



# 2021

# Formulary

## (List of Covered Drugs)

## Illinois

**Molina Dual Options  
Medicare-Medicaid Plan**

**Version 18**

**Updated: 11/01/2021**

Member Services (877) 901-8181, TTY:711

Monday-Friday, 8 a.m. to 8 p.m., local time

[MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)



# Molina Dual Options Medicare-Medicaid Plan | 2021 *List of Covered Drugs* (Formulary)

## Introduction

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

## Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	3
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	3
B2. Does the Drug List ever change?.....	4
B3. What happens when there is a change to the Drug List?.....	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	6
B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?.....	6
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?.....	7
B7. How can you find a drug on the Drug List?.....	7
B8. What if the drug you want to take is not on the Drug List?.....	7
B9. What if you are a new Molina Dual Options member and can’t find your drug on the Drug List or have a problem getting your drug?.....	7
B10. Can you ask for an exception to cover your drug?.....	9
B11. How can you ask for an exception?.....	9

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

B12. How long does it take to get an exception? .....	9
B13. What are generic drugs? .....	9
B14. What are OTC drugs? .....	10
B15. Does Molina Dual Options cover non-drug OTC products? .....	10
B16. What is your copay? .....	10
B17. What are drug tiers? .....	10
C. Overview of the <i>List of Covered Drugs</i> .....	10
C1. Drugs Grouped by Medical Condition .....	11
D. Index of Covered Drugs .....	111

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

---

## A. Disclaimers

This is a list of drugs that members can get in Molina Dual Options.

- ❖ Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (877) 901-8181, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ 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.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

---

## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

---

### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Molina Dual Options network pharmacy.
- Molina Dual Options may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals) or call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

---

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

Yes, and Molina Dual Options must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, see question B4.

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

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

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

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

- You can always check Molina Dual Options' up to date Drug List online at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).
- You can also call Member Services to check the current Drug List at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

---

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

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

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

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 60-day supply of the drug after you ask for a refill.

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

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options before you fill your prescription. Molina Dual Options may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 110. You can also get more information by visiting our website at [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals). We have posted online documents that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

---

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

The *List of Covered Drugs* on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).



---

## **B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

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

---

## **B7. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

---

## **B8. What if the drug you want to take is not on the Drug List?**

If you don't see your drug on the Drug List, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. The call is free. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

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

---

## **B9. What if you are a new Molina Dual Options member and can't find your drug on the Drug List or have a problem getting your drug?**

We can help. We may cover a temporary 60-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 60 days of medication.

We will cover a 60-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Molina Dual Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 60 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options.

### **Transition Policy**

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 180 days for your Medicaid drugs (tier 3). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 60-day supply (unless the prescription is written for fewer days). After we cover the temporary 60-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

---

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

Yes. You can ask Molina Dual Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Dual Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

---

### **B11. How can you ask for an exception?**

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

---

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

First, we must get a statement from your prescriber supporting your ask for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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

---

### **B13. What are generic drugs?**

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

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

Molina Dual Options covers both brand name drugs and generic drugs.

---

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

OTC stands for “over-the-counter”. Molina Dual Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Molina Dual Options Drug List to see what OTC drugs are covered.

---

### **B15. Does Molina Dual Options cover non-drug OTC products?**

Molina Dual Options covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include *non-aspirin tab 325mg, cough syp 100/5ml*.

You can read the Molina Dual Options Drug List to see what non-drug OTC products are covered.

---

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

As a Molina Dual Options member, you have no copays for prescription and OTC drugs as long as you follow Molina Dual Options’ rules.

---

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

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay nothing.
  - Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay nothing.
  - Tier 3 drugs are Non-Medicare Rx/Over-The-Counter (OTC) drugs. For Tier 3 drugs, you pay nothing.
- 

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

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 111. The index alphabetically lists all drugs covered by Molina Dual Options.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Molina Dual Options has any rules for covering your drug.

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

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

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

---

## C1. Drugs Grouped by Medical Condition

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

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

(\*) = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

---

11/01/2021



**If you have questions**, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

**MOLINA\_IL\_CY21\_2T\_MMP eff 11/01/2021**

<b>Drug Name</b> <b>(By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU</b> <b>(TIER LEVEL)</b>	<b>NECESSARY ACTIONS</b> <b>RESTRICTIONS OR</b> <b>LIMITS ON USE</b>
---	---	--

**ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION****GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

**MISCELLANEOUS**

<i>acetaminophen</i> SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>aspir-low</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$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 silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>eq aspirin ec</i> TBEC 325mg	\$0(3)	NM; *
<i>feverall childrens</i> SUPP 120mg	\$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	\$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	NM; *
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp headache relief extra</i>	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gnp infants pain relief</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp migraine relief</i>	\$0(3)	NM; *
<i>gnp pain &amp; fever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	NM; *
<i>goodsense aspirin</i> CHEW 81mg	\$0(3)	NM; *
<i>goodsense aspirin adult I</i> CHEW 81mg	\$0(3)	NM; *
<i>goodsense pain &amp; fever in</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap</i> TABS 325mg	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg	\$0(3)	NM; *
<i>migraine formula</i>	\$0(3)	NM; *
<i>non-aspirin childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain &amp; fever</i> TABS 325mg	\$0(3)	NM; *
<i>pain &amp; fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain &amp; fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain relief extra strengt</i> TABS 500mg	\$0(3)	NM; *
<i>pain reliever plus</i>	\$0(3)	NM; *
<i>pharbetol</i> TABS 325mg	\$0(3)	NM; *
<i>pharbetol extra strength</i> TABS 500mg	\$0(3)	NM; *
<i>qc aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc chewable aspirin low d</i> CHEW 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>qc headache relief</i>	\$0(3)	NM; *
<i>qc non-aspirin childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc non-aspirin extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>qc pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION**

<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg	\$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)
<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 ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> 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> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg; TBEC 375mg, 500mg	\$0(1)	
<i>naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b><i>OPIOID ANALGESICS, LONG-ACTING</i></b>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<b><i>OPIOID ANALGESICS, SHORT-ACTING</i></b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg	\$0(1)	QL (120 lozenges / 30 days), PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 20mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	\$0(2)	
<i>oxycodone hcl CAPS 5mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**ANESTHETICS - DRUGS FOR NUMBING**

**LOCAL ANESTHETICS**

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

**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)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 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)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / 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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	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</i> 600 mg/300ml-0.9%	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
SULFADIAZINE TABS 500mg	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
AMBISOME SUSR 50mg	\$0(2)	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(2)	NDS
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	\$0(1)	
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
NOXAFIL SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days)
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

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

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

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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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)	
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</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**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
<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
ODEFSEY TAB	\$0(2)	NDS
PREZCOBIX TAB 800-150	\$0(2)	NDS
STRIBILD TAB	\$0(2)	NDS
SYMTUZA TAB	\$0(2)	NDS
TEMIXYS TAB 300-300	\$0(2)	NDS

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TRIUMEQ TAB	\$0(2)	NDS
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine</i> CAPS 250mg	\$0(2)	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECTOR TABS 250mg	\$0(2)	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(2)	NDS
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml	\$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)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	\$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)
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
<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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<b><i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i></b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>e.e.s. 400</i> TABS 400mg	\$0(1)	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<b><i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i></b>		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b><i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i></b>		
<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 &amp; k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nafcillin sodium</i> SOLR 1gm, 2gm	\$0(1)	
<i>nafcillin sodium</i> SOLR 10gm	\$0(2)	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm	\$0(1)	
<i>oxacillin sodium</i> SOLR 10gm	\$0(2)	NDS
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	\$0(2)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>mondoxyne 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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**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
<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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b><i>HORMONAL ANTINEOPLASTIC AGENTS</i></b>		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
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
<b><i>IMMUNOMODULATORS</i></b>		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>MISCELLANEOUS</b>		
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, NM, PA
<i>hydroxyurea</i> 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
<b>MITOTIC INHIBITORS</b>		
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
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), 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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
TAGRISSE 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
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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	\$0(1)	QL (30 caps / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
<b>BENAZEPRIL &amp; HYDROCHLOROTHIAZIDE TAB 5- 6.25MG</b>	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	\$0(1)	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	\$0(1)	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	\$0(1)	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	\$0(1)	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	\$0(1)	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

11/01/2021



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	\$0(1)	

**ANTILIPEMICS, FIBRATES**

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	

**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL**

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
JUXTAPID 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)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
VASCEPA CAPS .5gm, 1gm	\$0(2)	

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

***BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS***

<i>acebutolol hcl</i> CAPS 200mg, 400mg	\$0(1)	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>betaxolol hcl</i> TABS 10mg, 20mg	\$0(1)	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	\$0(1)	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	\$0(1)	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	

***CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS***

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride &amp; hydrochlorothiazide tab 5- 50 mg</i>	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	\$0(2)	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	\$0(1)	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	\$0(1)	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	\$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek TABS .125mg, .25mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	\$0(1)	
<i>digoxin TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	\$0(1)	
METHYLDOPA TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older
<i>metyrosine CAPS 250mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>minoxidil TABS 2.5mg, 10mg</i>	\$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
<i>ranolazine TB12 500mg, 1000mg</i>	\$0(1)	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	\$0(1)	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	\$0(1)	
<i>minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
NITRO-DUR PT24 .3mg/hr, .8mg/hr	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	

### **PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT**

#### **PULMONARY HYPERTENSION**

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA

### **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

#### **ANTI-ANXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<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**

APTIOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	\$0(2)	NDS, PA
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg, 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
<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)	

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
SPRITAM 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
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)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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 (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBP 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)	
PAXIL 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)
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$0(2)	PA; PA if 70 years and older

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(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
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 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
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<b><i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i></b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, 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
<i>zaleplon</i> CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<b><i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i></b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
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
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
NUDEXTA 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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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**

<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

### **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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	PA
CHANTIX PAK 0.5& 1MG	\$0(2)	PA
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<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; *
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	NM; *
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr	\$0(3)	NM; *
<i>goodsense nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>goodsense nicotine polacr</i> GUM 4mg; LOZG 4mg	\$0(3)	NM; *
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
NARCAN LIQD 4mg/0.1ml	\$0(2)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
VIVITROL SUSR 380mg	\$0(2)	NDS, NM

## **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
<i>oxandrolone</i> TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

### **ANTIDIABETICS**

<i>acarbose</i> 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)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<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)

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
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: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	\$0(2)	
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, PA
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 injection / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
TYMLOS SOPN 3120mcg/1.56ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS
<i>sodium polystyrene sulfonate powder</i> <i>sps</i> SUSP 15gm/60ml	\$0(1) \$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<i>afirmelle</i>	\$0(1)	
<i>aftera</i> TABS 1.5mg	\$0(3)	NM; *
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila TABS .35mg</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 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)	

11/01/2021

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate &amp; 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)	
<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</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 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>larissia</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	

11/01/2021

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<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>lutra</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>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>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	

11/01/2021

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>my choice</i> TABS 1.5mg	\$0(3)	NM; *
<i>my way</i> TABS 1.5mg	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i> TABS 1.5mg	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be</i> TABS .35mg	\$0(1)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i> TABS .35mg	\$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</i> TABS 1.5mg	\$0(3)	NM; *
<i>option 2</i> TABS 1.5mg	\$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>portia-28</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel</i> TABS .35mg	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action</i> TABS 1.5mg	\$0(3)	NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>tulana</i> TABS .35mg	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	

11/01/2021



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>zarah</i>	\$0(1)	
<i>zovia 1/35e</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, NM
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>amabelz</i>	\$0(2)	
DELESTROGEN OIL 10mg/ml	\$0(2)	
<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 &amp; norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol &amp; 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>yuvaferm</i> TABS 10mcg	\$0(1)	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<i>cortisone acetate</i> TABS 25mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
<b><i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i></b>		
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
<i>glucose 15</i> GEL 40%	\$0(3)	NM; *
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
<b><i>MISCELLANEOUS</i></b>		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	\$0(2)	NDS, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS, NM
<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
OSPHENA TABS 60mg	\$0(2)	PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
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
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
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)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(2)	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyI</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)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTACIDS</b>		
<i>acid gone</i>	\$0(3)	NM; *
<i>almacone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$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; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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>cal-gest antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid extra str CHEW 750mg</i>	\$0(3)	NM; *
<i>fast acting antacid plus</i>	\$0(3)	NM; *
<i>GAVISCON CHW</i>	\$0(3)	NM; *
<i>gnp antacid &amp; anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas</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>heartburn relief extra st</i>	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide TABS 400mg, 420mg</i>	\$0(3)	NM; *
<i>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 plus</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>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
<i>SODIUM POW BICARBON</i>	\$0(3)	NM; *
<b>ANTI-DIARRHEAL</b>		
<i>anti-diarrheal CAPS 2mg; 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>gnp anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>gnp loperamide hcl SUSP 1mg/7.5ml</i>	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gnp loperamide hydrochlor</i> LIQD 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>gnp stomach relief maximu</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>goodsense stomach relief</i> CHEW 262mg	\$0(3)	NM; *
<i>hm anti-diarrheal</i> CAPS 2mg	\$0(3)	NM; *
<i>hm loperamide hcl</i> CAPS 2mg	\$0(3)	NM; *
<i>loperamide hcl</i> LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	\$0(3)	NM; *
<i>peptic relief</i> CHEW 262mg	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg	\$0(3)	NM; *
<i>stomach relief</i> SUSP 262mg/15ml	\$0(3)	NM; *
<i>stomach relief maximum st</i> SUSP 525mg/15ml	\$0(3)	NM; *
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	\$0(2)	B/D
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion relief</i> TABS 25mg	\$0(3)	NM; *
<i>hm motion sickness relief</i> TABS 25mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
<i>sm motion sickness</i> TABS 25mg	\$0(3)	NM; *
<i>travel sickness</i> CHEW 25mg; TABS 50mg	\$0(3)	NM; *
<b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>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 20 mg/50ml</i>	\$0(1)	
<i>gnp acid reducer</i> TABS 10mg, 75mg	\$0(3)	NM; *
<i>goodsense acid reducer</i> TABS 75mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	NM; *
<i>ranitidine hcl</i> TABS 75mg	\$0(3)	NM; *
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)	
<b>LAXATIVES</b>		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	NM; *
CITRUCEL POW ORANGE	\$0(3)	NM; *
CITRUCEL POW SF ORANG	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
COLACE CLEAR CAPS 50mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docu</i> LIQD 50mg/5ml	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/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; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0(3)	NM; *
<i>dok</i> CAPS 100mg, 250mg; TABS 100mg	\$0(3)	NM; *
<i>dok plus</i>	\$0(3)	NM; *
<i>ducodyl</i> TBEC 5mg	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>fiber laxative</i> TABS 625mg	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	NM; *
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>glycerin (laxative)</i> SUPP 1gm, 2gm	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>gnp laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 250mg; LIQD 50mg/5ml; SYRP 60mg/15ml	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp womens laxative</i> TBEC 5mg	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>kao-tin</i> CAPS 240mg	\$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%, 60.3%, 100%; POWD 60.3%, 100%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
KONSYL-D POWD 52.3%	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	\$0(3)	NM; *
<i>natural fiber therapy</i> POWD 28.3%, 48.57%	\$0(3)	NM; *
NULYTELY SOL LMN/LIME	\$0(2)	
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc natural vegetable laxa</i> TABS 8.6mg	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>qc stool softener plus st</i>	\$0(3)	NM; *
<i>reguloid</i> POWD 28.3%, 48.57%, 58.6%	\$0(3)	NM; *
<i>senexon-s</i>	\$0(3)	NM; *
<i>senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
SENNA LEAVES MIS	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-s</i>	\$0(3)	NM; *
<i>senna-tabs</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides</i> LIQD 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>sennosides-docusate sodium tab</i> 8.6-50 mg	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>silace</i> LIQD 150mg/15ml; SYRP 60mg/15ml	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOLN 70%	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg, 240mg	\$0(3)	NM; *
<i>stool softener extra stre</i> CAPS 250mg	\$0(3)	NM; *
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener plus laxat</i>	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>vegetable laxative+stool</i>	\$0(3)	NM; *
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	\$0(2)	
<i>formula em</i>	\$0(3)	NM; *
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>gnp nausea relief</i>	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>sucrafate</i> TABS 1gm	\$0(1)	
TRULANCE TABS 3mg	\$0(2)	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XIFAXAN TABS 550mg	\$0(2)	NDS, PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	\$0(1)	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
rabeprazole sodium TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
alfuzosin hcl TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	\$0(1)	
tamsulosin hcl CAPS .4mg	\$0(1)	
<b>MISCELLANEOUS</b>		
acetic acid SOLN .25%	\$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	\$0(3)	NM; *
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
MYRBETRIQ SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<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)	
<i>miconazole 3</i> CREA 4%	\$0(3)	NM; *
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	\$0(3)	NM; *
<i>qc 3 day vaginal cream</i> CREA 4%	\$0(3)	NM; *
<i>qc miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole 1</i> OINT 6.5%	\$0(3)	NM; *
<i>vandazole</i> GEL .75%	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---	---	--

**HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS**

**ANTICOAGULANTS - BLOOD THINNERS**

ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	\$0(1)	NM
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	
HEPARIN/NAACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO 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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>IRON</b>		
FERAHEME SOLN 510mg/17ml	\$0(3)	NM; *
<i>ferrous sulfate</i> TABS 325mg; TBEC 325mg	\$0(3)	NM; *
FERROUS SULFATE TBEC 324mg	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	NM; *
TRIFERIC PACK 272mg	\$0(3)	NM; *
VENOFER SOLN 20mg/ml	\$0(3)	NM; *
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	

**IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**

***AUTOIMMUNE AGENTS***

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
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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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***

<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D

***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

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	\$0(2)	NDS, B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	\$0(2)	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg	\$0(2)	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	\$0(1)	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D
<i>mycophenolate sodium</i> 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
<i>sirolimus</i> SOLN 1mg/ml; TABS 2mg	\$0(2)	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg	\$0(1)	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D
ZORTRESS TABS 1mg	\$0(2)	NDS, B/D
<b>VACCINES</b>		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
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)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
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)	
<i>potassium chloride SOLN 2meq/ml</i>	\$0(1)	
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)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>klor-con PACK 20meq</i>	\$0(1)	
<i>klor-con 8 TBCR 8meq</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<b><i>IV NUTRITION</i></b>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	
<i>dextrose</i> SOLN 50%, 70%	\$0(1)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
<b>MINERALS</b>		
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
GALZIN CAPS 25mg, 50mg	\$0(3)	NM; *
MAGNEBIND TAB 300	\$0(3)	NM; *
<i>magnesium oxide (mg supplement) TABS 400mg</i>	\$0(3)	NM; *
<b>VITAMINS</b>		
<i>cyanocobalamin SOLN 1000mcg/ml</i>	\$0(3)	NM; *
<i>ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml</i>	\$0(3)	NM; *
<i>folic acid SOLN 5mg/ml; TABS 1mg</i>	\$0(3)	NM; *
<i>hydroxocobalamin acetate SOLN 1000mcg/ml</i>	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
<i>phytonadione SOLN 10mg/ml; TABS 5mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl SOLN 100mg/ml</i>	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
<i>thiamine hcl SOLN 100mg/ml</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
BLEPHAMIDE OIN S.O.P.	\$0(2)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentak OINT .3%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<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)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
trifluridine SOLN 1%	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth) SOLN .09%</i>	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>bepotastine besilate</i> SOLN 1.5%	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
LASTACAFT SOLN .25%	\$0(2)	
<i>olopatadine hcl</i> SOLN .2%	\$0(1)	
PAZEO SOLN .7%	\$0(2)	
ZERVIAE SOLN .24%	\$0(2)	
<b>ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
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 SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	

11/01/2021

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>timolol maleate (ophth) once-daily SOLN .5%</i>	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
<b>MISCELLANEOUS</b>		
<i>artificial tears SOLN 1.4%</i>	\$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
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricant pm</i>	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>proparacaine hcl SOLN .5%</i>	\$0(1)	
<i>purallube</i>	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
<i>refresh p.m.</i>	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
<i>sodium chloride hypertonic OINT 5%; SOLN 5%</i>	\$0(3)	NM; *
XIIDRA SOLN 5%	\$0(2)	
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 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)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>		
ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	\$0(1)	
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>all-day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>allergy</i> TABS 10mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 10mg; TABS 10mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>diphenhydramine hydrochloride</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy antihistamine</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp allergy relief for ki</i> TBDP 10mg	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hcl childre</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	
<i>loratadine</i> CAPS 10mg; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>pediaclear cough children</i> LIQD 6.25mg/ml	\$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 allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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 loratadine</i> TABS 10mg	\$0(3)	NM; *
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
<b>COUGH AND COLD</b>		
<i>childrens mucus relief ex</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>cough &amp; chest congestion</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin liquid</i> 10-100 mg/5ml	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup</i> 10-100 mg/5ml	\$0(3)	NM; *
<i>extra action cough</i>	\$0(3)	NM; *
<i>gnp nasal decongestant</i> TABS 30mg	\$0(3)	NM; *
<i>gnp nasal decongestant/ma</i> TABS 30mg	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin dm max</i>	\$0(3)	NM; *
<i>gnp tussin mucus &amp; chest LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml; SOLN 100mg/5ml, 200mg/10ml, 300mg/15ml</i>	\$0(3)	NM; *
<i>hm tussin adult LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>hm tussin adult cough &amp; c</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg</i>	\$0(3)	NM; *
<i>qc tussin dm cough &amp; ches</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>robafen SYRP 100mg/5ml</i>	\$0(3)	NM; *
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge LIQD 200mg/10ml</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa SYRP 100mg/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>sudogest TABS 30mg</i>	\$0(3)	NM; *
<i>sudogest maximum strength TABS 30mg</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm max</i>	\$0(3)	NM; *
<i>tussin dm max adult</i>	\$0(3)	NM; *
<i>tussin mucus &amp; chest cong LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong LIQD 100mg/5ml; SYRP 100mg/5ml</i>	\$0(3)	NM; *

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, 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
<i>saline</i> SOLN .65%	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA

11/01/2021

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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)	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), 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
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

## **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; *
ACNE MEDICATION 5 LOTN 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-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>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>double antibiotic</i>	\$0(3)	NM; *
<i>first aid antibiotic</i>	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%	\$0(1)	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	\$0(1)	
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>gnp triple antibiotic plu</i>	\$0(3)	NM; *
<i>hm bacitracin</i> OINT 500unit/gm	\$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 antibiotic</i> OINT 500unit/gm	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLON CREA 85mg/gm	\$0(2)	
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic first a</i>	\$0(3)	NM; *
<i>triple antibiotic plus</i>	\$0(3)	NM; *
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>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> 1-0.05%	\$0(1)	QL (45 gm / 30 days)
<i>gnp athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>gnp terbinafine hydrochlo</i> CREA 1%	\$0(3)	NM; *
<i>ketconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	NM; *
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	
<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 augmented</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%	\$0(1)	
<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)
ENSTILAR AER	\$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)

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT .5%, 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>sm hydrocortisone</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ALOE VESTA PROTECTIVE OINT 43%</i>	\$0(3)	NM; *
<i>aplicare povidone-iodine SOLN 7.5%</i>	\$0(3)	NM; *
<i>ARTHRITIS PAIN RELIEVING CREA .075%</i>	\$0(3)	NM; *
<i>BETADINE SOLN 5%</i>	\$0(3)	NM; *
<i>betasept surgical scrub LIQD 4%</i>	\$0(3)	NM; *
<i>capsaicin CREA .025%</i>	\$0(3)	QL (120 gm / 30 days), NM; *
<i>dibucaine (rectal) OINT 1%</i>	\$0(3)	NM; *
<i>diclofenac sodium (topical) GEL 1%</i>	\$0(1)	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>gnp antiseptic skin clean SOLN 4%</i>	\$0(3)	NM; *
<i>gnp povidone-iodine SOLN 10%</i>	\$0(3)	NM; *
<i>gnp vitamin a &amp; d</i>	\$0(3)	NM; *
<i>gnp zinc oxide OINT 20%</i>	\$0(3)	NM; *
<i>hydrocortisone (rectal) CREA 2.5%</i>	\$0(1)	
<i>imiquimod CREA 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(1)	
<i>lidocaine CREA 4%</i>	\$0(3)	QL (120 gm / 30 days), NM; *
<i>lidocaine (anorectal) CREA 5%</i>	\$0(3)	NM; *
<i>metronidazole (topical) CREA .75%; GEL .75%; LOTN .75%</i>	\$0(1)	
<i>PANRETIN GEL .1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>PICATO GEL .05%</i>	\$0(2)	QL (2 tubes / 30 days)
<i>PICATO GEL .015%</i>	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox SOLN .5%</i>	\$0(1)	
<i>povidone-iodine OINT 10%; SOLN 10%; SWAB 10%</i>	\$0(3)	NM; *
<i>pramoxine hcl (rectal) FOAM 1%</i>	\$0(3)	NM; *
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>procto-pak CREA 1%</i>	\$0(1)	
<i>proctosol hc CREA 2.5%</i>	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
PROSHIELD PLUS SKIN PROTE CREA 1%	\$0(3)	NM; *
<i>qc povidone iodine</i> SOLN 10%	\$0(3)	NM; *
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	\$0(1)	
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA
<i>*vitamins a &amp; d oint**</i>	\$0(3)	NM; *
<i>zinc oxide (topical)</i> OINT 20%	\$0(3)	NM; *
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>hm lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment</i> LOTN 1%	\$0(3)	NM; *
<i>malathion</i> LOTN .5%	\$0(1)	
<i>permethrin</i> CREA 5%	\$0(1)	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>paroex</i> SOLN .12%	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	

11/01/2021

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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	

---

**OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR**

<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	\$0(1)	
<i>ear drops</i> SOLN 6.5%	\$0(3)	NM; *
<i>ear drops earwax removal</i> SOLN 6.5%	\$0(3)	NM; *
<i>earwax removal kit</i> SOLN 6.5%	\$0(3)	NM; *
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>gnp ear drops</i> SOLN 6.5%	\$0(3)	NM; *
<i>gnp ear systems</i> SOLN 6.5%	\$0(3)	NM; *
<i>gnp earwax removal drops</i> SOLN 6.5%	\$0(3)	NM; *
<i>gnp earwax removal kit</i> SOLN 6.5%	\$0(3)	NM; *
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	
SWIM EAR LIQD 95%	\$0(3)	NM; *

**\_PART B**

**DIABETIC METERS AND TEST STRIPS**

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

---

11/01/2021

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



---

## D. Index of Covered Drugs

<i>*sodium phosphates - enema***</i>	82	ADACEL INJ	90
<i>*vitamins a &amp; d oint**</i>	109	<i>adefovir dipivoxil</i>	23
<i>3 day vaginal</i>	84	ADEMPAS	45
<i>abacavir sulfate</i>	20	ADRENALIN	44
<i>abacavir sulfate-lamivudine tab</i>		<i>adriamycin</i>	28
<i>600-300 mg</i>	22	ADVAIR DISKU AER 100/50	103
<i>abacavir sulfate-lamivudine-</i>		ADVAIR DISKU AER 250/50	103
<i>zidovudine tab 300-150-300 mg</i>	22	ADVAIR DISKU AER 500/50	104
ABELCET	19	ADVAIR HFA AER 115/21	104
ABILIFY MAINTENA	53	ADVAIR HFA AER 230/21	104
<i>abiraterone acetate</i>	29	ADVAIR HFA AER 45/21	104
ABRAXANE INJ 100MG	30	AFINITOR	30
<i>acamprosate calcium</i>	60	AFINITOR DISPERZ	30
<i>acarbose</i>	61	<i>afirmelle</i>	65
<i>accutane</i>	104	<i>aftera</i>	65
<i>acebutolol hcl</i>	42	AIMOVIG	57
<i>acetaminophen</i>	12	<i>ala-cort</i>	106
<i>acetaminophen extra stren</i>	12	<i>albendazole</i>	17
<i>acetaminophen w/ codeine soln</i>		<i>albuterol sulfate</i>	100
<i>120-12 mg/5ml</i>	15	<i>alclometasone dipropionate</i>	106
<i>acetaminophen w/ codeine tab 300-</i>		ALDURAZYME	72
<i>15 mg</i>	15	ALECENSA	31
<i>acetaminophen w/ codeine tab 300-</i>		<i>alendronate sodium</i>	64
<i>30 mg</i>	15	<i>alfuzosin hcl</i>	83
<i>acetaminophen w/ codeine tab 300-</i>		ALIMTA	28
<i>60 mg</i>	15	<i>aliskiren fumarate</i>	44
<i>acetazolamide</i>	43	<i>all day allergy</i>	98
<i>acetic acid</i>	83	<i>all day allergy childrens</i>	98
<i>acetic acid (otic)</i>	110	<i>all day pain relief</i>	14
<i>acetylcysteine</i>	102	<i>all day relief</i>	14
<i>acid gone</i>	75	<i>all-day allergy childrens</i>	98
<i>acid reducer</i>	78	<i>allergy</i>	98
<i>acitretin</i>	106	<i>allergy childrens</i>	98
<i>acne medication 10</i>	104	<i>allergy relief</i>	98
ACNE MEDICATION 10	104	<i>allergy relief childrens</i>	98
<i>acne medication 5</i>	104	<i>allergy relief/indoor/out</i>	98
ACNE MEDICATION 5	104	<i>allopurinol</i>	12
ACTHIB INJ	90	<i>almacone</i>	75
ACTIMMUNE	89	<i>almacone double strength</i>	75
<i>acyclovir</i>	23	ALOE VESTA PROTECTIVE	108
<i>acyclovir sodium</i>	23	<i>alose tron hcl</i>	82
		ALPHAGAN P	96

<i>alprazolam</i> .....	45
ALREX .....	95
<i>altavera</i> .....	65
ALUMINUM HYDROXIDE .....	75
ALUNBRIG .....	31
ALUNBRIG PAK.....	31
<i>alyacen 1/35</i> .....	65
<i>alyacen 7/7/7</i> .....	65
<i>amabelz</i> .....	71
<i>amantadine hcl</i> .....	51
AMBISOME .....	19
<i>ambrisentan</i> .....	45
<i>amethia</i> .....	65
<i>amikacin sulfate</i> .....	17
<i>amiloride &amp; hydrochlorothiazide tab</i> <i>5-50 mg</i> .....	43
<i>amiloride hcl</i> .....	43
AMINOSYN-PF INJ 7%.....	93
<i>amiodarone hcl</i> .....	40
<i>amitriptyline hcl</i> .....	50
<i>amlodipine besylate</i> .....	42
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-20 mg</i> .....	36
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-40 mg</i> .....	36
<i>amlodipine besylate-benazepril hcl</i> <i>cap 2.5-10 mg</i> .....	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-10 mg</i> .....	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-20 mg</i> .....	36
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-40 mg</i> .....	36
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i> .....	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i> .....	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i> .....	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i> .....	37
<i>amlodipine besylate-valsartan tab</i> <i>10-160 mg</i> .....	37
<i>amlodipine besylate-valsartan tab</i> <i>10-320 mg</i> .....	38
<i>amlodipine besylate-valsartan tab</i> <i>5-160 mg</i> .....	37

