens laxative	88
wymzya fe	76
XALKORI	40
XARELTO	92
XARELTO STAR TAB 15/20MG	92
XATMEP	95
XCOPRI	54
XCOPRI PAK 100-150	54
XCOPRI PAK 12.5-25	54
XCOPRI PAK 150-200MG (MAINTENANCE)	54
XCOPRI PAK 150-200MG (TITRATION)	54
XCOPRI PAK 50-100MG	54
XCOPRI PAK 50-200MG	54
XELJANZ	94
XELJANZ XR	94
XENICAL	80
XGEVA	71
XIFAXAN	89
XIGDUO XR TAB 10-1000	69
XIGDUO XR TAB 10-500MG	69
XIGDUO XR TAB 2.5-1000	69
XIGDUO XR TAB 5-1000MG	69
XIGDUO XR TAB 5-500MG	69
XiIDRA	105
XOFLUZA	29
XOLAIR	110
XOSPATA	40
XPOVIO 100 MG ONCE WEEKLY ..	40
XPOVIO 40 MG ONCE WEEKLY ..	40
XPOVIO 40 MG TWICE WEEKLY ..	40
XPOVIO 60 MG ONCE WEEKLY ..	40
XPOVIO 60 MG TWICE WEEKLY ..	40
XPOVIO 80 MG ONCE WEEKLY ..	40
XPOVIO 80 MG TWICE WEEKLY ..	40
XTANDI	34
xulane	76
XULTOPHY INJ 100/3.6	70
XYREM	65
YF-VAX INJ	97
yuvafem	77
ZADITOR	103
zafemy	76
zafirlukast	109
zaleplon	63
zarah	76
ZARXIO	92
ZEJULA	40
ZELBORAF	40
ZEMAIRA	110
zenatane	112
ZENPEP CAP 10000UNT	89
ZENPEP CAP 15000UNT	89
ZENPEP CAP 20000UNT	89
ZENPEP CAP 25000	89
ZENPEP CAP 3000UNIT	89
ZENPEP CAP 40000	89

ZENPEP CAP 5000UNIT	89	<i>zonisamide</i>	54
ZERVIATE	103	ZORTRESS	96
<i>zidovudine</i>	27	ZOSTAVAX	97
<i>ziprasidone hcl</i>	61	<i>zovia 1/35e</i>	76
<i>ziprasidone mesylate</i>	61	<i>zumandimine</i>	76
ZIRABEV	40	ZYDELIG	40
ZIRGAN	103	ZYKADIA	40
<i>zoledronic acid</i>	71	ZYLET SUS 0.5-0.3%	102
ZOLINZA	40	ZYPREXA RELPREVV	61
<i>zolmitriptan</i>	63	ZYTIGA	34
<i>zolpidem tartrate</i>	63		



Versión 19

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Departamento de Servicios para Miembros: (855) 735-5604, TTY al 711

De lunes a viernes, de 8:00 a. m. a 8:00 p. m., EST.