



CareSource® MyCare Ohio |
(Medicare-Medicaid Plan)

Formulary

for 2020

**CareSource MyCare Ohio
Member Services Department:**

1-855-475-3163 (TTY: 1-800-750-0750 or 711)

CareSource.com/MyCare

Formulary ID: 00020474

Version#:18 Updated:12/2020

CareSource[®] MyCare Ohio (Medicare-Medicaid Plan) | 2020 *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 are covered by CareSource MyCare Ohio. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by CareSource MyCare Ohio. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	iii
B. Frequently Asked Questions (FAQ).....	iv
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	iv
B2. Does the Drug List ever change?	iv
B3. What happens when there is a change to the Drug List?.....	v
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	vi
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?	vi
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	vii
B7. How can you find a drug on the Drug List?.....	vii
B8. What if the drug you want to take is not on the Drug List?.....	vii
B9. What if you are a new CareSource MyCare Ohio member and can’t find your drug on the Drug List or have a problem getting your drug?	vii
B10. Can you ask for an exception to cover your drug?.....	ix
B11. How can you ask for an exception?.....	ix
B12. How long does it take to get an exception?	ix



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

B13. What are generic drugs? X

B14. What are OTC drugs? X

B15. What is your copay?..... X

B16. What are drug tiers?..... X

C. List of Covered Drugs by Medical Conditionxi

D.Index of Covered Drugs..... 207



? **If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

A. Disclaimers

This is a list of drugs that members can get in CareSource MyCare Ohio.

- ❖ CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ You can always check CareSource MyCare Ohio's up-to-date List of Covered Drugs online at **CareSource.com/MyCare**.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1-855-475-3163** (TTY: 711), el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ To request this document in a language other than English or in an alternate format now and in the future, please call Member Services at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ If you would like to receive materials in an alternate format, please let our Member Services department know. We have Member handbooks, our annual notice of change, formularies, the summary of benefits, provider/pharmacy directories, and some letters available in Spanish. We can also send these and other materials in different formats upon request. Call our Member Services department for help at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by CareSource MyCare Ohio. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- CareSource MyCare Ohio 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 CareSource MyCare Ohio network pharmacy.
- CareSource MyCare Ohio 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 [CareSource.com/MyCare](https://www.caresource.com/MyCare) or call Member Services at **1-855-475-3163** (TTY: 711).

B2. Does the Drug List ever change?

Yes. CareSource MyCare Ohio 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 CareSource MyCare Ohio 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**



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

- we learn that a drug is not safe, **or**
- a drug is removed from the market.

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

- You can always check CareSource MyCare Ohio's up to date Drug List online at **CareSource.com/MyCare**.
- You can also call Member Services to check the current Drug List at **1-855-475-3163** (TTY:711).

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

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

- **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 that. Please contact your prescribing doctor if you are notified.

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 30-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:

- 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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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 CareSource MyCare Ohio before you fill your prescription. CareSource MyCare Ohio may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes CareSource MyCare Ohio limits the amount of a drug you can get.
- **Step therapy:** Sometimes CareSource MyCare Ohio requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If CareSource MyCare Ohio covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 2-206. You can also get more information by visiting our web site at **CareSource.com/MyCare**. 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 questions B10-B12 for more information about exceptions.

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

The *List of Covered Drugs* on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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 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 section at the end of the formulary.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page xi. 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, Diuretics – Drugs to Treat Heart Conditions. 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 **1-855-475-3163** and ask about it. If you learn that CareSource MyCare Ohio 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 questions B10-B12 for more information about exceptions.

B9. What if you are a new CareSource MyCare Ohio 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 30-day supply of your drug during the first 90 days you are a member of CareSource MyCare Ohio. This will give you time to talk to your doctor or other



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-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 CareSource MyCare Ohio, **or**
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one *31-day* supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new CareSource MyCare Ohio member.
- This is in addition to the temporary supply during the first 90 days you are a member of CareSource MyCare Ohio.

Below is the CareSource MyCare Ohio Transition Policy for current enrollees with level of care changes:

Level of Care Changes

- In addition to circumstances impacting new enrollees who may enroll in CareSource MyCare Ohio with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the CareSource MyCare Ohio formulary.
- These circumstances usually involve level of care changes in which a beneficiary is changing from one treatment setting to another.
 - Beneficiaries who enter Long Term Care (LTC) facilities with a discharge list of medications from the hospital formulary with very short term planning into account (often under 8 hours);
 - Beneficiaries who are admitted to or discharged from a hospital to a home;



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

- Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary;
 - Beneficiaries who give up hospice status to revert to standard Medicare Part A and B benefits;
 - Beneficiaries who end a Long Term Care (LTC) facility stay and return to the community; and
 - Beneficiaries who are discharged from psychiatric hospitals with drug regimens that are highly individualized.
- For non-Long Term Care (LTC) residents, the pharmacy must call the Pharmacy Benefit Manager (PBM) Pharmacy Help Desk in order to obtain an override to submit a Level of Care transition fill request.
 - For Long Term Care (LTC) residents, a submission clarification code is submitted by the pharmacy to allow transition fills and to override Refill Too Soon rejects for new patient admissions.
 - When an enrollee is admitted to or discharged from a Long Term Care (LTC) facility, the Pharmacy Benefit Manager (PBM), on behalf of CareSource MyCare Ohio, allows the enrollee to access a refill upon admission or discharge.

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

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

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

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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).

CareSource MyCare Ohio covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". CareSource MyCare Ohio covers some OTC drugs when they are written as prescriptions by your provider.

You can read the CareSource MyCare Ohio Drug List to see what OTC drugs are covered.

B15. What is your copay?

As a CareSource MyCare Ohio member, you have no copays for prescription and OTC drugs as long as you follow CareSource MyCare Ohio's rules.

B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 Drugs are Medicaid covered drugs.

There are no copays for any of the tiers.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

C. List of Covered Drugs 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, Diuretics – Drugs to Treat Heart Conditions. That is where you will find drugs that treat heart conditions.

The following list of covered drugs gives you information about the drugs covered by CareSource MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 207. The index alphabetically lists all drugs covered by CareSource MyCare Ohio.

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

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

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please 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 **1-855-475-3163** (TTY: 711). You can also read the Chapter 9 of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

** Certain medications called specialty medications are limited to no more than a 30 day supply per fill.*



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866- 206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	B/D PA; MO
AMBISOME	2	B/D PA; MO
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	B/D PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	PA
CRESEMBA ORAL	2	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	
MYCAMINE	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NOXAFIL ORAL	2	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	2	MO
APTIVUS (WITH VITAMIN E)	2	
<i>atazanavir</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
<i>cidofovir</i>	1	B/D PA; MO
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO
<i>efavirenz-lamivu-tenofov disop</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf)</i>	1	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	2	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium</i>	1	B/D PA; MO
GENVOYA	2	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days)
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KALETRA ORAL TABLET	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
<i>lopinavir-ritonavir</i>	1	MO
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
ODEFSEY	2	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	2	MO
PREVYMIS INTRAVENOUS	2	
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO
SELZENTRY	2	MO
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	2	MO
SYNAGIS	2	MO; LA
TEMIXYS	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TIVICAY PD	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIUMEQ	2	MO
TROGARZO	2	MO; LA
TRUVADA	2	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir</i>	1	MO
VEMLIDY	2	MO
VIRACEPT ORAL TABLET	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
XOFLUZA	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	
<i>cefazolin intravenous</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET, CHEWABLE	2	MO
<i>tazicef injection recon soln 1 gram</i>	1	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO
<i>tazicef intravenous</i>	1	
TEFLARO	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
ALINIA	2	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
ARIKAYCE	2	PA; MO; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	MO
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	2	MO
BETHKIS	2	B/D PA; MO; QL (224 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPASTAT	2	
CAYSTON	2	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
DARAPRIM	2	PA; MO
EMVERM	2	MO
<i>ertapenem</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
IMPAVIDO	2	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
<i>lincomycin</i>	1	
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	
<i>linezolid-0.9% sodium chloride</i>	1	
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO
<i>metro i.v.</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
NEBUPENT	2	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	2	MO
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
PINWORM TREATMENT	3	ADD
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO
REESE'S PINWORM MEDICINE	3	MO; ADD
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO ORAL TABLET 100 MG	2	MO; LA