<i>amlodipine besylate-valsartan tab</i> <i>5-320 mg</i> .....	37
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-</i> <i>12.5 mg</i> .....	38
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-</i> <i>25 mg</i> .....	38
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-320-</i> <i>25 mg</i> .....	38
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-</i> <i>12.5 mg</i> .....	38
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 5-160-25</i> <i>mg</i> .....	38
<i>amnestem</i> .....	104
<i>amoxapine</i> .....	50
<i>amoxicillin</i> .....	26
<i>amoxicillin &amp; k clavulanate chew tab</i> <i>200-28.5 mg</i> .....	26
<i>amoxicillin &amp; k clavulanate chew tab</i> <i>400-57 mg</i> .....	26
<i>amoxicillin &amp; k clavulanate for susp</i> <i>200-28.5 mg/5ml</i> .....	26
<i>amoxicillin &amp; k clavulanate for susp</i> <i>250-62.5 mg/5ml</i> .....	26
<i>amoxicillin &amp; k clavulanate for susp</i> <i>400-57 mg/5ml</i> .....	26
<i>amoxicillin &amp; k clavulanate for susp</i> <i>600-42.9 mg/5ml</i> .....	26
<i>amoxicillin &amp; k clavulanate tab 250-</i> <i>125 mg</i> .....	26
<i>amoxicillin &amp; k clavulanate tab 500-</i> <i>125 mg</i> .....	26
<i>amoxicillin &amp; k clavulanate tab 875-</i> <i>125 mg</i> .....	26
<i>amoxicillin &amp; k clavulanate tab er</i> <i>12hr 1000-62.5 mg</i> .....	26
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i> .....	56
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i> .....	56
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i> .....	56

<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	56
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	56
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	55
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	56
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	56
<i>amphotericin b</i> .....	19
<i>ampicillin</i> .....	26
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	26
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	26
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	26
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	26
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	26
<i>ampicillin sodium</i> .....	26
<i>anagrelide hcl</i> .....	86
<i>anastrozole</i> .....	29
<b>ANDRODERM</b> .....	61
<b>ANORO ELLIPT AER 62.5-25</b> .....	97
<i>antacid</i> .....	75
<i>antacid anti-gas maximum</i> .....	75
<i>antacid calcium extra str</i> .....	75
<i>antacid calcium regular s</i> .....	75
<i>antacid extra strength</i> .....	75
<i>antacid fast relief</i> .....	76
<i>antacid maximum strength</i> .....	76
<i>antacid plus anti-gas fas</i> .....	76
<i>antacid plus anti-gas rel</i> .....	76
<i>anti-diarrheal</i> .....	76

<i>antifungal</i> .....	105
<i>anti-gas/ and gnp antacid</i> .....	76
<i>anti-itch maximum strengt</i> .....	106
<i>aplicare povidone-iodine</i> .....	108
<b>APOKYN</b> .....	51
<i>aprepitant</i> .....	77
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	77
<i>apri</i> .....	65
<b>APTIOM</b> .....	45
<b>APTIVUS</b> .....	20
<b>ARALAST NP</b> .....	102
<i>aranelle</i> .....	65
<b>ARCALYST</b> .....	89
<i>aripiprazole</i> .....	53
<b>ARISTADA</b> .....	53
<b>ARISTADA INITIO</b> .....	53
<i>armodafinil</i> .....	59
<b>ARNUITY ELLIPTA</b> .....	103
<b>ARTHRITIS PAIN RELIEVING</b> .....	108
<i>artificial tears</i> .....	97
<i>asenapine maleate</i> .....	53
<i>ashlyna</i> .....	65
<i>aspirin</i> .....	12
<i>aspirin adult</i> .....	12
<i>aspirin adult low dose</i> .....	12
<i>aspirin adult low strengt</i> .....	12
<i>aspirin low dose</i> .....	12
<i>aspirin low strength</i> .....	12
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	86
<i>aspir-low</i> .....	12
<i>atazanavir sulfate</i> .....	20
<i>atenolol</i> .....	42
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	41
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	41
<i>atomoxetine hcl</i> .....	56
<i>atorvastatin calcium</i> .....	40
<i>atovaquone</i> .....	17
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	20
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	20
<b>ATROPINE SULFATE</b> .....	97

ATROVENT HFA .....	98
<i>aubra eq</i> .....	65
<i>aurovela 1/20</i> .....	65
<i>aurovela 24 fe</i> .....	65
<i>aurovela fe 1.5/30</i> .....	65
<i>aurovela fe 1/20</i> .....	65
AURYXIA .....	74
AUSTEDO .....	58
AVASTIN .....	31
<i>aviane</i> .....	65
<i>avita</i> .....	104
<i>ayuna</i> .....	66
AYVAKIT.....	31
<i>azacitidine</i> .....	28
<i>azathioprine</i> .....	89
<i>azelastine hcl</i> .....	98
<i>azelastine hcl (ophth)</i> .....	96
<i>azithromycin</i> .....	25
AZOPT .....	96
<i>aztreonam</i> .....	17
<i>azurette</i> .....	66
<i>bacitracin (ophthalmic)</i> .....	95
<i>bacitracin (topical)</i> .....	105
<i>bacitracin zinc</i> .....	105
<i>bacitracin-polymyxin b ophth oint</i> .....	95
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	94
<i>baclofen</i> .....	59
<i>balsalazide disodium</i> .....	78
BALVERSA .....	31
<i>balziva</i> .....	66
<i>banophen</i> .....	98
BANZEL.....	45
BARACLUDE.....	23
BASAGLAR KWIKPEN .....	63
BCG VACCINE INJ.....	90
BD ALCOHOL SWABS .....	63
<i>bekyree</i> .....	66
BELSOMRA .....	57
<i>benazepril &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	36
<i>benazepril &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	36
<i>benazepril &amp; hydrochlorothiazide</i> <i>tab 20-25 mg</i> .....	36

BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG .....	36
<i>benazepril hcl</i> .....	36
BENDEKA .....	28
BENLYSTA .....	89
<i>benzoyl peroxide</i> .....	104
BENZOYL PEROXIDE .....	104
<i>benzoyl peroxide-erythromycin gel</i> <i>5-3%</i> .....	104
<i>benztropine mesylate</i> .....	51
<i>bepotastine besilate</i> .....	96
BEPREVE.....	96
BERINERT .....	86
BESIVANCE .....	95
BETADINE .....	108
<i>betamethasone dipropionate</i> <i>(topical)</i> .....	106
<i>betamethasone dipropionate</i> <i>augmented</i> .....	106
<i>betamethasone valerate</i> .....	106
<i>betasept surgical scrub</i> .....	108
BETASERON .....	59
<i>betaxolol hcl</i> .....	42
<i>betaxolol hcl (ophth)</i> .....	96
<i>bethanechol chloride</i> .....	83
BETOPTIC-S .....	96
BEVESPI AER 9-4.8MCG .....	97
<i>bexarotene</i> .....	30
BEXSERO INJ.....	90
<i>bicalutamide</i> .....	29
BICILLIN L-A .....	26
BIKTARVY TAB.....	22
<i>bisacodyl</i> .....	79
<i>bisacodyl ec</i> .....	79
<i>bismatrol</i> .....	76
<i>bismatrol maximum strengt</i> .....	76
<i>bisoprolol &amp; hydrochlorothiazide tab</i> <i>10-6.25 mg</i> .....	41
<i>bisoprolol &amp; hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> .....	41
<i>bisoprolol &amp; hydrochlorothiazide tab</i> <i>5-6.25 mg</i> .....	41
<i>bisoprolol fumarate</i> .....	42
BIVIGAM.....	88
BLEPHAMIDE OIN S.O.P. ....	94
<i>blisovi 24 fe</i> .....	66

<i>blisovi fe 1.5/30</i> .....	66
BOOSTRIX INJ .....	90
BORTEZOMIB.....	31
<i>bosentan</i> .....	45
BOSULIF.....	31
BRAFTOVI.....	31
BREO ELLIPTA INH 100-25 .....	104
BREO ELLIPTA INH 200-25 .....	104
BREZTRI AERO AER SPHERE .....	97
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	97
<i>briellyn</i> .....	66
BRILINTA .....	87
<i>brimonidine tartrate</i> .....	96
<i>brinzolamide</i> .....	96
BRIVIACT .....	45, 46
<i>bromfenac sodium (ophth)</i> .....	95
<i>bromocriptine mesylate</i> .....	51
BROMSITE .....	95
BRUKINSA .....	31
<i>budesonide</i> .....	79
<i>budesonide (inhalation)</i> .....	103
<i>bumetanide</i> .....	43
<i>buprenorphine</i> .....	15
<i>buprenorphine hcl</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	60
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	60
<i>bupropion hcl</i> .....	50
<i>bupropion hcl (smoking deterrent)</i> .....	60
<i>buspirone hcl</i> .....	45
<i>butorphanol tartrate</i> .....	15
BYDUREON BCISE .....	61
BYDUREON PEN.....	61
BYETTA .....	61
BYSTOLIC.....	42
<i>cabergoline</i> .....	72

CABOMETYX .....	31
<i>calcipotriene</i> .....	106
<i>calcitonin (salmon) spray</i> .....	64
<i>calcitrene</i> .....	106
<i>calcitriol</i> .....	75
<i>calcium acetate (phosphate binder)</i> .....	74
<i>calcium antacid</i> .....	76
<i>calcium antacid extra str</i> .....	76
<i>calcium carbonate (antacid)</i> .....	94
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i> .....	94
<i>calcium polycarbophil</i> .....	79
<i>cal-gest antacid</i> .....	76
CALQUENCE .....	31
<i>camila</i> .....	66
<i>camrese</i> .....	66
<i>camrese lo</i> .....	66
<i>candesartan cilexetil</i> .....	39
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i> .....	38
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....	38
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .....	38
CAPLYTA .....	53
CAPRELSA .....	31
<i>capsaicin</i> .....	108
<i>captopril</i> .....	36
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG .....	52
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG .....	52
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG .....	52
CARBAGLU .....	72
<i>carbamazepine</i> .....	46
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	52
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	52

<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	52
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	52
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	52
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	52
<i>carboplatin</i> .....	28
<i>carisoprodol</i> .....	59
<i>carteolol hcl (ophth)</i> .....	96
<i>cartia xt</i> .....	42
<i>carvedilol</i> .....	42
<i>caspofungin acetate</i> .....	19
CAYSTON .....	17
<i>caziant</i> .....	66
<i>cefaclor</i> .....	24
CEFACLOR ER .....	24
<i>cefadroxil</i> .....	24
CEFAZOLIN INJ 1GM/50ML .....	24
<i>cefazolin sodium</i> .....	24
CEFAZOLIN SOLN 2GM/100ML-4% .....	24
<i>cefdinir</i> .....	24
<i>cefepime hcl</i> .....	24
<i>cefixime</i> .....	24
<i>cefoxitin sodium</i> .....	24
<i>cefpodoxime proxetil</i> .....	24
<i>cefprozil</i> .....	24
<i>ceftazidime</i> .....	24
CEFTAZIDIME/ SOL D5W 1GM.....	24
CEFTAZIDIME/ SOL D5W 2GM.....	24
<i>ceftriaxone sodium</i> .....	24
<i>cefuroxime axetil</i> .....	24
<i>cefuroxime sodium</i> .....	24
<i>celecoxib</i> .....	14
CELONTIN .....	46

<i>cephalexin</i> .....	25
CERDELGA .....	72
CEREZYME .....	72
<i>cetirizine hcl</i> .....	98
<i>cetirizine hcl allergy ch</i> .....	98
<i>cetirizine hcl childrens</i> .....	98
<i>cetirizine hydrochloride</i> .....	98
<i>cevimeline hcl</i> .....	109
CHANTIX.....	60
CHANTIX CONTINUING MONTH...	60
CHANTIX PAK 0.5& 1MG .....	60
<i>chateal</i> .....	66
CHEMET .....	65
<i>childrens acetaminophen</i> .....	12
<i>childrens loratadine</i> .....	98
<i>childrens mucus relief ex</i> .....	100
<i>childrens silapap</i> .....	12
<i>chlorhexidine gluconate (mouth-throat)</i> .....	109
<i>chloroquine phosphate</i> .....	20
<i>chlorpromazine hcl</i> .....	53
CHLORPROMAZINE HYDROCHLOR53	
<i>chlorthalidone</i> .....	43
<i>cholestyramine</i> .....	41
<i>cholestyramine light</i> .....	41
<i>ciclopirox olamine</i> .....	105
<i>cilostazol</i> .....	86
CILOXAN.....	95
CIMDUO TAB 300-300 .....	22
<i>cinacalcet hcl</i> .....	73
CIPRO.....	25
<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	25
<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	25
<i>ciprofloxacin hcl</i> .....	25
<i>ciprofloxacin hcl (ophth)</i> .....	95
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	110
<i>cisplatin</i> .....	28
<i>citalopram hydrobromide</i> .....	50
CITRUCEL POW ORANGE .....	79
CITRUCEL POW SF ORANG .....	79
<i>claravis</i> .....	104
<i>clarithromycin</i> .....	25
<i>clearlax</i> .....	79
<i>clindamycin hcl</i> .....	17

<i>clindamycin palmitate hydrochloride</i>	41
.....	17
<i>clindamycin phosphate</i> .....	17
<i>clindamycin phosphate (topical)</i>	104
<i>clindamycin phosphate in d5w iv</i>	
<i>soln 300 mg/50ml</i> .....	17
<i>clindamycin phosphate in d5w iv</i>	
<i>soln 600 mg/50ml</i> .....	17
<i>clindamycin phosphate in d5w iv</i>	
<i>soln 900 mg/50ml</i> .....	17
<i>clindamycin phosphate vaginal</i> ....	84
CLINDMYC/NAC INJ 300/50ML ....	17
CLINDMYC/NAC INJ 600/50ML ....	17
CLINDMYC/NAC INJ 900/50ML ....	17
CLINIMIX INJ 4.25/D10.....	93
CLINIMIX INJ 4.25/D5W .....	93
CLINIMIX INJ 5%/D15W.....	93
CLINIMIX INJ 5%/D20W.....	93
CLINIMIX INJ 6/5 .....	93
CLINIMIX INJ 8/10.....	93
CLINIMIX INJ 8/14.....	93
<i>clinisol sf 15%</i> .....	93
CLINOLIPID EMU 20%.....	93
<i>clobazam</i> .....	46
<i>clobetasol propionate</i> .....	106
<i>clobetasol propionate e</i> .....	106
<i>clomipramine hcl</i> .....	50
<i>clonazepam</i> .....	46
<i>clonidine</i> .....	44
<i>clonidine hcl</i> .....	44
<i>clopidogrel bisulfate</i> .....	87
<i>clorazepate dipotassium</i> .....	46
<i>clotrimazole</i> .....	109
<i>clotrimazole (topical)</i> .....	105
<i>clotrimazole 3</i> .....	84
<i>clotrimazole antifungal</i> .....	105
<i>clotrimazole vaginal</i> .....	84
<i>clotrimazole w/ betamethasone</i>	
<i>cream 1-0.05%</i> .....	105
<i>clozapine</i> .....	53
COARTEM TAB 20-120MG .....	20
<i>colace 2-in-1</i> .....	79
COLACE CLEAR.....	79
<i>colchicine</i> .....	12
<i>colchicine w/ probenecid tab 0.5-</i>	
<i>500 mg</i> .....	12
<i>colesevelam hcl</i> .....	41
<i>colestipol hcl</i> .....	41
<i>colistimethate sodium</i> .....	17
COMBIGAN SOL 0.2/0.5% .....	96
COMBIVENT AER 20-100.....	97
COMETRIQ (60MG DOSE).....	31
COMETRIQ KIT 100MG.....	31
COMETRIQ KIT 140MG .....	31
COMPLERA TAB.....	22
<i>complete allergy medicine</i> .....	98
<i>compro</i> .....	77
<i>constulose</i> .....	79
COPIKTRA .....	31
CORLANOR.....	44
<i>cortisone acetate</i> .....	71
COTELLIC.....	31
<i>cough &amp; chest congestion</i> .....	100
CREON CAP 12000UNT.....	83
CREON CAP 24000UNT.....	83
CREON CAP 3000UNIT .....	83
CREON CAP 36000UNT.....	83
CREON CAP 6000UNIT .....	83
CRIXIVAN.....	20
<i>cromolyn sodium</i> .....	102
<i>cromolyn sodium (mastocytosis)</i> .	82
<i>cromolyn sodium (ophth)</i> .....	96
<i>cryselle-28</i> .....	66
<i>cyanocobalamin</i> .....	94
<i>cyclafem 1/35</i> .....	66
<i>cyclafem 7/7/7</i> .....	66
<i>cyclobenzaprine hcl</i> .....	59
<i>cyclophosphamide</i> .....	28
CYCLOPHOSPHAMIDE .....	28
<i>cycloserine</i> .....	23
<i>cyclosporine</i> .....	89
<i>cyclosporine modified (for</i>	
<i>microemulsion)</i> .....	89
<i>cyproheptadine hcl</i> .....	98
<i>cyred eq</i> .....	66
CYSTADANE POW .....	73
CYSTADROPS.....	97
CYSTAGON .....	73
CYSTARAN .....	97
<i>cytarabine</i> .....	28
D10W/NACL INJ 0.2% .....	91
D2.5W/NACL INJ 0.45%.....	91
D5W/LYTES INJ #48.....	91
D5W/NACL INJ 0.3% .....	91

<i>dalfampridine</i> .....	59	<i>dextrose 5% w/ sodium chloride</i>	
DALIRESP .....	102	0.225%.....	91
<i>danazol</i> .....	71	<i>dextrose 5% w/ sodium chloride</i>	
<i>dantrolene sodium</i> .....	59	0.3% .....	91
<i>dapsone</i> .....	17	<i>dextrose 5% w/ sodium chloride</i>	
DAPTACEL INJ.....	90	0.45% .....	91
<i>daptomycin</i> .....	17	<i>dextrose 5% w/ sodium chloride</i>	
DAPTOMYCIN .....	17	0.9% .....	91
<i>dasetta 1/35</i> .....	66	DIACOMIT .....	46
<i>dasetta 7/7/7</i> .....	66	<i>diazepam</i> .....	46
DAURISMO .....	31	<i>diazepam (anticonvulsant)</i> .....	46
<i>daysee</i> .....	66	<i>diazepam inj</i> .....	46
<i>deblitane</i> .....	66	<i>diazoxide</i> .....	72
<i>deferasirox</i> .....	65	<i>dibucaine (rectal)</i> .....	108
DELESTROGEN .....	71	<i>diclofenac potassium</i> .....	14
DELSTRIGO TAB.....	22	<i>diclofenac sodium</i> .....	14
DESCOVY TAB 200/25MG .....	22	<i>diclofenac sodium (ophth)</i> .....	95
<i>desipramine hcl</i> .....	50	<i>diclofenac sodium (topical)</i> .....	108
<i>desmopressin acetate</i> .....	73	<i>dicloxacillin sodium</i> .....	26
<i>desmopressin acetate spray</i> .....	73	<i>dicyclomine hcl</i> .....	78
<i>refrigerated</i> .....	73	DIFFERIN .....	104
<i>desogest-eth estrad &amp; eth estrad</i>		DIFICID .....	25
<i>tab 0.15-0.02/0.01 mg(21/5)</i> ...66		<i>diflunisal</i> .....	14
<i>desogestrel &amp; ethinyl estradiol tab</i>		<i>digitek</i> .....	44
<i>0.15 mg-30 mcg</i> .....	66	<i>digox</i> .....	44
<i>desvenlafaxine succinate</i> .....	50	<i>digoxin</i> .....	44
<i>dexamethasone</i> .....	72	<i>dihydroergotamine mesylate</i> . 57, 58	
DEXAMETHASONE INTENSOL .....	72	DILANTIN.....	46
<i>dexamethasone sodium phosphate</i>		DILANTIN INFATABS.....	46
.....	72	DILANTIN-125 .....	46
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl</i> .....	42
( <i>ophth</i> ).....	95	<i>diltiazem hcl coated beads</i> .....	42
DEXILANT.....	83	<i>diltiazem hcl extended release</i>	
<i>dexmethylphenidate hcl</i> .....	56	<i>beads</i> .....	42
<i>dextromethorphan-guaifenesin</i>		<i>dilt-xr</i> .....	42
<i>liquid 10-100 mg/5ml</i> .....	100	DIP/TET PED INJ 25-5LFU .....	90
<i>dextromethorphan-guaifenesin</i>		<i>diphenhist</i> .....	98
<i>syrup 10-100 mg/5ml</i> .....	100	<i>diphenhydramine hcl</i> .....	98
<i>dextrose</i> .....	93	<i>diphenhydramine hydrochlo</i> .....	99
<i>dextrose 10% w/ sodium chloride</i>		<i>diphenoxylate w/ atropine liq 2.5-</i>	
0.45%.....	91	0.025 mg/5ml.....	82
<i>dextrose 2.5% w/ sodium chloride</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
0.45%.....	91	0.025 mg .....	82
<i>dextrose 5% in lactated ringers</i> ...91		<i>dipyridamole</i> .....	87
<i>dextrose 5% w/ sodium chloride</i>		<i>disopyramide phosphate</i> .....	40
0.2%.....	91	<i>disulfiram</i> .....	60
		<i>divalproex sodium</i> .....	46



<i>docetaxel</i> .....	30	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	83
DOCETAXEL .....	30	<i>e.e.s. 400</i> .....	25
<i>docu</i> .....	79	<i>ear drops</i> .....	110
<i>docusate mini</i> .....	79	<i>ear drops earwax removal</i> .....	110
<i>docusate sodium</i> .....	79	<i>earwax removal kit</i> .....	110
<i>docusil</i> .....	79	<i>ec-naproxen</i> .....	14
DOCUSOL KIDS.....	79	<i>econtra ez</i> .....	66
<i>docusol mini</i> .....	79	<i>econtra one-step</i> .....	66
DOCUSOL PLUS ENE 20-283 .....	79	<i>ed-apap</i> .....	12
<i>dofetilide</i> .....	40	EDURANT .....	20
<i>dok</i> .....	79	<i>efavirenz</i> .....	20
<i>dok plus</i> .....	79	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	22
<i>donepezil hydrochloride</i> .....	49	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	22
DOPTELET .....	86	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	22
<i>dorzolamide hcl</i> .....	96	<i>elinest</i> .....	66
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	96	ELIQUIS.....	85
<i>dotti</i> .....	71	ELIQUIS STARTER PACK.....	85
<i>double antibiotic</i> .....	105	ELLA.....	66
DOVATO TAB 50-300MG.....	22	<i>eluryng</i> .....	66
<i>doxazosin mesylate</i> .....	37	EMCYT .....	29
<i>doxepin hcl</i> .....	50	EMEND .....	77
<i>doxepin hcl (sleep)</i> .....	57	<i>emoquette</i> .....	66
<i>doxorubicin hcl</i> .....	28	EMSAM .....	50
<i>doxorubicin hcl liposomal</i> .....	28	<i>emtricitabine</i> .....	20
<i>doxy 100</i> .....	27	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	22
<i>doxycycline (monohydrate)</i> .....	27	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	22
<i>doxycycline hyclate</i> .....	27	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	22
<i>driminate</i> .....	77	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	22
DRIZALMA SPRINKLE .....	50	EMTRIVA.....	20
<i>dronabinol</i> .....	77	EMVERM .....	17
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	66	<i>enalapril maleate</i> .....	37
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	66	<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	36
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	66	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	36
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	66	ENBREL.....	87
DROXIA.....	86	ENBREL MINI.....	87
<i>droxidopa</i> .....	44		
<i>ducodyl</i> .....	79		
<i>duloxetine hcl</i> .....	50		
DUREZOL .....	95		
<i>dutasteride</i> .....	83		

ENBREL SURECLICK.....	87	<i>estarylla</i> .....	67
ENDARI.....	86	<i>estradiol</i> .....	71
<i>endocet tab 10-325mg</i> .....	15	<i>estradiol &amp; norethindrone acetate</i>	
<i>endocet tab 2.5-325mg</i> .....	15	<i>tab 0.5-0.1 mg</i> .....	71
<i>endocet tab 5-325mg</i> .....	15	<i>estradiol &amp; norethindrone acetate</i>	
<i>endocet tab 7.5-325mg</i> .....	15	<i>tab 1-0.5 mg</i> .....	71
<i>enemeez mini</i> .....	79	<i>estradiol vaginal</i> .....	71
ENEMEEZ PLUS ENE 20-283.....	79	<i>estradiol valerate</i> .....	71
ENGERIX-B.....	90	<i>eszopiclone</i> .....	57
<i>enoxaparin sodium</i> .....	85	<i>ethambutol hcl</i> .....	23
<i>enpresse-28</i> .....	66	<i>ethosuximide</i> .....	46
<i>enskyce</i> .....	66	<i>ethynodiol diacetate &amp; ethinyl</i>	
ENSTILAR AER.....	106	<i>estradiol tab 1 mg-35 mcg</i> .....	67
<i>entacapone</i> .....	52	<i>ethynodiol diacetate &amp; ethinyl</i>	
<i>entecavir</i> .....	23	<i>estradiol tab 1 mg-50 mcg</i> .....	67
ENTRESTO TAB 24-26MG.....	38	<i>etodolac</i> .....	14
ENTRESTO TAB 49-51MG.....	38	<i>etonogestrel-ethinyl estradiol va</i>	
ENTRESTO TAB 97-103MG.....	38	<i>ring 0.120-0.015 mg/24hr</i> .....	67
<i>enulose</i> .....	79	<i>etoposide</i> .....	30
EPCLUSA TAB 200-50MG.....	23	<i>etravirine</i> .....	20
EPCLUSA TAB 400-100.....	23	<i>euthyrox</i> .....	74
EPIDIOLEX.....	46	<i>everolimus</i> .....	31
<i>epinephrine (anaphylaxis)</i> .....	102	<i>everolimus (immunosuppressant)</i>	89
<i>epirubicin hcl</i> .....	28	EVOTAZ TAB 300-150.....	22
<i>epitol</i> .....	46	<i>exemestane</i> .....	29
EPIVIR HBV.....	23	<i>extra action cough</i> .....	100
<i>eplerenone</i> .....	37	<i>ezetimibe</i> .....	41
<i>eq aspirin ec</i> .....	12	<i>ezetimibe-simvastatin tab 10-10 mg</i>	
<i>ergocalciferol</i> .....	94	.....	41
<i>ergotamine w/ caffeine tab 1-100</i>		<i>ezetimibe-simvastatin tab 10-20 mg</i>	
<i>mg</i> .....	58	.....	41
ERIVEDGE.....	31	<i>ezetimibe-simvastatin tab 10-40 mg</i>	
ERLEADA.....	29	.....	41
<i>erlotinib hcl</i> .....	31	<i>ezetimibe-simvastatin tab 10-80 mg</i>	
<i>errin</i> .....	67	.....	41
<i>ertapenem sodium</i> .....	17	FABRAZYME.....	73
<i>ery</i> .....	104	<i>falmina</i> .....	67
<i>ery-tab</i> .....	25	<i>famciclovir</i> .....	23
ERYTHROCIN LACTOBIONATE.....	25	<i>famotidine</i> .....	78
<i>erythrocin stearate</i> .....	25	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin (acne aid)</i> .....	104	<i>mg/50ml</i> .....	78
<i>erythromycin (ophth)</i> .....	95	FANAPT.....	53
<i>erythromycin base</i> .....	25	FANAPT PAK.....	53
<i>erythromycin ethylsuccinate</i> .....	25	FARXIGA.....	61
ESBRIET.....	102	FARYDAK.....	31
<i>escitalopram oxalate</i> .....	50	FASENRA.....	102
<i>esomeprazole magnesium</i> .....	83	FASENRA PEN.....	102

<i>fast acting antacid plus</i> .....	76
<i>fayosim</i> .....	67
<i>felbamate</i> .....	47
<i>felodipine</i> .....	43
<i>femynor</i> .....	67
<i>fenofibrate</i> .....	40
<i>fenofibrate micronized</i> .....	40
<i>fentanyl</i> .....	15
<i>fentanyl citrate</i> .....	15
FERAHEME.....	86
<i>ferrous sulfate</i> .....	86
FERROUS SULFATE .....	86
FETZIMA .....	50
FETZIMA CAP TITRATIO.....	50
<i>feverall childrens</i> .....	12
FEVERALL INFANTS.....	12
FEVERALL JUNIOR STRENGTH .....	12
FIASP FLEX INJ TOUCH .....	63
FIASP INJ 100/ML.....	63
FIASP PENFIL INJ U-100.....	63
<i>fiber laxative</i> .....	79
<i>fiber-lax</i> .....	79
<i>finasteride</i> .....	83
FINTEPLA .....	47
<i>first aid antibiotic</i> .....	105
<i>flac</i> .....	110
FLAREX .....	96
FLEBOGAMMA DIF .....	88
<i>flecainide acetate</i> .....	40
FLEET ENE PED .....	79
FLEET LIQUID GLYCERIN SUP .....	80
FLOVENT DISKUS .....	103
FLOVENT HFA.....	103
<i>fluconazole</i> .....	19
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	19
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	19
<i>flucytosine</i> .....	19
<i>fludrocortisone acetate</i> .....	72
<i>flunisolide (nasal)</i> .....	103
<i>fluocinolone acetonide</i> .....	106
<i>fluocinolone acetonide (otic)</i> .....	110
<i>fluocinonide</i> .....	107
<i>fluocinonide emulsified base</i> .....	107
<i>fluorometholone (ophth)</i> .....	96
<i>fluorouracil</i> .....	28

<i>fluorouracil (topical)</i> .....	108
<i>fluoxetine hcl</i> .....	50
<i>fluphenazine decanoate</i> .....	53
<i>fluphenazine hcl</i> .....	53
<i>flurbiprofen</i> .....	14
<i>flurbiprofen sodium</i> .....	96
<i>flutamide</i> .....	29
<i>fluticasone propionate</i> .....	107
<i>fluticasone propionate (nasal)</i> ...	103
<i>fluvoxamine maleate</i> .....	45
<i>folic acid</i> .....	94
<i>fondaparinux sodium</i> .....	85
<i>formula em</i> .....	82
FORTEO .....	64
<i>fosamprenavir calcium</i> .....	20
<i>fosinopril sodium</i> .....	37
<i>fosinopril sodium &amp;</i> <i>hydrochlorothiazide tab 10-12.5</i> <i>mg</i> .....	36
<i>fosinopril sodium &amp;</i> <i>hydrochlorothiazide tab 20-12.5</i> <i>mg</i> .....	36
FOTIVDA.....	31
FREAMINE HBC INJ 6.9% .....	93
FREAMINE III INJ 10%.....	93
<i>fulvestrant</i> .....	29
<i>furosemide</i> .....	43
<i>furosemide inj</i> .....	43
FUZEON .....	20
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	71
<i>fyavolv tab 1mg-5mcg</i> .....	71
FYCOMPA .....	47
<i>gabapentin</i> .....	47
<i>galantamine hydrobromide</i> .....	49
GALZIN.....	94
GAMASTAN INJ .....	88
GAMMAGARD LIQUID.....	88
GAMMAGARD S/D IGA LESS TH ..	89
GAMMAKED .....	89
GAMMAPLEX .....	89
GAMUNEX-C .....	89
<i>ganciclovir sodium</i> .....	23
GARDASIL 9 INJ.....	90
<i>gatifloxacin (ophth)</i> .....	95
GATTEX .....	82
GAUZE PADS 2 .....	63
<i>gavilax</i> .....	80