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SIRTURO ORAL TABLET 20 MG	2	LA
STREPTOMYCIN	2	MO
SYNERCID	2	PA
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN INJECTION	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	2	
<i>vancomycin oral capsule</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	MO
<i>ampicillin sodium intravenous</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	
<i>piperacillin-tazobactam</i>	1	MO
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
<i>sulfatrim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox</i>	1	MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	B/D PA; MO
ELITEK	2	MO
KEPIVANCE	2	MO
KHAPZORY	2	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VISTOGARD	2	PA; MO
XGEVA	2	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	1	PA; MO; QL (120 per 30 days)
ABRAXANE	2	B/D PA; MO
ADCETRIS	2	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PA; MO
<i>adriamycin intravenous solution</i>	1	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PA
AFINITOR	2	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	2	PA; MO
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALIMTA	2	B/D PA; MO
ALIQOPA	2	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALUNBRIG ORAL TABLET 30 MG	2	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARRANON	2	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	2	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ARZERRA	2	B/D PA; MO
AVASTIN	2	B/D PA; MO
AYVAKIT	2	PA; MO; LA
<i>azacitidine</i>	1	B/D PA; MO
<i>azathioprine</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	2	PA; MO; LA
BAVENCIO	2	B/D PA; MO; LA
BELEODAQ	2	B/D PA; MO
BENDEKA	2	B/D PA; MO
BESPONSA	2	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BLENREP	2	PA; MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	2	B/D PA; MO
BORTEZOMIB	2	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	2	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	2	PA; MO; LA
<i>busulfan</i>	1	B/D PA
BYNFEZIA	2	MO
CABOMETYX	2	PA; MO; LA
CALQUENCE	2	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carmustine</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
COMETRIQ	2	PA; MO
COPIKTRA	2	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	2	B/D PA; MO
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA; MO
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	2	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA
DARZALEX	2	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution</i>	1	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DROXIA	2	MO
ELZONRIS	2	PA; MO; LA
EMCYT	2	MO
EMPLICITI	2	B/D PA; MO
ENVARBUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution</i>	1	B/D PA; MO
ERBITUX	2	B/D PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ERWINAZE	2	B/D PA; MO
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic)</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	1	B/D PA; MO
<i>exemestane</i>	1	MO
FARYDAK	2	PA; MO; QL (6 per 21 days)
FASLODEX	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FIRMAGON KIT W DILUENT SYRINGE	2	B/D PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous</i>	1	B/D PA; MO
<i>flutamide</i>	1	MO
FOLOTYN	2	B/D PA; MO
<i>fulvestrant</i>	1	B/D PA; MO
GAVRETO	2	PA; MO; LA
GAZYVA	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HALAVEN	2	B/D PA; MO
HERCEPTIN HYLECTA	2	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	B/D PA; MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; QL (30 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
IMFINZI	2	B/D PA; MO; LA
INFUGEM	2	B/D PA
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
INQOVI	2	PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INREBIC	2	PA; MO; LA; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
ISTODAX	2	B/D PA; MO
IXEMPRA	2	B/D PA; MO
JAKAFI	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	B/D PA; MO
KADCYLA	2	PA; MO
KANJINTI	2	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	2	PA; MO
KISQALI	2	PA; MO
KISQALI FEMARA CO-PACK	2	PA; MO
KYPROLIS	2	B/D PA; MO
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
LENVIMA	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	2	PA; MO; LA
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUMOXITI	2	PA; MO; LA
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED	2	PA; MO
LUPRON DEPOT-PED (3 MONTH)	2	PA; MO
LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)
LYSODREN	2	MO
MARQIBO	2	B/D PA; MO
MATULANE	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	1	B/D PA; MO
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	2	PA; MO; LA
MVASI	2	B/D PA; MO
<i>mycophenolate mofetil</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYLOTARG	2	B/D PA; MO; LA
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	1	MO
NINLARO	2	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA
NULOJIX	2	B/D PA; MO
<i>octreotide acetate</i>	1	MO
ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
OGIVRI	2	B/D PA; MO
ONCASPAR	2	B/D PA; MO
ONIVYDE	2	B/D PA; MO
ONUREG	2	PA; MO
OPDIVO	2	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	2	PA; MO
<i>paraplatin</i>	1	B/D PA
PEMAZYRE	2	PA; MO; LA
PERJETA	2	B/D PA; MO
PIQRAY	2	PA; MO
POLIVY	2	PA; MO
POMALYST	2	PA; MO; LA
PORTRAZZA	2	B/D PA; MO
POTELIGEO	2	PA; MO
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	2	
QINLOCK	2	PA; MO; LA
RETEVMO	2	PA; MO; LA
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
RITUXAN	2	PA; MO
RITUXAN HYCELA	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYDAPT	2	PA; MO
SANDIMMUNE ORAL SOLUTION	2	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	MO
SARCLISA	2	PA; MO; LA
SIGNIFOR	2	MO
SIKLOS	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA; MO
<i>sirolimus</i>	1	B/D PA; MO
SOLTAMOX	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT	2	PA; MO; QL (30 per 30 days)
SYLVANT	2	B/D PA; MO
SYNRIBO	2	B/D PA; MO
TABLOID	2	MO
TABRECTA	2	PA; MO
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISO	2	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	2	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	2	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TARGETIN TOPICAL	2	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
TAZVERIK	2	PA; MO; LA
TECENTRIQ	2	B/D PA; MO; LA
TEMODAR INTRAVENOUS	2	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
THALOMID	2	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	2	PA; MO
<i>toposar</i>	1	B/D PA; MO
<i>topotecan intravenous recon soln</i>	1	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
TORISEL	2	B/D PA; MO
TRAZIMERA	2	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	2	B/D PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	B/D PA; MO
TRODELVY	2	PA; MO; LA
TRUXIMA	2	PA; MO
TUKYSA	2	PA; MO; LA
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	2	B/D PA; MO
<i>valrubicin</i>	1	B/D PA; MO
VALSTAR	2	B/D PA; MO
VANTAS	2	PA; MO
VECTIBIX	2	B/D PA; MO
VELCADE	2	B/D PA; MO
VENCLEXTA	2	PA; MO; LA
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 30 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	2	PA; MO; QL (30 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
VYXEOS	2	B/D PA; MO
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	2	B/D PA; MO
XERMELO	2	PA; MO; LA; QL (90 per 30 days)
XOSPATA	2	PA; MO; LA
XPOVIO	2	PA; MO; LA
XTANDI	2	PA; MO; QL (120 per 30 days)
YERVOY	2	B/D PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
YONDELIS	2	B/D PA; MO
YONSA	2	PA; MO; QL (120 per 30 days)
ZALTRAP	2	B/D PA; MO
ZANOSAR	2	B/D PA; MO
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZEPZELCA	2	PA; MO
ZIRABEV	2	B/D PA; MO
ZOLADEX	2	PA; MO
ZOLINZA	2	MO
ZORTRESS	2	B/D PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	2	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	2	MO
BANZEL	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRIVIACT INTRAVENOUS	2	
BRIVIACT ORAL	2	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIASTAT	2	MO
DIASTAT ACUDIAL	2	MO
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	2	PA; MO; LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	2	PA; MO; LA
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	2	MO; QL (900 per 30 days)
NAYZILAM	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>primidone</i>	1	MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	
SPRITAM	2	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	2	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	MO
VALTOCO	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	MO; LA
VIMPAT INTRAVENOUS	2	MO
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
XCOPRI	2	MO
XCOPRI MAINTENANCE PACK	2	MO
XCOPRI TITRATION PACK	2	MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
NEUPRO	2	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; MO; QL (16 per 30 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
UBRELVY	2	PA; MO; QL (20 per 30 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	2	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO
<i>dimethyl fumarate</i>	1	PA; MO
<i>donepezil</i>	1	MO
FIRDAPSE	2	PA; MO; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
LEMTRADA	2	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
OCREVUS	2	PA; MO; LA
RADICAVA	2	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	2	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	2	PA; MO; LA
VUMERITY	2	PA; MO
ZEPOSIA	2	PA; MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZEPOSIA STARTER KIT	2	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	2	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>tizanidine</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl</i>	1	PA; MO; QL (10 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; QL (120 per 30 days)
<i>hydrocodone bitartrate</i>	1	PA; MO; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	QL (5550 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>lorcet hd</i>	1	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (150 per 30 days)
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	1	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	1	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	1	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine intravenous solution 4 mg/ml</i>	1	MO; QL (500 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>morphine intravenous syringe 10 mg/ml</i>	1	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
8 HOUR PAIN RELIEVER	3	ADD
8HR MUSCLE ACHES-PAIN	3	ADD
ACETADRYL	3	ADD
ACETAMINOPHEN EXTRA STRENGTH	3	ADD
ACETAMINOPHEN ORAL CAPSULE 500 MG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACETAMINOPHEN ORAL ELIXIR	3	ADD
ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML, 500 MG/15 ML	3	ADD
ACETAMINOPHEN ORAL SOLUTION	3	ADD
ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML	3	ADD
ACETAMINOPHEN ORAL TABLET	3	MO; ADD
ACETAMINOPHEN ORAL TABLET EXTENDED RELEASE	3	ADD
ACETAMINOPHEN ORAL TABLET, DISINTEGRATING 80 MG	3	ADD
ACETAMINOPHEN PAIN RELIEF	3	ADD
ACETAMINOPHEN PM	3	MO; ADD
ACETAMINOPHEN PM EXTRA STR	3	ADD
ACETAMINOPHEN RECTAL	3	MO; ADD
<i>actidogesic</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ADDED STRENGTH HEADACHE RELIEF	3	ADD
ADULT ASPIRIN REGIMEN	3	ADD
ADVIL JUNIOR STRENGTH	3	MO; ADD
<i>advil liqui-gel</i>	3	MO; ADD
<i>advil migraine</i>	3	ADD
<i>advil oral tablet 200 mg</i>	3	MO; ADD
<i>aleve oral tablet</i>	3	MO; ADD
ALKA-SELTZER ORIGINAL	3	ADD
ALL DAY PAIN RELIEF	3	ADD
ALL DAY RELIEF	3	MO; ADD
<i>anacin</i>	3	ADD
ANTACID AND PAIN RELIEF	3	ADD
ARTHRITIS PAIN RELIEF (ACETAM)	3	ADD
ARTHRITIS PAIN RELIEVER	3	ADD
ASPIRIN CHILDRENS	3	ADD
ASPIRIN LOW DOSE	3	MO; ADD
ASPIRIN ORAL TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASPIRIN ORAL TABLET,CHEWABLE	3	MO; ADD
ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG, 500 MG, 81 MG	3	MO; ADD
ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 650 MG	3	ADD
ASPIRIN RECTAL	3	MO; ADD
ASPIRIN,BUFFD-CALCIUM CARB-MAG	3	ADD
ASPIR-TRIN	3	MO; ADD
ATHENOL	3	ADD
<i>back pain-off</i>	3	ADD
BACKACHE RELIEF EXTRA STRENGTH	3	ADD
BAYER ASPIRIN	3	MO; ADD
<i>bc arthritis</i>	3	ADD
<i>bc pain relief</i>	3	ADD
BETATEMP	3	ADD
BUFFERIN	3	MO; ADD
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
CHILD FEVER REDUCER-PAIN RELVR	3	ADD
CHILD PAIN REL-FEVER REDUCER	3	ADD
CHILDREN'S ACETAMINOPHEN ORAL LIQUID	3	ADD
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML)	3	ADD
CHILDREN'S ACETAMINOPHEN ORAL SYRINGE	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE	3	ADD
CHILDREN'S ACETAMINOPHEN ORAL TABLET,DISINTEGRATING	3	ADD
CHILDREN'S ADVIL	3	MO; ADD
CHILDREN'S ASPIRIN	3	MO; ADD
CHILDREN'S AUOPHEN PAIN-FEVER	3	ADD
CHILDREN'S EASY-MELTS	3	ADD
CHILDREN'S FEVER REDUCING	3	ADD
CHILDREN'S IBUPROFEN	3	MO; ADD
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE	3	MO; ADD
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION	3	ADD
CHILDREN'S PAIN RELIEF ORAL SUSPENSION	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE	3	ADD
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION	3	ADD
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION	3	MO; ADD
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG	3	ADD
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING	3	ADD
CHILDREN'S PROFEN IB	3	ADD
CHILDREN'S SILAPAP	3	MO; ADD
CHILDREN'S TACTINAL	3	ADD
<i>children's tylenol oral suspension</i>	3	ADD
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE	3	ADD
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>coricidin hbp cold and flu</i>	3	ADD
<i>cramp tabs</i>	3	MO; ADD
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DIPHENHYDRAMINE-ACETAMINOPHEN	3	ADD
<i>dologesic (w-dexbromphenirmin)</i>	3	ADD
<i>dologesic-df</i>	3	ADD
E.C. PRIN	3	ADD
EAZZE THE PAIN	3	ADD
<i>ec-naproxen</i>	1	MO
ECOTRIN	3	MO; ADD
ECOTRIN LOW STRENGTH	3	MO; ADD
ED-APAP	3	ADD
EFFERVES PAIN RELIEF ANTACID	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EFFERVESCENT PAIN RELIEF ORAL TABLET 324 MG	3	ADD
ENTERIC COATED ASPIRIN	3	ADD
<i>etodolac</i>	1	MO
<i>excedrin extra strength</i>	3	MO; ADD
<i>excedrin migraine</i>	3	MO; ADD
<i>excedrin tension headache</i>	3	ADD
EXTRA PAIN RELIEF	3	ADD
EXTRAPRIN	3	ADD
<i>fenoprofen oral tablet</i>	1	MO
FEVER REDUCER	3	ADD
FEVERALL RECTAL SUPPOSITORY 120 MG, 650 MG	3	ADD
FEVERALL RECTAL SUPPOSITORY 325 MG	3	MO; ADD
<i>feverall rectal suppository 80 mg</i>	3	MO; ADD
FLANAX (NAPROXEN)	3	ADD
FLECTOR	2	PA; MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
GENICIN	3	ADD
<i>glucosamine su 2kcl (bulk)</i>	3	ADD
GLUCOSAMINE SULFATE ORAL CAPSULE 500 MG	3	MO; ADD
<i>goody's extra strength oral powder in packet</i>	3	ADD
HEADACHE PM	3	ADD
HEADACHE RELIEF (ASA-ACET-CAF)	3	ADD
<i>histaflex</i>	3	ADD
<i>ibu</i>	1	MO
IBU-200	3	ADD
IBUPROFEN IB	3	ADD
IBUPROFEN JR STRENGTH	3	ADD
IBUPROFEN ORAL CAPSULE	3	MO; ADD
IBUPROFEN ORAL DROPS,SUSPENSION	3	ADD
<i>ibuprofen oral suspension</i>	1	MO
IBUPROFEN ORAL TABLET 100 MG	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IBUPROFEN ORAL TABLET 200 MG	3	MO; ADD
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
INFANT FEVER REDUCER-PAIN RELF	3	ADD
INFANT PAIN RELIEVER	3	ADD
INFANT'S ACETAMINOPHEN	3	ADD
INFANT'S ADVIL	3	ADD
INFANT'S IBUPROFEN	3	MO; ADD
INFANT'S MOTRIN	3	MO; ADD
INFANTS' PAIN AND FEVER	3	ADD
INFANTS' PAIN RELIEF	3	ADD
INFANT'S PAIN RELIEF ORAL SUSPENSION	3	ADD
INFANTS PROFENIB	3	ADD
<i>infant's tylenol</i>	3	ADD
I-PRIN	3	ADD
JR. ACETAMINOPHEN	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JR. STR NON-ASPIRIN PAIN	3	ADD
JR. STRENGTH PAIN RELIEVER	3	ADD
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
LITE COAT ASPIRIN	3	ADD
LITTLE REMEDIES FEVER AND PAIN	3	ADD
MAPAP (ACETAMINOPHEN) ORAL CAPSULE	3	MO; ADD
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML	3	MO; ADD
MAPAP (ACETAMINOPHEN) ORAL SYRINGE	3	ADD
MAPAP (ACETAMINOPHEN) ORAL TABLET	3	MO; ADD
MAPAP ARTHRITIS PAIN	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAPAP EXTRA STRENGTH	3	MO; ADD
MASOPHEN	3	ADD
<i>meclofenamate</i>	1	MO
MEDIPROXEN	3	ADD
MEDI-SELTZER	3	ADD
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MENSTRUAL RELIEF(PAMABR-PYRIL)	3	ADD
MIGRAINE FORMULA	3	ADD
MIGRAINE RELIEF	3	ADD
MOTRIN IB ORAL CAPSULE	3	ADD
<i>motrin ib oral tablet</i>	3	MO; ADD
M-PAP	3	ADD
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>naproxen</i>	1	MO
NAPROXEN SODIUM ORAL CAPSULE	3	ADD
NAPROXEN SODIUM ORAL TABLET 220 MG	3	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
NIGHT TIME PAIN MEDICINE	3	ADD
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID	3	ADD
NON-ASPIRIN EXTRA STRENGTH ORAL TABLET	3	ADD
NON-ASPIRIN ORAL ELIXIR	3	ADD
NON-ASPIRIN ORAL SUSPENSION	3	ADD
NON-ASPIRIN ORAL TABLET	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG	3	ADD
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG	3	ADD
NON-ASPIRIN PM	3	ADD
NORTEMP	3	ADD
<i>oxaprozin</i>	1	MO
PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID	3	ADD
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET	3	ADD
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE	3	MO; ADD
PAIN RELIEF ADULT	3	ADD
PAIN RELIEF EXTRA STRENGTH	3	ADD
PAIN RELIEF PM	3	ADD
PAIN RELIEF PM RAPID RELEASE	3	ADD
PAIN RELIEF REGULAR STRENGTH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PAIN RELIEF(WITH SALICYLAMIDE)	3	ADD
PAIN RELIEVER (ACETAMINOPHEN)	3	ADD
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET	3	ADD
PAIN RELIEVER EXTRA STRENGTH	3	ADD
PAIN RELIEVER JR STRENGTH	3	ADD
PAIN RELIEVER PLUS	3	MO; ADD
PAIN RELIEVER PM EX-STRENGTH	3	ADD
PAIN RELIEVER PM ORAL TABLET 25-500 MG	3	ADD
PAIN-OFF	3	ADD
PEDIACARE FEVER REDUCER	3	ADD
PERCOGESIC	3	ADD
PHARBETOL	3	ADD
<i>piroxicam</i>	1	MO
PRE-MENSTRUAL RELIEF	3	ADD
PREMSYN PMS	3	ADD
<i>salsalate</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SHAKE THAT ACHE	3	ADD
ST JOSEPH ASPIRIN	3	MO; ADD
ST. JOSEPH ASPIRIN	3	ADD
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
SYNOVACIN	3	ADD
TACTINAL	3	ADD
TACTINAL EXTRA STRENGTH	3	ADD
<i>tension headache</i>	3	ADD
<i>tension headache pain reliever</i>	3	ADD
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
TRI-BUFFERED ASPIRIN	3	MO; ADD
<i>tylenol 8 hour</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tylenol arthritis pain</i>	3	MO; ADD
<i>tylenol oral tablet</i>	3	MO; ADD
TYLOPHEN	3	ADD
VIVITROL	2	MO
WAL-PROFEN	3	ADD
WAL-PROXEN	3	ADD
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO
ADASUVE	2	LA
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA	2	MO
ARISTADA INITIO	2	MO
<i>armodafinil</i>	1	PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>atomoxetine</i>	1	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	2	MO
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clozapine oral tablet, disintegrating</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA; MO
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	MO; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
EMSAM	2	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	2	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	2	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>flumazenil</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FORFIVO XL	2	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	2	MO
<i>guanidine</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA SUSTENNA	2	MO
INVEGA TRINZA	2	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	2	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lorazepam intensol</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NIGHTTIME SLEEP-AID (DOXYLAMN)	3	ADD
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	2	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PAXIL ORAL SUSPENSION	2	MO
<i>perphenazine</i>	1	MO
PERSERIS	2	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI	2	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS	2	MO; QL (60 per 30 days)
SECUADO	2	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SLEEP AID (DOXYLAMINE)	3	ADD
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	2	MO; QL (7 per 30 days)
WAL-SOM (DOXYLAMINE)	3	ADD
XYREM	2	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	MO
<i>lidocaine (pf) in d7.5w</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	MO
<i>sotalol oral</i>	1	MO
SOTYLIZE	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorothiazide oral tablet 500 mg</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	2	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	MO
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	1	B/D PA; MO
<i>eprosartan</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	MO
<i>ethacrynic acid</i>	1	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	2	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	1	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	2	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
AMICAR	2	MO
<i>aminocaproic acid</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; MO; LA
CEPROTIN (BLUE BAR)	2	MO
CEPROTIN (GREEN BAR)	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	1	PA
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin</i>	1	MO
<i>fondaparinux</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	
<i>jantoven</i>	1	MO
<i>mephyton</i>	3	MO; ADD
MULPLETA	2	PA; MO
NPLATE	2	MO
<i>pentoxifylline</i>	1	MO
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION	3	ADD
<i>phytonadione (vitamin k1) injection syringe</i>	3	MO; ADD
<i>phytonadione (vitamin k1) oral tablet 100 mcg</i>	3	MO; ADD
PHYTONADIONE (VITAMIN K1) ORAL TABLET 5 MG	3	MO; ADD
<i>phytonadione (vitamin k1) sublingual</i>	3	ADD
PRADAXA	2	MO
<i>prasugrel</i>	1	MO
PROMACTA	2	PA; MO; LA
<i>protamine</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN K	3	MO; ADD
<i>vitamin k-1</i>	3	ADD
VITAMIN K1 INJECTION	3	MO; ADD
<i>warfarin</i>	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam</i>	1	MO
<i>colestipol</i>	1	MO
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG	3	MO; ADD
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	3	ADD
<i>endur-amide</i>	3	ADD
<i>endur-thine</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FISH OIL CONCENTRATE	3	ADD
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA; MO; LA
LIVALO	2	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAXEPA	3	ADD
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin (bulk)</i>	3	ADD
<i>niacin (inositol niacinate) oral capsule 455 mg niacin (500 mg)</i>	3	ADD
NIACIN (INOSITOL NIACINATE) ORAL CAPSULE 500 MG	3	MO; ADD
<i>niacin (inositol niacinate) oral tablet</i>	3	ADD
NIACIN (NIACINAMIDE)	3	ADD
NIACIN ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	MO; ADD
NIACIN ORAL TABLET	3	MO; ADD
<i>niacin oral tablet extended release 1,000 mg</i>	3	MO; ADD
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>niacinamide (bulk) crystals</i>	3	ADD
NIACINAMIDE ORAL TABLET 500 MG	3	MO; ADD