<i>gavilyte-c</i> .....	80
<i>gavilyte-g</i> .....	80
<i>gavilyte-n/flavor pack</i> .....	80
GAVICON CHW .....	76
GAVRETO .....	31
<i>gemcitabine hcl</i> .....	28
<i>gemfibrozil</i> .....	40
<i>generlac</i> .....	80
<i>gengraf</i> .....	89
GENOTROPIN .....	73
GENOTROPIN MINIQUICK .....	73
<i>gentak</i> .....	95
<i>gentamicin in saline inj 0.8 mg/ml</i> .....	17
<i>gentamicin in saline inj 1 mg/ml</i> ..	17
<i>gentamicin in saline inj 1.2 mg/ml</i> .....	17
<i>gentamicin in saline inj 1.6 mg/ml</i> .....	17
<i>gentamicin in saline inj 2 mg/ml</i> ..	17
<i>gentamicin sulfate</i> .....	18
<i>gentamicin sulfate (ophth)</i> .....	95
<i>gentamicin sulfate (topical)</i> .....	105
GENVOYA TAB.....	22
<i>gianvi</i> .....	67
GILENYA.....	59
GILOTRIF .....	31
<i>glatiramer acetate</i> .....	59
<i>glatopa</i> .....	59
<i>glimepiride</i> .....	61
<i>glipizide</i> .....	61
<i>glipizide xl</i> .....	61
<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i> .....	61
<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i> .....	62
<i>glipizide-metformin hcl tab 5-500</i> <i>mg</i> .....	62
<i>glutose 15</i> .....	72
<i>glycerin (laxative)</i> .....	80
<i>glycopyrrolate</i> .....	78
<i>glydo</i> .....	107
GLYXAMBI TAB 10-5 MG.....	62
GLYXAMBI TAB 25-5 MG.....	62
<i>gnp acetaminophen</i> .....	12
<i>gnp acid reducer</i> .....	78
<i>gnp adult aspirin low str</i> .....	12

<i>gnp all day allergy</i> .....	99
<i>gnp all day allergy child</i> .....	99
<i>gnp all day pain relief</i> .....	14
<i>gnp allergy</i> .....	99
<i>gnp allergy antihistamine</i> .....	99
<i>gnp allergy relief</i> .....	99
<i>gnp allergy relief for ki</i> .....	99
<i>gnp antacid</i> and anti-gas/ .....	76
<i>gnp antacid &amp; anti-gas/re</i> .....	76
<i>gnp antacid anti-gas</i> .....	76
<i>gnp antacid anti-gas/maxi</i> .....	76
<i>gnp antacid extra strengt</i> .....	76
<i>gnp antacid/regular stren</i> .....	76
<i>gnp anti-diarrheal</i> .....	76
<i>gnp antiseptic skin clean</i> .....	108
<i>gnp artificial tears</i> .....	97
<i>gnp aspirin</i> .....	12
<i>gnp aspirin low dose</i> .....	12
<i>gnp athletes foot</i> .....	105
<i>gnp bacitracin zinc</i> .....	105
<i>gnp childrens allergy</i> .....	99
<i>gnp clearlax</i> .....	80
<i>gnp clotrimazole 3</i> .....	84
<i>gnp ear drops</i> .....	110
<i>gnp ear systems</i> .....	110
<i>gnp earwax removal drops</i> .....	110
<i>gnp earwax removal kit</i> .....	110
<i>gnp enema</i> .....	80
<i>gnp fiber therapy</i> .....	80
<i>gnp gentle laxative</i> .....	80
<i>gnp headache relief extra</i> .....	12
<i>gnp hydrocortisone</i> .....	107
<i>gnp hydrocortisone maximu</i> .....	107
<i>gnp hydrocortisone plus</i> .....	107
<i>gnp hydrocortisone/aloe</i> .....	107
<i>gnp ibuprofen</i> .....	14
<i>gnp infants pain relief</i> .....	13
<i>gnp infants pain/fever</i> .....	13
<i>gnp laxative</i> .....	80
<i>gnp lice treatment</i> .....	109
<i>gnp loperamide hcl</i> .....	76
<i>gnp loperamide hydrochlor</i> .....	77
<i>gnp loratadine</i> .....	99
<i>gnp loratadine childrens</i> .....	99
<i>gnp lubricant pm</i> .....	97
<i>gnp miconazole 3</i> .....	84

*gnp miconazole 7* .....84  
*gnp migraine relief* .....13  
*gnp milk of magnesia* .....80  
*gnp motion sickness relie* .....77  
*gnp naproxen*.....14  
*gnp naproxen sodium*.....14  
*gnp nasal decongestant*.....100  
*gnp nasal decongestant/ma* .....100  
*gnp nausea relief*.....82  
*gnp nicotine gum*.....60  
*gnp nicotine mini lozenge* .....60  
*gnp nicotine polacrilex* .....60  
*gnp nicotine polacrilex m*.....60  
*gnp nicotine transdermal* .....60  
*gnp pain & fever children*.....13  
*gnp pain relief*.....13  
*gnp pain relief extra str*.....13  
*gnp pink bismuth*.....77  
*gnp povidone-iodine* .....108  
*gnp senna lax* .....80  
*gnp senna plus*.....80  
*gnp stomach relief maximu*.....77  
*gnp stool softener*.....80  
*gnp stool softener/stimul*.....80  
*gnp terbinafine hydrochlo* .....105  
*gnp triple antibiotic*.....105  
*gnp triple antibiotic plu* .....105  
*gnp tussin dm* .....100  
*gnp tussin dm cough*.....101  
*gnp tussin dm max* .....101  
*gnp tussin mucus & chest*.....101  
*gnp vitamin a & d* .....108  
*gnp womens gentle laxativ* .....80  
*gnp womens laxative* .....80  
*gnp zinc oxide*.....108  
 GOLYTELY SOL.....80  
*goodsense acid reducer* .....78  
*goodsense all day allergy* .....99  
*goodsense aspirin*.....13  
*goodsense aspirin adult I* .....13  
*goodsense clearlax* .....80  
*goodsense naproxen sodium* .....14  
*goodsense nicotine gum* .....60  
*goodsense nicotine polacr*.....60  
*goodsense pain & fever in*.....13  
*goodsense pain relief* .....13  
*goodsense stomach relief* .....77

*granisetron hcl*.....77  
*griseofulvin microsize* .....19  
*griseofulvin ultramicrosize* .....19  
*guaifenesin*.....101  
*guanfacine hcl* .....44  
*guanfacine hcl (adhd)* .....56  
 GVOKE HYPOPEN 2-PACK .....72  
 GVOKE PFS .....72  
 HAEGARDA.....86  
*hailey 1.5/30* .....67  
*hailey 24 fe* .....67  
*halobetasol propionate*.....107  
*haloperidol* .....53  
*haloperidol decanoate*.....54  
*haloperidol lactate*.....54  
 HARVONI PAK 33.75-150MG.....23  
 HARVONI PAK 45-200MG .....23  
 HARVONI TAB 45-200MG .....23  
 HARVONI TAB 90-400MG .....23  
 HAVRIX.....90  
*heartburn relief*.....78  
*heartburn relief extra st* .....76  
*heather* .....67  
 HEP SOD/NAACL INJ 25000UNT ....85  
*heparin sodium (porcine)* .....85  
*heparin sodium (porcine) 100*  
*unit/ml in d5w* .....85  
*heparin sodium (porcine)-dextrose*  
*iv sol 20000 unit/500ml-5%* ....85  
*heparin sodium (porcine)-dextrose*  
*iv sol 25000 unit/500ml-5%* ....85  
 HEPARIN/NAACL INJ 25000UNT ....85  
*hepatamine* .....93  
 HERCEP HYLEC SOL 60-10000 ....31  
 HERCEPTIN .....31  
 HERZUMA.....31  
 HETLIOZ .....57  
 HIBERIX.....90  
*hm all day allergy* .....99  
*hm all day allergy childr*.....99  
*hm anti-diarrheal* .....77  
*hm bacitracin*.....105  
*hm cetirizine hcl childre* .....99  
*hm cetirizine hydrochlori* .....99  
*hm clearlax* .....80  
*hm lice treatment*.....109  
*hm loperamide hcl*.....77

<i>hm loratadine</i> .....	99	IBRANCE.....	31
<i>hm milk of magnesia</i> .....	80	<i>ibu</i> .....	14
<i>hm motion relief</i> .....	77	<i>ibu-200</i> .....	14
<i>hm motion sickness relief</i> .....	77	<i>ibuprofen</i> .....	14
<i>hm stool softener</i> .....	80	<i>icatibant acetate</i> .....	86
<i>hm tussin adult</i> .....	101	<i>iclevia</i> .....	67
<i>hm tussin adult cough &amp; c</i> .....	101	ICLUSIG.....	32
HUMIRA .....	87	IDHIFA .....	32
HUMIRA PEDIA INJ CROHNS .....	87	ILEVRO .....	96
HUMIRA PEDIATRIC CROHNS D...87		<i>imatinib mesylate</i> .....	32
HUMIRA PEN.....	87	IMBRUVICA .....	32
HUMIRA PEN KIT PS/UV .....	87	<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i> .....	18
HUMIRA PEN-CD/UC/HS START...87		<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i> .....	18
HUMIRA PEN-PEDIATRIC UC S ....87		<i>imipramine hcl</i> .....	50
HUMIRA PEN-PS/UV STARTER ....87		<i>imiquimod</i> .....	108
HUMULIN R U-500 (CONCENTR ...63		IMOVAX RABIES (H.D.C.V.) .....	90
HUMULIN R U-500 KWIKPEN.....63		<i>incassia</i> .....	67
<i>hydralazine hcl</i> .....	44	INCRELEX .....	73
<i>hydrochlorothiazide</i> .....	43	INCRUSE ELLIPTA .....	98
<i>hydrocodone bitartrate</i> .....	15	<i>indapamide</i> .....	43
<i>hydrocodone-acetaminophen soln</i> <i>7.5-325 mg/15ml</i> .....	16	INFANRIX INJ .....	90
<i>hydrocodone-acetaminophen tab</i> <i>10-325 mg</i> .....	16	INFED.....	86
<i>hydrocodone-acetaminophen tab 5-</i> <i>325 mg</i> .....	16	INFUVITE INJ PEDIATRI .....	94
<i>hydrocodone-acetaminophen tab</i> <i>7.5-325 mg</i> .....	16	INGREZZA.....	58
<i>hydrocodone-ibuprofen tab 7.5-200</i> <i>mg</i> .....	16	INGREZZA CAP 40-80MG .....	58
<i>hydrocortisone</i> .....	72	INJECTAFER .....	86
<i>hydrocortisone (intrarectal)</i> .....	79	INLYTA .....	32
<i>hydrocortisone (rectal)</i> .....	108	INQOVI TAB 35-100MG.....	30
<i>hydrocortisone (topical)</i> .....	107	INREBIC.....	32
<i>hydrocortisone maximum st</i> .....	107	INSULIN SAFETY NEEDLES .....	63
<i>hydrocortisone-aloe vera cream</i> <i>0.5%</i> .....	107	INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/ MHC .....	63
<i>hydrocortisone-aloe vera cream 1%</i> .....	107	INTELENCE.....	20
<i>hydromorphone hcl</i> .....	16	INTRALIPID .....	93
<i>hydroxocobalamin acetate</i> .....	94	INTRON A .....	89
<i>hydroxychloroquine sulfate</i> .....	88	<i>introvale</i> .....	67
<i>hydroxyurea</i> .....	30	INVEGA SUSTENNA .....	54
<i>hydroxyzine hcl</i> .....	99	INVEGA TRINZA .....	54
<i>hydroxyzine pamoate</i> .....	99	INVIRASE.....	20
HYSINGLA ER.....	15	IPOL INJ INACTIVE.....	90
<i>ibandronate sodium</i> .....	64	<i>ipratropium bromide</i> .....	98
		<i>ipratropium bromide (nasal)</i> .....	98
		<i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i> .....	97

<i>irbesartan</i> .....	39
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg.....	38
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg.....	38
IRESSA.....	32
<i>irinotecan hcl</i> .....	30
ISENTRESS.....	20, 21
ISENTRESS HD.....	21
<i>isibloom</i> .....	67
ISOLYTE-P INJ /D5W.....	91
ISOLYTE-S INJ.....	91
<i>isoniazid</i> .....	23
ISOPTO ATROPINE.....	97
<i>isosorbide dinitrate</i> .....	44
<i>isosorbide mononitrate</i> .....	44
<i>isotretinoin</i> .....	104
<i>isradipine</i> .....	43
<i>itraconazole</i> .....	19
<i>ivermectin</i> .....	18
IXIARO INJ.....	90
JAKAFI.....	32
<i>jantoven</i> .....	85
JANUMET TAB 50-1000.....	62
JANUMET TAB 50-500MG.....	62
JANUMET XR TAB 100-1000.....	62
JANUMET XR TAB 50-1000.....	62
JANUMET XR TAB 50-500MG.....	62
JANUVIA.....	62
JARDIANCE.....	62
<i>jasmiel</i> .....	67
JENTADUETO TAB 2.5-1000.....	62
JENTADUETO TAB 2.5-500.....	62
JENTADUETO TAB 2.5-850.....	62
JENTADUETO TAB XR 2.5-1000MG .....	62
JENTADUETO TAB XR 5-1000MG	62
<i>jinteli</i> .....	71
<i>jolessa</i> .....	67
<i>juleber</i> .....	67
JULUCA TAB 50-25MG.....	22
<i>junel 1.5/30</i> .....	67
<i>junel 1/20</i> .....	67
<i>junel fe 1.5/30</i> .....	67
<i>junel fe 1/20</i> .....	67
<i>junel fe 24</i> .....	67
JUXTAPID.....	41

KADCYLA.....	32
<i>kaitlib fe</i> .....	67
KALETRA TAB 100-25MG.....	22
KALETRA TAB 200-50MG.....	22
KALYDECO.....	102
KANJINTI.....	32
<i>kao-tin</i> .....	80
<i>kariva</i> .....	67
<i>kcl 10 meq/l (0.075%) in dextrose</i> 5% & nacl 0.45% inj.....	91
<i>kcl 20 meq/l (0.15%) in dextrose</i> 5% & nacl 0.2% inj.....	92
<i>kcl 20 meq/l (0.15%) in dextrose</i> 5% & nacl 0.45% inj.....	92
<i>kcl 20 meq/l (0.15%) in dextrose</i> 5% & nacl 0.9% inj.....	92
<i>kcl 20 meq/l (0.15%) in nacl 0.45%</i> <i>inj</i> .....	92
<i>kcl 20 meq/l (0.15%) in nacl 0.9%</i> <i>inj</i> .....	92
<i>kcl 30 meq/l (0.224%) in dextrose</i> 5% & nacl 0.45% inj.....	92
<i>kcl 40 meq/l (0.3%) in dextrose 5%</i> & nacl 0.45% inj.....	92
KCL/D5W/NACL INJ 0.15/0.2.....	92
KCL/D5W/NACL INJ 0.3/0.9%.....	92
<i>kelnor 1/35</i> .....	67
<i>kelnor 1/50</i> .....	67
<i>ketoconazole</i> .....	19
<i>ketoconazole (topical)</i> .....	105, 106
<i>ketorolac tromethamine (ophth)</i> .....	96
KEYTRUDA.....	32
KINRIX INJ.....	90
KISQALI.....	32
KISQALI 200 PAK FEMARA.....	30
KISQALI 400 PAK FEMARA.....	30
KISQALI 600 PAK FEMARA.....	30
<i>klor-con</i> .....	92
<i>klor-con 10</i> .....	93
<i>klor-con 8</i> .....	92
<i>klor-con m10</i> .....	93
<i>klor-con m15</i> .....	93
<i>klor-con m20</i> .....	93
<i>konsyl daily fiber</i> .....	80
KONSYL DAILY FIBER.....	80
KONSYL-D.....	80
KORLYM.....	73