<i>niacinamide oral tablet extended release</i>	3	ADD
<i>nicotinic acid</i>	3	ADD
OMEGA-3 FATTY ACIDS ORAL CAPSULE	3	MO; ADD
PRALUENT PEN	2	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	2	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>slo-niacin oral tablet extended release 250 mg, 750 mg</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	3	MO; ADD
SUPER OMEGA-3 ORAL CAPSULE 1,000 MG	3	ADD
<i>super twin epa-dha</i>	3	ADD
VASCEPA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA; MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	1	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
<i>milrinone</i>	1	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	1	B/D PA; MO
<i>norepinephrine bitartrate</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	2	
VYNDAMAX	2	PA; MO
VYNDAQEL	2	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	1	B/D PA; MO
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
ANTI-DANDRUFF	3	MO; ADD
ANTI-DANDRUFF (COAL TAR)	3	ADD
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	MO
<i>coal tar</i>	3	ADD
<i>coal tar (bulk)</i>	3	MO; ADD
COSENTYX	2	PA; MO
COSENTYX (2 SYRINGES)	2	PA; MO
COSENTYX PEN	2	PA; MO
COSENTYX PEN (2 PENS)	2	PA; MO
<i>dhs tar</i>	3	MO; ADD
<i>dhs tar gel</i>	3	ADD
IONIL T	3	MO; ADD
<i>neutrogena t-gel</i>	3	MO; ADD
PC-TAR	3	ADD
<i>scytera</i>	3	MO; ADD
<i>selenium sulfide topical lotion</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SELSUN BLUE	3	MO; ADD
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
STELARA	2	PA; MO
TERA-GEL TAR SHAMPOO	3	ADD
THERA-GEL	3	ADD
THERAPEUTIC SHAMPOO TOPICAL SHAMPOO 0.5 %, 1 %	3	ADD
T-PLUS	3	ADD
KERATOLYTICS		
CALLUS REMOVER	3	ADD
CALLUS REMOVERS	3	ADD
COMPOUND W TOPICAL LIQUID	3	ADD
CORN REMOVER	3	ADD
CORN-CALLUS REMOVER TOPICAL LIQUID 17 %	3	ADD
DR SCHOLL'S CLEAR AWAY	3	ADD
DUOFILM	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LIQUID CORN AND CALLUS REMOVER TOPICAL LIQUID 17 %	3	ADD
MEDICATED CORN REMOVERS	3	ADD
MEDIPLAST CORN-CALLUS-WART	3	MO; ADD
MOSCO CORN REMOVER	3	ADD
PLANTAR WART REMOVER	3	ADD
<i>potassium hydroxide (bulk) pellet</i>	3	ADD
<i>potassium hydroxide (bulk) solution 10 %, 20 %</i>	3	ADD
<i>resorcinol (bulk) powder</i>	3	ADD
SAL-PLANT	3	MO; ADD
<i>scalp relief topical liquid</i>	3	ADD
SEBEX	3	MO; ADD
<i>sodium hydroxide (bulk) granules</i>	3	ADD
<i>sulfur (bulk)</i>	3	MO; ADD
<i>sulfur sublimed (bulk)</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WART REMOVER TOPICAL ADHESIVE PATCH, MEDICATED	3	ADD
WART REMOVER TOPICAL GEL	3	ADD
WART REMOVER TOPICAL LIQUID	3	ADD
MISCELLANEOUS DERMATOLOGICALS		
A AND D (LAN, PET)	3	ADD
<i>absorbase</i>	3	MO; ADD
ACTISEP MUCOUS MEMBRANE SPRAY, NON-AEROSOL	3	ADD
ADVANCED HEALING (PETROLATUM)	3	ADD
<i>allantoin (bulk)</i>	3	ADD
ALLERGY CREAM (DIPHENHYDRAMIN)	3	ADD
<i>aloe vesta protectant ointment</i>	3	MO; ADD
<i>aluminum chloride (bulk)</i>	3	ADD
<i>americerin</i>	3	ADD
AMERIPHOR	3	ADD
<i>amlactin topical cream</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AMLACTIN TOPICAL LOTION	3	ADD
<i>ammonium lactate</i>	1	MO
ANALGESIC CREME	3	ADD
ANALGESIC GRX BALM TOPICAL OINTMENT	3	ADD
ANTI-ITCH (MENTHOL-CAMPHOR)	3	ADD
ANTI-ITCH MAXIMUM STRENGTH	3	ADD
ANTI-ITCH (DIPHENHYDRAMIN) WITH ZINC TOPICAL CREAM 2-0.1 %	3	ADD
ANTISEPTIC SKIN CLNSR (CHLORHEXIDINE)	3	ADD
AQUA GLYCOLIC FACE	3	MO; ADD
AQUAPHILIC	3	MO; ADD
<i>aquaphor</i>	3	ADD
<i>aquaphor healing</i>	3	MO; ADD
<i>aquaphor original</i>	3	MO; ADD
<i>arctic relief</i>	3	MO; ADD
ARTHRICREAM	3	ADD
ARTHRICREAM RUB	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>arthritis pain relief(capsaic) topical cream 0.075 %</i>	3	MO; ADD; QL (60 per 30 days)
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.1 %	3	ADD; QL (60 per 30 days)
<i>aspercreme (lidocaine hcl) topical cream</i>	3	MO; ADD
<i>aspercreme (lidocaine)</i>	3	MO; ADD
ASPER-FLEX	3	MO; ADD
AVEENO INTENSE RELIEF	3	MO; ADD
<i>baby anti monkey butt (zinc)</i>	3	ADD
<i>balsam peru (bulk)</i>	3	MO; ADD
BANOPHEN ANTI-ITCH	3	ADD
<i>baza protect</i>	3	MO; ADD
BENZOIN	3	ADD
BENZOIN (BULK)	3	MO; ADD
BENZOIN COMPOUND TOPICAL TINCTURE 10-2-8-4 %	3	ADD
BETA CARE TOPICAL CREAM	3	MO; ADD
<i>beta xma</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BETASEPT SURGICAL SCRUB	3	MO; ADD
BLUE GEL	3	MO; ADD
BURN RELIEF WITH ALOE TOPICAL GEL	3	ADD
CALAMINE PHENOLATED	3	ADD
<i>calamine-zinc oxide topical lotion</i>	3	ADD
CALAMINE-ZINC OXIDE TOPICAL LOTION 8-8 %	3	MO; ADD
<i>camphor (bulk)</i>	3	MO; ADD
CAPSAICIN TOPICAL CREAM 0.025 %	3	MO; ADD; QL (60 per 30 days)
CAPSAICIN TOPICAL CREAM 0.1 %	3	ADD; QL (60 per 30 days)
<i>capsaicin topical liquid</i>	3	ADD; QL (60 per 30 days)
<i>capzasin topical liquid</i>	3	MO; ADD; QL (60 per 30 days)
CAPZASIN-HP	3	MO; ADD; QL (60 per 30 days)
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>carrington moist barrier-zinc</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carrington moisture barrier cr</i>	3	MO; ADD
<i>castellani paint</i>	3	MO; ADD
<i>castellani paint modified</i>	3	MO; ADD
<i>cepacol sore throat (benz-men) mucous membrane lozenge 15-3.6 mg</i>	3	MO; ADD
<i>cerave</i>	3	MO; ADD
<i>cerave pm</i>	3	MO; ADD
CETA-KLENZ MILD	3	ADD
<i>cetaphil dailyadvance</i>	3	MO; ADD
CETAPHIL GENTLE CLEANSER	3	MO; ADD
CETAPHIL MOISTURIZING TOPICAL CREAM	3	MO; ADD
<i>cetaphil moisturizing topical lotion</i>	3	MO; ADD
CETAPHIL TOPICAL CLEANSER	3	ADD
<i>cetaphil topical cream</i>	3	MO; ADD
<i>cetyl alcohol (bulk) flakes</i>	3	ADD
<i>chest rub topical ointment</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHLORHEXIDINE GLUCONATE TOPICAL LIQUID 2 %	3	ADD
CHLORHEXIDINE GLUCONATE TOPICAL LIQUID 4 %	3	MO; ADD
<i>chloroprocaine (pf)</i>	1	
<i>coats aloe moisturizing</i>	3	ADD
<i>coats aloe topical cream</i>	3	MO; ADD
<i>coats aloe topical gel</i>	3	MO; ADD
<i>cocoa butter (bulk) topical ointment</i>	3	MO; ADD
<i>coconut oil cream</i>	3	ADD
COLD AND HOT (M.SALIC-MENTHOL)	3	ADD
COLD AND HOT PAIN RELIEF TOPICAL CREAM	3	ADD
COLD AND HOT THERAPY BALM	3	ADD
<i>collodion (bulk)</i>	3	ADD
CONDYLOX TOPICAL GEL	2	MO
COOL HEAT (M-SALICYLATE-MENTH)	3	ADD
<i>critic-aid</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>critic-aid clear topical ointment 71.5 %</i>	3	ADD
<i>cutter backwoods</i>	3	ADD
<i>cutter backwoods dry</i>	3	ADD
<i>cutter lemon eucalyptus</i>	3	ADD
<i>cutter natural insect repellnt</i>	3	ADD
<i>cutter natural repellent2</i>	3	ADD
<i>cutter skinsations</i>	3	ADD
DAYLOGIC ADVANCED HEALING	3	ADD
DERMABASE	3	MO; ADD
DERMACERIN	3	MO; ADD
<i>dermagran (aluminum hydroxide)</i>	3	ADD
DERMAMED (ALUMINUM HYDROXIDE)	3	ADD
DERMAPHOR TOPICAL OINTMENT	3	MO; ADD
DERMASARRA (MENTHOL-CAMPHOR)	3	ADD
DERMAVANTAGE	3	ADD
DIAPER RASH RELIEF	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DIBUCAINE	3	MO; ADD
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>dml forte</i>	3	MO; ADD
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
<i>dr. smith's adult barrier</i>	3	ADD
<i>dr. smith's diaper</i>	3	MO; ADD
<i>dr. smith's diaper rash</i>	3	ADD
DRY SKIN THERAPY	3	ADD
DUPIXENT PEN	2	PA; MO
DUPIXENT SYRINGE	2	PA; MO
DYNA-HEX TOPICAL LIQUID 4 %	3	MO; ADD
<i>emollia topical cream</i>	3	ADD
EMOLLIENT	3	MO; ADD
<i>eucerin</i>	3	MO; ADD
<i>eucerin intensive repair cream</i>	3	MO; ADD
EUCERIN ORIGINAL	3	MO; ADD
<i>eucerin skin calming</i>	3	MO; ADD
<i>eyescrub</i>	3	ADD
FINGER CREAM	3	ADD
<i>flanders buttocks</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>flexible collodion (bulk)</i>	3	MO; ADD
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>free and clear</i>	3	ADD
GENTLE SKIN CLEANSER	3	ADD
GERI-HYDROLAC TOPICAL CREAM	3	ADD
GLYCERIN (BULK) LIQUID 100 %	3	MO; ADD
GLYCERIN TOPICAL LIQUID	3	MO; ADD
GLYCERIN TOPICAL SOLUTION	3	MO; ADD
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>gold bond ultimate diabetics'</i>	3	ADD
GORMEL	3	MO; ADD
HAND WASH	3	ADD
HEMORRHOIDAL MEDICATED	3	ADD
HEMORRHOIDAL-ANALGESIC	3	ADD
HIBICLENS	3	MO; ADD
<i>hydrasyn25</i>	3	ADD
HYDROCERIN	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYDROCERIN (WITH PETROLATUM)	3	MO; ADD
<i>hydro-lan</i>	3	ADD
HYDROLATUM	3	MO; ADD
<i>hydrophor</i>	3	MO; ADD
HYGIENIC CLEANSING	3	ADD
ICE BLUE GEL	3	ADD
<i>ichthammol (bulk) powder</i>	3	MO; ADD
<i>imiquimod topical cream in packet</i>	1	MO
<i>insect repellent (deet)</i>	3	ADD
<i>insect repellent (picaridin)</i>	3	ADD
IODINE TOPICAL	3	ADD
IODINE-SODIUM IODIDE TOPICAL TINCTURE	3	ADD
IODINE-SODIUM IODIDE TOPICAL TINCTURE 2 %	3	MO; ADD
<i>itch relief topical aerosol,spray</i>	3	ADD
ITCH RELIEF TOPICAL CREAM 2-0.1 %	3	MO; ADD
<i>jessner's</i>	3	ADD
JOHNSON'S BABY OIL	3	MO; ADD
<i>keradan</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kerodex 51 dry or oily</i>	3	ADD
<i>kerodex-71 wet</i>	3	ADD
<i>lac-hydrin five</i>	3	MO; ADD
LACTIC ACID (BULK)	3	MO; ADD
LAN-O-SOOTHE	3	MO; ADD
<i>lantiseptic dry skin therapy</i>	3	ADD
<i>lido king</i>	3	ADD
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>lidocaine hcl injection solution</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine hcl topical cream 4 %</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lidocaine pain relief topical adhesive patch, medicated</i>	3	ADD
<i>lidocaine plus</i>	3	ADD
<i>lidocaine topical adhesive patch, medicated 4 %</i>	3	ADD
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical cream 4 %, 5 %</i>	3	MO; ADD
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
LIDOCAINE-ALOE VERA	3	ADD
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocare</i>	3	MO; ADD
<i>lip balm base (bulk)</i>	3	ADD
<i>lip balm natural</i>	3	ADD
<i>lmx 4 topical cream</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lmx 5</i>	3	MO; ADD
MAPO BATH	3	ADD
MEDICATED CHEST RUB	3	ADD
MEN-PHOR	3	ADD
MENTHOL TOPICAL GEL 2 %	3	ADD
<i>methoxsalen</i>	1	MO
MINERAL OIL LIGHT TOPICAL	3	ADD
MINERAL OIL TOPICAL	3	MO; ADD
MINERIN	3	MO; ADD
MINERIN CREME	3	MO; ADD
MOBISYL	3	MO; ADD
<i>moisturel therapeutic</i>	3	MO; ADD
MOISTURIZING CREAM	3	ADD
MUSCLE RUB TOPICAL CREAM 15-10 %	3	MO; ADD
<i>natrapel</i>	3	ADD
<i>neutrogena hand</i>	3	MO; ADD
<i>new skin (benzethonium) topical aerosol, spray</i>	3	ADD
<i>nivea</i>	3	ADD
<i>nivea soft</i>	3	ADD
<i>off active</i>	3	ADD
<i>off deep woods</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>off deep woods dry</i>	3	ADD
<i>off deep woods sportsmen</i>	3	ADD
<i>off familycare (with deet)</i>	3	ADD
<i>off familycare (with picaridin)</i>	3	ADD
ORASEP	3	ADD
<i>oxalic acid (bulk)</i>	3	ADD
<i>pain relief (lidocaine)</i>	3	ADD
PAIN RELIEF (TROLAMINE SALICY)	3	ADD
<i>pain relieving (m-salic-men)</i>	3	MO; ADD
PANRETIN	2	MO
<i>pcca poloxamer 407 nf</i>	3	ADD
<i>pen-kera</i>	3	MO; ADD
PENTRAVAN	3	ADD
<i>pentravan plus</i>	3	MO; ADD
<i>periguard</i>	3	MO; ADD
<i>perishield topical ointment 3.8 %</i>	3	ADD
PETROLATUM	3	ADD
PETROLEUM JELLY	3	MO; ADD
PETROLEUM JELLY, WHITE	3	ADD
PICATO	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>plo gel premium lecithin base</i>	3	ADD
<i>pluronic</i>	3	MO; ADD
<i>pluronic f-127</i>	3	ADD
<i>podofilox</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
<i>polox</i>	3	MO; ADD
<i>poloxamer 188</i>	3	ADD
<i>poloxamer 407</i>	3	MO; ADD
PRE-MOISTENED HEMORRHOIDAL	3	ADD
<i>pretty feet hands</i>	3	ADD
<i>propylene glycol (bulk)</i>	3	MO; ADD
<i>proshield plus</i>	3	MO; ADD
PROTECTIVE OINTMENT	3	ADD
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
<i>ranger ready repellent</i>	3	ADD
<i>rectasmoothe</i>	3	MO; ADD
<i>recticare</i>	3	MO; ADD
REGRANEX	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>remedy calazime protect paste topical paste 3.5-0.2-69-16.5 %</i>	3	MO; ADD
<i>remedy clear-aid protect</i>	3	MO; ADD
<i>remedy dimethicone cream</i>	3	ADD
<i>remedy nutrashield skin protec</i>	3	ADD
<i>remedy skin repair</i>	3	MO; ADD
<i>repel 100</i>	3	ADD
<i>repel family</i>	3	ADD
<i>repel hunter's</i>	3	ADD
<i>repel lemon eucalyptus</i>	3	ADD
<i>repel sportsmen</i>	3	ADD
<i>repel sportsmen dry</i>	3	ADD
<i>repel sportsmen max</i>	3	ADD
<i>repel tick defense</i>	3	ADD
SANTYL	2	MO
<i>sarna original</i>	3	MO; ADD
SECURA PROTECTIVE	3	ADD
<i>sensi-care body cream</i>	3	ADD
<i>silver sulfadiazine</i>	1	MO
SKIN CLEANSER	3	ADD
<i>skin protectant</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SKIN PROTECTANT A AND D	3	ADD
SKIN TREATMENT	3	ADD
<i>sodium perborate (bulk) crystals</i>	3	ADD
<i>soothe and cool inzo barrier</i>	3	ADD
<i>soothe and cool medseptic</i>	3	ADD
<i>soothe-cool moisture barrier</i>	3	ADD
<i>soothe-cool protect medseptic</i>	3	ADD
SORBIDON HYDRATE	3	ADD
<i>sorbolene</i>	3	ADD
<i>sore throat (benzocaine-menth) mucous membrane lozenge 15-3.6 mg</i>	3	ADD
SPORTS PAIN RELIEF RUB	3	ADD
SPORTSCREME	3	MO; ADD
<i>ssd</i>	1	MO
<i>studio 35 moisturizing skin</i>	3	ADD
SWEEN	3	ADD
SWEEN CREAM	3	MO; ADD
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TALC (BULK)	3	MO; ADD
<i>tannic acid (bulk)</i>	3	ADD
<i>tender care lanolin</i>	3	ADD
THERA-DERM	3	ADD
<i>thera-gesic plus</i>	3	ADD
<i>thera-gesic topical cream 15-1 %</i>	3	MO; ADD
THERAPEUTIC MOISTURIZING	3	ADD
TOLAK	2	MO
<i>total home insect repellent</i>	3	ADD
<i>trolamine (bulk)</i>	3	MO; ADD
TROLAMINE SALICYLATE	3	ADD
<i>turpentine (bulk)</i>	3	ADD
<i>ultrasone</i>	3	ADD
<i>ultrathon</i>	3	ADD
<i>unibase</i>	3	MO; ADD
UNSCENTED COLD CREAM	3	MO; ADD
<i>urea (bulk) beads</i>	3	MO; ADD
UREA TOPICAL CREAM 20 %	3	MO; ADD
<i>ureacin-10</i>	3	MO; ADD
UREACIN-20	3	MO; ADD
UVADEX	2	B/D PA
VALCHLOR	2	MO
VANICREAM	3	MO; ADD
VASELINE	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>velvachol</i>	3	MO; ADD
<i>vit e-wheat germ-aloe vera</i>	3	ADD
<i>vitamin a and d grx topical ointment</i>	3	MO; ADD
VITAMIN E TOPICAL OIL	3	ADD
VITS A AND D-WHITE PET-LANOLIN TOPICAL OINTMENT	3	MO; ADD
VITS A AND D-WHITE PET-LANOLIN TOPICAL OINTMENT IN PACKET	3	ADD
WAL-DRYL (DIPHENHYDRAMINE)	3	ADD
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL CREAM	3	ADD
WALGREENS DRY SKIN TREATMENT	3	ADD
<i>white petrolatum (bulk) gel 100 %</i>	3	MO; ADD
WHITE PETROLATUM TOPICAL GEL	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WHITE PETROLATUM TOPICAL OINTMENT	3	MO; ADD
WHITE PETROLATUM TOPICAL OINTMENT IN PACKET	3	ADD
WHITE PETROLEUM JELLY	3	ADD
WITCH HAZEL LEAF (HAMAMELIS)	3	ADD
WITCH HAZEL TOPICAL LIQUID	3	ADD
<i>xerac ac</i>	3	MO; ADD
<i>z-bum</i>	3	ADD
<i>ziks arthritis pain relief</i>	3	MO; ADD
<i>zinc oxide (bulk)</i>	3	MO; ADD
ZINC OXIDE TOPICAL OINTMENT 20 %	3	MO; ADD
<i>zinc oxide topical paste</i>	3	ADD
ZOSTRIX	3	MO; ADD; QL (60 per 30 days)
ZOSTRIX-HP	3	MO; ADD; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZOSTRIX-HP FOOT	3	ADD; QL (60 per 30 days)
THERAPY FOR ACNE		
ACNE CLEANSING BAR	3	ADD
ACNE CONTROL CLEANSER TOPICAL CLEANSER	3	ADD
ACNE FOAMING WASH	3	ADD
ACNE MEDICATION TOPICAL GEL 10 %	3	MO; ADD
<i>acne medication topical gel 5 %</i>	3	MO; ADD
<i>acne medication topical lotion</i>	3	MO; ADD
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL	3	ADD
ACNE-CLEAR	3	ADD
<i>acnefree severe acne clearing</i>	3	ADD
ADVANCED EXFOLIATING CLEANSER	3	ADD
<i>amneestem</i>	1	MO
<i>avita topical cream</i>	1	PA; MO
<i>azelaic acid</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BENZEPRO TOPICAL FOAM 5.3 %, 9.8 %	3	MO; ADD
BENZEPRO TOPICAL TOWELETTE	3	MO; ADD
BENZOYL PEROXIDE TOPICAL CLEANSER 10 %, 5 %, 6 %	3	MO; ADD
BENZOYL PEROXIDE TOPICAL FOAM	3	ADD
BENZOYL PEROXIDE TOPICAL GEL 10 %, 2.5 %, 5 %	3	MO; ADD
BP FOAM	3	MO; ADD
BP TOPICAL GEL 10 %	3	ADD
BP TOPICAL GEL 5 %	3	MO; ADD
BP WASH TOPICAL CLEANSER 10 %, 5 %	3	MO; ADD
<i>bp wash topical cleanser 2.5 %</i>	3	MO; ADD
BPO TOPICAL GEL	3	ADD
BPO TOPICAL TOWELETTE 6 %	3	MO; ADD
<i>claravis</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	1	MO
DAYLOGIC ACNE FOAMING WASH	3	ADD
<i>differin topical gel 0.1 %</i>	3	MO; ADD
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
FOAMING ACNE FACE WASH	3	ADD
<i>isotretinoin</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	MO
PANOXYL TOPICAL BAR	3	MO; ADD
PANOXYL TOPICAL CLEANSER 10 %	3	MO; ADD
PERSA-GEL	3	MO; ADD
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tazarotene</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	MO
TOPICAL ANTIBACTERIALS		
<i>ammonium and potassium iodides</i>	3	ADD
ANTIBIOTIC (BACITRACIN ZINC)	3	ADD
ANTIBIOTIC (NEOMY-BACIT-POLYM)	3	ADD
ANTIBIOTIC PLUS (PRAMOXINE)	3	ADD
ANTIBIOTIC PLUS PAIN REL(PRAM)	3	ADD
ANTIBIOTIC-PAIN RELIEF (BACIT)	3	ADD
ANTISEPTIC TOPICAL SOLUTION	3	ADD
BACITRACIN TOPICAL	3	MO; ADD
BACITRACIN ZINC TOPICAL OINTMENT	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BACITRACIN ZINC TOPICAL OINTMENT IN PACKET	3	ADD
BACITRACIN ZINC-POLYMYXIN B	3	ADD
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM	3	ADD
<i>betadine surgical scrub</i>	3	MO; ADD
<i>betadine swabsticks</i>	3	MO; ADD
<i>betadine topical solution</i>	3	MO; ADD
<i>betadine topical spray,non-aerosol</i>	3	ADD
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT	3	MO; ADD
FIRST AID ANTIBIOTIC-PAIN RLF	3	ADD
FIRST AID ANTISEPTIC TOPICAL SOLUTION	3	ADD
<i>gentamicin topical</i>	1	MO
<i>glycolic acid (bulk)</i>	3	MO; ADD
<i>iodides tincture</i>	3	ADD
IODINE STRONG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mafenide acetate</i>	1	MO
MULTI ANTIBIOTIC PLUS	3	ADD
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NASAL ANTISEPTIC SWABS	3	ADD
NEOSPORIN PLUS PAINRELIEF(BAC)	3	ADD
<i>poly bacitracin (zinc)</i>	3	ADD
POVIDONE- IODINE TOPICAL OINTMENT	3	MO; ADD
POVIDONE- IODINE TOPICAL SOLUTION	3	ADD
POVIDONE- IODINE TOPICAL SWAB 10 %	3	ADD
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
TRIPLE ANTIBIOTIC PLUS	3	ADD
TRIPLE ANTIBIOTIC TOPICAL OINTMENT	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET	3	MO; ADD
TRIPLE ANTIBIOTIC-PAIN RELIEF	3	ADD
WAL-SPORIN	3	ADD
TOPICAL ANTIFUNGALS		
AF	3	ADD
<i>alevazol</i>	3	MO; ADD
<i>aloe vesta antifungal (micon)</i>	3	MO; ADD
ANTIFUNGAL (CLOTRIMAZOLE)	3	ADD
ANTIFUNGAL (TOLNAFTATE)	3	ADD
ANTIFUNGAL CREAM (MICONAZOLE)	3	MO; ADD
ANTIFUNGAL SPRAY	3	ADD
ANTI-FUNGAL TOPICAL POWDER	3	ADD
ATHLETE'S FOOT (CLOTRIMAZOLE)	3	ADD
ATHLETE'S FOOT (TERBINAFINE)	3	ADD
ATHLETE'S FOOT (TOLNAFTATE)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ATHLETE'S FOOT TOPICAL AEROSOL POWDER	3	ADD
ATHLETE'S FOOT TOPICAL POWDER	3	ADD
ATHLETIC FOOT CREAM	3	ADD
AZOLEN TINCTURE	3	ADD
BAZA ANTIFUNGAL	3	MO; ADD
BLIS-TO-SOL (TOLNAFTATE)	3	ADD
<i>butenafine</i>	3	ADD
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
CLOTRIMAZOLE AF	3	ADD
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
CRITIC-AID CLEAR AF(MICONAZOL)	3	MO; ADD
<i>dermafungal</i>	3	MO; ADD
DESENEX TOPICAL POWDER	3	MO; ADD
<i>econazole</i>	1	MO; QL (85 per 28 days)
FOOT AND SNEAKER	3	ADD
FORMULA 3	3	ADD
FUNGOID TINCTURE TOPICAL TINCTURE	3	MO; ADD
FUNGOID-D	3	ADD
INZO ANTIFUNGAL	3	ADD
ITCH RELIEF (CLOTRIMAZOLE)	3	ADD
JOCK ITCH	3	ADD
JOCK ITCH (CLOTRIMAZOLE)	3	ADD
JOCK ITCH (TERBINAFINE)	3	ADD
KERYDIN	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)
LAMISIL AF TOPICAL AEROSOL POWDER	3	MO; ADD
LAMISIL AF TOPICAL POWDER	3	ADD
LAMISIL AT TOPICAL CREAM	3	MO; ADD
<i>lotrimin af (clotrimazole) topical cream</i>	3	MO; ADD
LOTRIMIN AF JOCK ITCH POWDER	3	ADD
LOTRIMIN AF POWDER	3	MO; ADD
<i>lotrimin ultra</i>	3	MO; ADD
MICATIN	3	MO; ADD
MICONAZOLE NITRATE TOPICAL AEROSOL POWDER	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MICONAZOLE NITRATE TOPICAL CREAM	3	MO; ADD
MICONAZORB AF	3	ADD
MICRO-GUARD	3	MO; ADD
<i>naftifine</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
ODOR CONTROL FOOT-SNEAKER	3	ADD
<i>oxiconazole</i>	1	MO
REMEDY ANTIFUNGAL	3	ADD
<i>remedy phytoplex antifungal topical ointment</i>	3	ADD
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL POWDER	3	ADD
RINGWORM	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SECURA ANTIFUNGAL	3	MO; ADD
SECURA ANTIFUNGAL EXTRA THICK	3	ADD
TERBINAFINE HCL TOPICAL	3	MO; ADD
TINACTIN TOPICAL AEROSOL POWDER	3	MO; ADD
TINACTIN TOPICAL POWDER	3	MO; ADD
TOLNAFTATE TOPICAL AEROSOL POWDER	3	ADD
TOLNAFTATE TOPICAL CREAM	3	MO; ADD
TOLNAFTATE TOPICAL POWDER	3	MO; ADD
TRIPLE PASTE AF	3	MO; ADD
<i>undecylenic acid (bulk)</i>	3	ADD
ZEASORB AF	3	ADD
TOPICAL ANTIVIRALS		
<i>abreva</i>	3	MO; ADD
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DENAVIR	2	MO
<i>docosanol</i>	3	ADD
XERESE	2	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone</i>	1	MO
ANTI-ITCH (HC) TOPICAL CREAM	3	ADD
ANTI-ITCH (HC) TOPICAL OINTMENT	3	ADD
<i>aquanil hc</i>	3	MO; ADD
BETA-HC	3	MO; ADD
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	2	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>cortaid</i>	3	ADD
CORTISONE (HYDROCORTISONE) TOPICAL CREAM	3	ADD
CORTISONE (HYDROCORTISONE) TOPICAL LOTION	3	ADD
CORTISONE WITH ALOE	3	ADD
CORTIZONE-10 PLUS	3	MO; ADD
CORTIZONE-10 TOPICAL CREAM	3	ADD
CORTIZONE-10 TOPICAL OINTMENT	3	ADD
CORTIZONE-10 WITH ALOE	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DERMAREST ECZEMA (HYDROCORT)	3	MO; ADD
<i>desonide</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
HYDROCORTISONE ACETATE TOPICAL CREAM	3	ADD
<i>hydrocortisone butyrate topical lotion</i>	1	MO
HYDROCORTISONE PLUS	3	ADD
HYDROCORTISONE TOPICAL CREAM 0.5 %	3	MO; ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
HYDROCORTISONE TOPICAL LOTION 1 %	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
HYDROCORTISONE TOPICAL OINTMENT 0.5 %	3	MO; ADD
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
HYDROCORTISONE-ALOE VERA TOPICAL CREAM 0.5 %	3	ADD
HYDROCORTISONE-ALOE VERA TOPICAL CREAM 1 %	3	MO; ADD
HYDROCREAM	3	ADD
<i>mometasone topical</i>	1	MO
<i>noble formula hc topical aerosol, spray</i>	3	ADD
NOBLE FORMULA HC TOPICAL CREAM	3	ADD
<i>nolix topical cream</i>	1	MO; QL (120 per 30 days)
<i>prednicarbate</i>	1	MO
<i>preparation h hydrocortisone</i>	3	MO; ADD
SCALP RELIEF TOPICAL SOLUTION	3	ADD
SCALPICIN ANTI-ITCH	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOOTHING CARE (HYDROCORTISONE)	3	ADD
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
BETA MED	3	ADD
COMPLETE LICE TREATMENT	3	ADD
<i>crotan</i>	1	MO
DERMAZINC SHAMPOO	3	MO; ADD
DERMAZINC SPRAY	3	MO; ADD
DHS ZINC	3	MO; ADD
LICE BEDDING SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LICE COMPLETE KIT 1-2-3	3	ADD
LICE KILLING	3	ADD
LICE KILLING (PERMETHRIN)	3	ADD
LICE PYRINYL SHAMPOO	3	ADD
LICE SOLUTION	3	ADD
LICE TREATMENT (PERMETHRIN)	3	ADD
LICE TREATMENT TOPICAL LIQUID 1 %	3	ADD
LICE TREATMENT TOPICAL SHAMPOO	3	ADD
<i>lindane topical shampoo</i>	1	MO
<i>lycelle</i>	3	ADD
<i>malathion</i>	1	MO
<i>nix complete</i>	3	MO; ADD
<i>nix creme rinse</i>	3	MO; ADD
NOBLE FORMULA SCALP	3	ADD
<i>noble formula topical spray, non-aerosol</i>	3	MO; ADD
<i>permethrin topical cream</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RID COMPLETE LICE ELIM KIT TOPICAL	3	ADD
RID LICE KILLING	3	MO; ADD
SKLICE	2	MO
STOP LICE	3	ADD
<i>vanalice</i>	3	ADD

DIAGNOSTICS / MISCELLANEOUS AGENTS

ANTIDOTES

<i>acetylcysteine intravenous</i>	1	MO
-----------------------------------	---	----

ENZYMES

<i>chew q</i>	3	ADD
CO Q-10 ORAL CAPSULE 10 MG, 100 MG, 150 MG	3	MO; ADD
CO Q-10 ORAL CAPSULE 200 MG, 30 MG, 50 MG, 75 MG	3	ADD
<i>co q-10 oral capsule 300 mg, 400 mg</i>	3	MO; ADD
<i>coenzyme q10 (bulk) powder 100 %</i>	3	ADD
COENZYME Q10 ORAL CAPSULE 100 MG, 200 MG, 30 MG, 50 MG, 60 MG	3	MO; ADD
<i>coenzyme q10 oral capsule 400 mg</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>coenzyme q10 oral liquid</i>	3	ADD
<i>coenzyme q10 oral tablet</i>	3	ADD
COQ-10	3	ADD
H2Q	3	ADD
<i>liqisorb oral drops</i>	3	ADD
<i>liqisorb oral liquid</i>	3	MO; ADD
<i>neoq10</i>	3	ADD
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG	3	MO; ADD
<i>ultra coq10</i>	3	ADD

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO

MISCELLANEOUS AGENTS

<i>acacia (bulk)</i>	3	ADD
<i>acamprosate</i>	1	MO
<i>acesulfame potassium (bulk)</i>	3	ADD
<i>acetic acid (bulk) liquid 100 %</i>	3	MO; ADD
<i>acetic acid (bulk) liquid 3 %</i>	3	ADD
<i>acetic acid irrigation</i>	1	MO
<i>aimsco latex condom</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>airzone peak flow meter</i>	3	ADD
<i>alpha lipoic acid (bulk) powder</i>	3	MO; ADD
ALPHA LIPOIC ACID ORAL CAPSULE 100 MG, 600 MG	3	MO; ADD
<i>alpha lipoic acid oral capsule 200 mg, 300 mg</i>	3	MO; ADD
<i>alpha lipoic acid oral capsule 50 mg</i>	3	ADD
ALUM, AMMONIUM (BULK)	3	ADD
<i>anagrelide</i>	1	MO
ARALAST NP	2	MO; LA
<i>ascorbyl palmitate (bulk)</i>	3	MO; ADD
<i>asthma check meter</i>	3	ADD
BD POSIFLUSH NORMAL SALINE 0.9	3	MO; ADD
BD PRE-FILLED NORMAL SALINE	3	MO; ADD
BD PRE-FILLED SALINE BLUNT CAN	3	ADD
<i>benzyl alcohol (bulk)</i>	3	MO; ADD
<i>betaine (bulk)</i>	3	ADD
<i>bismuth subnitrate (bulk)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buffer cream</i>	3	ADD
<i>butylparaben (bulk)</i>	3	ADD
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>calcium with boron</i>	3	ADD
CARBAGLU	2	PA; MO; LA
<i>carbomer homopolymer c (bulk)</i>	3	ADD
<i>cetyl esters (bulk)</i>	3	MO; ADD
<i>cevimeline</i>	1	MO
CHEMET	2	PA; MO
<i>cherry flavor (bulk)</i>	3	MO; ADD
<i>chrysin (bulk)</i>	3	MO; ADD
<i>citric acid (bulk)</i>	3	ADD
CITRIC ACID ANHYDROUS (BULK)	3	MO; ADD
CITRIC ACID MONOHYDRATE (BULK)	3	MO; ADD
<i>clever choice peak flow meter</i>	3	ADD
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
<i>clorpactin wcs-90</i>	3	MO; ADD
<i>clovique</i>	1	PA
<i>condoms-prem lubricated</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>corn starch (bulk)</i>	3	MO; ADD
<i>cottonseed oil (bulk)</i>	3	MO; ADD
<i>creatine monohydrate (bulk)</i>	3	ADD
<i>croton oil (bulk)</i>	3	ADD
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
DAKIN'S SOLUTION SOLUTION 0.5 %	3	MO; ADD
<i>deferasirox</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
DEX4 GLUCOSE BITS	3	ADD
DEX4 GLUCOSE ORAL GEL	3	MO; ADD
<i>dex4 glucose oral gel in packet</i>	3	MO; ADD
<i>dex4 glucose oral liquid</i>	3	MO; ADD
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	3	MO; ADD
DEX4 GLUCOSE POUCH PACK	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DEX4 GLUCOSE QUICK DISSOLVE	3	ADD
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO
DEXTROSE ORAL GEL	3	ADD
<i>dextrose oral liquid</i>	3	ADD
<i>diethylene glycol monoethyl et</i>	3	ADD
<i>disulfiram</i>	1	MO
<i>dry mouth mucous membrane mouthwash</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>durex avanti bare real feel</i>	3	MO; ADD
<i>d-xylose (bulk)</i>	3	ADD
<i>easivent mask large</i>	3	ADD
<i>easivent mask medium</i>	3	MO; ADD
<i>easivent mask small</i>	3	MO; ADD
<i>ethoxy ethoxy ethanol reagent</i>	3	MO; ADD
<i>ethyl alcohol (bulk)</i>	3	MO; ADD
<i>ethyl oleate (bulk)</i>	3	MO; ADD
<i>fantasy condom</i>	3	ADD
<i>fc2 female condom</i>	3	MO; ADD
<i>fd and c blue no.1 (bulk)</i>	3	ADD
FERRIPROX	2	PA; MO
FERRIPROX (2 TIMES A DAY)	2	PA
<i>ferrlecit</i>	3	MO; ADD
<i>flavor sweet</i>	3	MO; ADD
<i>flavor sweet-sf</i>	3	MO; ADD
<i>flexichamber-lg child mask</i>	3	ADD
<i>flexichamber-sm adult mask</i>	3	ADD
<i>flexichamber-sm child mask</i>	3	ADD
<i>formaldehyde (bulk) solution 37 %</i>	3	ADD
<i>fructose (bulk)</i>	3	ADD
<i>fuller's earth (bulk)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GLUCO BURST	3	ADD
<i>gluco shot</i>	3	ADD
<i>glucosamine (bulk)</i>	3	MO; ADD
GLUCOSAMINE-CHONDROITIN ORAL TABLET 500-400 MG	3	MO; ADD
GLUCOSE BITS	3	ADD
GLUCOSE GEL	3	ADD
GLUCOSE ORAL TABLET,CHEWABLE 4 GRAM	3	MO; ADD
<i>glutamine (bulk)</i>	3	ADD
<i>glutathione (bulk)</i>	3	MO; ADD
GLUTOSE-5	3	ADD
<i>grape seed oil (bulk)</i>	3	ADD
HYDROGEN PEROXIDE	3	MO; ADD
HYSEPT SOLUTION 0.5 %	3	ADD
<i>in-check nasal with mask</i>	3	ADD
<i>in-check oral flow meter</i>	3	ADD
INCRELEX	2	MO; LA
<i>indole-3-carbinol (bulk)</i>	3	ADD
<i>iodine (bulk) crystals</i>	3	MO; ADD
ISOPROPYL ALCOHOL SOLUTION 91 %	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ISOPROPYL ALCOHOL SOLUTION 99 %	3	MO; ADD
ISOPROPYL PALMITATE (BULK)	3	MO; ADD
<i>kaolin (bulk)</i>	3	ADD
<i>kimono condoms(non-lubricated)</i>	3	ADD
<i>kimono maxx condoms</i>	3	ADD
<i>kimono microthin aqua lube con</i>	3	ADD
<i>kimono microthin condoms</i>	3	ADD
<i>kimono microthin large condoms</i>	3	ADD
<i>kimono textured condoms</i>	3	ADD
<i>kionex (with sorbitol)</i>	1	MO
<i>kojic acid (bulk)</i>	3	MO; ADD
<i>lactose (bulk)</i>	3	MO; ADD
<i>lanthanum</i>	1	MO
<i>lecithin organogel</i>	3	ADD
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>l-glutamine</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lipmax</i>	3	MO; ADD
<i>lipoic acid</i>	3	ADD
<i>lipoil</i>	3	MO; ADD
<i>lite touch-medium mask</i>	3	MO; ADD
<i>litetouch-large mask</i>	3	ADD
<i>litetouch-small mask</i>	3	ADD
LOKELMA	2	MO
<i>lolibase</i>	3	ADD
<i>lozibase</i>	3	ADD
<i>malic acid (bulk)</i>	3	ADD
<i>medibase c</i>	3	ADD
MELATIN	3	ADD
<i>melatonin oral drops</i>	3	MO; ADD
<i>melatonin oral liquid 1 mg/ml</i>	3	MO; ADD
<i>melatonin oral liquid 2.5 mg/10 ml</i>	3	ADD
MELATONIN ORAL TABLET 1 MG, 3 MG, 5 MG	3	MO; ADD
<i>melatonin oral tablet 300 mcg</i>	3	MO; ADD
<i>melatonin oral tablet, chewable 2.5 mg</i>	3	ADD
<i>melatonin oral tablet, disintegrating 5 mg</i>	3	MO; ADD
<i>methylcellulose (bulk) gel 2 %, 3 %</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
METHYLCELLULOSE 1500CPS (BULK)	3	ADD
<i>methylcellulose 4000cps (bulk)</i>	3	MO; ADD
<i>methylparaben (bulk)</i>	3	MO; ADD
<i>methylsulfonylmethane (bulk) crystals</i>	3	ADD
<i>microlife peak flow meter</i>	3	MO; ADD
<i>midodrine</i>	1	MO
MINERAL OIL	3	ADD
MINERAL OIL HEAVY	3	ADD
MINERAL OIL LIGHT	3	MO; ADD
<i>mini wright peak flow meter</i>	3	ADD
MONOJECT 0.9% SODIUM CHLORIDE	3	ADD
MONOJECT PREFILL ADVANCED NS	3	MO; ADD
<i>mouthpiece</i>	3	ADD
<i>mx-sol</i>	3	ADD
<i>nitisinone</i>	1	PA; MO
NORMAL SALINE FLUSH	3	MO; ADD
NORTHERA	2	PA; MO
<i>one way valved mouthpiece</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>optichamber adult mask-large</i>	3	MO; ADD
<i>ora-blend sf</i>	3	MO; ADD
<i>oral mix</i>	3	ADD
<i>oral relief dry mouth</i>	3	ADD
<i>oral suspend</i>	3	ADD
<i>oral syrup</i>	3	ADD
<i>oral syrup sf</i>	3	ADD
ORA-SWEET	3	MO; ADD
<i>ora-sweet sf</i>	3	MO; ADD
ORFADIN	2	PA; MO; LA
<i>panda mask</i>	3	ADD
<i>peak air peak flow meter</i>	3	MO; ADD
<i>pediatric medium mask</i>	3	ADD
<i>pediatric panda mask</i>	3	ADD
<i>pediatric small mask</i>	3	ADD
<i>pegblend</i>	3	ADD
<i>personal best full range</i>	3	MO; ADD
<i>personal best low range</i>	3	MO; ADD
<i>phenol (bulk) liquid</i>	3	MO; ADD
<i>phosphatidyl serine (bulk) powder 20 %</i>	3	ADD
<i>piko 1</i>	3	ADD
<i>pilocarpine hcl oral</i>	1	MO
<i>plo20 flowable</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pocket peak flow meter</i>	3	ADD
POLYETHYLENE GLYCOL 1000(BULK)	3	MO; ADD
<i>polyethylene glycol 300 (bulk)</i>	3	ADD
<i>polyethylene glycol 3350(bulk) powder</i>	3	ADD
<i>polyethylene glycol 400 (bulk)</i>	3	ADD
<i>polyethylene glycol 8000(bulk) powder</i>	3	ADD
<i>polyoxyl 40 stearate (bulk) wax</i>	3	ADD
<i>polysorbate 20 (bulk)</i>	3	ADD
<i>potassium citrate m-hyd(bulk) granules</i>	3	ADD
<i>potassium sorbate (bulk) crystals</i>	3	ADD
PROLASTIN-C INTRAVENOUS RECON SOLN	2	LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	MO; LA
<i>propylparaben (bulk) crystals</i>	3	MO; ADD
<i>pyruvic acid (bulk)</i>	3	ADD
<i>raspberry</i>	3	MO; ADD
<i>raspberry flavor (bulk) liquid</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RAVICTI	2	PA; MO
REVCIVI	2	PA; MO; LA
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>safflower oil (bulk)</i>	3	ADD
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>shea butter (bulk)</i>	3	ADD
<i>sidestream pediatric face mask</i>	3	ADD
<i>silicone mask - infant</i>	3	ADD
<i>silicone mask - pediatric</i>	3	ADD
SIMPLE SYRUP	3	MO; ADD
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium borate (bulk)</i>	3	MO; ADD
<i>sodium bromide (bulk)</i>	3	ADD
SODIUM CHLORIDE 0.9 % (FLUSH) INJECTION SYRINGE	3	MO; ADD
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium citrate dihydrate(bulk) granules</i>	3	ADD
SODIUM FERRIC GLUCONAT-SUCROSE	3	MO; ADD
<i>sodium lauryl sulfate (bulk)</i>	3	MO; ADD
<i>sodium metabisulfite (bulk) granules</i>	3	MO; ADD
<i>sodium phenylbutyrate</i>	1	PA; MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium propionate (bulk)</i>	3	ADD
<i>sodium saccharin (bulk) oral granules</i>	3	ADD
SODIUM SACCHARIN (BULK) ORAL POWDER	3	MO; ADD
<i>sodium sulfite (bulk)</i>	3	ADD
SOLIRIS	2	PA; MO
<i>sorbic acid (bulk)</i>	3	MO; ADD
SORBITOL SOLUTION 70 %	3	MO; ADD
<i>sosweet syrup vehicle</i>	3	ADD
<i>soybean oil (bulk)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>spermaceti</i>	3	ADD
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>stevia</i>	3	MO; ADD
<i>stevia extract</i>	3	ADD
<i>supposiblend</i>	3	ADD
<i>suspendol-s</i>	3	MO; ADD
<i>sweet-sf</i>	3	ADD
<i>tartaric acid (bulk) granules</i>	3	ADD
THIOLA	2	MO
THIOLA EC	2	MO
<i>thymol (bulk)</i>	3	MO; ADD
<i>trientine</i>	1	PA; MO
<i>trochibase s</i>	3	MO; ADD
<i>trochibase s classic</i>	3	ADD
<i>trueplus glucose oral gel in packet</i>	3	MO; ADD
<i>trueplus glucose oral liquid</i>	3	ADD
<i>trueplus glucose oral tablet, chewable</i>	3	MO; ADD
<i>trustex latex condom</i>	3	ADD
<i>trustex lubricated condoms</i>	3	ADD
<i>trustex non-lub condoms</i>	3	ADD
<i>trustex-ria lub/spermicide</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>trustex-ria lubricated condoms</i>	3	ADD
<i>trustex-ria non-lub condoms</i>	3	ADD
<i>truzone peak flow meter</i>	3	MO; ADD
<i>vaporizer cleaning</i>	3	ADD
<i>vaporizer inhalant</i>	3	ADD
<i>veegum</i>	3	ADD
VELTASSA	2	MO
<i>vitajoy melatonin</i>	3	ADD
<i>water (bulk)</i>	3	ADD
<i>water for irrigation, sterile</i>	1	MO
<i>xanthan gum (bulk)</i>	3	MO; ADD
XIAFLEX	2	PA; MO
XURIDEN	2	MO
<i>xylitol (bulk)</i>	3	ADD
<i>zinc sulfate heptahydrat(bulk)</i>	3	MO; ADD
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
MISCELLANEOUS DEVICES		
ALCOHOL, RUBBING	3	ADD
DERMAFIX TOPICAL OINTMENT	3	ADD
DY-O-DERM	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYDROPHILIC	3	MO; ADD
<i>instaclean</i>	3	ADD
ISOPROPYL ALCOHOL SOLUTION 70 %	3	MO; ADD
POLYETHYLENE GLYCOL 1450(BULK) POWDER	3	MO; ADD
<i>polyglycol troche base</i>	3	ADD
<i>trochibase</i>	3	ADD
NEUTRACEUTICALS		
COMPLETE PREMIUM VITAMIN	3	ADD
CRANBERRY URINARY COMFORT	3	MO; ADD
<i>fatigue relief complex</i>	3	ADD
<i>green tea extract (bulk)</i>	3	ADD
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 5-10 mg</i>	3	ADD
<i>red yeast rice extract (bulk)</i>	3	ADD
PHARMACEUTICAL ADJUVANTS		
ALMOND OIL, SWEET (BULK)	3	MO; ADD
<i>apple flavoring</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>apple-ade flavor</i>	3	ADD
<i>banana concentrate</i>	3	ADD
<i>bitterness mask flavor</i>	3	ADD
<i>butter rum flavoring</i>	3	ADD
<i>butterscotch flavoring</i>	3	MO; ADD
<i>chocolate flavor (bulk) liquid</i>	3	ADD
<i>cinnamon flavoring</i>	3	ADD
<i>clove flavoring</i>	3	ADD
COCONUT OIL (BULK)	3	ADD
<i>cpd vehicle susp.sugar-free 12</i>	3	ADD
<i>english toffee flavor</i>	3	ADD
<i>fattyblend</i>	3	ADD
<i>fd and c blue no.2 (bulk)</i>	3	ADD
<i>fd and c no.3 (green) (bulk)</i>	3	ADD
<i>fd and c no.40 red (bulk)</i>	3	ADD
<i>fd and c red no.3</i>	3	ADD
<i>fdc 6 (sunset yel fcf) (bulk)</i>	3	ADD
<i>fdc no.5 (tartrazine) (bulk)</i>	3	ADD
<i>fdc red 40 (allura red)(bulk)</i>	3	ADD
<i>flavorx</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>grape concentrate flavor</i>	3	ADD
<i>grape flavor (bulk)</i>	3	ADD
<i>grapefruit</i>	3	ADD
<i>lemon flavoring</i>	3	ADD
<i>lime flavor</i>	3	ADD
<i>magnasweet 110</i>	3	ADD
<i>mango flavor</i>	3	ADD
<i>mx-sol blend</i>	3	ADD
<i>mx-sol suspend</i>	3	ADD
<i>natural bitterness masking</i>	3	MO; ADD
<i>ora-blend</i>	3	MO; ADD
<i>oral mix sf</i>	3	ADD
<i>orange concentrate</i>	3	ADD
<i>orange flavor (bulk) liquid</i>	3	ADD
<i>ora-plus</i>	3	MO; ADD
<i>pcca mbk base</i>	3	ADD
<i>peanut butter flavor</i>	3	ADD
<i>peppermint flavoring</i>	3	ADD
<i>pumpkin flavor</i>	3	ADD
<i>rapid dissolve tablet</i>	3	ADD
<i>raspberry flavoring</i>	3	ADD
<i>strawberry cream flavor</i>	3	ADD
<i>strawberry flavor (bulk)</i>	3	ADD
<i>strawberry flavoring</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sweetness enhancer flavor</i>	3	ADD
<i>syrspend sf alka</i>	3	MO; ADD
<i>tangerine flavor (bulk)</i>	3	ADD
<i>tutti-frutti flavor (bulk)</i>	3	ADD
<i>vanilla butternut flavor</i>	3	ADD
<i>vanilla flavor</i>	3	ADD
<i>versa plus</i>	3	ADD
<i>watermelon flavoring</i>	3	ADD
<i>witepsol h-15</i>	3	MO; ADD
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
<i>nicoderm cq</i>	3	MO; ADD
NICORELIEF BUCCAL GUM 2 MG	3	ADD
<i>nicorette buccal gum 2 mg</i>	3	MO; ADD
NICORETTE BUCCAL GUM 4 MG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicorette buccal lozenge</i>	3	MO; ADD
<i>nicorette buccal mini lozenge</i>	3	MO; ADD
NICOTINE (POLACRILEX) BUCCAL GUM	3	MO; ADD
NICOTINE (POLACRILEX) BUCCAL LOZENGE	3	MO; ADD
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 2 MG	3	MO; ADD
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 4 MG	3	ADD
NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	MO; ADD
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL	3	MO; ADD
NICOTROL	2	MO
NICOTROL NS	2	MO
QUIT 2	3	ADD
QUIT 4	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
--------------	--	--

STOP SMOKING AID	3	ADD
------------------	---	-----

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

12 HOUR NASAL RELIEF SPRAY	3	ADD
----------------------------	---	-----

12 HOUR NASAL SPRAY	3	ADD
---------------------	---	-----

4 WAY	3	ADD
-------	---	-----

AFRIN NO DRIP(OXYMETAZOLIN)	3	ADD
-----------------------------	---	-----

ALTAMIST	3	ADD
----------	---	-----

ANEFRIN	3	ADD
---------	---	-----

<i>ayr allergy and sinus</i>	3	MO; ADD
------------------------------	---	---------