<i>kurvelo</i> .....	67	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....	47
KYNMOBI.....	52	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....	47
<i>labetalol hcl</i> .....	42	<i>levobunolol hcl</i> .....	96
<i>lactated ringer's solution</i> .....	92	<i>levocarnitine (metabolic modifiers)</i> .....	73
<i>lactic acid (ammonium lactate)</i> .	108	<i>levocetirizine dihydrochloride</i> .....	99
<i>lactulose</i> .....	80	<i>levofloxacin</i> .....	25
<i>lactulose (encephalopathy)</i> .....	80	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	25
<i>lamivudine</i> .....	21	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	25
<i>lamivudine (hbv)</i> .....	23	<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....	25
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	22	<i>levonest</i> .....	68
<i>lamotrigine</i> .....	47	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i> .....	68
<i>lansoprazole</i> .....	83	<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	68
<i>lapatinib ditosylate</i> .....	32	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	68
<i>larin 1.5/30</i> .....	67	<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	68
<i>larin 1/20</i> .....	67	<i>levonorgestrel (emergency oc)</i> ....	68
<i>larin 24 fe</i> .....	67	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	68
<i>larin fe 1.5/30</i> .....	67	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	68
<i>larin fe 1/20</i> .....	67	<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	68
<i>larissia</i> .....	67	<i>levora 0.15/30-28</i> .....	68
LASTACAFT .....	96	<i>levo-t</i> .....	75
<i>latanoprost</i> .....	96	<i>levothyroxine sodium</i> .....	75
LATUDA.....	54	<i>levoxyl</i> .....	75
<i>layolis fe</i> .....	67	LEXIVA .....	21
<i>leena</i> .....	67	<i>lice killing maximum stre</i> .....	109
<i>leflunomide</i> .....	88	<i>lice killing shampoo</i> .....	109
LENVIMA 10 MG DAILY DOSE.....	32	<i>lice treatment</i> .....	109
LENVIMA 12MG DAILY DOSE.....	32	<i>lidocaine</i> .....	107, 108
LENVIMA 20 MG DAILY DOSE.....	32	<i>lidocaine (anorectal)</i> .....	108
LENVIMA 4 MG DAILY DOSE.....	32	<i>lidocaine hcl</i> .....	107
LENVIMA 8 MG DAILY DOSE.....	32	<i>lidocaine hcl (local anesth.)</i> .....	17
LENVIMA CAP 14 MG.....	32	<i>lidocaine hcl (mouth-throat)</i> .....	109
LENVIMA CAP 18 MG.....	33		
LENVIMA CAP 24 MG.....	33		
<i>lessina</i> .....	68		
<i>letrozole</i> .....	29		
<i>leucovorin calcium</i> .....	35		
LEUKERAN .....	28		
<i>leuprolide acetate</i> .....	29		
<i>levabuterol hcl</i> .....	100		
<i>levabuterol tartrate</i> .....	100		
LEVEMIR .....	63		
LEVEMIR FLEXTOUCH.....	63		
<i>levetiracetam</i> .....	47		
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....	47		



<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	108	<i>lovastatin</i> .....	40
<i>lillow</i> .....	68	<i>low-ogestrel</i> .....	68
<i>linezolid</i> .....	18	<i>loxapine succinate</i> .....	54
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%.....	18	<i>lubricating eye drops</i> .....	97
LINZESS.....	82	<i>lubrifresh p.m.</i> .....	97
<i>liothyronine sodium</i> .....	75	LUMAKRAS .....	33
<i>lisinopril</i> .....	37	LUMIGAN .....	96
<i>lisinopril &amp; hydrochlorothiazide tab</i> 10-12.5 mg.....	36	LUMIZYME.....	73
<i>lisinopril &amp; hydrochlorothiazide tab</i> 20-12.5 mg.....	36	LUPRON DEPOT (1-MONTH).....	29
<i>lisinopril &amp; hydrochlorothiazide tab</i> 20-25 mg .....	36	LUPRON DEPOT (3-MONTH).....	29
LITHIUM.....	58	LUPRON DEPOT-PED (1-MONTH ..	73
<i>lithium carbonate</i> .....	58	LUPRON DEPOT-PED (3-MONTH ..	73
<i>loestrin 1.5/30-21</i> .....	68	<i>lutera</i> .....	68
<i>loestrin 1/20-21</i> .....	68	<i>lyleq</i> .....	68
<i>loestrin fe 1.5/30</i> .....	68	<i>lyllana</i> .....	71
<i>loestrin fe 1/20</i> .....	68	LYNPARZA.....	33
LOKELMA.....	65	LYRICA CR .....	58
LONSURF TAB 15-6.14 .....	30	LYSODREN .....	29
LONSURF TAB 20-8.19 .....	30	<i>lyza</i> .....	68
<i>loperamide hcl</i> .....	77, 82	<i>mag-al plus</i> .....	76
<i>lopinavir-ritonavir soln 400-100</i> mg/5ml (80-20 mg/ml) .....	22	<i>mag-al plus xs</i> .....	76
<i>lopinavir-ritonavir tab 100-25 mg</i>	22	MAGNEBIND TAB 300 .....	94
<i>lopinavir-ritonavir tab 200-50 mg</i>	22	<i>magnesium oxide</i> .....	76
<i>lopreeza</i> .....	71	<i>magnesium oxide (mg supplement)</i> .....	94
<i>loratadine</i> .....	99	<i>magnesium sulfate</i> .....	92
<i>loratadine childrens</i> .....	99	MAGNESIUM SULFATE .....	92
<i>lorazepam</i> .....	45	<i>magnesium sulfate in dextrose 5%</i> <i>iv soln 1 gm/100ml</i> .....	92
<i>lorazepam intensol</i> .....	45	<i>malathion</i> .....	109
LORBRENA.....	33	<i>mapap</i> .....	13
<i>loryna</i> .....	68	<i>mapap childrens</i> .....	13
<i>losartan potassium</i> .....	39	<i>marlissa</i> .....	68
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-12.5</i> <i>mg</i> .....	38	MARPLAN .....	50
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-25</i> <i>mg</i> .....	38	MATULANE .....	30
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 50-12.5</i> <i>mg</i> .....	38	MAVYRET TAB 100-40MG .....	23
LOTEMAX.....	96	<i>m-dryl</i> .....	99
		<i>meclizine hcl</i> .....	77
		<i>medroxyprogesterone acetate</i> .....	74
		<i>medroxyprogesterone acetate</i> ( <i>contraceptive</i> ) .....	68
		<i>mefloquine hcl</i> .....	20
		<i>megestrol acetate</i> .....	29, 74
		<i>megestrol acetate (appetite)</i> .....	74
		MEKINIST .....	33
		MEKTOVI.....	33
		<i>melodetta 24 fe</i> .....	68

<i>meloxicam</i> .....	14	<i>miconazole 3</i> .....	84
<i>memantine hcl</i> .....	49	<i>miconazole 3 combination</i> .....	84
<i>memantine hcl tab 28 x 5 mg &amp; 21</i> <i>x 10 mg titration pack</i> .....	49	<i>miconazole 3 combo pack</i> .....	84
MENACTRA INJ .....	90	<i>miconazole 7</i> .....	84
MENQUADFI INJ .....	90	<i>miconazole nitrate (topical)</i> .....	105
MENVEO INJ .....	90	<i>miconazole nitrate vaginal</i> .....	84
<i>mercaptapurine</i> .....	28	<i>miconazole nitrate vaginal supp</i> <i>1200 mg &amp; 2% cream kit</i> .....	84
<i>meropenem</i> .....	18	<i>microgestin 1.5/30</i> .....	68
<i>mesalamine</i> .....	79	<i>microgestin 1/20</i> .....	68
<i>mesalamine w/ cleanser</i> .....	79	<i>microgestin fe 1.5/30</i> .....	68
MESNEX .....	35	<i>microgestin fe 1/20</i> .....	68
<i>metadate er</i> .....	56	<i>midodrine hcl</i> .....	44
<i>metformin hcl</i> .....	62	<i>miglustat</i> .....	73
<i>methadone hcl</i> .....	15	<i>migraine formula</i> .....	13
<i>methadone hydrochloride i</i> .....	15	<i>mili</i> .....	68
<i>methazolamide</i> .....	43	<i>milk of magnesia</i> .....	81
<i>methenamine hippurate</i> .....	18	<i>milk of magnesia concentr</i> .....	81
<i>methimazole</i> .....	75	<i>mimvey</i> .....	71
<i>methocarbamol</i> .....	59	<i>minitran</i> .....	44
<i>methotrexate sodium</i> .....	28, 88	<i>minocycline hcl</i> .....	27
METHYLDOPA.....	44	<i>minoxidil</i> .....	44
<i>methylphenidate hcl</i> .....	56, 57	<i>mintox maximum strength</i> .....	76
<i>methylprednisolone</i> .....	72	<i>mintox plus</i> .....	76
<i>methylprednisolone acetate</i> .....	72	<i>mintox regular strength</i> .....	76
<i>methylprednisolone sod succ</i> .....	72	<i>mirtazapine</i> .....	51
<i>metoclopramide hcl</i> .....	77	<i>misoprostol</i> .....	82
<i>metolazone</i> .....	43	MITIGARE .....	12
<i>metoprolol &amp; hydrochlorothiazide</i> <i>tab 100-25 mg</i> .....	41	M-M-R II INJ.....	90
<i>metoprolol &amp; hydrochlorothiazide</i> <i>tab 100-50 mg</i> .....	41	M-NATAL PLUS TAB .....	93
<i>metoprolol &amp; hydrochlorothiazide</i> <i>tab 50-25 mg</i> .....	41	<i>moexipril hcl</i> .....	37
<i>metoprolol succinate</i> .....	42	<i>molindone hcl</i> .....	54
<i>metoprolol tartrate</i> .....	42	<i>mometasone furoate</i> .....	107
<i>metronidazole</i> .....	18	<i>mondoxyne nl</i> .....	27
<i>metronidazole (topical)</i> .....	108	MONJUVI.....	33
<i>metronidazole in nacl 0.79% iv soln</i> <i>500 mg/100ml</i> .....	18	<i>mono-lynyah</i> .....	68
<i>metronidazole vaginal</i> .....	84	<i>montelukast sodium</i> .....	102
<i>metyrosine</i> .....	44	<i>morphine sulfate</i> .....	15, 16
MG SO4/D5W INJ 10MG/ML.....	92	MORPHINE SULFATE.....	16
<i>mi-acid</i> .....	76	<i>motion-time</i> .....	77
<i>mi-acid maximum strength</i> .....	76	MOVANTIK .....	82
<i>mibelas 24 fe</i> .....	68	<i>moxifloxacin hcl</i> .....	25
<i>micafungin sodium</i> .....	19	<i>moxifloxacin hcl (ophth)</i> .....	95
		<i>m-pap</i> .....	13
		MULTAQ.....	40
		<i>mupirocin</i> .....	105
		MURO 128.....	97

MVASI.....	33	<i>neomycin-polymyxin-hc otic soln</i>	
<i>my choice</i> .....	69	1%.....	110
<i>my way</i> .....	69	<i>neomycin-polymyxin-hc otic susp</i>	
<i>mycophenolate mofetil</i> .....	90	3.5 mg/ml-10000 unit/ml-1%.....	110
<i>mycophenolate sodium</i> .....	90	NERLYNX.....	33
<i>myorisan</i> .....	104	NEUPRO.....	52
MYRBETRIQ.....	84	<i>nevirapine</i> .....	21
<i>nabumetone</i> .....	14	<i>new day</i> .....	69
<i>nadolol</i> .....	42	NEXAVAR.....	33
<i>nafcillin sodium</i> .....	27	<i>niacin (antihyperlipidemic)</i> .....	41
NAGLAZYME.....	73	<i>nicardipine hcl</i> .....	43
<i>nalbuphine hcl</i> .....	16	<i>nicotine</i> .....	60
<i>naloxone hcl</i> .....	60	<i>nicotine mini lozenge</i> .....	61
<i>naltrexone hcl</i> .....	60	<i>nicotine polacrilex</i> .....	61
NAMZARIC CAP 14-10MG.....	49	NICOTINE SYS KIT TRANSDER....	61
NAMZARIC CAP 21-10MG.....	49	<i>nicotine transdermal syst</i> .....	61
NAMZARIC CAP 28-10MG.....	49	NICOTROL INHALER.....	61
NAMZARIC CAP 7-10MG.....	49	NICOTROL NS.....	61
NAMZARIC CAP PACK.....	50	<i>nifedipine</i> .....	43
<i>naproxen</i> .....	14	<i>nikki</i> .....	69
<i>naproxen sodium</i> .....	14	<i>nilutamide</i> .....	29
<i>naratriptan hcl</i> .....	58	<i>nimodipine</i> .....	43
NARCAN.....	60	NINLARO.....	33
<i>nasal decongestant</i> .....	101	<i>nitazoxanide</i> .....	18
NASCOBAL.....	94	<i>nitisinone</i> .....	73
NATACYN.....	95	NITRO-BID.....	44
<i>nateglinide</i> .....	62	NITRO-DUR.....	45
NATPARA.....	64	<i>nitrofurantoin macrocrystal</i> .....	18
<i>natural fiber therapy</i> .....	81	<i>nitrofurantoin monohyd macro</i> ....	18
NAYZILAM.....	47	<i>nitroglycerin</i> .....	45
<i>necon 0.5/35-28</i> .....	69	<i>nizatidine</i> .....	78
<i>nefazodone hcl</i> .....	51	<i>non-aspirin childrens</i> .....	13
<i>neomycin sulfate</i> .....	18	<i>nora-be</i> .....	69
<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone &amp; ethinyl estradiol-fe</i>	
5(3.5)mg-400unt-10000unt op		chew tab 0.4 mg-35 mcg.....	69
oin.....	95	<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>neomycin-polymy-gramicid op sol</i>		chew tab 0.8 mg-25 mcg.....	69
1.75-10000-0.025mg-unt-mg/ml		<i>norethindrone (contraceptive)</i> .....	69
.....	95	<i>norethindrone ace &amp; ethinyl</i>	
<i>neomycin-polymyxin-</i>		estradiol tab 1 mg-20 mcg.....	69
<i>dexamethasone ophth oint 0.1%</i>		<i>norethindrone ace &amp; ethinyl</i>	
.....	94	estradiol tab 1.5 mg-30 mcg....	69
<i>neomycin-polymyxin-</i>		<i>norethindrone ace &amp; ethinyl</i>	
<i>dexamethasone ophth susp 0.1%</i>		estradiol-fe tab 1 mg-20 mcg...	69
.....	94	<i>norethindrone ace-eth estradiol-fe</i>	
<i>neomycin-polymyxin-hc ophth susp</i>		chew tab 1 mg-20 mcg (24) ....	69
.....	94	<i>norethindrone acetate</i> .....	74

<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> ...	71	<i>octreotide acetate</i> .....	73
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	71	ODEFSEY TAB .....	22
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	69	ODOMZO.....	33
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> ..	69	OFEV .....	102
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> ..	69	<i>ofloxacin (ophth)</i> .....	95
<i>norlyroc</i> .....	69	<i>ofloxacin (otic)</i> .....	110
NORPACE CR.....	40	OGIVRI .....	33
NORTHERA .....	44	OGIVRI INJ 420MG.....	33
<i>nortrel 0.5/35 (28)</i> .....	69	<i>olanzapine</i> .....	54
<i>nortrel 1/35 (21)</i> .....	69	<i>olmesartan medoxomil</i> .....	39
<i>nortrel 1/35 (28)</i> .....	69	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	38
<i>nortrel 7/7/7</i> .....	69	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....	38
<i>nortriptyline hcl</i> .....	51	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	38
NORVIR.....	21	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .....	38
NOVOLIN INJ 70/30 .....	63	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .....	39
NOVOLIN INJ 70/30 FP.....	63	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....	39
NOVOLIN N.....	64	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....	38
NOVOLIN N FLEXPEN .....	64	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....	39
NOVOLIN R.....	64	<i>olopatadine hcl</i> .....	96
NOVOLIN R FLEXPEN.....	64	<i>omeprazole</i> .....	83
NOVOLOG.....	64	OMNIPOD KIT STARTER .....	64
NOVOLOG FLEXPEN .....	64	OMNIPOD MIS 5 PACK .....	64
NOVOLOG MIX INJ 70/30 .....	64	<i>ondansetron</i> .....	77
NOVOLOG MIX INJ FLEXPEN .....	64	<i>ondansetron hcl</i> .....	78
NOVOLOG PENFILL .....	64	ONTRUZANT .....	33
NOXAFIL .....	19	ONUREG .....	28
NUBEQA .....	29	<i>opcicon one-step</i> .....	69
NUDEXTA CAP 20-10MG .....	58	OPSUMIT .....	45
NULOJIX.....	90	<i>option 2</i> .....	69
NULYTELY SOL LMN/LIME .....	81	ORGOVYX.....	29
NUPLAZID .....	54	ORKAMBI GRA 100-125 .....	102
NUTRILIPID .....	93		
<i>nyamyc</i> .....	105		
<i>nylia 7/7/7</i> .....	69		
NYMALIZE .....	43		
<i>nymyo</i> .....	69		
<i>nystatin</i> .....	19		
<i>nystatin (mouth-throat)</i> .....	109		
<i>nystatin (topical)</i> .....	105, 106		
<i>nystop</i> .....	106		
<i>ocella</i> .....	69		
OCTAGAM.....	89		