<i>ayr saline gel</i>	3	MO; ADD
-----------------------	---	---------

AYR SALINE NASAL AEROSOL,SPRAY	3	MO; ADD
--------------------------------	---	---------

AYR SALINE NASAL DROPS	3	MO; ADD
------------------------	---	---------

<i>ayr saline nasal gel</i>	3	MO; ADD
-----------------------------	---	---------

AYR SALINE NASAL NETI RINSE	3	ADD
-----------------------------	---	-----

<i>ayr sinus rinse</i>	3	MO; ADD
------------------------	---	---------

<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
-------------------------	---	-------------------------

BABY AYR SALINE	3	MO; ADD
-----------------	---	---------

<i>benzedrex</i>	3	ADD
------------------	---	-----

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
--------------	--	--

CHILDREN'S SALINE NASAL SPRAY	3	ADD
-------------------------------	---	-----

CHLORASEPTIC THROAT SPRAY	3	MO; ADD
---------------------------	---	---------

<i>chlorhexidine gluconate mucous membrane</i>	1	MO
--	---	----

<i>clove oil (bulk)</i>	3	MO; ADD
-------------------------	---	---------

DEEP SEA NASAL	3	ADD
----------------	---	-----

<i>denta 5000 plus</i>	1	MO
------------------------	---	----

<i>dentagel</i>	1	MO
-----------------	---	----

DRISTAN LONG LASTING	3	ADD
----------------------	---	-----

EPHRINE	3	ADD
---------	---	-----

<i>eugenol (bulk)</i>	3	ADD
-----------------------	---	-----

<i>fast acting nasal</i>	3	ADD
--------------------------	---	-----

<i>fluoride (sodium) dental cream</i>	1	
---------------------------------------	---	--

<i>fluoride (sodium) dental gel</i>	1	
-------------------------------------	---	--

<i>fluoride (sodium) dental paste</i>	1	MO
---------------------------------------	---	----

<i>gly-oxide</i>	3	MO; ADD
------------------	---	---------

<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
----------------------------------	---	-------------------------

<i>lemon glycerin</i>	3	ADD
-----------------------	---	-----

LITTLE REMEDIES	3	ADD
-----------------	---	-----

<i>little remedies saline mist</i>	3	ADD
------------------------------------	---	-----

<i>mouth kote</i>	3	MO; ADD
-------------------	---	---------

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX SINUS-MAX	3	ADD
<i>nasadrops</i>	3	ADD
NASAFLO PORCELAIN KIT	3	ADD
NASAL DECONGESTANT (OXYMETAZL)	3	MO; ADD
NASAL FOUR	3	ADD
NASAL MIST	3	ADD
NASAL MOISTURIZING	3	ADD
NASAL RELIEF	3	ADD
NASAL RELIEF SINUS WASH W/NETI	3	ADD
NASAL SPRAY (OXYMETAZOLIN E)	3	ADD
NASAL SPRAY (SODIUM CHLORIDE)	3	ADD
NASAL SPRAY 12HR(OXYMETAZOLINE)	3	ADD
NASAL SPRAY EXTRA MOISTURIZING	3	ADD
NASAL SPRAY LONG ACTING	3	ADD
NASAL SPRAY SINUS	3	ADD
<i>nasogel</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEILMED NASAFLO	3	MO; ADD
<i>neo-synephrine (phenylephrine) nasal spray, non-aerosol 1 %</i>	3	MO; ADD
NO DRIP	3	ADD
NO DRIP NASAL MIST	3	ADD
NOSE DROPS	3	ADD
NOSE DROPS EXTRA STRENGTH	3	ADD
OCEAN NASAL	3	MO; ADD
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
ORA RELIEF	3	ADD
ORAL RELIEF SORE THROAT SPRAY	3	ADD
<i>oralone</i>	1	MO
ORIGINAL NASAL SPRAY	3	ADD
OXYMETAZOLIN E	3	ADD
<i>paroex oral rinse</i>	1	MO
PERIO MED	3	MO; ADD
<i>periogard</i>	1	MO
PHENASEPTIC	3	ADD
<i>phos-flur</i>	3	ADD
PREVIDENT 5000 BOOSTER PLUS	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SALINE MIST	3	MO; ADD
SALINE NASAL	3	ADD
<i>saline nasal (aloe vera)</i>	3	ADD
SALINE NASAL MIST SPRAY, AEROSOL	3	ADD
SALINE NOSE	3	ADD
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
SINUS NASAL SPRAY	3	ADD
SINUS RELIEF (OXYMETAZOLINE)	3	ADD
<i>sinus relief (phenylephrine)</i>	3	ADD
<i>sodium benzoate (bulk)</i>	3	MO; ADD
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
SORE THROAT (PHENOL)	3	MO; ADD
STERILE SALINE NASAL	3	ADD
<i>triamcinolone acetonide dental</i>	1	MO
VICKS QLEARQUIL(OXYMETAZOLINE)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VICKS SINEX 12-HOUR	3	ADD
VICKS SINEX ULTRA FINE MIST 12	3	ADD
WAL-FOUR	3	ADD
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>carbamide peroxide (bulk)</i>	3	ADD
CARBAMOXIDE EAR DROPS	3	ADD
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>debrox</i>	3	MO; ADD
EAR DROPS (CARBAMIDE PEROXIDE)	3	ADD
<i>ear drops for swimmers</i>	3	ADD
EAR DROPS OTC	3	ADD
EAR WAX DROPS	3	ADD
EAR WAX REMOVAL DROPS	3	ADD
EAR WAX REMOVAL KIT	3	ADD
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>murine ear</i>	3	MO; ADD
MURINE EAR WAX REMOVAL SYSTEM	3	MO; ADD
<i>ofloxacin otic (ear)</i>	1	MO
<i>swim ear</i>	3	MO; ADD
<i>swimmer's instant ear dry</i>	3	ADD
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	2	MO
<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone acet,sod phos</i>	1	MO
<i>cortisone</i>	1	MO
<i>decadron oral tablet</i>	1	
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	1	
<i>millipred oral tablet</i>	1	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	B/D PA; MO
<i>prednisone intensol</i>	1	B/D PA; MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	1	MO
ANTITHYROID AGENTS		
<i>iosat</i>	3	ADD
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>potassium iodide (bulk) crystals</i>	3	ADD
<i>potassium iodide oral drops</i>	3	ADD
<i>propylthiouracil</i>	1	MO
<i>thyrosafe</i>	3	ADD
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ALCOHOL PADS	2	MO
APIDRA SOLOSTAR U-100 INSULIN	2	ST; MO
APIDRA U-100 INSULIN	2	ST; MO
BAQSIMI	2	MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	2	MO; QL (180 per 30 days)
<i>diazoxide</i>	1	MO
DROPLET INSULIN SYR HALF UNIT	2	
DROPLET INSULIN SYRINGE	2	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	MO
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE	2	MO
GVOKE PFS 2-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSTA-GLUCOSE (WITH DEXTRIN)	3	MO; ADD
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INVOKAMET XR	2	MO; QL (60 per 30 days)
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JENTADUETO	2	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST; MO; QL (30 per 30 days)
KAZANO	2	ST; MO; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO
<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	2	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOFINE PLUS	2	MO
NOVOLOG FLEXPEN U-100 INSULIN	2	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	2	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	2	ST; MO
NOVOLOG PENFILL U-100 INSULIN	2	ST; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NOVOLOG U-100 INSULIN ASPART	2	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	MO
OMNIPOD DASH 5 PACK POD	2	MO
OMNIPOD INSULIN MANAGEMENT	2	MO
OMNIPOD INSULIN REFILL	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PROGLYCEM	2	MO
QTERN	2	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	1	MO; QL (150 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
RYBELSUS	2	PA; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	2	
TECHLITE INSULIN SYRINGE	2	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	2	
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
TRUEPLUS PEN NEEDLE	2	MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
VICTOZA 2-PAK	2	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO
ANDRODERM	2	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; MO
<i>cinacalcet</i>	1	MO
<i>clomiphene citrate</i>	1	PA; MO
CRYSVITA	2	PA; MO; LA
<i>danazol</i>	1	MO
DDAVP NASAL SOLUTION	2	MO
<i>desmopressin injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
DHEA ORAL CAPSULE 25 MG	3	MO; ADD
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	2	PA; MO
FABRAZYME	2	PA; MO
KANUMA	2	PA; MO
KORLYM	2	PA; MO
KUVAN	2	PA; MO
LUMIZYME	2	PA; MO
MEPSEVII	2	PA; MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	2	MO
<i>miglustat</i>	1	MO; LA
MYALEPT	2	PA; MO; LA
NAGLAZYME	2	PA; MO; LA
NATPARA	2	PA; MO; LA
<i>oxandrolone</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	1	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1	MO
<i>paricalcitol oral</i>	1	MO
PRASTERONE (DHEA)	3	MO; ADD
SAMSCA	2	PA; MO
<i>sapropterin</i>	1	PA; MO
SOMAVERT	2	MO
STIMATE	2	MO
STRENSIQ	2	PA; MO; LA
SYNAREL	2	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; MO
VIMIZIM	2	PA; MO; LA

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>acidophilus ex str (l. sporog)</i>	3	MO; ADD
<i>acidophilus probiotic</i>	3	ADD
<i>acidophilus probiotic blend</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL - 100 MG	3	MO; ADD
<i>acidophilus-pectin, citrus oral capsule 100 million cell-10 mg</i>	3	ADD
<i>acidophilus-pectin, citrus oral tablet</i>	3	MO; ADD
ANTI-DIARRHEAL	3	ADD
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	3	ADD
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML	3	ADD
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET	3	MO; ADD
<i>atropine injection solution 0.4 mg/ml</i>	1	MO
<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	MO
<i>bacid</i>	3	MO; ADD
BISMATROL	3	MO; ADD
BISMUTH ORAL TABLET,CHEWABLE	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bismuth subcarbonate (bulk)</i>	3	MO; ADD
<i>bismuth subgallate (bulk)</i>	3	ADD
BISMUTH SUBSALICYLATE	3	ADD
<i>culturelle baby grow-thrive</i>	3	ADD
<i>culturelle digestive health oral capsule</i>	3	ADD
<i>culturelle digestive health oral capsule, sprinkle</i>	3	MO; ADD
<i>culturelle digestive health oral tablet, chewable</i>	3	MO; ADD
<i>culturelle kids gentle-go</i>	3	ADD
<i>daily probiotic (s. boulardii)</i>	3	ADD
DIAMODE	3	ADD
DIARRHEA RELIEF (BISMUTH SUBS)	3	ADD
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>digest probiotic (s. boulardii)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>digestive health probiotic</i>	3	ADD
DIGESTIVE RELIEF ORAL TABLET	3	ADD
DIOTAME	3	ADD
<i>diphenoxylate-atropine</i>	1	MO
FLORASTOR	3	MO; ADD
<i>florastorkids</i>	3	MO; ADD
GERI-PECTATE	3	ADD
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
<i>imodium a-d oral liquid</i>	3	MO; ADD
<i>imodium multi-symptom relief oral tablet</i>	3	MO; ADD
<i>kala</i>	3	ADD
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION	3	MO; ADD
<i>kapectate (bismuth subsalicy) oral tablet</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KAOPECTATE EXSTR (BISMUTHSS)	3	ADD
K-PEC ANTIDIARRHEAL (BISM SUB)	3	ADD
<i>l.acidoph,saliva-b.bif-s.therm</i>	3	MO; ADD
L.ACIDOPHILUS-BIFIDO.LONGUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16 MG	3	ADD
<i>lactobacillus acidoph-l. bifid</i>	3	ADD
<i>loperamide oral capsule</i>	1	MO
LOPERAMIDE ORAL LIQUID 1 MG/7.5 ML	3	MO; ADD
LOPERAMIDE ORAL TABLET	3	ADD
<i>opium tincture</i>	1	MO
<i>pectin (bulk)</i>	3	MO; ADD
PEPTIC RELIEF ORAL TABLET,CHEWABLE	3	ADD
<i>pepto-bismol max st</i>	3	MO; ADD
<i>pepto-bismol oral suspension</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pepto-bismol oral tablet</i>	3	MO; ADD
PEPTO-BISMOL ORAL TABLET,CHEWABLE	3	MO; ADD
PEPTO-BISMOL TO-GO	3	ADD
PINK BISMUTH	3	ADD
PINK BISMUTH MAXIMUM STRENGTH	3	ADD
<i>probiotic (s.boulardii)</i>	3	ADD
<i>probiotic acidophilus-pectin</i>	3	MO; ADD
<i>probiotic oral capsule 15 billion cell</i>	3	ADD
<i>risa-bid</i>	3	MO; ADD
RISAQUAD	3	MO; ADD
RISAQUAD-2	3	MO; ADD
SOOTHE (BISMUTH SUBSALICYLATE)	3	ADD
SOOTHE REGULAR STRENGTH	3	ADD
STOMACH RELIEF MAX STRENGTH	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML	3	MO; ADD
STOMACH RELIEF ORAL SUSPENSION 525 MG/15 ML	3	ADD
STOMACH RELIEF ORAL TABLET	3	ADD
STOMACH RELIEF ORAL TABLET,CHEWABLE	3	ADD
STOMACH RELIEF ORIGINAL	3	ADD
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACID GONE ANTACID	3	MO; ADD
ACID GONE ANTACID E.STRENGTH	3	ADD
ACTIDOSE/SORBITOL ORAL SUSPENSION 50 GRAM/240 ML	3	ADD
<i>activated charcoal oral powder</i>	3	ADD
ADVANCED ANTACID-ANTIGAS	3	ADD
<i>alka-seltzer gold</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>alka-seltzer heartburn</i>	3	ADD
ALMACONE-2	3	ADD
ALOPHEN (BISACODYL)	3	ADD
<i>alosetron</i>	1	MO
<i>aluminum hydroxide gel (bulk) powder</i>	3	ADD
ALUMINUM HYDROXIDE GEL ORAL SUSPENSION 320 MG/5 ML	3	MO; ADD
ALUMINUM HYDROXIDE GEL ORAL SUSPENSION 600 MG/5 ML	3	ADD
ALUM-MAG HYDROXIDE-SIMETH ORAL SUSPENSION 200-200-20 MG/5 ML	3	ADD
ANTACID	3	ADD
<i>antacid (calcium carb-mag hyd) oral tablet,chewable 1,000-200 mg</i>	3	ADD
ANTACID (CALCIUM CARB-MAG HYD) ORAL TABLET,CHEWABLE 550-110 MG	3	ADD
ANTACID ANTI-GAS	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTACID ANTI-GAS (CA CARB-SIM)	3	ADD
<i>antacid exst (ca carb-mag hyd)</i>	3	ADD
ANTACID EXST (MAG CARB-ALHYD)	3	ADD
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	3	ADD
ANTACID LIQUID	3	ADD
ANTACID M	3	ADD
ANTACID MAXIMUM STRENGTH	3	ADD
<i>antacid multi-symptom</i>	3	ADD
ANTACID PLUS ANTI-GAS	3	ADD
ANTACID REGULAR STRENGTH	3	ADD
ANTACID SUPREME	3	ADD
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 470 MG CALCIUM (1,177 MG)	3	ADD
ANTACID-ANTIGAS	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTACID-SIMETHICONE	3	ADD
<i>anti-gas maximum strength</i>	3	ADD
ANTI-GAS ULTRA STRENGTH	3	ADD
ANTI-NAUSEA	3	ADD
<i>aprepitant</i>	1	B/D PA; MO
APRISO	2	MO
<i>balsalazide</i>	1	MO
BEST FIBER	3	ADD
BICARSIM FORTE	3	ADD
BISACODYL	3	MO; ADD
BISA-LAX (BISACODYL)	3	ADD
<i>budesonide oral</i>	1	MO
<i>calcium carbonate (bulk) powder</i>	3	MO; ADD
<i>calcium hydroxide (bulk)</i>	3	MO; ADD
CALCIUM POLYCARBOPHIL	3	ADD
CASTOR OIL ORAL OIL 100 %	3	MO; ADD
<i>ceo-two</i>	3	ADD
CHENODAL	2	PA; MO; LA
CHOCOLATE LAXATIVE	3	ADD
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
CIMZIA	2	PA; MO
CIMZIA POWDER FOR RECONST	2	PA; MO
CIMZIA STARTER KIT	2	PA; MO
CINVANTI	2	MO
CITRATE OF MAGNESIA	3	ADD
CITROMA	3	MO; ADD
CITRUCEL	3	MO; ADD
<i>citrucel (sucrose)</i>	3	MO; ADD
<i>citrucel sugar free</i>	3	MO; ADD
CLEARLAX ORAL POWDER	3	MO; ADD
CLEARLAX ORAL POWDER IN PACKET	3	ADD
<i>colace 2-in-1</i>	3	MO; ADD
<i>colace clear</i>	3	MO; ADD
<i>colace oral capsule 100 mg</i>	3	MO; ADD
COL-RITE ORAL CAPSULE 100 MG, 250 MG	3	ADD
COMFORT GEL	3	ADD
COMFORT GEL EXTRA STRENGTH	3	ADD
<i>compro</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	MO
<i>daily fiber (psyllium-sucrose) oral powder 3.4 gram/7 gram</i>	3	ADD
DAILY FIBER ORAL CAPSULE 0.52 GRAM	3	ADD
<i>dewee's carminative</i>	3	ADD
<i>dimenhydrinate injection solution</i>	1	MO
DIMENHYDRINATE ORAL	3	ADD
DIOCTO ORAL LIQUID	3	ADD
DIOCTO ORAL SYRUP	3	MO; ADD
DIOCTYL	3	ADD
DIPENTUM	2	MO
DOCU	3	ADD
DOCUPRENE	3	ADD
DOCUSATE CALCIUM	3	ADD
DOCUSATE SODIUM ORAL CAPSULE 100 MG	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DOCUSATE SODIUM ORAL CAPSULE 250 MG	3	MO; ADD
DOCUSATE SODIUM ORAL LIQUID	3	MO; ADD
DOCUSATE SODIUM ORAL SYRUP	3	ADD
DOCUSATE SODIUM ORAL TABLET	3	ADD
<i>docusate sodium rectal</i>	3	ADD
DOCUSIL	3	ADD
<i>docusol</i>	3	ADD
<i>docusol kids</i>	3	ADD
<i>docusol plus</i>	3	ADD
DOCUZEN	3	ADD
DOK ORAL CAPSULE 100 MG	3	MO; ADD
DOK ORAL TABLET	3	MO; ADD
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
DRAMAMINE LESS DROWSY	3	MO; ADD
DRAMAMINE ORAL TABLET	3	ADD
DRIMINATE	3	MO; ADD
<i>dronabinol</i>	1	B/D PA; MO
<i>droperidol injection solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DSS	3	ADD
DUCODYL (BISACODYL)	3	ADD
DULCOEASE	3	MO; ADD
DULCOLAX STOOL SOFTENER (DSS)	3	MO; ADD
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
ENEMA DISPOSABLE	3	ADD
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	3	ADD
<i>enemeez</i>	3	MO; ADD
<i>enemeez plus</i>	3	MO; ADD
ENTYVIO	2	PA; MO
<i>enulose</i>	1	MO
EPSOM SALT	3	MO; ADD
EPSOM SALT ORAL	3	ADD
<i>equalactin</i>	3	MO; ADD
EVAC-U-GEN (SENNOSIDES)	3	ADD
FIBER (CALCIUM POLYCARBOPHIL)	3	MO; ADD
<i>fiber (psyllium husk) oral capsule 0.4 gram</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	3	ADD
FIBER (PSYLLIUM HUSK/SUGAR)	3	ADD
<i>fiber (with aspartame) oral powder 3 gram/5.8 gram</i>	3	MO; ADD
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	3	ADD
FIBER LAXATIVE (CA POLYCARBO)	3	ADD
FIBER LAXATIVE (METHYLCELLULO)	3	ADD
FIBER LAXATIVE (PSYLLIUM HUSK)	3	ADD
FIBER ORAL POWDER	3	ADD
FIBER SMOOTH	3	MO; ADD
FIBER THERAPY (CA POLYCARBOPH)	3	ADD
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM	3	MO; ADD
FIBER THERAPY (M-CELLULOSE)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fiber therapy (psyllium-sucro) oral powder 3 gram/7 gram</i>	3	ADD
FIBER THERAPY LAXATIVE (HUSK)	3	ADD
FIBER-CAPS (PSYLLIUM HUSK)	3	ADD
<i>fibercon</i>	3	MO; ADD
FIBER-LAX	3	MO; ADD
FIBER-TABS	3	ADD
<i>fleet bisacodyl</i>	3	MO; ADD
FLEET ENEMA	3	MO; ADD
FLEET GLYCERIN (ADULT)	3	MO; ADD
<i>fleet glycerin (child)</i>	3	MO; ADD
<i>fleet glycerin laxative</i>	3	MO; ADD
FLEET LAXATIVE (BISACODYL)	3	ADD
<i>fleet mineral oil</i>	3	MO; ADD
<i>fleet pediatric</i>	3	MO; ADD
FOAMING ANTACID	3	ADD
FORMULA EM	3	ADD
<i>fosaprepitant</i>	1	MO
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG, 180 MG	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION	3	MO; ADD
GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE	3	ADD
GAS RELIEF 80 (SIMETHICONE)	3	ADD
GAS RELIEF EXTRA STRENGTH	3	MO; ADD
GAS RELIEF ULTRA STRENGTH	3	ADD
<i>gas-x extra strength</i>	3	MO; ADD
<i>gas-x oral strip</i>	3	ADD
<i>gas-x ultra-strength</i>	3	ADD
GATTEX 30-VIAL	2	PA; MO
GATTEX ONE-VIAL	2	PA; MO
GAVILAX ORAL POWDER	3	MO; ADD
GAVILAX ORAL POWDER IN PACKET	3	ADD
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>gaviscon</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gaviscon extra strength</i>	3	MO; ADD
<i>gelusil antacid and anti-gas oral tablet,chewable</i>	3	MO; ADD
<i>generlac</i>	1	MO
GENTLE LAXATIVE (BISACODYL)	3	ADD
GENTLELAX	3	ADD
GERI-KOT	3	MO; ADD
GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML	3	MO; ADD
GERI-LANTA ORAL SUSPENSION 400-400-40 MG/5 ML	3	ADD
GERI-MOX ANTACID-ANTIGAS	3	ADD
<i>geri-mucil</i>	3	ADD
<i>geri-mucil (aspartame)</i>	3	ADD
<i>geri-mucil (sugar)</i>	3	ADD
GLYCERIN (ADULT)	3	ADD
GLYCERIN (CHILD)	3	MO; ADD
GLYCOLAX ORAL POWDER	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>grx hemorrhoidal</i>	3	MO; ADD
HEALTHYLAX	3	MO; ADD
HEARTBURN ANTACID	3	ADD
<i>heartburn relief oral suspension</i>	3	ADD
HEARTBURN RELIEF ORAL TABLET,CHEWABLE	3	ADD
HEMORRHOIDAL (PHENYLEPH-COCOA) RECTAL SUPPOSITORY 0.25-88.44 %	3	MO; ADD
HEMORRHOIDAL CREAM	3	ADD
HEMORRHOIDAL H	3	ADD
HEMORRHOIDAL SUPPOSITORY	3	ADD
<i>hemorrhoidal(pe-min oil-petro) rectal ointment 0.25-14-74.9 %</i>	3	MO; ADD
HYDROCHLORIC ACID (BULK) LIQUID 37 %	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocil</i>	3	MO; ADD
<i>hydrocil instant</i>	3	MO; ADD
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
INFANTS GAS RELIEF	3	ADD
INFANTS' MYLICON	3	MO; ADD
INSTA-CHAR-SORBITOL ORAL SUSPENSION 50 GRAM/240 ML	3	ADD
<i>kaopectate (docusate calcium)</i>	3	MO; ADD
KAO-TIN (DOCUSATE CALCIUM)	3	MO; ADD
<i>karaya gum (bulk)</i>	3	MO; ADD
KONSYL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	3	MO; ADD
KONSYL (SUGAR) ORAL POWDER IN PACKET	3	MO; ADD
<i>konsyl formula-d</i>	3	MO; ADD
<i>konsyl sugar-free oral powder</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KONSYL SUGAR-FREE ORAL POWDER IN PACKET	3	MO; ADD
<i>lactulose oral solution</i>	1	MO
LAXA BASIC	3	ADD
LAXACIN	3	ADD
LAXACLEAR	3	ADD
LAXATIVE (BISACODYL)	3	ADD
LAXATIVE (GLYCERIN-PEDIATRIC)	3	ADD
LAXATIVE (SENNOSIDES) ORAL TABLET 15 MG, 25 MG	3	ADD
LAXATIVE PEG 3350 ORAL POWDER	3	ADD
LAXATIVE PILLS	3	ADD
LAXATIVE PILLS REGULAR	3	ADD
LAXATIVE PLUS STOOL SOFTENER	3	ADD
LINZESS	2	MO
LIQUID ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LITTLE REMEDIES GAS RELIEF	3	ADD
<i>maalox advanced</i>	3	ADD
MAALOX MAXIMUM STRENGTH	3	ADD
<i>mag-al</i>	3	MO; ADD
MAG-AL PLUS	3	ADD
MAG-AL PLUS EXTRA STRENGTH	3	ADD
<i>magnesium carbonate (bulk)</i>	3	MO; ADD
<i>magnesium citrate (bulk)</i>	3	ADD
MAGNESIUM CITRATE ORAL SOLUTION	3	MO; ADD
<i>magnesium hydroxide (bulk)</i>	3	ADD
MAGNESIUM HYDROXIDE ORAL SUSPENSION 2,400 MG/10 ML	3	ADD
MAGNESIUM HYDROXIDE ORAL SUSPENSION 400 MG/5 ML	3	MO; ADD
<i>magnesium l-lactate</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM ORAL TABLET 250 MG	3	ADD
<i>magnesium sulfate (bulk) crystals</i>	3	ADD
<i>magtab</i>	3	MO; ADD
MASANTI DOUBLE STRENGTH	3	ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
MECLIZINE ORAL TABLET,CHEWABLE	3	ADD
MEDI-MECLIZINE	3	ADD
<i>mesalamine</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>meta appetite ctrl (aspartame) oral powder 3 gram/5.8 gram</i>	3	ADD
<i>metamucil</i>	3	MO; ADD
<i>metamucil (sugar)</i>	3	ADD
<i>metamucil (with sugar) oral powder 3.4 gram/12 gram, 3.4 gram/7 gram</i>	3	MO; ADD
<i>metamucil (with sugar) oral powder in packet</i>	3	MO; ADD
METAMUCIL FIBER SINGLES	3	MO; ADD
<i>metamucil fiber thin</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metamucil free</i>	3	ADD
<i>metamucil multihealth fiber</i>	3	ADD
<i>metamucil sugar-free (aspart) oral powder 3.4 gram/5.8 gram</i>	3	MO; ADD
<i>metamucil sunrise</i>	3	ADD
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral</i>	1	MO
MI-ACID	3	MO; ADD
MI-ACID GAS RELIEF(SIMETHIC ON)	3	MO; ADD
MILK OF MAGNESIA	3	MO; ADD
MILK OF MAGNESIA CONCENTRATED	3	MO; ADD
MINERAL OIL EXTRA HEAVY	3	ADD
MINERAL OIL HEAVY ORAL	3	MO; ADD
<i>mineral oil medium</i>	3	ADD
MINERAL OIL ORAL	3	MO; ADD
MINERAL OIL RECTAL	3	ADD
MINTOX	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MINTOX MAXIMUM STRENGTH	3	MO; ADD
MINTOX PLUS	3	MO; ADD
MIRALAX ORAL POWDER IN PACKET	3	MO; ADD
MOTION RELIEF (MECLIZINE)	3	ADD
MOTION SICKNESS	3	ADD
MOTION SICKNESS (MECLIZINE)	3	ADD
MOTION SICKNESS II	3	ADD
MOTION SICKNESS RELIEF	3	ADD
MOTION SICKNESS RELIEF(MECLIZ)	3	ADD
MOTION-TIME	3	ADD
MOVANTIK	2	MO
MOVE IT ALONG	3	ADD
MOVIPREP	2	MO
<i>multihealth fiber</i>	3	ADD
<i>multihealth fiber (sugar)</i>	3	ADD
MYLANTA MAXIMUM STRENGTH	3	ADD
<i>natural daily fiber</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NATURAL FIBER LAXATIVE	3	ADD
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER , 3.4 GRAM/7 GRAM	3	ADD
<i>natural fiber laxative (sugar) oral powder 3.4 gram/12 gram</i>	3	ADD
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER	3	ADD
NATURAL FIBER SUPPLEMENT(ASPART) ORAL POWDER IN PACKET	3	ADD
NATURAL VEG LAXATIVE(SENNOSID)	3	ADD
NATURAL VEGETABLE	3	ADD
NATURAL VEGETABLE (PSYLLIUM)	3	ADD
NATURAL VEGETABLE POWDER	3	ADD
NATURA-LAX	3	ADD
NAUSEA CONTROL	3	ADD
NAUSEA RELIEF	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
P-COL RITE	3	ADD
<i>pedia-lax oral</i>	3	MO; ADD
<i>pedia-lax rectal</i>	3	ADD
<i>pedia-lax stool softener</i>	3	ADD
PEDIATRIC ENEMA	3	ADD
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PENTASA	2	MO
PERDIEM OVERNIGHT RELIEF	3	MO; ADD
<i>phazyme oral capsule 180 mg</i>	3	MO; ADD
<i>phazyme oral capsule 250 mg</i>	3	ADD
<i>phillips' liqui-gels</i>	3	MO; ADD
POLYETHYLENE GLYCOL 3350	3	MO; ADD
POWDERLAX	3	ADD
PRAMOXINE	3	MO; ADD
<i>preparation h</i>	3	MO; ADD
<i>preparation h maximum strength</i>	3	MO; ADD
<i>preparation h(pe,cb)</i>	3	MO; ADD
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>proctofoam</i>	3	MO; ADD
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
PROMOLAXIN	3	ADD
<i>psyllium husk (bulk)</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PSYLLIUM HUSK ORAL CAPSULE 0.52 GRAM	3	ADD
PURELAX	3	ADD
READY-TO-USE ENEMA	3	ADD
READY-TO-USE ENEMA (MIN OIL)	3	ADD
RECTIV	2	MO
<i>reguloid (aspartame)</i>	3	ADD
<i>reguloid (psyllium husk) oral capsule 0.4 gram</i>	3	ADD
<i>reguloid (psyllium husk-sucro) oral powder 3 gram/7 gram</i>	3	MO; ADD
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA; MO
RI-GEL	3	ADD
RI-GEL II	3	ADD
RI-MAG	3	ADD
RI-MAG PLUS	3	ADD
RI-MOX	3	ADD
<i>rolaids</i>	3	ADD
SANCUSO	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SARNA SENSITIVE	3	MO; ADD
<i>scopolamine base</i>	1	MO
SENEXON-S	3	MO; ADD
SENNALAX	3	ADD
SENNALAXATIVE ORAL TABLET 8.6 MG	3	ADD
<i>senna leaf</i>	3	ADD
<i>senna oral syrup 176 mg/5 ml</i>	3	MO; ADD
SENNALAX ORAL SYRUP 8.8 MG/5 ML	3	MO; ADD
SENNALAX ORAL TABLET	3	MO; ADD
SENNALAX PLUS ORAL TABLET	3	MO; ADD
SENNALAX WITH DOCUSATE SODIUM	3	ADD
SENNALAX-S	3	MO; ADD
SENNALAX-TIME S	3	ADD
SENNALAX	3	ADD
SENNALAXIDES ORAL TABLET	3	ADD
SENNALAXIDES-DOCUSATE SODIUM	3	ADD
<i>senokot</i>	3	MO; ADD
<i>senokot extra strength</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>senokot-s</i>	3	MO; ADD
SEN-O-TAB	3	ADD
SILACE	3	MO; ADD
SIMETHICONE ORAL CAPSULE 125 MG	3	ADD
SIMETHICONE ORAL CAPSULE 180 MG	3	MO; ADD
SIMETHICONE ORAL DROPS,SUSPENSION	3	ADD
SIMETHICONE ORAL TABLET,CHEWABLE 125 MG	3	MO; ADD
SIMETHICONE ORAL TABLET,CHEWABLE 80 MG	3	ADD
SMOOTHLAX	3	ADD
<i>sodium bicarbonate (bulk)</i>	3	MO; ADD
SODIUM BICARBONATE ORAL	3	MO; ADD
<i>sodium phosphate,dibasic(bulk) granules</i>	3	ADD
SOF-LAX	3	ADD
STIMULANT LAXATIVE PLUS	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STOOL SOFTENER (DOCUSATE CAL)	3	ADD
STOOL SOFTENER ORAL CAPSULE 100 MG	3	MO; ADD
STOOL SOFTENER ORAL CAPSULE 250 MG	3	ADD
<i>stool softener oral capsule 50 mg</i>	3	ADD
STOOL SOFTENER ORAL LIQUID	3	ADD
STOOL SOFTENER ORAL SYRUP	3	ADD
STOOL SOFTENER ORAL TABLET	3	ADD
STOOL SOFTENER-LAXATIVE	3	ADD
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET	3	ADD
SUCRAID	2	PA; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SURFAK	3	MO; ADD
SYMPROIC	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tame the flame</i>	3	ADD
THE MAGIC BULLET	3	MO; ADD
TRAVEL SICKNESS	3	ADD
TRAVEL SICKNESS (MECLIZINE)	3	MO; ADD
TRAVEL-EASE (MECLIZINE)	3	ADD
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	2	MO
TUMS ULTRA ORAL TABLET,CHEWABLE 470 MG CALCIUM (1,177 MG)	3	ADD
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	B/D PA; MO
VEGETABLE LAXATIVE	3	ADD
VEGETABLE LAX-STOOL SOFTENER	3	ADD
VIBERZI	2	MO
VIOKACE	2	MO
WAL-DRAM	3	ADD
WAL-DRAM 2	3	ADD
WAL-MUCIL FIBER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WAL-MUCIL FIBER (ASPARTAME)	3	ADD
WAL-MUCIL FIBER (SUGAR)	3	ADD
WAL-MUCIL NATURAL FIBER LAX	3	ADD
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET	3	ADD
WOMEN'S GENTLE LAXATIVE(BISAC)	3	ADD
WOMEN'S LAXATIVE (BISACODYL)	3	ADD
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ULCER THERAPY		
ACID CONTROLLER	3	ADD
ACID REDUCER (CIMETIDINE)	3	ADD
ACID REDUCER (FAMOTIDINE)	3	ADD
ACID REDUCER (OMEPRAZOLE)	3	ADD
ACID REDUCER (RANITIDINE)	3	ADD
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	2	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
FAMOTIDINE ORAL TABLET 10 MG	3	MO; ADD
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
HEARTBURN PREVENTION	3	ADD
HEARTBURN RELIEF (CIMETIDINE)	3	ADD
HEARTBURN RELIEF (FAMOTIDINE)	3	MO; ADD
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
OMEPRAZOLE MAGNESIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	ADD
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
OMEPRAZOLE ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; ADD
<i>pantoprazole intravenous</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pantoprazole oral granules dr for susp in packet</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID AC ORAL TABLET 20 MG	3	MO; ADD
<i>prevacid 24hr</i>	3	MO; ADD
<i>sucralfate</i>	1	MO
TAGAMET HB	3	MO; ADD
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
EXTAVIA SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	2	PA; QL (15 per 28 days)
FULPHILA	2	PA; MO
GRANIX	2	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA; MO; LA
INTRON A INJECTION	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LEUKINE INJECTION RECON SOLN	2	PA; MO
MOZOBIL	2	B/D PA; MO
NEULASTA	2	PA; MO
NEULASTA ONPRO	2	PA; MO
NEUPOGEN	2	PA; MO
NORDITROPIN FLEXPRO	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT	2	PA; MO
PROLEUKIN	2	B/D PA; MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	MO
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF)	2	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GAMASTAN S/D	2	
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
HIBERIX (PF)	2	MO
HIZENTRA	2	B/D PA; MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	2	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	2	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	2	
HYPERHEP B S-D NEONATAL	2	
HYQVIA	2	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF)	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
ODACTRA	2	PA; MO
PEDIARIX (PF)	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEDVAX HIB (PF)	2	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	2	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STAMARIL (PF)	2	
TDVAX	2	MO
TENIVAC (PF)	2	MO
TETANUS,DIPHTE RIA TOX PED(PF)	2	MO
TICE BCG	2	B/D PA; MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULA R SYRINGE	2	MO
TYPHIM VI INTRAMUSCULA R SOLUTION	2	
TYPHIM VI INTRAMUSCULA R SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULA R SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>colchicine oral tablet</i>	1	MO
COLCRYS	2	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	2	MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid- colchicine</i>	1	MO
ULORIC	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	2	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
ACTEMRA ACTPEN	2	PA; MO; QL (4 per 28 days)
BENLYSTA	2	PA; MO
DEPEN TITRATABS	2	MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
ORENCIA CLICKJECT	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO
<i>penicillamine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO
RIDAURA	2	MO
RINVOQ	2	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	2	PA; MO
SIMPONI ARIA	2	PA; MO
XELJANZ	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	MO
CRINONE VAGINAL GEL 4 %	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CRINONE VAGINAL GEL 8 %	2	PA; MO
<i>deblitane</i>	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>norlyda</i>	1	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	MO
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
3 DAY VAGINAL	3	ADD
3-DAY VAGINAL	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLOTRIMAZOLE 3 DAY	3	ADD
CLOTRIMAZOLE VAGINAL CREAM	3	MO; ADD
CLOTRIMAZOLE-3	3	ADD
CLOTRIMAZOLE-7	3	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
GYNOL II	3	MO; ADD
<i>metronidazole vaginal</i>	1	MO
MICONAZOLE 7	3	MO; ADD
MICONAZOLE NITRATE VAGINAL COMB PACK,PREFILL APPL, CREAM	3	ADD
MICONAZOLE NITRATE VAGINAL CREAM	3	MO; ADD
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM	3	ADD
MICONAZOLE-3 VAGINAL CREAM	3	ADD
MICONAZOLE-3 VAGINAL KIT	3	ADD
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>mifepristone</i>	1	LA
MIRENA	2	MO; LA
<i>monistat 1 combo pack</i>	3	ADD
<i>monistat 3 vaginal comb pack,prefill appl, cream</i>	3	ADD
<i>monistat 3 vaginal cream</i>	3	ADD
<i>monistat 3 vaginal kit</i>	3	MO; ADD
<i>monistat 7 vaginal cream</i>	3	MO; ADD
NEXPLANON	2	MO
POVIDONE- IODINE VAGINAL SOLUTION 0.3 %	3	ADD
SUMMER'S EVE DISPOSABLE DOUCHE VAGINAL SOLUTION 0.3 %	3	ADD
SUMMER'S EVE DOUCHE	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>terconazole</i>	1	MO
TIOCONAZOLE	3	ADD
TIOCONAZOLE-1	3	ADD
<i>tranexamic acid oral</i>	1	MO
<i>vaginal contraceptive film</i>	3	MO; ADD
VAGINAL CONTRACEPTIVE FOAM	3	ADD
<i>vandazole</i>	1	MO
<i>vcf contraceptive film</i>	3	ADD
<i>vcf contraceptive gel</i>	3	ADD
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>aftera</i>	3	ADD
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>bekyree (28)</i>	1	MO
<i>camrese</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>caziant (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	MO
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
ECONTRA EZ	3	ADD
ECONTRA ONE-STEP	3	MO; ADD
<i>elinest</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>femynor</i>	1	MO
<i>gianvi (28)</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estrad</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
LEVONORGESTREL ORAL TABLET 1.5 MG	3	ADD
<i>levonorgestrel-ethinyl estrad</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levora-28</i>	1	MO
<i>lillow (28)</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-lynyah</i>	1	MO
MY CHOICE	3	ADD
MY WAY	3	MO; ADD
NEW DAY	3	ADD
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
OPCICON ONE-STEP	3	ADD
OPTION-2	3	ADD
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtreea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>plan b one-step</i>	3	ADD
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>take action</i>	3	ADD
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tri-legest fe</i>	1	MO
<i>tri-lynyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methergine</i>	1	PA
<i>methylergonovine injection</i>	1	PA
<i>methylergonovine oral</i>	1	PA; MO
<i>oxytocin injection solution</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	MO
AZASITE	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tobramycin ophthalmic (eye)</i>	1	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ADVANCED EYE RELIEF	3	MO; ADD
ALAWAY	3	MO; ADD
ALLERGY EYE (KETOTIFEN)	3	ADD
ALTACHLORE	3	ADD
ARTIFICIAL TEARS (PETRO/MIN)	3	MO; ADD
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARTIFICIAL TEARS (POLYVIN ALC)	3	MO; ADD
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS	3	ADD
ARTIFICIAL TEARS(GLYCERIN-PEG)	3	ADD
ARTIFICIAL TEARS(PG-HYPM-GLYC)	3	MO; ADD
ARTIFICIAL TEARS(PVALCH-POVID)	3	ADD
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
BEPREVE	2	MO
BION TEARS (PF)	3	MO; ADD
BLEPHAMIDE	2	MO
BLEPHAMIDE S.O.P.	2	MO
<i>boric acid (bulk) granules</i>	3	ADD
<i>boric acid (bulk) powder</i>	3	MO; ADD
<i>bss</i>	1	MO
<i>carboxymethylcellul. sod.(bulk) granules</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILDREN'S ALAWAY	3	ADD
CLEAR EYES NATURAL TEARS	3	ADD
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	2	PA; MO
DRY EYE RELIEF	3	ADD
<i>epinastine</i>	1	MO
EYE DROP TEARS	3	ADD
EYE ITCH RELIEF	3	MO; ADD
<i>eye stream</i>	3	MO; ADD
EYE WASH	3	ADD
<i>eyelid wipes (with chamomile)</i>	3	ADD
EYLEA	2	PA; MO
FOR STY RELIEF	3	ADD
<i>freshkote ophthalmic (eye) drops 2.7-2 %</i>	3	MO; ADD
<i>gentel tears mild</i>	3	MO; ADD
<i>gentel tears moderate</i>	3	MO; ADD
<i>gentel tears moderate (pf)</i>	3	MO; ADD
<i>gentel tears severe gel</i>	3	MO; ADD
GONAK	3	MO; ADD
GONIOTAIRE	3	ADD
GONIOVISC	3	MO; ADD
<i>isopto tears</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ITCHY EYE DROPS	3	ADD
KETOTIFEN FUMARATE	3	MO; ADD
LASTACAFT	2	MO
LUBRICANT (P-GLYCOL-GLYCERIN)	3	ADD
<i>lubricant eye (cmc-glycerin)</i>	3	ADD
LUBRICANT EYE (PG-PEG 400)	3	ADD
<i>lubricant eye (pg-peg 400)(pf)</i>	3	ADD
<i>lubricant eye (propyl glycol)</i>	3	ADD
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE	3	ADD
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 %	3	ADD
<i>lubricant eye ophthalmic (eye) ointment 57.3-42.5 %, 57.7-31.9 %</i>	3	ADD
<i>lubricating drops</i>	3	ADD
LUBRICATING PLUS	3	MO; ADD
<i>lubricating relief</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LUBRIFRESH PM	3	MO; ADD
LUCENTIS	2	PA; MO
MOISTURE DROPS	3	ADD
<i>muro 128</i>	3	MO; ADD
NATURAL TEARS (PF)	3	ADD
<i>nighttime dry-eye relief</i>	3	ADD
<i>olopatadine ophthalmic (eye)</i>	1	MO
<i>overnight lubricating eye</i>	3	ADD
OXERVATE	2	PA; MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
POLYVINYL ALCOHOL	3	ADD
PURE AND GENTLE EYE	3	ADD
<i>refresh celluvisc</i>	3	MO; ADD
<i>refresh classic (pf)</i>	3	MO; ADD
<i>refresh lacri-lube</i>	3	MO; ADD
<i>refresh liquigel</i>	3	MO; ADD
<i>refresh optive advanced</i>	3	MO; ADD
<i>refresh optive advanced (pf)</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>refresh optive mega-3 (pf)</i>	3	MO; ADD
<i>refresh optive ophthalmic (eye) drops</i>	3	MO; ADD
<i>refresh optive ophthalmic (eye) drops, gel</i>	3	ADD
<i>refresh optive sensitive (pf)</i>	3	MO; ADD
<i>refresh p.m.</i>	3	MO; ADD
<i>refresh plus</i>	3	MO; ADD
<i>refresh relieva</i>	3	MO; ADD
<i>refresh tears</i>	3	MO; ADD
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
RESTORE PLUS (CMCELLULOSE)	3	ADD
<i>restore pm</i>	3	ADD
<i>restore tears</i>	3	ADD
<i>retaine mgd (pf)</i>	3	MO; ADD
<i>retaine pm</i>	3	ADD
REVIVE PLUS	3	ADD
SODIUM CHLORIDE OPTHALMIC (EYE)	3	MO; ADD
<i>soothe night time lubricant</i>	3	MO; ADD
<i>sterile lubricant</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>stye lubricant</i>	3	ADD
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>systane (pf)</i>	3	MO; ADD
<i>systane (propylene glycol)</i>	3	MO; ADD
<i>systane balance</i>	3	MO; ADD
<i>systane complete</i>	3	MO; ADD
<i>systane gel</i>	3	MO; ADD
<i>systane lid wipes</i>	3	ADD
<i>systane nighttime</i>	3	MO; ADD
<i>systane ultra</i>	3	MO; ADD
<i>systane ultra (pf)</i>	3	ADD
<i>tears naturale forte</i>	3	ADD