ORKAMBI GRA 150-188.....	102
ORKAMBI TAB 100-125 .....	102
ORKAMBI TAB 200-125 .....	102
<i>orsythia</i> .....	69
<i>oseltamivir phosphate</i> .....	23
OSPHENA .....	73
<i>oxacillin sodium</i> .....	27
<i>oxaliplatin</i> .....	28
<i>oxandrolone</i> .....	61
<i>oxcarbazepine</i> .....	47
<i>oxybutynin chloride</i> .....	84
<i>oxycodone hcl</i> .....	16
<i>oxycodone w/ acetaminophen tab</i> <i>10-325 mg</i> .....	16
<i>oxycodone w/ acetaminophen tab</i> <i>2.5-325 mg</i> .....	16
<i>oxycodone w/ acetaminophen tab</i> <i>5-325 mg</i> .....	16
<i>oxycodone w/ acetaminophen tab</i> <i>7.5-325 mg</i> .....	16
OXYCONTIN .....	15
OZEMPIC (0.25 OR 0.5MG/DOSE)	62
OZEMPIC (1MG/DOSE) .....	62
<i>pacerone</i> .....	40
<i>paclitaxel</i> .....	30
<i>pain &amp; fever</i> .....	13
<i>pain &amp; fever childrens</i> .....	13
<i>pain &amp; fever infants</i> .....	13
<i>pain relief extra strengt</i> .....	13
<i>pain reliever plus</i> .....	13
<i>paliperidone</i> .....	54
<i>pamidronate disodium</i> .....	65
PAMIDRONATE DISODIUM .....	65
PANRETIN.....	108
<i>pantoprazole sodium</i> .....	83
PANZYGA.....	89
<i>paraplatin</i> .....	28
<i>paricalcitol</i> .....	75
<i>paroex</i> .....	109
<i>paromomycin sulfate</i> .....	18
<i>paroxetine hcl</i> .....	51
PASER.....	23
PAXIL.....	51
PAZEO .....	96
<i>pediaclear cough children</i> .....	99
PEDIA-LAX.....	81
PEDIARIX INJ 0.5ML .....	90

PEDVAX HIB .....	90
<i>peg 3350-kcl-na bicarb-nacl-na</i> <i>sulfate for soln 236 gm</i> .....	81
<i>peg 3350-kcl-sod bicarb-nacl for</i> <i>soln 420 gm</i> .....	81
PEGANONE .....	47
PEGASYS.....	23
PEMAZYRE.....	33
PEN GK/DEXTR INJ 40000/ML.....	27
PEN GK/DEXTR INJ 60000/ML.....	27
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVI DIA.....	64
<i>penicillamine</i> .....	65
<i>penicillin g potassium</i> .....	27
PENICILLIN G PROCAINE.....	27
<i>penicillin g sodium</i> .....	27
<i>penicillin v potassium</i> .....	27
PENTACEL INJ.....	91
<i>pentamidine isethionate inh</i> .....	18
<i>pentamidine isethionate inj</i> .....	18
<i>pentoxifylline</i> .....	86
<i>peptic relief</i> .....	77
<i>perindopril erbumine</i> .....	37
<i>periogard</i> .....	109
<i>permethrin</i> .....	109
<i>perphenazine</i> .....	54
PERSERIS .....	54
<i>pfizerpen</i> .....	27
<i>pharbedryl</i> .....	99
<i>pharbetol</i> .....	13
<i>pharbetol extra strength</i> .....	13
<i>phenelzine sulfate</i> .....	51
<i>phenobarbital</i> .....	47
<i>phenobarbital sodium</i> .....	47
PHENYTEK.....	47
<i>phenytoin</i> .....	48
<i>phenytoin sodium</i> .....	48
<i>phenytoin sodium extended</i> .....	48
PHESGO SOL .....	33
<i>philith</i> .....	69
<i>phytonadione</i> .....	94
PICATO .....	108
PIFELTRO .....	21
<i>pilocarpine hcl</i> .....	96
<i>pilocarpine hcl (oral)</i> .....	109
<i>pimozide</i> .....	54

<i>pimtrex</i> .....	69	<i>prednisolone</i> .....	72
<i>pindolol</i> .....	42	<i>prednisolone acetate (ophth)</i> .....	96
<i>pioglitazone hcl</i> .....	62	PREDNISOLONE SODIUM PHOSP. 96	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	27	<i>prednisolone sodium phosphate</i> ..	72
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	27	<i>prednisone</i> .....	72
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	27	PREDNISONE INTENSOL .....	72
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	27	<i>pregabalin</i> .....	48
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	27	<i>pregabalin (once-daily)</i> .....	58
PIQRAY 200MG DAILY DOSE .....	33	PREMASOL SOL 10% .....	93
PIQRAY 250MG TAB DOSE .....	33	PRENATAL TAB 27-1MG.....	93
PIQRAY 300MG DAILY DOSE .....	33	PRENATAL TAB PLUS .....	93
<i>pirmella 1/35</i> .....	69	PRENATAL VIT TAB LOW IRON ....	93
<i>piroxicam</i> .....	14	<i>prevalite</i> .....	41
PLASMA-LYTE INJ -148.....	92	<i>previfem</i> .....	70
PLASMA-LYTE INJ -A .....	92	PREZCOBIX TAB 800-150.....	22
<i>plenamine</i> .....	93	PREZISTA.....	21
PLENVU SOL .....	81	PRIFTIN .....	23
PNV FOLIC AC TAB + IRON .....	93	<i>primaquine phosphate</i> .....	20
<i>podofilox</i> .....	108	PRIMAQUINE PHOSPHATE .....	20
<i>polyethylene glycol 3350</i> .....	81	<i>primidone</i> .....	48
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	95	PRIVIGEN.....	89
POMALYST .....	29	<i>probenecid</i> .....	12
<i>portia-28</i> .....	69	PROCALAMINE INJ 3% .....	93
<i>posaconazole</i> .....	19	<i>prochlorperazine</i> .....	78
POT CHL/NACL INJ 20MEQ/L.....	92	<i>prochlorperazine edisylate</i> .....	78
POT CHL/NACL INJ 40MEQ/L.....	92	<i>prochlorperazine maleate</i> .....	78
<i>potassium chloride</i> .....	92, 93	PROCRT .....	85
POTASSIUM CHLORIDE .....	92	<i>procto-med hc</i> .....	108
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	92	<i>procto-pak</i> .....	108
<i>potassium chloride microencapsulated crystals er</i> ..	93	<i>proctosol hc</i> .....	108
<i>potassium citrate (alkalinizer)</i> .....	83	<i>proctozone-hc</i> .....	109
<i>povidone-iodine</i> .....	108	PROGRAF .....	90
PRALUENT .....	41	PROLASTIN-C .....	102
<i>pramipexole dihydrochloride</i> .....	52	PROLENSA.....	96
<i>pramoxine hcl (rectal)</i> .....	108	PROLIA .....	65
<i>prasugrel hcl</i> .....	87	PROMACTA.....	86
<i>pravastatin sodium</i> .....	40	<i>promethazine hcl</i> .....	78
<i>praziquantel</i> .....	18	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> .....	101
<i>prazosin hcl</i> .....	37	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> .....	101
		<i>propafenone hcl</i> .....	40
		<i>proparacaine hcl</i> .....	97
		<i>propranolol hcl</i> .....	42
		<i>propylthiouracil</i> .....	75
		PROQUAD INJ .....	91

PROSHIELD PLUS SKIN PROTE ..	109
PROSOL INJ 20% .....	94
<i>protriptyline hcl</i> .....	51
<i>pseudoephedrine hcl</i> .....	101
PULMICORT FLEXHALER .....	103
PULMOZYME .....	102
<i>puralube</i> .....	97
PURIXAN .....	28
<i>pyrazinamide</i> .....	23
<i>pyridostigmine bromide</i> .....	58
<i>pyridoxine hcl</i> .....	94
<i>qc 3 day vaginal cream</i> .....	84
<i>qc acid controller</i> .....	78
<i>qc all day allergy</i> .....	99
<i>qc allergy relief</i> .....	99
<i>qc antacid</i> .....	76
<i>qc antacid/anti-gas</i> .....	76
<i>qc antacid/anti-gas maxim</i> .....	76
<i>qc anti-diarrheal</i> .....	77
<i>qc aspirin</i> .....	13
<i>qc aspirin low dose</i> .....	13
<i>qc chewable aspirin low d</i> .....	13
<i>qc childrens allergy</i> .....	99
<i>qc enema</i> .....	81
<i>qc enteric aspirin</i> .....	13
<i>qc gentle laxative</i> .....	81
<i>qc headache relief</i> .....	13
<i>qc ibuprofen ib</i> .....	14
<i>qc loratadine allergy rel</i> .....	99
<i>qc miconazole 7</i> .....	84
<i>qc milk of magnesia</i> .....	81
<i>qc naproxen sodium</i> .....	14
<i>qc natural vegetable laxa</i> .....	81
<i>qc natura-lax</i> .....	81
<i>qc non-aspirin childrens</i> .....	13
<i>qc non-aspirin extra stre</i> .....	13
<i>qc pain relief</i> .....	13
<i>qc pain relief childrens</i> .....	13
<i>qc pain relief extra stre</i> .....	13
<i>qc povidone iodine</i> .....	109
<i>qc stool softener</i> .....	81
<i>qc stool softener plus st</i> .....	81
<i>qc tussin dm cough &amp; ches</i> .....	101
<i>qc tussin mucus + chest c</i> .....	101
QINLOCK .....	33
QUADRACEL INJ .....	91
<i>quetiapine fumarate</i> .....	54

<i>quinapril hcl</i> .....	37
<i>quinapril-hydrochlorothiazide tab</i> 10-12.5 mg .....	36
<i>quinapril-hydrochlorothiazide tab</i> 20-12.5 mg .....	36
<i>quinapril-hydrochlorothiazide tab</i> 20-25 mg .....	36
<i>quinidine sulfate</i> .....	40
<i>quinine sulfate</i> .....	20
RABAVERT INJ .....	91
<i>rabeprazole sodium</i> .....	83
<i>raloxifene hcl</i> .....	73
<i>ramipril</i> .....	37
<i>ranitidine hcl</i> .....	78
<i>ranolazine</i> .....	44
<i>rasagiline mesylate</i> .....	52
RAYALDEE .....	75
<i>reclipsen</i> .....	70
RECOMBIVAX HB .....	91
RECTIV .....	109
<i>reeses pinworm medicine</i> .....	18
REFRESH DRO OP .....	97
<i>refresh lacri-lube</i> .....	97
<i>refresh p.m.</i> .....	97
REGRANEX .....	109
<i>reguloid</i> .....	81
RELENZA DISKHALER .....	23
RELISTOR .....	82
REMICADE .....	87
<i>renal caps</i> .....	94
RENFLEXIS .....	88
<i>reno caps</i> .....	94
<i>repaglinide</i> .....	62
RESTASIS .....	97
RESTASIS MULTIDOSE .....	97
RETEVMO .....	33
REVLIMID .....	29
REXULTI .....	54, 55
REYATAZ .....	21
REZUROCK .....	90
RHOPRESSA .....	96
RIABNI .....	33
<i>ribavirin (hepatitis c)</i> .....	24
<i>rifabutin</i> .....	23
<i>rifampin</i> .....	23
<i>riluzole</i> .....	58
<i>rimantadine hydrochloride</i> .....	24

RINVOQ .....	88	<i>sennosides-docusate sodium tab</i>	
<i>risedronate sodium</i> .....	65	8.6-50 mg .....	81
RISPERDAL CONSTA .....	55	<i>senokot extra strength</i> .....	81
<i>risperidone</i> .....	55	SEREVENT DISKUS .....	100
<i>ritonavir</i> .....	21	<i>sertraline hcl</i> .....	51
RITUXAN .....	33	<i>setlakin</i> .....	70
RITUXAN INJ HYCELA .....	33	<i>sevelamer carbonate</i> .....	74
<i>rivastigmine</i> .....	50	<i>sharobel</i> .....	70
<i>rivastigmine tartrate</i> .....	50	SHINGRIX .....	91
<i>rivelsa</i> .....	70	SIGNIFOR .....	74
<i>rizatriptan benzoate</i> .....	58	<i>silace</i> .....	81
<i>robafen</i> .....	101	<i>siladryl allergy</i> .....	100
<i>robafen dm cough</i> .....	101	<i>sildenafil citrate (pulmonary</i>	
<i>robafen dm cough/chest co</i> .....	101	<i>hypertension)</i> .....	45
<i>robafen mucus/chest conge</i> .....	101	<i>siltussin dm das</i> .....	101
<i>ropinirole hydrochloride</i> .....	52	<i>siltussin sa</i> .....	101
<i>rosadan</i> .....	109	<i>siltussin-dm</i> .....	101
<i>rosuvastatin calcium</i> .....	40	<i>silver sulfadiazine</i> .....	105
ROTARIX SUS .....	91	SIMBRINZA SUS 1-0.2% .....	96
ROTATEQ SOL .....	91	<i>simliya</i> .....	70
<i>roweepra</i> .....	48	<i>simpesse</i> .....	70
ROZLYTREK .....	33	<i>simvastatin</i> .....	40
RUBRACA .....	33	<i>sirolimus</i> .....	90
<i>rufinamide</i> .....	48	SIRTURO .....	23
RUKOBIA .....	21	SIVEXTRO .....	18
RUXIENCE .....	33	SKYRIZI .....	88
RYBELSUS .....	62	SKYRIZI PEN .....	88
RYDAPT .....	33	<i>sm all day allergy</i> .....	100
<i>sajazir</i> .....	86	<i>sm all day allergy childr</i> .....	100
<i>saline</i> .....	102	<i>sm antibiotic</i> .....	105
SANDIMMUNE .....	90	<i>sm anti-diarrheal</i> .....	77
SANTYL .....	109	<i>sm antifungal clotrimazol</i> .....	106
<i>sapropterin dihydrochloride</i> .....	74	<i>sm clearlax</i> .....	82
<i>scopolamine</i> .....	78	<i>sm hydrocortisone</i> .....	107
SECUADO .....	55	<i>sm hydrocortisone maximum</i> ....	107
<i>selegiline hcl</i> .....	52	<i>sm loratadine</i> .....	100
<i>selenium sulfide</i> .....	106	<i>sm milk of magnesia</i> .....	82
SELZENTRY .....	21	<i>sm motion sickness</i> .....	78
<i>senexon-s</i> .....	81	<i>sm stool softener</i> .....	82
<i>senna laxative</i> .....	81	<i>sm tussin mucus + chest c</i> .....	101
SENNA LEAVES MIS .....	81	<i>sodium bicarbonate (antacid)</i> .....	76
<i>senna-lax</i> .....	81	<i>sodium chloride</i> .....	92
<i>senna-s</i> .....	81	<i>sodium chloride (gu irrigant)</i> ....	109
<i>senna-tabs</i> .....	81	<i>sodium chloride hypertonic</i> .....	97
<i>senna-time</i> .....	81	<i>sodium citrate &amp; citric acid soln</i>	
<i>senna-time s</i> .....	81	500-334 mg/5ml .....	84
<i>sennosides</i> .....	81		