<i>theratears ophthalmic (eye) dropperette</i>	3	MO; ADD
<i>theratears ophthalmic (eye) dropperette, gel</i>	3	ADD
ULTRA FRESH	3	ADD
<i>ultra fresh pm</i>	3	ADD
<i>ultra lubricant eye</i>	3	ADD
<i>visine tears</i>	3	MO; ADD
WAL-ZYR (KETOTIFEN)	3	ADD
<i>zaditor</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
TRAVATAN Z	2	MO
<i>travoprost</i>	1	MO
ZIOPTAN (PF)	2	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
LOTEMAX OPTHALMIC (EYE) DROPS, GEL	2	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	2	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	2	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>allergy eye (naphazoline-phen)</i>	3	ADD
ALTAZINE	3	ADD
EYE ALLERGY RELIEF	3	ADD
EYE DROPS (TETRAHYDROZO LINE)	3	MO; ADD
EYE DROPS (WITH POVIDONE)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EYE DROPS ADVANCED RELIEF	3	ADD
<i>naphcon-a</i>	3	MO; ADD
<i>opcon-a</i>	3	MO; ADD
REDNESS RELIEVER EYE DROPS	3	ADD
STERILE EYE DROPS OPTHALMIC (EYE) DROPS 0.05 %	3	ADD
TETRAHYDROZO LINE	3	ADD
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
12 HOUR DECONGESTANT	3	ADD
12 HOUR NASAL DECONGEST (PSE)	3	ADD
24HOUR ALLERGY	3	ADD
24HR ALLERGY RELIEF	3	ADD
<i>acetaminophen congestion-pain</i>	3	MO; ADD
<i>acticon (dextbromph-pse) oral solution</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACTICON (DEXBROMPH-PSE) ORAL TABLET	3	ADD
<i>actinel</i>	3	ADD
<i>actinel pediatric</i>	3	ADD
<i>adrenalin injection</i>	1	MO
ADULT ROBITUSSIN PEAK COLD M-S	3	MO; ADD
ADULT TUSSIN CHEST CONGESTION	3	ADD
ADULT TUSSIN COUGH CONGEST DM	3	ADD
ADULT TUSSIN DM	3	ADD
ADULT TUSSIN MULTI-SYMP COLD	3	ADD
ADULT WAL-TUSSIN	3	ADD
ADULT WAL-TUSSIN DM MAX	3	ADD
ADVIL COLD AND SINUS ORAL TABLET	3	ADD
<i>ahist (chlorcyclizine)</i>	3	MO; ADD
<i>alahist cf</i>	3	MO; ADD
<i>alahist dm</i>	3	ADD
ALA-HIST IR	3	MO; ADD
ALAVERT	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALAVERT D-12 ALLERGY-SINUS	3	MO; ADD
ALER-CAP	3	ADD
<i>aleve cold and sinus</i>	3	ADD
<i>aleve sinus and headache</i>	3	ADD
<i>aleve-d sinus and cold</i>	3	MO; ADD
<i>aleve-d sinus and headache</i>	3	ADD
ALKA-SELTZER PLUS ALLERGY	3	ADD
<i>alka-seltzer plus day</i>	3	ADD
<i>alka-seltzer plus night</i>	3	ADD
<i>alka-seltzer plus sin-allg-cgh</i>	3	ADD
<i>alka-seltzer plus sinus-cough</i>	3	ADD
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION	3	ADD
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET	3	ADD
ALL DAY ALLERGY-D	3	ADD
<i>all day pain relief sinus,cold</i>	3	ADD
ALLEGRA-D 12 HOUR	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALLER-CHLOR ORAL TABLET	3	MO; ADD
ALLERCLEAR	3	ADD
ALLERCLEAR D-12HR	3	ADD
ALLERCLEAR D-24HR	3	ADD
ALLER-EASE ORAL TABLET	3	ADD
ALLER-FEX	3	ADD
ALLER-G-TIME	3	ADD
ALLERGY (CHLORPHENIRAMINE)	3	MO; ADD
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE	3	ADD
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID	3	ADD
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET	3	MO; ADD
ALLERGY 4-HOUR	3	ADD
ALLERGY AND CONGESTION RELIEF	3	ADD
ALLERGY COMPLETE-D	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALLERGY MEDICATION	3	ADD
ALLERGY MEDICINE ORAL TABLET	3	ADD
ALLERGY MULTI-SYMPATOM	3	ADD
ALLERGY PLUS SEVERE SINUS HA	3	ADD
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION	3	ADD
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET	3	ADD
ALLERGY RELIEF (CLEMASTINE)	3	ADD
ALLERGY RELIEF (FEXOFENADINE)	3	ADD
ALLERGY RELIEF (LEVOCETIRIZIN)	3	ADD
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION	3	ADD
ALLERGY RELIEF (LORATADINE) ORAL TABLET	3	MO; ADD
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING	3	ADD
ALLERGY RELIEF D12	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALLERGY RELIEF D-24HR	3	ADD
ALLERGY RELIEF MULTI-SYMPOM	3	ADD
ALLERGY RELIEF(CHLORPH ENIRAMN) ORAL TABLET	3	ADD
ALLERGY RELIEF(DIPHENH YDRAMIN) ORAL CAPSULE	3	ADD
ALLERGY RELIEF(DIPHENH YDRAMIN) ORAL LIQUID	3	MO; ADD
ALLERGY RELIEF(DIPHENH YDRAMIN) ORAL TABLET	3	ADD
ALLERGY RELIEF,NASAL DECONGEST	3	MO; ADD
ALLERGY RELIEF-D (CETIRIZINE)	3	ADD
ALLERGY RELIEF-D (LORATADINE)	3	ADD
ALLERGY RELIEF-D(FEXOFENADIN E)	3	ADD
<i>allergy sinus headache (pe)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALLERGY SINUS PE	3	ADD
ALLERGY- CONGEST RELIEF-D(FEXO)	3	ADD
ALLERGY- CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	3	ADD
ALLERGY-TIME	3	ADD
ALLER-TEC	3	ADD
ALLER-TEC D	3	ADD
<i>all-nite cold-flu</i>	3	ADD
ANTITUSSIVE DM	3	ADD
APRODINE	3	MO; ADD
<i>aquanaz</i>	3	ADD
<i>atuss da</i>	3	ADD
BANOPHEN ORAL CAPSULE	3	MO; ADD
BANOPHEN ORAL TABLET	3	MO; ADD
<i>benadryl allergy</i>	3	MO; ADD
BENZONATATE	3	MO; ADD
BIOCOTRON	3	ADD
<i>bionel pediatric</i>	3	ADD
BROHIST D	3	ADD
<i>bromfed dm</i>	3	MO; ADD
BROMPHENIRAMI NE-PSEUDOEPH-DM ORAL SYRUP	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BROMPHENIRAMINE-PHENYLEPHRIN-DM ORAL LIQUID 2-5-10 MG/5 ML	3	ADD
<i>bronkaid dual action</i>	3	ADD
BROTAPP DM	3	MO; ADD
<i>capcof</i>	3	MO; ADD
<i>capmist dm</i>	3	MO; ADD
<i>capron dm</i>	3	ADD
<i>capron dmt</i>	3	MO; ADD
CETIRI-D	3	ADD
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CETIRIZINE ORAL SOLUTION 5 MG/5 ML	3	ADD
CETIRIZINE ORAL TABLET	3	MO; ADD
CETIRIZINE ORAL TABLET,CHEWABLE	3	MO; ADD
CETIRIZINE-PSEUDOEPHEDRINE	3	MO; ADD
CHEST CONGESTION RELIEF DM ORAL TABLET	3	ADD
CHEST CONGESTION RELIEF ORAL TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHEST CONGESTION RELIEF PE	3	ADD
CHEST CONGESTION-COUGH RELIEF	3	ADD
CHEST-SINUS CONGESTION RELIEF	3	ADD
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION	3	ADD
CHILD CHEST CONGESTION-COUGH	3	ADD
CHILD COUGH-CHEST CONGEST DM	3	ADD
<i>child delsym cough-cold</i>	3	ADD
<i>child mucinex chest mini-melts oral granules in packet 100 mg</i>	3	MO; ADD
<i>child mucinex cough mini-melts</i>	3	MO; ADD
<i>child mucinex m-s cold day-nte</i>	3	ADD
CHILD MUCUS RELIEF COUGH	3	ADD
CHILD MUCUS RELIEF EXPECTORANT	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>child multi-symptom cold/cough</i>	3	ADD
CHILD TRIAMINIC COLD-ALLERGY	3	ADD
<i>child triaminic ms fever-cold</i>	3	ADD
CHILD WAL-TAP COLD-ALLERGY	3	ADD
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID	3	ADD
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION	3	ADD
<i>children's allergy relief(lor) oral tablet,chewable</i>	3	ADD
CHILDREN'S ALLERGY(CETIRIZINE)	3	ADD
CHILDREN'S AURODRYL ALLERGY	3	ADD
CHILDREN'S CETIRIZINE ORAL SOLUTION	3	ADD
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILDREN'S CHEST CONGESTION	3	ADD
<i>children's claritin oral tablet,chewable</i>	3	MO; ADD
CHILDREN'S COLD AND COUGH (PE)	3	ADD
CHILDREN'S COLD-ALLERGY (PE)	3	ADD
<i>children's cold-cough daytime</i>	3	ADD
<i>children's cold-cough-sore</i>	3	ADD
CHILDREN'S COUGH	3	ADD
<i>children's cough dm er</i>	3	ADD
<i>children's delsym cough</i>	3	ADD
CHILDREN'S DIBROMM COLD-ALLERG	3	ADD
CHILDREN'S DIBROMM DM COLD-COU	3	ADD
CHILDREN'S DIPHENHYDRAMINE	3	ADD
CHILDREN'S FLU RELIEF	3	ADD
<i>children's loratadine</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children's m-s cold day-night</i>	3	ADD
<i>children's mucinex cold-fever</i>	3	ADD
CHILDREN'S MUCINEX COUGH	3	ADD
<i>children's mucinex multi-symp</i>	3	ADD
<i>children's mucinex night time</i>	3	ADD
CHILDREN'S PLUS FLU	3	ADD
CHILDRENS PLUS MULTI-SYMP COLD	3	ADD
CHILDREN'S SILFEDRINE	3	ADD
<i>children's stuffy nose-cold</i>	3	ADD
<i>children's sudafed</i>	3	MO; ADD
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID	3	ADD
CHILDREN'S WAL-ZYR	3	ADD
CHILD'S ALL DAY ALLERGY(CETIR)	3	ADD
<i>child's mucus relief m-s cold</i>	3	ADD
CHILDS TRIACTING COLD-COUGH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHLD ROBITUSSIN COUGH-CHEST DM	3	ADD
<i>chlo hist</i>	3	MO; ADD
<i>chlo tuss</i>	3	MO; ADD
CHLORHIST	3	ADD
CHLORPHENIRAMINE MALEATE ORAL TABLET	3	ADD
CHLORPHENIRAMINE MALEATE ORAL TABLET EXTENDED RELEASE	3	ADD
CHLORTABS	3	ADD
CLARITIN ORAL TABLET	3	MO; ADD
CLEMASTINE ORAL TABLET 1.34 MG	3	ADD
CODEINE-GUAIFENESIN	3	MO; ADD
COLD AND ALLERGY	3	ADD
COLD AND ALLERGY (BROMPHEN-PE)	3	ADD
COLD AND ALLERGY PE	3	ADD
COLD AND COUGH (DIPHENHYDR-PE)	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COLD AND COUGH DM	3	ADD
COLD AND COUGH ELIXIR	3	ADD
<i>cold and flu relief(diphen-pe)</i>	3	ADD
<i>cold and flu severe</i>	3	ADD
COLD AND SINUS PAIN RELIEF	3	ADD
<i>cold head congestion day/nite</i>	3	ADD
<i>cold head congestion daytime</i>	3	ADD
COLD HEAD CONGESTION SEVER DAY	3	ADD
COLD MULTI-SYMPOM	3	ADD
<i>cold multi-symptom day/night</i>	3	ADD
<i>cold multi-symptom nighttime</i>	3	ADD
<i>cold relief m/s day/night</i>	3	ADD
COLD RELIEF PLUS	3	ADD
COLD SEVERE CONGESTION	3	ADD
COLD-FLU RELIEF ORAL LIQUID 12.5-30-1,000 MG/30 ML	3	ADD
<i>cold-flu-sore throat</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COLD-SINUS RELIEF	3	ADD
COMPLETE ALLERGY MEDICINE	3	ADD
COMPLETE ALLERGY ORAL CAPSULE	3	ADD
COMPLETE ALLERGY ORAL TABLET	3	ADD
<i>compoz</i>	3	ADD
<i>conex oral solution</i>	3	ADD
CONEX ORAL TABLET	3	ADD
<i>contac cold-flu night</i>	3	ADD
<i>coricidin hbp cold-multi sympt</i>	3	MO; ADD
<i>coricidin hbp cough and cold</i>	3	MO; ADD
COUGH AND COLD (CHLORPHEN-DM)	3	ADD
<i>cough and severe cold</i>	3	ADD
COUGH DM ER	3	ADD
COUGH FORMULA DM	3	ADD
COUGH RELIEF ORAL LIQUID	3	ADD
COUGH SYRUP	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COUGH SYRUP DM	3	ADD
COUGH-CHEST CONGESTION DM	3	ADD
<i>cough-cold relief hbp</i>	3	ADD
COUGH-SORE THROAT NIGHT	3	ADD
DAY MULTI-SYMP FLU-SEVERE COLD	3	ADD
<i>day time pe</i>	3	ADD
<i>dayclear allergy relief</i>	3	ADD
<i>day-cold night-cold-flu(doxyl)</i>	3	ADD
DAYHIST ALLERGY	3	ADD
<i>daytime</i>	3	ADD
<i>daytime and nighttime cold</i>	3	ADD
<i>daytime cold-flu</i>	3	ADD
<i>daytime cold-flu relief (pe)</i>	3	ADD
<i>daytime-cold nighttime-cld-flu oral liquid, sequential</i>	3	ADD
<i>deconex dmx oral tablet 10-17.5-385 mg</i>	3	MO; ADD
<i>deconex ir oral tablet 10-385 mg</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>delsym 12 hour</i>	3	MO; ADD
DELSYM COUGH-CHEST CONGEST DM	3	ADD
<i>delsym cough-cold nighttime</i>	3	MO; ADD
DESGEN DM ORAL LIQUID 5-10-100 MG/5 ML	3	ADD
DESPEC DM-G	3	ADD
DESPEC-DM (PHENYLEPH-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML	3	ADD
<i>dexbrompheniramin e-phenyleph</i>	3	ADD
DEXTROMETHOR PHAN POLISTIREX	3	ADD
DEXTROMETHOR PHAN-GUAIFENESIN	3	ADD
DIABETIC SILTUSSIN-DM MAX STR	3	ADD
DIABETIC TUSSIN DM	3	MO; ADD
DIABETIC TUSSIN EX	3	MO; ADD
DIMAPHEN DM	3	MO; ADD
DIMETAPP COLD-CONGESTION	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DIMETAPP DM COLD-COUGH (PE)	3	MO; ADD
DIPHEDRYL ALLERGY	3	ADD
DIPHEDRYL ORAL CAPSULE	3	ADD
DIPHEDRYL ORAL LIQUID	3	MO; ADD
DIPHEN ORAL TABLET	3	ADD
DIPHENHIST ORAL CAPSULE	3	MO; ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
DIPHENHYDRAMINE HCL ORAL CAPSULE 25 MG	3	MO; ADD
DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG	3	ADD
<i>diphenhydramine hcl oral drops</i>	3	ADD
<i>diphenhydramine hcl oral elixir</i>	1	PA
DIPHENHYDRAMINE HCL ORAL LIQUID	3	ADD
DIPHENHYDRAMINE HCL ORAL TABLET 25 MG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DM MAX	3	ADD
<i>doxylamine-phenylephrine</i>	3	ADD
DRISTAN COLD	3	ADD
<i>duraflu oral tablet 60-20-200-325 mg</i>	3	MO; ADD
<i>duravent dm</i>	3	ADD
ED A-HIST	3	MO; ADD
ED A-HIST DM ORAL LIQUID	3	MO; ADD
<i>ed a-hist dm oral tablet</i>	3	MO; ADD
ED BRON GP	3	ADD
ED CHLORPED JR	3	MO; ADD
ENDACOF - DM	3	MO; ADD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPIPEN	2	MO; QL (2 per 30 days)
EPIPEN 2-PAK	2	MO; QL (2 per 30 days)
EPIPEN JR	2	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (2 per 30 days)
EXPECTORANT COUGH SYRUP	3	ADD
EXPECTORANT ORAL LIQUID	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FENESIN DM IR ORAL TABLET 20-400 MG	3	ADD
FENESIN IR	3	ADD
FENESIN PE IR	3	ADD
FEXOFENADINE ORAL TABLET 180 MG, 60 MG	3	MO; ADD
FEXOFENADINE-PSEUDOEPHEDRINE	3	MO; ADD
FLU HBP	3	ADD
<i>flu-severe cold-cough daytime</i>	3	ADD
<i>flu-severe cold-cough night</i>	3	ADD
G TUSSIN AC	3	MO; ADD
GERI-DRYL ORAL LIQUID	3	ADD
GERI-DRYL ORAL TABLET	3	ADD
GERI-TUSSIN	3	ADD
GERI-TUSSIN DM ORAL LIQUID	3	MO; ADD
GLENMAX PEB DM	3	ADD
<i>glentuss</i>	3	ADD
GUAIASORB DM	3	ADD
GUAIA TUSSIN AC	3	MO; ADD
GUAIFENESIN AC	3	ADD
GUAIFENESIN DAC	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GUAIFENESIN ORAL LIQUID	3	ADD
GUAIFENESIN ORAL TABLET	3	MO; ADD
<i>head congestion day-night</i>	3	ADD
<i>herbiomed allergy cold-sinus</i>	3	ADD
<i>herbiomed severe cold-flu m-s</i>	3	ADD
<i>histex (triprolidine)</i>	3	ADD
<i>histex dm</i>	3	MO; ADD
<i>histex pd</i>	3	ADD
<i>histex pdx</i>	3	ADD
<i>histex pe</i>	3	ADD
<i>histex-ac</i>	3	ADD
HYDROCODONE COMPOUND	3	ADD
HYDROCODONE-CHLORPHENIRAMINE	3	MO; ADD
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML	3	MO; ADD
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	3	ADD
HYDROCODONE-HOMATROPINE ORAL TABLET	3	MO; ADD
HYDROMET	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
IBUPROFEN COLD-SINUS(WITH PSE)	3	ADD
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
LIQUIBID D-R	3	ADD
<i>lodrane d</i>	3	MO; ADD
LOHIST - D	3	MO; ADD
LOHIST-DM	3	MO; ADD
LORADAMED	3	MO; ADD
LORATA-D	3	ADD
LORATA-DINE D	3	ADD
LORATADINE ORAL SOLUTION	3	MO; ADD
LORATADINE ORAL TABLET	3	MO; ADD
LORATADINE ORAL TABLET,DISINTEGRATING	3	ADD
LORATADINE-D	3	MO; ADD
<i>lortuss lq</i>	3	ADD
MAPAP COLD FORMULA	3	MO; ADD
<i>mar-cof bp</i>	3	ADD
<i>mar-cof cg</i>	3	MO; ADD
<i>maxichlor peh dm</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>maxifed</i>	3	ADD
<i>maxi-tuss cd</i>	3	ADD
M-CLEAR WC	3	MO; ADD
M-DRYL	3	ADD
MEDICIDIN-D	3	ADD
<i>m-end dmx</i>	3	MO; ADD
<i>m-end pe</i>	3	MO; ADD
<i>m-hist pd</i>	3	ADD
<i>mucinex cold,flu,sore throat</i>	3	ADD
MUCINEX D	3	MO; ADD
MUCINEX D MAXIMUM STRENGTH	3	MO; ADD
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG	3	MO; ADD
<i>mucinex dm oral tablet extended release 12 hr 60-1,200 mg</i>	3	MO; ADD
<i>mucinex fast-max cold-flu-thrt oral capsule</i>	3	ADD
<i>mucinex fast-max cold-flu-thrt oral liquid</i>	3	ADD
MUCINEX FAST-MAX COLD-FLU-THRT ORAL TABLET	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucinex fast-max cold-sinus</i>	3	ADD
<i>mucinex fast-max congest-cough oral liquid</i>	3	MO; ADD
<i>mucinex fast-max congest-cough oral tablet</i>	3	ADD
<i>mucinex fast-max cong-ha (dm)</i>	3	ADD
<i>mucinex fast-max day-nite cold oral tablets, sequential</i>	3	ADD
<i>mucinex fast-max day-nite cong</i>	3	ADD
<i>mucinex fast-max day-nt(doxyl)</i>	3	ADD
MUCINEX FAST-MAX DM MAX	3	ADD
<i>mucinex fast-max nite cold-flu oral liquid</i>	3	ADD
<i>mucinex fast-max severe cold oral liquid</i>	3	ADD
<i>mucinex fst-mx dy-nt cold(dph)</i>	3	ADD
<i>mucinex oral tablet extended release 12hr 1,200 mg</i>	3	MO; ADD
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 600 MG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucinex sinus-max cng-pain(dm)</i>	3	ADD
<i>mucinex sinus-max dy-nt (dxyl)</i>	3	ADD
<i>mucinex sinus-max nite congest</i>	3	ADD
<i>mucinex sinus-max pressure-cgh</i>	3	ADD
<i>mucinex sinus-max sev congestn</i>	3	ADD
MUCOSA	3	ADD
MUCOSA DM	3	ADD
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	3	ADD
MUCUS DM	3	MO; ADD
MUCUS DM MAX ER	3	ADD
<i>mucus relief cold and sinus</i>	3	ADD
<i>mucus relief cold-flu-sore thr</i>	3	ADD
<i>mucus relief congestion-cough</i>	3	ADD
MUCUS RELIEF COUGH	3	ADD
MUCUS RELIEF D (PSEUDOEPHED)	3	ADD
MUCUS RELIEF DM	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCUS RELIEF DM COUGH	3	MO; ADD
MUCUS RELIEF DM MAX	3	ADD
<i>mucus relief er oral tablet extended release 12hr 1,200 mg</i>	3	ADD
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG	3	MO; ADD
MUCUS RELIEF ORAL TABLET 200 MG	3	ADD
MUCUS RELIEF ORAL TABLET 400 MG	3	MO; ADD
MUCUS RELIEF PE	3	ADD
<i>mucus relief sev congest-cold</i>	3	ADD
<i>mucus relief severe cold</i>	3	ADD
MUCUS RELIEF SINUS	3	ADD
<i>mucus relief sinuspressur-pain</i>	3	ADD
<i>mucus rlf severe sinus congest</i>	3	ADD
<i>mucus-er max</i>	3	ADD
MULTI-SYMPTOM COLD (PE)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NASAL DECONGESTANT (PE) ORAL TABLET 10 MG	3	ADD
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET	3	ADD
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE	3	ADD
<i>nasopen pe</i>	3	ADD
NIGHT TIME COLD AND FLU RELIEF	3	ADD
NIGHT TIME ORAL CAPSULE 6.25-15-325 MG	3	ADD
NIGHTTIME SLEEP	3	ADD
NIGHTTIME ALLERGY RELIEF	3	ADD
NIGHTTIME COLD-FLU	3	ADD
<i>nighttime cold-flu relief</i>	3	ADD
NIGHTTIME COUGH	3	ADD
<i>nighttime sleep aid (diphen) oral capsule 25 mg</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG	3	ADD
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET	3	ADD
<i>ninjacof</i>	3	MO; ADD
<i>ninjacof-a</i>	3	ADD
<i>ninjacof-xg</i>	3	MO; ADD
<i>nite time cold-flu</i>	3	ADD
NITE TIME COLD-FLU RELIEF ORAL CAPSULE	3	ADD
<i>nite time cold-flu relief oral liquid</i>	3	ADD
NITE TIME COUGH	3	ADD
NITETIME MULTI-SYMP TOM	3	ADD
<i>nivanex dmx</i>	3	ADD
NOHIST-DM	3	MO; ADD
NOHIST-LQ	3	ADD
<i>norel ad</i>	3	MO; ADD
PAIN RELIEF ALLERGY SINUS	3	ADD
PEDIA RELIEF INFANT NASAL	3	ADD
<i>pediaclear allergy</i>	3	ADD
<i>pediaclear cough</i>	3	ADD
<i>pediaclear pd</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML	3	ADD
<i>pediavent</i>	3	ADD
PHARBECHLOR	3	ADD
PHARBEDRYL	3	ADD
<i>phenylephrine-dm-guaiifenesin oral liquid 10-18-200 mg/15 ml</i>	3	ADD
<i>phenylephrine-dm-guaiifenesin oral tablet</i>	3	ADD
<i>poly hist forte (doxylamine)</i>	3	MO; ADD
<i>poly hist pd</i>	3	ADD
<i>poly-hist dm (thonzylamine)</i>	3	ADD
<i>poly-tussin ac oral liquid 4-10-10 mg/5 ml</i>	3	MO; ADD
<i>polytussin dm</i>	3	ADD
<i>poly-vent dm oral tablet 60-20-380 mg</i>	3	ADD
<i>poly-vent ir oral tablet 60-380 mg</i>	3	MO; ADD
PRES GEN	3	ADD
<i>pressure-pain pe plus mucus</i>	3	ADD
<i>promethazine injection solution</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>promethazine oral</i>	1	PA; MO
PROMETHAZINE VC	3	ADD
PROMETHAZINE-CODEINE	3	MO; ADD
PROMETHAZINE-DM	3	MO; ADD
PROMETHAZINE-PHENYLEPH-CODEINE	3	MO; ADD
PROMETHAZINE-PHENYLEPHRINE	3	MO; ADD
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG	3	MO; ADD
PSEUDOEPHEDRINE HCL ORAL TABLET 60 MG	3	ADD
PSEUDOEPHEDRINE HCL ORAL TABLET EXTENDED RELEASE	3	MO; ADD
PSEUDOEPHEDRINE-GUAIFENESIN ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG	3	ADD
PSEUDOEPHEDRINE-GUAIFENESIN ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REFENESEN DM	3	ADD
REFENESEN ORAL TABLET 400 MG	3	ADD
REFENESEN PE	3	ADD
<i>rescon</i>	3	MO; ADD
<i>rescon-dm</i>	3	MO; ADD
RESCON-GG	3	MO; ADD
RI-TUSSIN	3	ADD
RI-TUSSIN DM	3	ADD
ROBAFEN	3	MO; ADD
ROBAFEN CF (PHENYLEPHRINE)	3	MO; ADD
ROBAFEN COUGH	3	MO; ADD
ROBAFEN DM COUGH	3	MO; ADD
ROBAFEN DM COUGH-CHEST CONGEST	3	MO; ADD
<i>robitussin cold-flu night (pe)</i>	3	ADD
ROBITUSSIN COUGH-CHEST CONG DM ORAL LIQUID 5-100 MG/5 ML	3	MO; ADD
<i>rondec-d</i>	3	ADD
<i>ru-hist d</i>	3	MO; ADD
RYDEX	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>rymed (dexchlorpheniramine-pe)</i>	3	MO; ADD
RYNEX DM	3	MO; ADD
RYNEX PE	3	ADD
RYNEX PSE	3	ADD
SCOT-TUSSIN EXPECTORANT	3	ADD
<i>severe allergy-sinus headache</i>	3	ADD
SEVERE COLD	3	ADD
<i>severe cold and flu (pe)</i>	3	ADD
<i>severe cold and flu nighttime</i>	3	ADD
<i>severe cold and flu-day (dm)</i>	3	ADD
<i>severe cold cough-flu</i>	3	ADD
SEVERE COLD MULTI-SYMPTOM	3	ADD
<i>severe cold pe</i>	3	ADD
<i>severe congestion relief</i>	3	ADD
<i>severe cough-congestion</i>	3	ADD
<i>severe sinus</i>	3	ADD
SILADRYL SA	3	ADD
SILTUSSIN DM DAS	3	ADD
SILTUSSIN SA	3	MO; ADD
SILTUSSIN-DM	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SIMPLY SLEEP	3	ADD
SINUS 12 HOUR	3	ADD
SINUS AND ALLERGY PE	3	ADD
<i>sinus and cold-d</i>	3	ADD
SINUS CONGESTION AND PAIN	3	ADD
SINUS CONGESTION-PAIN(CHLORPH)	3	ADD
<i>sinus congestion-pain(guaif)</i>	3	ADD
SINUS CONGEST-PAIN DAY-NIGHT	3	ADD
SINUS DECONGESTANT (PE)	3	ADD
SINUS HEADACHE PE	3	ADD
SINUS PAIN RELIEF	3	ADD
<i>sinus pain-pressure (pe) oral tablet 5-325 mg</i>	3	ADD
SINUS PE DECONGESTANT	3	ADD
SINUS RELIEF (NON-DROWSY)	3	ADD
<i>sinus relief max str day-night oral tablets, sequential 5-325-200mg(d)/ 25-5mg-325mg(n)</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sinus relief pressure and pain</i>	3	ADD
<i>sinus relief severe congestion</i>	3	ADD
SINUS-ALLERGY (PHENYLEPHRINE)	3	ADD
<i>sleep aid (diphenhydramine) oral capsule 25 mg</i>	3	ADD
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG	3	ADD
<i>sleep aid (diphenhydramine) oral liquid</i>	3	ADD
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET	3	ADD
SLEEP AID MAX STR (DIPHENHYDR)	3	ADD
SLEEP II	3	ADD
SLEEP TABLET (DIPHENHYDRAMINE)	3	ADD
<i>sleep time</i>	3	ADD
SLEEP-TABS	3	ADD
SORBUGEN NR	3	ADD
<i>stahist (dexchlorpheniramine)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>stahist ad oral tablet</i>	3	MO; ADD
<i>sudafed 12 hour</i>	3	MO; ADD
SUDOGEST	3	MO; ADD
SUDOGEST 12-HOUR	3	MO; ADD
SUDOGEST COLD AND ALLERGY	3	MO; ADD
SUDOGEST PE	3	MO; ADD
SUDOGEST SINUS AND ALLERGY	3	ADD
SUPHEDRIN	3	ADD
SUPHEDRINE	3	ADD
SUPHEDRINE 12 HOUR	3	ADD
SUPHEDRINE PE	3	ADD
SUPHEDRINE PE COLD AND ALLERGY	3	ADD
SUPHEDRINE PE SINUS AND ALLERGY	3	ADD
SUPHEDRINE PE SINUS HEADACHE	3	ADD
SYMJEPI	2	MO; QL (2 per 30 days)
<i>tessalon perles</i>	3	MO; ADD
<i>theraflu expressmax cold day</i>	3	ADD
<i>theraflu expressmax cold night oral tablet</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>theraflu flu-sore throat</i>	3	ADD
<i>theraflu multi-symptom cold oral powder in packet</i>	3	ADD
<i>theraflu night severe cold-cgh</i>	3	ADD
TOTAL ALLERGY MEDICINE	3	ADD
<i>triaminic cold and cough (pe)</i>	3	ADD
<i>triaminic cold and coughnt(pe)</i>	3	ADD
<i>triprolidine hcl oral drops 0.313 mg/ml, 0.625 mg/ml</i>	3	ADD
TUSNEL DIABETIC	3	MO; ADD
<i>tusnel dm pediatric(pseudoeph)</i>	3	ADD
<i>tusnel new formula</i>	3	ADD
TUSNEL PEDIATRIC ORAL DROPS	3	ADD
<i>tusnel pediatric oral liquid</i>	3	ADD
<i>tussicaps oral capsule,extended release 12 hr 10-8 mg</i>	3	MO; ADD
TUSSIN	3	ADD
TUSSIN CF (PE-DM-GUAIF)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUSSIN CF COUGH-COLD	3	ADD
TUSSIN CF MAX	3	ADD
<i>tussin cf max severe m-s cold</i>	3	ADD
TUSSIN CHEST CONGESTION	3	ADD
TUSSIN COUGH (DM ONLY)	3	ADD
TUSSIN COUGH-CHEST CONGESTION	3	ADD
TUSSIN DM CLEAR	3	ADD
TUSSIN DM COUGH AND CHEST ORAL LIQUID 5-100 MG/5 ML	3	ADD
TUSSIN DM COUGH AND CHEST ORAL SYRUP	3	ADD
TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML	3	ADD
TUSSIN DM ORAL LIQUID	3	MO; ADD
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	3	ADD
TUSSIN DM ORAL TABLET	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUSSIN EXPECTORANT	3	ADD
TUSSIN HONEY	3	ADD
TUSSIN LONG-ACTING	3	ADD
TUSSIN MUCUS-CHEST CONGESTION	3	ADD
TUSSI-PRES ORAL LIQUID	3	ADD
<i>tylenol cold head congest sevr</i>	3	ADD
UNISOM SLEEPGELS	3	ADD
VALU-DRYL ALLERGY ORAL CAPSULE	3	ADD
VALU-TAPP	3	ADD
<i>vanaclear pd</i>	3	ADD
<i>vanacof</i>	3	MO; ADD
<i>vanacof dm</i>	3	MO; ADD
<i>vanamine pd</i>	3	ADD
<i>vanatab dm</i>	3	ADD
<i>vicks dayquil cold-flu relief oral capsule</i>	3	MO; ADD
<i>vicks dayquil severe cold-flu</i>	3	ADD
VICKS NYQUIL COLD/FLU LIQUICAP	3	ADD
<i>vicks nyquil nighttime relief</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vicks nyquil severe cold-flu oral liquid</i>	3	ADD
VIRTUSSIN AC	3	MO; ADD
VIRTUSSIN DAC	3	MO; ADD
WAL-ACT D COLD AND ALLERGY	3	ADD
WAL-DRYL ALLERGY	3	ADD
WAL-DRYL SEVERE ALLERGY-SINUS	3	ADD
WAL-FEX ALLERGY	3	ADD
WAL-FEX D 12 HOUR	3	ADD
WAL-FINATE	3	ADD
WAL-FINATE-D	3	ADD
<i>wal-flu night time</i>	3	ADD
<i>wal-flu severe cold and cough</i>	3	ADD
<i>wal-flu severe cold-cough</i>	3	ADD
WAL-ITIN D	3	ADD
WAL-ITIN D 12 HOUR	3	ADD
WAL-ITIN ORAL SOLUTION	3	ADD
WAL-ITIN ORAL TABLET	3	ADD
WAL-PHED	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WAL-PHED 12 HOUR	3	ADD
WAL-PHED D	3	ADD
WAL-PHED PE	3	ADD
<i>wal-phed pe day-night</i>	3	ADD
WAL-PHED PE NIGHTTIME COLD	3	ADD
<i>wal-phed pe severe cold</i>	3	ADD
WAL-PHED PE SINUS AND ALLERGY	3	ADD
<i>wal-phed pe sinus headache</i>	3	ADD
<i>wal-phed pe triple relief</i>	3	ADD
WAL-PROFEN COLD-SINUS	3	ADD
WAL-PROFEN D COLD AND SINUS	3	ADD
<i>wal-sleep z oral capsule</i>	3	ADD
<i>wal-sleep z oral liquid</i>	3	ADD
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE	3	ADD
WAL-TAP DM	3	ADD
WAL-TUSSIN COUGH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WAL-TUSSIN COUGH AND COLD CF	3	ADD
WAL-TUSSIN DM	3	ADD
WAL-ZYR (CETIRIZINE) ORAL SOLUTION	3	ADD
WAL-ZYR (CETIRIZINE) ORAL TABLET	3	ADD
WAL-ZYR D	3	ADD
<i>y-tuss</i>	3	ADD
<i>z-sleep</i>	3	ADD
<i>z-tuss ac</i>	3	MO; ADD
ZYNCOF ORAL TABLET	3	ADD
<i>zyrtec oral tablet</i>	3	MO; ADD
<i>zzzquil</i>	3	ADD
PULMONARY AGENTS		
<i>24 hour allergy relief</i>	3	ADD
<i>24 hour nasal allergy</i>	3	ADD
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	MO; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA; MO
<i>albuterol sulfate oral</i>	1	MO
ALLER-FLO	3	ADD
<i>allergy relief (fluticasone)</i>	3	ADD
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	2	QL (2 per 28 days)
<i>asthmanefrin refill</i>	3	MO; ADD
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO; QL (23 per 30 days)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BRONCHIAL MIST	3	ADD
BRONCHIAL MIST REFILL	3	ADD
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
BUDESONIDE NASAL	3	MO; ADD
<i>children's flonase allergy rlf</i>	3	MO; ADD
<i>children's flonase sensimist</i>	3	ADD
<i>children's nasacort</i>	3	MO; ADD
CINRYZE	2	PA; MO
<i>clarispray</i>	3	ADD
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
CROMOLYN NASAL	3	MO; ADD
DALIRESP ORAL TABLET 250 MCG	2	PA; MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DALIRESP ORAL TABLET 500 MCG	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)
FASENRA	2	PA; MO
FASENRA PEN	2	PA; MO
FIRAZYR	2	PA; MO
<i>flonase allergy relief</i>	3	MO; ADD
<i>flonase sensimist</i>	3	MO; ADD
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
HAEGARDA	2	PA; MO; LA
<i>icatibant</i>	1	PA; MO
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	B/D PA; MO
<i>metaproterenol oral syrup</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
<i>nasacort</i>	3	MO; ADD
NASAL ALLERGY	3	MO; ADD
NASAL ALLERGY SYMPTOM CONTROL	3	ADD
<i>nasalcrom</i>	3	MO; ADD
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	3	MO; ADD
OFEV	2	PA; MO; QL (60 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	B/D PA; MO
<i>primatene mist</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOSAL	3	MO; ADD
PULMOZYME	2	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
<i>s2 racepinephrine</i>	3	MO; ADD
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SODIUM CHLORIDE INHALATION SOLUTION FOR NEBULIZATION 3 %, 7 %	3	MO; ADD
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDHALER	2	MO; QL (90 per 90 days)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	2	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRIAMCINOLONE ACETONIDE NASAL	3	MO; ADD
TRIKAFTA	2	PA; MO
TYVASO	2	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	2	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TYVASO REFILL KIT	2	B/D PA; MO
TYVASO STARTER KIT	2	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO
ZYFLO	2	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate</i>	1	MO
MYRBETRIQ	2	MO
<i>oxybutynin chloride</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	MO
<i>ammonium chloride (bulk)</i>	3	ADD
<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	PA; MO; LA
CYTRA-2	3	MO; ADD
CYTRA-3	3	MO; ADD
CYTRA-K	3	MO; ADD
ELMIRON	2	MO
<i>glycine (bulk)</i>	3	ADD
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL	2	MO
<i>methionine (bulk)</i>	3	ADD
POT,SODIUM CITRATE-CITRIC ACID	3	ADD
<i>potassium citrate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
POTASSIUM CITRATE-CITRIC ACID ORAL SOLUTION	3	MO; ADD
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	MO
SODIUM CITRATE-CITRIC ACID	3	MO; ADD
<i>sodium phosphate,mbasic (bulk)</i>	3	ADD
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
TRICITRATES	3	MO; ADD
VIRTRATE-2	3	MO; ADD
VIRTRATE-3	3	ADD
VIRTRATE-K	3	MO; ADD
URINARY ANESTHETICS		
<i>azo urinary pain relief oral tablet 99.5 mg</i>	3	MO; ADD
PHENAZOPYRIDINE ORAL TABLET 95 MG	3	ADD
URINARY PAIN RELIEF ORAL TABLET 95 MG	3	ADD
<i>urinary pain relief oral tablet 97.5 mg</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
--------------	--	--