<i>sodium ferric gluconate complex in sucrose</i> .....	86
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln .....	93
<i>sodium phenylbutyrate</i> .....	74
<i>sodium polystyrene sulfonate powder</i> .....	65
SODIUM POW BICARBON .....	76
<i>solifenacin succinate</i> .....	84
SOLIQUA INJ 100/33 .....	64
SOLTAMOX .....	29
<i>soluble fiber</i> .....	82
SOLU-CORTEF.....	72
SOMATULINE DEPOT.....	74
SOMAVERT .....	74
SORBITOL .....	82
<i>sorine</i> .....	40
<i>sotalol hcl</i> .....	40
<i>sotalol hcl (afib/af)</i> .....	40
<i>spironolactone</i> .....	37
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	43
<i>sprintec 28</i> .....	70
SPRITAM .....	48
SPRYCEL .....	33
<i>sps</i> .....	65
<i>sronyx</i> .....	70
<i>ssd</i> .....	105
<i>stavudine</i> .....	21
STELARA .....	88
STIMATE .....	74
STIVARGA .....	33
<i>stomach relief</i> .....	77
<i>stomach relief maximum st</i> .....	77
<i>stool softener</i> .....	82
<i>stool softener extra stre</i> .....	82
<i>stool softener laxative</i> .....	82
<i>stool softener plus laxat</i> .....	82
<i>streptomycin sulfate</i> .....	18
STRIBILD TAB .....	22
<i>subvenite</i> .....	48
<i>sucalfate</i> .....	82
<i>sudogest</i> .....	101
<i>sudogest maximum strength</i> .....	101
<i>sulfacetamide sodium (acne)</i> ....	104
<i>sulfacetamide sodium (ophth)</i> .....	95

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	95
SULFADIAZINE .....	18
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	18
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	18
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	19
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	19
SULFAMYLON.....	105
<i>sulfasalazine</i> .....	79
<i>sulindac</i> .....	14
<i>sumatriptan</i> .....	58
<i>sumatriptan succinate</i> .....	58
<i>sunitinib malate</i> .....	34
SUPREP BOWEL SOL PREP KIT ....	82
SUTENT .....	34
SWIM EAR.....	110
<i>syeda</i> .....	70
SYMBICORT AER 160-4.5 .....	104
SYMBICORT AER 80-4.5.....	104
SYMDEKO TAB 100-150 .....	103
SYMDEKO TAB 50-75MG .....	102
SYMJEPI.....	103
SYMPAZAN .....	48
SYMTUZA TAB.....	22
SYNAREL.....	71
SYNERCID INJ 500MG.....	19
SYNJARDY TAB 12.5-1000MG .....	62
SYNJARDY TAB 12.5-500.....	62
SYNJARDY TAB 5-1000MG.....	62
SYNJARDY TAB 5-500MG.....	62
SYNJARDY XR TAB 10-1000.....	63
SYNJARDY XR TAB 12.5-1000MG	63
SYNJARDY XR TAB 25-1000.....	63
SYNJARDY XR TAB 5-1000MG.....	63
SYNRIBO.....	30
SYNTHROID.....	75
TABLOID .....	28
TABRECTA.....	34
<i>tacrolimus</i> .....	90
<i>tacrolimus (topical)</i> .....	109
TAFINLAR.....	34
TAGRISSO.....	34
<i>take action</i> .....	70

TALTZ .....	88
TALZENNA .....	34
<i>tamoxifen citrate</i> .....	29
<i>tamsulosin hcl</i> .....	83
TARGRETIN.....	109
<i>tarina 24 fe</i> .....	70
<i>tarina fe 1/20 eq</i> .....	70
TASIGNA .....	34
<i>tazarotene</i> .....	106
<i>tazicef</i> .....	25
TAZORAC .....	106
<i>taztia xt</i> .....	43
TAZVERIK.....	34
TDVAX INJ 2-2 LF.....	91
TECENTRIQ.....	34
TEFLARO .....	25
<i>telmisartan</i> .....	39
<i>telmisartan-amlodipine tab 40-10</i> <i>mg</i> .....	39
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	39
<i>telmisartan-amlodipine tab 80-10</i> <i>mg</i> .....	39
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	39
<i>telmisartan-hydrochlorothiazide tab</i> <i>40-12.5 mg</i> .....	39
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i> .....	39
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i> .....	39
<i>temazepam</i> .....	57
TEMIXYS TAB 300-300 .....	22
TENIVAC INJ 5-2LF .....	91
<i>tenofovir disoproxil fumarate</i> .....	21
TEPMETKO.....	34
<i>terazosin hcl</i> .....	37
<i>terbinafine hcl</i> .....	20
<i>terbinafine hcl (topical)</i> .....	106
<i>terbutaline sulfate</i> .....	100
<i>terconazole vaginal</i> .....	84
<i>testosterone</i> .....	61
<i>testosterone cypionate</i> .....	61
<i>testosterone enanthate</i> .....	61
<i>tetrabenazine</i> .....	59
<i>tetracycline hcl</i> .....	27
THALOMID.....	29

THEO-24.....	103
<i>theophylline</i> .....	103
<i>thiamine hcl</i> .....	94
<i>thioridazine hcl</i> .....	55
<i>thiothixene</i> .....	55
<i>tiadylt er</i> .....	43
<i>tiagabine hcl</i> .....	48
TIBSOVO.....	34
<i>tigecycline</i> .....	27
TIGECYCLINE.....	27
<i>tilia fe</i> .....	70
<i>timolol maleate</i> .....	42
<i>timolol maleate (ophth)</i> .....	96
<i>timolol maleate (ophth) once-daily</i> .....	97
<i>tioconazole 1</i> .....	84
TIVICAY .....	21
TIVICAY PD .....	21
<i>tizanidine hcl</i> .....	59
TOBRADEX OIN 0.3-0.1% .....	95
TOBRADEX ST SUS 0.3-0.05.....	95
<i>tobramycin</i> .....	19
<i>tobramycin (ophth)</i> .....	95
<i>tobramycin sulfate</i> .....	19
<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i> .....	95
<i>tolterodine tartrate</i> .....	84
<i>topiramate</i> .....	48
<i>toposar</i> .....	30
<i>toremifene citrate</i> .....	29
<i>torse mide</i> .....	43
TOVIAZ.....	84
TPN ELECTROL INJ .....	92
TRADJENTA .....	63
<i>tramadol hcl</i> .....	16
<i>tramadol-acetaminophen tab 37.5-</i> <i>325 mg</i> .....	16
<i>trandolapril</i> .....	37
<i>tranexamic acid</i> .....	86
<i>tranylcyromine sulfate</i> .....	51
TRAVASOL INJ 10%.....	94
<i>travel sickness</i> .....	78
TRAZIMERA.....	34
<i>trazodone hcl</i> .....	51
TRECTOR .....	23
TRELEGY AER ELLIPTA 100-62.5-25 MCG .....	97

TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	98
TRELSTAR MIXJECT .....	29
<i>treprostinil</i> .....	45
TRESIBA.....	64
TRESIBA FLEXTOUCH.....	64
<i>tretinoin</i> .....	105
<i>tretinoin (chemotherapy)</i> .....	30
<i>tiamcinolone acetonide (mouth)</i> .....	110
<i>tiamcinolone acetonide (topical)</i> .....	107
<i>tiamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	43
<i>tiamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	43
<i>tiamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	44
<i>tri-buffered aspirin</i> .....	13
TRICARE TAB PRENATAL.....	93
<i>triderm</i> .....	107
<i>trientine hcl</i> .....	65
<i>tri-estarylla</i> .....	70
TRIFERIC.....	86
<i>trifluoperazine hcl</i> .....	55
<i>trifluridine</i> .....	95
<i>trihexyphenidyl hcl</i> .....	52
TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	63
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	63
TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	63
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG.....	63
TRIKAFTA TAB 100-50-75MG & 150MG .....	103
TRIKAFTA TAB 50-25-37.5MG & 75MG .....	103
<i>tri-legest fe</i> .....	70
<i>tri-linyah</i> .....	70
<i>tri-lo-estarylla</i> .....	70
<i>tri-lo-marzia</i> .....	70
<i>tri-lo-mili</i> .....	70
<i>tri-lo-sprintec</i> .....	70
<i>trimethoprim</i> .....	19
<i>tri-mili</i> .....	70

<i>trimipramine maleate</i> .....	51
TRINTELLIX .....	51
<i>tri-nymyo</i> .....	70
<i>triphrocaps</i> .....	94
<i>triple antibiotic</i> .....	105
<i>triple antibiotic first a</i> .....	105
<i>triple antibiotic plus</i> .....	105
<i>tri-previfem</i> .....	70
<i>tri-sprintec</i> .....	70
TRIUMEQ TAB.....	23
<i>trivora-28</i> .....	70
<i>tri-vylibra</i> .....	70
<i>tri-vylibra lo</i> .....	70
TROGARZO.....	21
TROPHAMINE INJ 10%.....	94
<i>tropium chloride</i> .....	84
TRUE METRIX KIT AIR.....	110
TRUE METRIX KIT METER .....	110
TRUE METRIX STRIPS .....	110
TRULANCE.....	82
TRULICITY.....	63
TRUMENBA INJ .....	91
TRUSELTIQ 100 MG DAILY DOSE	34
TRUSELTIQ 125 MG DAILY DOSE	34
TRUSELTIQ 50 MG DAILY DOSE ..	34
TRUSELTIQ 75 MG DAILY DOSE ..	34
TRUXIMA.....	34
TUKYSA .....	34
<i>tulana</i> .....	70
TURALIO .....	34
<i>tusnel diabetic</i> .....	101
<i>tussin dm</i> .....	101
<i>tussin dm cough + chest c</i> .....	101
<i>tussin dm max</i> .....	101
<i>tussin dm max adult</i> .....	101
<i>tussin mucus &amp; chest cong</i> .....	101
<i>tussin mucus + chest cong</i> .....	101
TWINRIX INJ .....	91
TYBOST .....	21
<i>tydemy</i> .....	70
TYMLOS .....	65
TYPHIM VI.....	91
UBRELVY.....	58
UKONIQ.....	34
<i>unithroid</i> .....	75
<i>ursodiol</i> .....	82
<i>valacyclovir hcl</i> .....	24

VALCHLOR.....	109
<i>valganciclovir hcl</i> .....	24
<i>valproate sodium</i> .....	48
<i>valproic acid</i> .....	48
<i>valsartan</i> .....	39
<i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg.....	39
<i>valsartan-hydrochlorothiazide tab</i> 160-25 mg.....	39
<i>valsartan-hydrochlorothiazide tab</i> 320-12.5 mg.....	39
<i>valsartan-hydrochlorothiazide tab</i> 320-25 mg.....	39
<i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg.....	39
VALTOCO .....	48
<i>vanadom</i> .....	59
<i>vancomycin hcl</i> .....	19
VANCOMYCIN INJ 1 GM.....	19
VANCOMYCIN INJ 500MG .....	19
VANCOMYCIN INJ 750MG .....	19
<i>vandazole</i> .....	84
VAQTA .....	91
VARIVAX .....	91
VASCEPA.....	41
<i>vegetable laxative+stool</i> .....	82
VELCADE.....	34
<i>velivet</i> .....	70
VELTASSA .....	65
VEMLIDY .....	24
VENCLEXTA .....	34
VENCLEXTA TAB START PK .....	34
<i>venlafaxine hcl</i> .....	51
VENOFER.....	86
VENTAVIS.....	45
VENTOLIN HFA.....	100
VENTOLIN HFA (INSTITUTIONAL PACK) .....	100
<i>verapamil hcl</i> .....	43
VERSACLOZ .....	55
VERZENIO .....	34
<i>vestura</i> .....	70
V-GO 20 KIT .....	64
V-GO 30 KIT .....	64
V-GO 40 KIT .....	64
VICTOZA .....	63
<i>vienna</i> .....	70

<i>vigabatrin</i> .....	48
<i>vigadrone</i> .....	48
VIIBRYD.....	51
VIIBRYD KIT STARTER .....	51
VIMPAT .....	49
<i>vincristine sulfate</i> .....	30
<i>vinorelbine tartrate</i> .....	30
<i>viorele</i> .....	70
VIRACEPT.....	21
VIREAD.....	21
<i>virt-caps</i> .....	94
VITRAKVI .....	34
VIVITROL .....	61
VIZIMPRO .....	35
<i>voriconazole</i> .....	20
VOSEVI TAB .....	24
VOTRIENT .....	35
VRAYLAR.....	55
VRAYLAR CAP 1.5-3MG .....	55
<i>vyfemla</i> .....	70
<i>vylibra</i> .....	70
VYZULTA.....	97
<i>warfarin sodium</i> .....	85
<i>water for irrigation, sterile irrigation</i> <i>soln</i> .....	109
<i>wera</i> .....	70
<i>wymzya fe</i> .....	70
XALKORI.....	35
XARELTO.....	85
XARELTO STAR TAB 15/20MG.....	85
XATMEP .....	88
XCOPRI.....	49
XCOPRI PAK 100-150 .....	49
XCOPRI PAK 12.5-25 .....	49
XCOPRI PAK 150-200MG (MAINTENANCE).....	49
XCOPRI PAK 150-200MG (TITRATION).....	49
XCOPRI PAK 50-100MG.....	49
XCOPRI PAK 50-200MG.....	49
XELJANZ .....	88
XELJANZ XR .....	88
XGEVA.....	65
XIFAXAN .....	82
XIGDUO XR TAB 10-1000.....	63
XIGDUO XR TAB 10-500MG .....	63
XIGDUO XR TAB 2.5-1000.....	63

XIGDUO XR TAB 5-1000MG .....	63
XIGDUO XR TAB 5-500MG .....	63
XIIDRA.....	97
XOFLUZA.....	24
XOLAIR .....	103
XOSPATA.....	35
XPOVIO 100 MG ONCE WEEKLY ...	35
XPOVIO 40 MG ONCE WEEKLY ....	35
XPOVIO 40 MG TWICE WEEKLY ...	35
XPOVIO 60 MG ONCE WEEKLY ....	35
XPOVIO 60 MG TWICE WEEKLY ...	35
XPOVIO 80 MG ONCE WEEKLY ....	35
XPOVIO 80 MG TWICE WEEKLY ...	35
XTANDI.....	29
<i>xulane</i> .....	70
XULTOPHY INJ 100/3.6 .....	64
XYREM .....	60
YF-VAX INJ .....	91
<i>yuvafem</i> .....	71
<i>zafemy</i> .....	70
<i>zafirlukast</i> .....	102
<i>zaleplon</i> .....	57
<i>zarah</i> .....	71
ZARXIO.....	85
ZEJULA .....	35
ZELBORAF .....	35
ZEMAIRA .....	103
<i>zenatane</i> .....	105

ZENPEP CAP 10000UNT.....	83
ZENPEP CAP 15000UNT.....	83
ZENPEP CAP 20000UNT.....	83
ZENPEP CAP 25000 .....	83
ZENPEP CAP 3000UNIT .....	83
ZENPEP CAP 40000 .....	83
ZENPEP CAP 5000UNIT .....	83
ZERVIATE .....	96
<i>zidovudine</i> .....	21
<i>zinc oxide (topical)</i> .....	109
<i>ziprasidone hcl</i> .....	55
<i>ziprasidone mesylate</i> .....	55
ZIRABEV .....	35
ZIRGAN .....	95
<i>zoledronic acid</i> .....	65
ZOLINZA.....	35
<i>zolmitriptan</i> .....	58
<i>zolidem tartrate</i> .....	57
<i>zonisamide</i> .....	49
ZORTRESS .....	90
ZOSTAVAX .....	91
<i>zovia 1/35e</i> .....	71
<i>zumandimine</i> .....	71
ZYDELIG .....	35
ZYKADIA.....	35
ZYLET SUS 0.5-0.3%.....	95
ZYPREXA RELPREVV .....	55
ZYTIGA .....	29



Version 18

Updated: 11/01/2021

Member Services (877) 901-8181, TTY: 711

Monday - Friday, 8 a.m. to 8 p.m., local time