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>albuminar 25 %</i>	1	MO
<i>alburx (human) 25 %</i>	1	MO
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	MO
<i>plasbumin 5 %</i>	1	

ELECTROLYTES

ANTACID (CALCIUM CARBONATE)	3	ADD
<i>antacid calcium oral tablet, chewable 215 mg calcium (500 mg)</i>	3	ADD
ANTACID EXT STR (CALCIUM CARB)	3	ADD
ANTACID EXTRA-STRENGTH ORAL TABLET, CHEWABLE 300 MG (750 MG)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
--------------	--	--

ANTACID ULTRA STRENGTH ORAL TABLET, CHEWABLE 400 MG CALCIUM (1,000 MG), 430 MG CALCIUM (1,000 MG)	3	ADD
AV-PHOS 250 NEUTRAL	3	MO; ADD
<i>beelith</i>	3	MO; ADD
<i>calci-mix</i>	3	MO; ADD
CALCITRATE	3	MO; ADD
<i>cal-citrate</i>	3	ADD
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) - 200 UNIT	3	MO; ADD
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) - 400 UNIT	3	ADD
CALCIUM 500 + D ORAL TABLET, CHEWABLE	3	ADD
CALCIUM 500 ORAL TABLET, CHEWABLE	3	ADD
CALCIUM 500 WITH D	3	MO; ADD
CALCIUM 600	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM 600 + D(3) ORAL CAPSULE	3	MO; ADD
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -400 UNIT	3	MO; ADD
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE 600 MG(1,500MG) -500 UNIT	3	ADD
CALCIUM 600 WITH VITAMIN D3 ORAL TABLET,CHEWABLE	3	MO; ADD
<i>calcium acetate oral tablet 668 mg (169 mg calcium)</i>	3	ADD
<i>calcium acetate(phosphat bind)</i>	1	MO
<i>calcium amino acid chelate</i>	3	ADD
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM ANTACID ORAL TABLET,CHEWABLE 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG), 430 MG CALCIUM (1,000 MG)	3	ADD
CALCIUM ANTACID TROPICAL	3	ADD
CALCIUM ANTACID ULTRA MAX ST	3	ADD
CALCIUM CARB AND CITRATE-VITD3	3	ADD
<i>calcium carbonate (bulk) powder 100 %</i>	3	MO; ADD
<i>calcium carbonate oral powder</i>	3	ADD
CALCIUM CARBONATE ORAL SUSPENSION	3	MO; ADD
CALCIUM CARBONATE ORAL TABLET 260 MG CALCIUM (648 MG), 500 MG CALCIUM (1,250 MG), 600 MG CALCIUM (1,500 MG)	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CARBONATE ORAL TABLET 650 MG CALCIUM (1,625 MG)	3	ADD
CALCIUM CARBONATE ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	3	ADD
<i>calcium carbonate oral tablet,chewable 260 mg calcium (650 mg)</i>	3	ADD
CALCIUM CARBONATE ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG)	3	MO; ADD
<i>calcium carbonate-vitamin d3 oral capsule 600 mg (1,500 mg)-2,500 unit</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CARBONATE-VITAMIN D3 ORAL CAPSULE 600 MG(1,500MG) - 400 UNIT	3	MO; ADD
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -500 unit, 600mg (1,500mg) -1,000 unit</i>	3	MO; ADD
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg(2,500 mg)-800 unit</i>	3	MO; ADD
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 250-125 MG-UNIT, 600 MG(1,500MG) - 400 UNIT, 600 MG(1,500MG) -800 UNIT	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 500 MG(1,250MG) -125 UNIT, 500 MG(1,250MG) -200 UNIT, 500 MG(1,250MG) -400 UNIT, 500MG (1,250MG) -600 UNIT, 600 MG(1,500MG) -200 UNIT	3	ADD
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET,CHEWABLE	3	MO; ADD
<i>calcium chloride</i>	1	
<i>calcium citrate (bulk)</i>	3	ADD
CALCIUM CITRATE + D	3	ADD
<i>calcium citrate oral granules</i>	3	ADD
CALCIUM CITRATE ORAL TABLET 200 MG (950 MG)	3	ADD
CALCIUM CITRATE ORAL TABLET 250 MG CALCIUM	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CITRATE PLUS (VIT B6)	3	ADD
CALCIUM CITRATE-VITAMIN D3 ORAL LIQUID	3	MO; ADD
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG-3.125 MCG (125 UNIT), 200 MG-6.25 MCG (250 UNIT), 250 MG-5 MCG (200 UNIT)	3	ADD
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 315 MG-5 MCG (200 UNIT), 315 MG-6.25 MCG (250 UNIT)	3	MO; ADD
<i>calcium gluconate (bulk)</i>	3	ADD
<i>calcium gluconate intravenous</i>	1	MO
<i>calcium gluconate oral tablet 50 mg calcium</i>	3	ADD
CALCIUM GLUCONATE ORAL TABLET 60 MG CALCIUM (650 MG)	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium lactate (bulk)</i>	3	ADD
<i>calcium lactate oral tablet 100 mg calcium</i>	3	ADD
CALCIUM MAGNESIUM	3	MO; ADD
<i>calcium phos, tribasic (bulk)</i>	3	ADD
<i>calcium phosphate (bulk)</i>	3	ADD
<i>calcium saccharate</i>	3	ADD
CALCIUM WITH VITAMIN D	3	ADD
<i>calcium-magnesium</i>	3	ADD
CALCIUM-MAGNESIUM-ZINC ORAL TABLET 333-133-5 MG	3	MO; ADD
CALCIUM-MAGNESIUM-ZINC ORAL TABLET 333-133-8.3 MG	3	ADD
CAL-GEST ANTACID	3	MO; ADD
<i>cal-mint</i>	3	ADD
<i>calphron</i>	3	MO; ADD
<i>cal-quick</i>	3	ADD
<i>caltrate 600 plus d</i>	3	MO; ADD
<i>caltrate with vitamin d3</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ceralyte 50</i>	3	ADD
<i>ceralyte 90</i>	3	ADD
<i>ceralyte-70 oral packet</i>	3	ADD
<i>ceralyte-70 oral powder in packet</i>	3	ADD
<i>cerasport ex1</i>	3	ADD
<i>cerasport oral liquid 115 mg-40 mg- 40 kcal/250 ml</i>	3	ADD
<i>cerasport oral powder</i>	3	ADD
<i>cerasport oral powder in packet</i>	3	ADD
CHROMIUM CHLORIDE	3	ADD
<i>citracal + d maximum</i>	3	MO; ADD
<i>citracal regular</i>	3	MO; ADD
<i>citracal-d3 maximum plus</i>	3	ADD
<i>citracal-d3 petites</i>	3	MO; ADD
CITRUS CALCIUM-VITAMIN D3 ORAL TABLET 200 MG-6.25 MCG (250 UNIT)	3	MO; ADD
COPPER CHLORIDE	3	MO; ADD
<i>copper sulfate</i>	3	ADD
<i>coral calcium oral tablet</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dripdrop oral powder in packet 670-380-150 mg, 700-410-150 mg</i>	3	ADD
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
ELECTROLYTES-DEXTROSE	3	ADD
<i>enfamil enfalyte</i>	3	ADD
<i>fem-cal citrate</i>	3	ADD
FLAVOR CHEWS ANTACID	3	ADD
<i>galzin</i>	3	MO; ADD
HI-CAL PLUS VIT D	3	ADD
<i>kelp (iodine)</i>	3	ADD
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
K-PHOS-NEUTRAL	3	MO; ADD
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>liquid calcium with vitamin d</i>	3	ADD
<i>localnesium</i>	3	ADD
MAG 64	3	MO; ADD
<i>mag glycinate</i>	3	ADD
<i>mag-delay oral tablet, delayed release (dr/ec) 64 mg</i>	3	MO; ADD
MAG-G	3	MO; ADD
<i>maginex</i>	3	MO; ADD
<i>magnebind 300</i>	3	MO; ADD
<i>magnesium (oxide/aa chelate)</i>	3	MO; ADD
<i>magnesium amino acid chelate oral tablet 100 mg</i>	3	ADD
<i>magnesium chloride (bulk)</i>	3	MO; ADD
<i>magnesium chloride injection</i>	1	MO
<i>magnesium chloride oral tablet, delayed release (dr/ec)</i>	3	ADD
<i>magnesium citrate oral capsule 125 mg</i>	3	MO; ADD
<i>magnesium citrate oral tablet</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM GLUCONATE ORAL TABLET 27 MG MAGNESIUM (500 MG)	3	MO; ADD
MAGNESIUM GLUCONATE ORAL TABLET 27.5 MG MAGNESIUM (500 MG)	3	ADD
<i>magnesium gluconate oral tablet 30 mg (550 mg)</i>	3	ADD
MAGNESIUM ORAL TABLET 200 MG	3	MO; ADD
<i>magnesium oral tablet 30 mg</i>	3	ADD
<i>magnesium oxide (bulk)</i>	3	ADD
<i>magnesium oxide oral capsule 400 mg magnesium</i>	3	MO; ADD
MAGNESIUM OXIDE ORAL CAPSULE 500 MG	3	MO; ADD
<i>magnesium oxide oral powder in packet</i>	3	ADD
MAGNESIUM OXIDE ORAL TABLET 200 MG MAGNESIUM, 400 MG MAGNESIUM	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM OXIDE ORAL TABLET 250 MG MAGNESIUM, 400 MG (241.3 MG MAGNESIUM), 500 MG	3	MO; ADD
<i>magnesium oxide oral tablet, chewable</i>	3	ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>magnesium sulfate oral</i>	3	ADD
<i>magonate (magnesium carb)</i>	3	MO; ADD
<i>magox</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MANGANESE CHLORIDE	3	ADD
<i>medi-lyte</i>	3	ADD
MGO	3	ADD
<i>monocal</i>	3	MO; ADD
<i>normalyte</i>	3	ADD
<i>normalyte ors</i>	3	MO; ADD
NORMOSOL-R	2	MO
<i>nu-mag</i>	3	ADD
ORALYTE	3	MO; ADD
<i>orazinc</i>	3	MO; ADD
<i>os-cal 500 + d3</i>	3	MO; ADD
OYSCO 500/D ORAL TABLET	3	MO; ADD
OYSTER SHELL + D3	3	ADD
OYSTER SHELL CALCIUM	3	MO; ADD
OYSTER SHELL CALCIUM 500	3	MO; ADD
OYSTER SHELL CALCIUM AND MAG	3	ADD
<i>oyster shell calcium-vit d3 oral powder in packet</i>	3	ADD
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET	3	MO; ADD
OYSTERCAL-D	3	ADD
<i>pedialyte advanced care</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEDIALYTE FREEZER POPS	3	ADD
<i>pedialyte oral powder in packet 10.6-4.7 meq/8.5 gram</i>	3	MO; ADD
<i>pedialyte oral powder in packet 10.6-4.7 meq/9 gram</i>	3	ADD
PEDIALYTE ORAL SOLUTION	3	MO; ADD
PEDIALYTE SINGLES	3	ADD
<i>pediatric electrolyte oral powder in packet</i>	3	ADD
PEDIATRIC ELECTROLYTE ORAL SOLUTION	3	ADD
PEDIATRIC FREEZER POPS	3	ADD
<i>pediavance</i>	3	ADD
<i>phillips</i>	3	ADD
PHOS-NAK	3	MO; ADD
PHOSPHA 250 NEUTRAL	3	MO; ADD
PHOSPHOROUS	3	ADD
PHOSPHOROUS SUPPLEMENT	3	MO; ADD
PHOSPHO-TRIN 250 NEUTRAL	3	MO; ADD
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium bromide (bulk) crystals</i>	3	ADD
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium gluconate (bulk)</i>	3	ADD
POTASSIUM GLUCONATE ORAL TABLET 2.5 MEQ, 500 MG (83 MG)	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
POTASSIUM GLUCONATE ORAL TABLET 550 MG (90 MG), 595 MG (99 MG)	3	MO; ADD
<i>potassium gluconate oral tablet 600 mg (99 mg)</i>	3	ADD
<i>potassium gluconate oral tablet extended release</i>	3	ADD
<i>potassium nitrate (bulk) granules</i>	3	ADD
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>replace sr</i>	3	ADD
<i>ringer's intravenous</i>	1	
SELENIUM ORAL TABLET	3	MO; ADD
SELENOMAX	3	ADD
<i>slow-mag</i>	3	MO; ADD
SMOOTH ANTACID	3	ADD
<i>sodium acetate</i>	1	
<i>sodium acetate (bulk)</i>	3	ADD
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
SODIUM CHLORIDE	3	MO; ADD
<i>sodium chloride (bulk) granules</i>	3	MO; ADD
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	MO
<i>sodium chloride intravenous</i>	1	MO
SODIUM CHLORIDE ORAL	3	MO; ADD
<i>sodium phosphate</i>	1	MO
SUPER CALCIUM	3	ADD
<i>super cal-mag</i>	3	ADD
THERMOTABS	3	MO; ADD
<i>triple magnesium complex</i>	3	ADD
<i>tums</i>	3	MO; ADD
<i>tums e-x</i>	3	ADD
<i>tums extra strength smoothies</i>	3	MO; ADD
<i>tums freshers</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS ULTRA ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	3	MO; ADD
ULTRA STRENGTH ANTACID	3	ADD
ULTRA STRENGTH CALCIUM ANTACID	3	ADD
<i>upcal d</i>	3	ADD
<i>uro-mag</i>	3	MO; ADD
VIRT-PHOS 250 NEUTRAL	3	MO; ADD
ZINC	3	ADD
ZINC CHLORIDE	3	MO; ADD
<i>zinc chloride (bulk) granules</i>	3	ADD
<i>zinc gluconate oral lozenge</i>	3	ADD
ZINC GLUCONATE ORAL TABLET 100 MG	3	ADD
ZINC GLUCONATE ORAL TABLET 30 MG, 50 MG	3	MO; ADD
<i>zinc sulfate (bulk) powder 100 %</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZINC SULFATE ORAL	3	MO; ADD
<i>zinc-15</i>	3	MO; ADD
ZINC-220	3	ADD
MISCELLANEOUS NUTRITION PRODUCTS		
<i>abatinex</i>	3	ADD
<i>acetylcarnitine hcl (bulk)</i>	3	ADD
<i>acetylcysteine oral capsule 600 mg</i>	3	MO; ADD
ACIDOPHILUS ORAL CAPSULE	3	MO; ADD
<i>airborne (lysine hcl) oral tablet, effervescent</i>	3	ADD
<i>airshield immune</i>	3	ADD
<i>align jr</i>	3	ADD
<i>align oral capsule</i>	3	MO; ADD
<i>align oral tablet, chewable</i>	3	ADD
AMINOSYN II 10 %	2	B/D PA
AMINOSYN II 15 %	2	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PA
<i>arginine (l-arginine) (bulk) powder</i>	3	MO; ADD
<i>arginine (l-arginine) oral capsule</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>arginine (l-arginine) oral powder</i>	3	ADD
<i>arginine (l-arginine) oral powder in packet</i>	3	ADD
ARGININE (L-ARGININE) ORAL TABLET	3	MO; ADD
<i>arginine hcl (l-arginine) oral capsule</i>	3	ADD
<i>arginine hcl (l-arginine) oral tablet</i>	3	MO; ADD
<i>arginine hcl(l-arginine)(bulk)</i>	3	MO; ADD
<i>aspartame (bulk)</i>	3	MO; ADD
<i>bioflavonoid, lemon (bulk)</i>	3	ADD
<i>bioflavonoids, citrus (bulk) powder 100 %</i>	3	ADD
BIOTECT PLUS	3	ADD
<i>calcium citrate malate-vit d3</i>	3	ADD
<i>chlorocaps</i>	3	ADD
<i>cholesterol (bulk) powder 100 %</i>	3	ADD
<i>citrulline (bulk)</i>	3	ADD
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CO Q-10 (WITH VIT E)	3	ADD
<i>coenzyme q10-vit e-vit e mixed</i>	3	ADD
COENZYME Q10-VITAMIN E ORAL CAPSULE 100-5 MG-UNIT	3	ADD
<i>coq10 (ubiquinol)</i>	3	MO; ADD
<i>coromega oral emulsion in packet 2,000-650-12 mg/2.5 gram</i>	3	MO; ADD
<i>coromega oral emulsion in packet 284-850 mg/2.5 gram</i>	3	ADD
<i>culturelle</i>	3	MO; ADD
<i>culturelle kids probiotics</i>	3	MO; ADD
<i>cysteine hcl(l-cysteine)(bulk)</i>	3	ADD
<i>cyto-q</i>	3	ADD
CYTO-Q MAX	3	MO; ADD
<i>cyto-q t-f</i>	3	ADD
<i>digestive probiotic oral capsule 10 billion cell</i>	3	ADD
<i>effervescent formula</i>	3	ADD
<i>electrolyte-48 in d5w</i>	1	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL EXTRA STRENGTH	3	ADD
<i>fish oil oral capsule 1,000 mg (120 mg-180 mg), 120-180-500 mg, 183.3 mg-75 mg -91.6 mg-306 mg, 900 mg (320 mg- 580mg)-1,360 mg, 900 mg-360 mg-455 mg-1,000 mg</i>	3	ADD
FISH OIL ORAL CAPSULE 100-160-1,000 MG, 120-180 MG, 300-500 MG	3	ADD
FISH OIL ORAL CAPSULE 300-1,000 MG, 340-1,000 MG, 360-1,200 MG	3	MO; ADD
<i>fish oil oral capsule 60-90-500 mg</i>	3	MO; ADD
<i>fish oil oral capsule, delayed release(dr/ec) 120 mg-180 mg- 60 mg-1,200 mg, 150-217-840 mg, 300-108-162-600 mg, 360 mg-144 mg- 216 mg-1,200 mg, 360-1,200 mg, 900-1,400 mg</i>	3	ADD
FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 300-1,000 MG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60-90-500 MG	3	MO; ADD
<i>fish oil oral liquid</i>	3	ADD
<i>fish oil pearls</i>	3	ADD
<i>florajen</i>	3	MO; ADD
FLORANEX	3	MO; ADD
<i>freamine iii 10 %</i>	1	B/D PA
FREEZE DRIED ACIDOPHILUS	3	ADD
HEPATAMINE 8%	2	B/D PA
<i>immune support</i>	3	ADD
<i>inositol hexanicotinate</i>	3	ADD
<i>intestinex</i>	3	ADD
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
IONOSOL-MB IN D5W	2	
<i>isoleucine</i>	3	ADD
<i>isoleucine (bulk) powder</i>	3	ADD
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
<i>kids omega-3 with dha</i>	3	MO; ADD
<i>lactinex</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lactobacillus acidophilus oral capsule 100 mg (1 billion cell)</i>	3	MO; ADD
LACTOBACILLUS ACIDOPHILUS ORAL CAPSULE 100 MILLION CELL	3	ADD
<i>lactobacillus acidophilus oral capsule 500 million cell</i>	3	ADD
LACTOBACILLUS ACIDOPHILUS ORAL TABLET 0.5 MG (100 MILLION CELL)	3	MO; ADD
LACTOBACILLUS ACIDOPHILUS ORAL TABLET 1 BILLION CELL	3	ADD
<i>lactobacillus acidophilus oral tablet 2 billion cell</i>	3	ADD
<i>lactobacillus acidophilus oral tablet 500 million cell</i>	3	MO; ADD
<i>lactobacillus acidophilus oral wafer</i>	3	ADD
<i>lactobacillus acidoph-l.bulgar</i>	3	ADD
<i>l-citrulline</i>	3	ADD
LECITHIN (BULK)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>liq-10 oral syrup 50-15 mg-unit/5 ml</i>	3	ADD
<i>l-isoleucine</i>	3	ADD
<i>l-valine</i>	3	ADD
<i>more-dophilus</i>	3	ADD
<i>nac</i>	3	ADD
NEPHRAMINE 5.4 %	2	B/D PA
NIACIN (INOSITOL NIACINATE) ORAL CAPSULE 400 MG NIACIN (500 MG)	3	ADD
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG)	3	MO; ADD
<i>niacin flush free oral capsule 750 mg</i>	3	MO; ADD
<i>niacin no flush</i>	3	MO; ADD
NORMOSOL-R PH 7.4	2	
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 300-1,000 MG	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 100-150-750 mg, 250-500-1,000 mg, 356 mg (100 mg-256 mg)-554 mg</i>	3	ADD
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 500-1,000 MG	3	ADD
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300 MG (120 MG-180MG)-1,000 MG, 300-1,000 MG	3	ADD
<i>omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 600 mg-216 mg- 324 mg-1,200 mg</i>	3	ADD
<i>omega 3-dha-epa-fish oil oral tablet,chewable</i>	3	ADD
<i>omega dha</i>	3	ADD
<i>omega essentials</i>	3	ADD
<i>omega-3</i>	3	ADD
<i>omega-3 (with dpa)</i>	3	MO; ADD
<i>omega-3 2100</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OMEGA-3 FATTY ACIDS-FISH OIL ORAL CAPSULE 300-1,000 MG, 360-1,200 MG	3	MO; ADD
<i>omega-3 fatty acids-fish oil oral capsule 440-880 mg</i>	3	ADD
<i>omega-3 fish oil oral capsule 300-1,000 mg</i>	3	ADD
<i>omega-3 fish oil oral capsule 910-1,400 mg</i>	3	MO; ADD
<i>omega-3s-dha-epa-fish oil oral capsule</i>	3	ADD
<i>omega-3s-dha-epa-fish oil oral capsule,delayed release(dr/ec) 1,000-1,400 mg</i>	3	ADD
<i>omega-3s-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300-1,000 mg, 720-1,200 mg, 980-253-647 mg</i>	3	MO; ADD
<i>omera</i>	3	ADD
<i>one-per-day omega-3</i>	3	ADD
<i>ornithine hydrochloride (bulk)</i>	3	ADD
<i>ovega-3</i>	3	ADD
PHLEXY-VITS	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA; MO
<i>probiotic acidophilus</i>	3	ADD
<i>probiotic gold acidophilus</i>	3	ADD
PROBIOTIC ORAL CAPSULE 10 BILLION CELL	3	ADD
<i>pure l-citrulline oral capsule</i>	3	ADD
<i>q-gel</i>	3	ADD
<i>q-gel forte</i>	3	ADD
<i>q-gel mega</i>	3	ADD
<i>q-gel ultra</i>	3	ADD
<i>q-up</i>	3	ADD
<i>rephresh pro-b</i>	3	ADD
<i>saccharin</i>	3	ADD
SALMON OIL-1000	3	MO; ADD
<i>salmon oil-omega-3 fatty acids</i>	3	ADD
SEA-OMEGA	3	MO; ADD
<i>soothe xp</i>	3	MO; ADD
<i>super dha gems</i>	3	ADD
<i>theromega</i>	3	ADD
<i>theromega sport</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>threonine (bulk)</i>	3	ADD
<i>travasol 10 %</i>	1	B/D PA; MO
TROPHAMINE 10 %	2	B/D PA; MO
<i>tryptophan oral tablet</i>	3	ADD
TYR COOLER ORAL LIQUID	3	ADD
<i>tyrosine (bulk)</i>	3	ADD
<i>tyrosine oral powder</i>	3	ADD
ULTRA OMEGA-3 ORAL CAPSULE 500-1,000 MG	3	ADD
<i>valine</i>	3	ADD
<i>valine (bulk) powder</i>	3	ADD
VITAMINS / HEMATINICS		
<i>50 plus adult eye health</i>	3	ADD
A THRU Z	3	ADD
A THRU Z ADVANCED FORMULA	3	ADD
A THRU Z HIGH POTENCY	3	ADD
<i>a thru z men's ultimate</i>	3	ADD
A THRU Z SELECT 50PLUS FORMULA	3	ADD
A THRU Z SELECT ORAL TABLET , 500-300-250 MCG	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>a thru z select oral tablet 300-600-300 mcg</i>	3	ADD
A THRU Z SELECT WOMEN'S	3	ADD
<i>abaneu-sl</i>	3	ADD
<i>abatron</i>	3	ADD
ABC PLUS	3	MO; ADD
ACEROLA C-500	3	ADD
ACTICAL	3	MO; ADD
<i>adult multivitamin gummies</i>	3	MO; ADD
<i>adult one daily gummies</i>	3	ADD
ADULT ONE DAILY MULTIVITAMIN	3	ADD
ADULTS 50 PLUS	3	ADD
<i>adults' daily formula</i>	3	ADD
<i>adults multivitamin</i>	3	ADD
<i>advanced calcium</i>	3	ADD
<i>advanced multi ea</i>	3	ADD
<i>airborne (ascorbate sodium) oral tablet, chewable 333-1.7 mg</i>	3	ADD
<i>airborne (with lysine acetate)</i>	3	ADD
<i>alba-lybe</i>	3	ADD
<i>alive once daily women 50 plus</i>	3	ADD
<i>alive prenatal</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>alive women's energy</i>	3	ADD
ANIMAL CHEWS	3	ADD
ANIMAL SHAPES	3	ADD
ANIMAL SHAPES COMPLETE ORAL TABLET, CHEWABLE	3	ADD
<i>animal shapes complete oral tablet, chewable 18 mg iron</i>	3	ADD
ANTIOXIDANT A/C/E/SELENIUM	3	ADD
<i>antioxidant formula (selenium)</i>	3	MO; ADD
ANTIOXIDANT VITAMINS ORAL TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	3	ADD
<i>apatate</i>	3	MO; ADD
APATATE FORTE	3	ADD
<i>apetex</i>	3	ADD
<i>apetigen</i>	3	ADD
APETIGEN PLUS ORAL LIQUID	3	ADD
<i>apetigen plus oral tablet</i>	3	MO; ADD
<i>aquadeks oral tablet, chewable</i>	3	MO; ADD
<i>aquadeks pediatric</i>	3	MO; ADD
<i>aqua-e concentrate</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aquasol a</i>	3	MO; ADD
ASCORBATE CALCIUM (VITAMIN C)	3	ADD
ASCORBIC ACID (VITAMIN C) ORAL CAPSULE, EXTENDED RELEASE	3	MO; ADD
<i>ascorbic acid (vitamin c) oral granules</i>	3	ADD
<i>ascorbic acid (vitamin c) oral powder in packet</i>	3	ADD
ASCORBIC ACID (VITAMIN C) ORAL SYRUP	3	ADD
ASCORBIC ACID (VITAMIN C) ORAL TABLET	3	MO; ADD
ASCORBIC ACID (VITAMIN C) ORAL TABLET EXTENDED RELEASE 1,500 MG	3	MO; ADD
ASCORBIC ACID (VITAMIN C) ORAL TABLET EXTENDED RELEASE 500 MG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASCORBIC ACID (VITAMIN C) ORAL TABLET,CHEWABLE 500 MG	3	ADD
<i>ascorbic acid(vitamin c)(bulk) granules</i>	3	ADD
<i>ascorbic acid(vitamin c)(bulk) powder</i>	3	MO; ADD
B COMPLEX 1 (WITH FOLIC ACID)	3	MO; ADD
B COMPLEX 100 ORAL	3	ADD
<i>b complex plus vitamin c</i>	3	MO; ADD
<i>b complex sublingual</i>	3	ADD
<i>b complex w-vit c</i>	3	ADD
B COMPLEX-VITAMIN B12	3	MO; ADD
B COMPLEX-VITAMIN C-FOLIC ACID ORAL TABLET	3	MO; ADD
<i>b complex-vitamin c-folic acid oral tablet extended release</i>	3	MO; ADD
B-100 COMPLEX ORAL TABLET EXTENDED RELEASE	3	ADD
B-12 DOTS	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>b-12 plus</i>	3	MO; ADD
<i>baby ddrops</i>	3	ADD
<i>baby vitamin d3</i>	3	ADD
<i>baby's super daily d3</i>	3	ADD
BALANCE B-100 (FOLIC ACID)	3	ADD
BALANCE B-50 (WITH FOLIC ACID)	3	MO; ADD
BALANCED B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; ADD
BALANCED B-100 ORAL TABLET 0.4 MG	3	ADD
<i>balanced b-100 oral tablet extended release</i>	3	ADD
BALANCED B-50 ORAL TABLET	3	ADD
B-COMPLEX	3	ADD
<i>b-complex plus vit c (calcium)</i>	3	ADD
<i>b-complex with b-12</i>	3	ADD
B-COMPLEX WITH VITAMIN C ORAL CAPSULE	3	MO; ADD
B-COMPLEX WITH VITAMIN C ORAL TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	3	ADD
B-COMPLEX WITH VITAMIN C ORAL TABLET EXTENDED RELEASE	3	ADD
<i>berocca (fa-guarana-caff)</i>	3	ADD
BETA CAROTENE ORAL CAPSULE 25,000 UNIT	3	MO; ADD
<i>bio-35, gluten free</i>	3	ADD
<i>biocal</i>	3	ADD
<i>bio-d-mulsion</i>	3	ADD
<i>bio-d-mulsion forte</i>	3	ADD
<i>biotin (bulk)</i>	3	MO; ADD
<i>biotin oral capsule 1 mg</i>	3	ADD
<i>biotin oral capsule 10,000 mcg</i>	3	MO; ADD
BIOTIN ORAL CAPSULE 2,500 MCG, 5 MG	3	MO; ADD
BIOTIN ORAL TABLET 1 MG	3	MO; ADD
<i>biotin oral tablet 5 mg</i>	3	ADD
<i>biotin plus-calcium and vit d3</i>	3	ADD
<i>body, hair, skin and nails</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bone essentials</i>	3	ADD
<i>brainstrong prenatal</i>	3	ADD
<i>b-stress</i>	3	ADD
<i>c 1000-bioflavonoids-rose hips</i>	3	ADD
C COMPLEX ORAL TABLET EXTENDED RELEASE 1,000 MG	3	ADD
C COMPLEX ORAL TABLET EXTENDED RELEASE 500 MG	3	MO; ADD
C-1000 ORAL TABLET	3	ADD
C-1000 ORAL TABLET EXTENDED RELEASE	3	MO; ADD
C-1000 WITH ROSE HIPS	3	MO; ADD
C-500	3	ADD
CA-D3-MAG OX-ZINC-COP-MANG-BOR	3	ADD
CA-D3-MAG-ZINC-COP-MANG-BOR	3	ADD
<i>cal mag zinc plus d3</i>	3	ADD
<i>calcet petites</i>	3	MO; ADD
CALCIDOL	3	MO; ADD
<i>calci-max</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM 600 + MINERALS	3	ADD
CALCIUM 600-D3 PLUS (MAG-ZINC)	3	ADD
<i>calcium adult (calcium phos)</i>	3	ADD
<i>calcium carb-d3-mag cmb11-zinc</i>	3	ADD
<i>calcium carb-mag oxide-zinc ox</i>	3	ADD
<i>calcium carb-mag ox-zinc gluc</i>	3	ADD
CALCIUM CARBONATE-VIT D3-MIN ORAL TABLET	3	ADD
CALCIUM FOR WOMEN	3	ADD
<i>calcium magnesium + d oral tablet 400-167-133 mg-mg-unit</i>	3	ADD
<i>calcium phosphate-vitamin d3</i>	3	ADD
CALCIUM SOFT CHEW ORAL TABLET,CHEWABLE 500-100-40 MG-UNIT-MCG, 500-200-40 MG-UNIT-MCG	3	ADD
CALCIUM-MAGNESIUM-COPPER-ZINC	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM-VITAMIN D3-VITAMIN K ORAL TABLET,CHEWABLE 500-200-40 MG-UNIT-MCG	3	ADD
<i>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</i>	3	ADD
<i>cal-mag</i>	3	ADD
<i>cal-mag complex</i>	3	ADD
<i>caltrate + d3 plus minerals</i>	3	MO; ADD
<i>caltrate 600-d plus minerals</i>	3	MO; ADD
<i>caltrate gummy bites</i>	3	MO; ADD
CENTAMIN	3	ADD
<i>central-vite oral tablet 18 mg iron-400 mcg-25 mcg</i>	3	ADD
<i>central-vite women's mature</i>	3	ADD
<i>centram-care</i>	3	ADD
CENTRAVITES	3	ADD
CENTRAVITES 50 PLUS ORAL TABLET	3	MO; ADD
CENTRAVITES 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG	3	ADD
<i>centravites adults</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>centrum chewables</i>	3	MO; ADD
<i>centrum complete</i>	3	MO; ADD
<i>centrum men</i>	3	MO; ADD
<i>centrum oral liquid 9 mg iron/15 ml</i>	3	MO; ADD
<i>centrum silver</i>	3	MO; ADD
<i>centrum silver men</i>	3	ADD
<i>centrum silver ultra men's</i>	3	MO; ADD
<i>centrum silver women</i>	3	MO; ADD
<i>centrum specialist heart</i>	3	MO; ADD
<i>centrum ultra men's</i>	3	MO; ADD
CENTRUM WOMEN	3	MO; ADD
CENTURY ADULTS 50 PLUS	3	ADD
CENTURY CARDIO	3	ADD
CENTURY MATURE ORAL TABLET 0.4-300-250 MG-MCG-MCG, 400-30 MCG	3	ADD
<i>century men's</i>	3	ADD
CENTURY ORAL TABLET 18-400 MG-MCG	3	ADD
<i>century ultimate men's</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CENTURY ULTIMATE WOMEN'S	3	ADD
CEROVITE ADVANCED FORMULA	3	MO; ADD
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON-10 MCG	3	MO; ADD
CEROVITE SENIOR	3	MO; ADD
CERTA PLUS	3	ADD
CERTAVITE SENIOR-ANTIOXIDANT	3	MO; ADD
CERTAVITE-ANTIOXIDANT	3	MO; ADD
<i>child chewable vitamn complete</i>	3	ADD
<i>child complete multivitamin</i>	3	ADD
<i>child multivitamin plus iron</i>	3	ADD
<i>child multivitamins</i>	3	ADD
<i>children multivitamin</i>	3	ADD
CHILDREN'S CHEW MULTIVITAMIN	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children's chewable complete oral tablet,chewable 9-200 mg iron-mcg</i>	3	ADD
CHILDREN'S CHEWABLE MULTIVITMN	3	ADD
CHILDREN'S CHEWABLE VITAMIN	3	ADD
CHILDREN'S CHEWABLES	3	ADD
CHILDREN'S CHEWABLES EXTRA C	3	ADD
CHILDREN'S IRON	3	ADD
<i>children's multi-vit gummies</i>	3	ADD
<i>children's multivitamin</i>	3	ADD
CHILD'S CHEWABLE VITAMINS/IRON ORAL TABLET,CHEWABLE	3	ADD
<i>child's chewable vitamins/iron oral tablet,chewable 15 mg</i>	3	ADD
<i>child's omega-3 dha multivitam</i>	3	ADD
CHILDS/IRON	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT), 250 MCG (10,000 UNIT), 50 MCG (2,000 UNIT)	3	MO; ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 10 MCG (400 UNIT)	3	ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 10 MCG/ML (400 UNIT/ML), 125 MCG/ML (5,000 UNIT/ML)	3	MO; ADD
<i>cholecalciferol (vitamin d3) oral liquid</i>	3	ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 10 MCG (400 UNIT), 50 MCG (2,000 UNIT)	3	ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	3	ADD
<i>cholecalciferol (vitamin d3) oral tablet 75 mcg (3,000 unit)</i>	3	MO; ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET,CHEWABLE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT)	3	ADD
<i>cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit)</i>	3	MO; ADD
<i>cholecalciferol (vitamin d3) oral tablet,disintegrating</i>	3	MO; ADD
<i>cholecalciferol (vitamin d3) sublingual</i>	3	ADD
<i>citracal-d3 gummies oral tablet,chewable 250 mg-12.5 mcg (500 unit)</i>	3	MO; ADD
CLASSIC PRENATAL	3	MO; ADD
COD LIVER OIL ORAL CAPSULE	3	MO; ADD
COD LIVER OIL ORAL CAPSULE 1,250-135 UNIT	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COD LIVER OIL ORAL OIL	3	MO; ADD
COMPLETE 50 PLUS	3	ADD
<i>complete men</i>	3	ADD
<i>complete men 50 plus</i>	3	ADD
COMPLETE MULTI	3	ADD
COMPLETE MULTI 50+	3	ADD
COMPLETE MULTIVITAMIN ORAL TABLET	3	ADD
<i>complete multivitamin-mineral oral liquid</i>	3	ADD
COMPLETE MULTIVITAMIN- MINERAL ORAL TABLET	3	ADD
COMPLETE MV ADULT 50 PLUS	3	ADD
COMPLETE ORAL TABLET 18-500- 300-250 MG-MCG- MCG-MCG	3	ADD
COMPLETE SENIOR ORAL TABLET	3	ADD
COMPLETE SENIOR ORAL TABLET 0.4-300- 250 MG-MCG- MCG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COMPLETE WOMEN	3	ADD
COMPLEX B-100 ORAL TABLET EXTENDED RELEASE	3	MO; ADD
<i>complex b-100 oral tablet extended release 400 mcg</i>	3	ADD
<i>complex b-50</i>	3	MO; ADD
<i>conceptionxr motility</i>	3	MO; ADD
<i>coral calcium oral capsule 133 mg calcium -133 unit-67 mg, 185-50-100 mg- mg-unit, 250-125- 100 mg-mg-unit</i>	3	ADD
<i>corvite</i>	3	MO; ADD
<i>corvite 150 oral tablet 150 mg iron- 1 mg</i>	3	MO; ADD
<i>corvite fe oral tablet 150 mg iron- 1 mg</i>	3	MO; ADD
<i>corvite free</i>	3	ADD
CYANOCOBALA MIN (VITAMIN B- 12) INJECTION	3	MO; ADD
<i>cyanocobalamin (vitamin b-12) oral capsule</i>	3	ADD
<i>cyanocobalamin (vitamin b-12) oral lozenge 250 mcg</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	3	ADD
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 1,000 MCG, 100 MCG, 500 MCG	3	MO; ADD
<i>cyanocobalamin (vitamin b-12) oral tablet 2,000 mcg</i>	3	MO; ADD
<i>cyanocobalamin (vitamin b-12) oral tablet 2,500 mcg</i>	3	ADD
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 250 MCG	3	ADD
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET EXTENDED RELEASE	3	ADD
<i>cyanocobalamin (vitamin b-12) oral tablet, ir and er, biphasic</i>	3	MO; ADD
<i>cyanocobalamin (vitamin b-12) oral tablet, chewable 2,500 mcg</i>	3	ADD
<i>cyanocobalamin (vitamin b-12) oral tablet, disintegrating 5,000 mcg</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL DROPS	3	ADD
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 1,000 mcg</i>	3	MO; ADD
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 2,500 MCG	3	ADD
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>	3	ADD
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 1,000 MCG	3	MO; ADD
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 2,500 MCG	3	ADD
<i>cyanocobalamin (vitamin b-12) sublingual tablet 500 mcg</i>	3	ADD
<i>cyanocobalamin (vitamin b-12) sublingual tablet, disintegrating</i>	3	ADD
<i>cyanocobalamin-cobamamide</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyto b-2</i>	3	ADD
D3-2000	3	MO; ADD
<i>d3-50 cholecalciferol</i>	3	ADD
<i>daily gummies</i>	3	ADD
DAILY MULTIPLE FOR MEN	3	ADD
<i>daily multiple for women</i>	3	ADD
DAILY MULTIPLE ORAL TABLET , 18-400 MG-MCG	3	ADD
<i>daily multiple oral tablet 400-120 mcg-mg</i>	3	ADD
DAILY MULTIPLE VITAMINS/IRON	3	ADD
<i>daily multivitamin</i>	3	ADD
DAILY MULTI-VITAMIN	3	ADD
DAILY MULTIVITAMIN WITH IRON	3	ADD
DAILY MULTIVITAMIN-MINERALS	3	ADD
DAILY PRENATAL	3	ADD
DAILY VALUE	3	ADD
DAILY VITAMIN FORMULA	3	ADD
DAILY VITAMIN FORMULA-IRON	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DAILY VITAMIN FORMULA-MINERALS	3	ADD
DAILY VITAMIN WITH IRON	3	ADD
DAILY VITES/IRON	3	MO; ADD
DAILY-VITE	3	MO; ADD
<i>ddrops</i>	3	ADD
<i>decara oral capsule 1,250 mcg (50,000 unit), 625 mcg (25,000 unit)</i>	3	MO; ADD
<i>decubi vite</i>	3	ADD
<i>dekas bariatric</i>	3	ADD
<i>dekas essential oral capsule</i>	3	MO; ADD
<i>dekas essential oral liquid</i>	3	ADD
<i>dekas plus (folic acid) oral capsule</i>	3	MO; ADD
<i>dekas plus (folic acid) oral tablet, chewable</i>	3	ADD
<i>dekas plus liquid</i>	3	MO; ADD
DELTA D3	3	MO; ADD
<i>diabetes health</i>	3	MO; ADD
<i>diabetes health formula</i>	3	ADD
<i>diabetic support formula</i>	3	ADD
DIALYVITE 800 ORAL TABLET	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dialyvite 800 oral tablet, chewable</i>	3	ADD
<i>dialyvite 800 plus d</i>	3	MO; ADD
<i>dialyvite 800 with iron</i>	3	MO; ADD
<i>dialyvite 800 with zinc 15</i>	3	MO; ADD
<i>dialyvite 800 with zinc 50</i>	3	MO; ADD
<i>dialyvite 800-ultra d</i>	3	MO; ADD
DIALYVITE VITAMIN D	3	MO; ADD
DINO-LIFE EXTRA C MULTIVITAMIN	3	ADD
DINO-LIFE MULTIVITAMIN	3	ADD
DINO-LIFE WITH IRON-ZINC	3	ADD
<i>dosoquin</i>	3	MO; ADD
<i>drisdol oral capsule</i>	3	MO; ADD
<i>dry eye formula</i>	3	ADD
DUOFER	3	ADD
D-VI-SOL	3	MO; ADD
E-400 C-500 AND BETA CAROTENE	3	ADD
ELDERTONIC	3	MO; ADD
<i>elfolate plus</i>	3	MO; ADD
<i>emergen-c</i>	3	ADD
<i>emergen-c immune plus</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>emergen-c kidz</i>	3	ADD
<i>emergen-c msm lite</i>	3	ADD
<i>endur-b complex</i>	3	ADD
ENDUR-C WITH ROSE HIPS	3	ADD
<i>endur-vm iron-free</i>	3	ADD
<i>endur-vm with iron</i>	3	ADD
<i>enlyte</i>	3	MO; ADD
ERGOCALCIFERO L (VITAMIN D2) ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	MO; ADD
ERGOCALCIFERO L (VITAMIN D2) ORAL DROPS	3	MO; ADD
ERGOCALCIFERO L (VITAMIN D2) ORAL TABLET 10 MCG (400 UNIT)	3	MO; ADD
<i>ergocalciferol (vitamin d2) oral tablet 50 mcg (2,000 unit)</i>	3	MO; ADD
<i>essence c</i>	3	ADD
ESSENTIA	3	ADD
<i>essential balance with lutein</i>	3	ADD
ESSENTIAL DAILY	3	ADD
<i>essential man</i>	3	ADD
<i>essential man 50+</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>essential woman 50+</i>	3	MO; ADD
<i>ester-c with bioflavonoids</i>	3	MO; ADD
<i>expecta prenatal</i>	3	MO; ADD
EYE HEALTH PLUS LUTEIN	3	ADD
<i>eyeprotect</i>	3	ADD
EZFE 200	3	MO; ADD
<i>fa-8</i>	3	ADD
FE C	3	MO; ADD
FE C PLUS	3	ADD
<i>feosol bifera</i>	3	MO; ADD
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	3	MO; ADD
<i>feosol oral tablet 45 mg</i>	3	MO; ADD
<i>feraheme</i>	3	MO; ADD
FERATE ORAL TABLET 240 MG (27 MG IRON)	3	MO; ADD
<i>fergon oral tablet 240 mg (27 mg iron)</i>	3	MO; ADD
<i>fergon oral tablet 270 mg (27 mg iron)</i>	3	ADD
<i>fer-in-sol</i>	3	MO; ADD
FEROSUL ORAL TABLET	3	MO; ADD
FERRETT'S	3	MO; ADD
<i>ferretts ips</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FERREX 150	3	MO; ADD
FERREX 150 FORTE	3	MO; ADD
<i>ferric subsulfate (bulk)</i>	3	ADD
FERRIC X-150	3	ADD
<i>ferrimin 150</i>	3	MO; ADD
FERROCITE	3	MO; ADD
<i>ferro-sequels (iron-vit c)</i>	3	MO; ADD
FERRO-TIME	3	MO; ADD
FERROUS FUMARATE ORAL TABLET 324 MG (106 MG IRON)	3	MO; ADD
<i>ferrous fumarate oral tablet 89 mg (29 mg iron)</i>	3	MO; ADD
FERROUS GLUCONATE ORAL TABLET 236 MG (27 MG IRON), 256 MG (28 MG IRON)	3	ADD
FERROUS GLUCONATE ORAL TABLET 240 MG (27 MG IRON), 324 MG (37.5 MG IRON), 324 MG (38 MG IRON)	3	MO; ADD
FERROUS SULFATE ORAL DROPS	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FERROUS SULFATE ORAL ELIXIR	3	MO; ADD
FERROUS SULFATE ORAL LIQUID	3	MO; ADD
FERROUS SULFATE ORAL SOLUTION	3	ADD
FERROUS SULFATE ORAL SYRINGE 15 MG IRON (75 MG)/ML	3	ADD
FERROUS SULFATE ORAL TABLET 325 MG (65 MG IRON)	3	MO; ADD
FERROUS SULFATE ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; ADD
<i>ferrous sulfate, dried (bulk)</i>	3	ADD
FERROUSUL	3	ADD
FISH OIL-DHA-EPA	3	ADD
<i>flintstones complete</i>	3	MO; ADD
<i>flintstones complete (iron) oral tablet, chewable</i>	3	MO; ADD
<i>flintstones complete (iron) oral tablet, chewable 18 mg iron</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>flintstones gummies</i>	3	ADD
<i>flintstones gummies omega-3</i>	3	ADD
<i>flintstones multi-vit gummies</i>	3	ADD
<i>flintstones multivitamin oral tablet, chewable</i>	3	MO; ADD
<i>flintstones multivitamin oral tablet, chewable 300 mcg</i>	3	ADD
<i>flintstones plus calcium</i>	3	ADD
<i>flintstones sour gummies</i>	3	ADD
<i>flintstones tab chew</i>	3	ADD
<i>flintstones with iron</i>	3	MO; ADD
<i>flintstones/extra c oral tablet, chewable</i>	3	MO; ADD
<i>flintstones/extra c oral tablet, chewable 100 mcg</i>	3	ADD
<i>floriva</i>	3	MO; ADD
<i>floriva plus</i>	3	MO; ADD
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
FOLBEE	3	MO; ADD
FOLBEE PLUS	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FOLBIC	3	MO; ADD
<i>folic acid (bulk)</i>	3	MO; ADD
FOLIC ACID INJECTION	3	MO; ADD
<i>folic acid oral capsule 0.8 mg</i>	3	ADD
<i>folic acid oral capsule 20 mg</i>	3	MO; ADD
FOLIC ACID ORAL TABLET	3	MO; ADD
<i>folic acid-vit b6-vit b12 oral tablet 0.5-5-0.2 mg</i>	3	ADD
FOLITAB	3	MO; ADD
FOLPLEX 2.2	3	MO; ADD
FOLTABS 800	3	MO; ADD
FOLTANX	3	MO; ADD
<i>foltrate</i>	3	MO; ADD
FOSFREE	3	MO; ADD
<i>freedavite</i>	3	ADD
FRUIT C	3	ADD
<i>fruit c-100</i>	3	ADD
<i>fruit c-200</i>	3	ADD
FRUIT C-500	3	ADD
FULL SPECTRUM B-VITAMIN C	3	MO; ADD
<i>fusion</i>	3	MO; ADD
<i>fusion plus</i>	3	MO; ADD
GUMMI BEAR MULTIVITAMIN	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gummies children multivitamin</i>	3	ADD
<i>gummy dinos oral tablet, chewable</i>	3	ADD
GUMMY DINOS ORAL TABLET, CHEWABLE 200 MCG	3	ADD
<i>hair formula</i>	3	ADD
HAIR VITAMINS	3	ADD
HAIR, SKIN AND NAILS ADVANCED	3	ADD
<i>hair, skin and nails-argan oil</i>	3	ADD
HAIR, SKIN AND NAILS ORAL TABLET	3	ADD
<i>hair, skin and nails oral tablet 1 mg iron-66.7 mcg-1,000 mcg</i>	3	ADD
<i>hair, skin and nails(fa-biotin) oral tablet 66.7-1,000 mcg</i>	3	MO; ADD
<i>hair, skin and nails(fa-biotin) oral tablet 66.7-1,666.7 mcg</i>	3	ADD
<i>hair-skin-nail(vit a,c-biotin)</i>	3	ADD
<i>hair-skin-nails (mv-fa-biotin)</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HALLS DEFENSE	3	ADD
<i>hard nails</i>	3	ADD
HEALTHY EYES	3	ADD
HEALTHY EYES SUPERVISION	3	ADD
<i>hemocyte</i>	3	MO; ADD
<i>hemocyte-f</i>	3	MO; ADD
<i>hemocyte-plus</i>	3	MO; ADD
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON)	3	ADD
<i>high potency iron oral tablet 27 mg iron</i>	3	ADD
HONEY BEARS MULTIVITAMIN	3	ADD
HONEY BEARS WITH IRON-ZINC	3	ADD
HYDROXOCOBAL AMIN	3	MO; ADD
<i>i.l.x. b-12</i>	3	MO; ADD
<i>icaps</i>	3	MO; ADD
<i>i-caps</i>	3	MO; ADD
ICAPS AREDS ORAL CAPSULE	3	MO; ADD
<i>icaps areds oral tablet, delayed release (dr/ec)</i>	3	MO; ADD
<i>icaps mv</i>	3	MO; ADD
<i>icar oral suspension</i>	3	MO; ADD
<i>icar-c</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IFEREX 150	3	MO; ADD
IFEREX 150 FORTE	3	MO; ADD
<i>infuvite adult</i>	3	MO; ADD
<i>infuvite pediatric</i>	3	MO; ADD
<i>injectafer</i>	3	MO; ADD
<i>integra</i>	3	MO; ADD
<i>integra f</i>	3	MO; ADD
<i>integra plus</i>	3	MO; ADD
IRON (DRIED)	3	ADD
IRON (FERROUS SULFATE)	3	ADD
IRON 100 PLUS	3	MO; ADD
IRON CHEWS	3	MO; ADD
<i>iron oral tablet 18 mg</i>	3	MO; ADD
IRON ORAL TABLET 325 MG (65 MG IRON)	3	ADD
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	3	ADD
IRON, CARBONYL	3	ADD
IRON, CARBONYL -VITAMIN C	3	MO; ADD
<i>ironup</i>	3	ADD
<i>iro-plex (iron carbonyl)</i>	3	MO; ADD
<i>iro-plex (iron polysaccharide)</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>irosan 24/6</i>	3	MO; ADD
I-VITE	3	MO; ADD
KIDS FIRST VITAMIN D3	3	ADD
<i>kids' gummy</i>	3	ADD
<i>kids multivitamin-minerals</i>	3	ADD
KIDS VITAMIN D3	3	ADD
KOBEE	3	ADD
<i>k-pax immune support</i>	3	ADD
KPN ORAL TABLET	3	ADD
<i>kpn oral tablet 9 mg iron- 267 mcg</i>	3	ADD
LIQUID B-12	3	ADD
<i>liquid c</i>	3	ADD
LITTLE ANIMALS	3	ADD
LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE	3	ADD
<i>little animals-iron oral tablet,chewable 15 mg iron</i>	3	ADD
L-METHYL-B6-B12	3	MO; ADD
L-METHYL-MC	3	MO; ADD
<i>localnesium-c</i>	3	ADD
LYSIPLEX PLUS ORAL LIQUID	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
M.V.I. ADULT	3	ADD
<i>m.v.i. pediatric</i>	3	ADD
<i>macular benefits</i>	3	ADD
<i>macular health formula</i>	3	ADD
MACUVITE EYE CARE	3	MO; ADD
<i>macuvite with lutein</i>	3	ADD
<i>maximin pack</i>	3	ADD
MAXIMUM DAILY MULTIVITAMIN	3	ADD
<i>mecobalamin (vitamin b12) oral tablet,disintegrating</i>	3	ADD
<i>mecobalamin (vitamin b12) sublingual</i>	3	MO; ADD
<i>medtycholl-b complex-liver</i>	3	ADD
<i>mega biotin</i>	3	ADD
MEGA MULTI FOR WOMEN	3	ADD
MEGA MULTIPLE/CHELATED MINERAL	3	ADD
MEGA MULTIVITAMIN FOR MEN	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEGA MULTIVITAMIN WITH MINERAL ORAL TABLET 13.5-200-250 MG-MCG-MCG	3	ADD
<i>megavite</i>	3	ADD
<i>megavite golden years 55+</i>	3	ADD
<i>men 50 plus advanced one daily</i>	3	ADD
<i>men 50 plus multivitamin</i>	3	ADD
<i>men's 50 plus daily formula</i>	3	ADD
<i>men's daily</i>	3	ADD
<i>men's daily formula oral tablet 400-20-300 mcg</i>	3	ADD
<i>men's daily gummies</i>	3	ADD
MEN'S DAILY MULTIVIT-MINERAL	3	ADD
<i>men's multivitamin</i>	3	ADD
<i>men's multivitamin gummies</i>	3	ADD
MEN'S ONE DAILY ORAL TABLET	3	ADD
<i>men's one daily oral tablet 400-20-300 mcg</i>	3	ADD
<i>men's pack</i>	3	ADD
<i>meribin</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
METAFOLBIC	3	MO; ADD
MILLTRIUM SENIOR	3	ADD
<i>mini prenatal</i>	3	ADD
<i>monocaps</i>	3	ADD
<i>mtx support</i>	3	ADD
MULTI COMPLETE WITH IRON	3	MO; ADD
<i>multi for her 50 plus</i>	3	MO; ADD
<i>multi for her oral capsule</i>	3	ADD
MULTI FOR HER ORAL TABLET	3	ADD
<i>multi vitamin</i>	3	ADD
<i>multi-betic</i>	3	ADD
<i>multi-day plus minerals</i>	3	ADD
MULTI-DAY WITH IRON	3	ADD
MULTI-DELYN WITH IRON	3	MO; ADD
MULTIPLE VITAMIN-MINERALS	3	ADD
MULTIPLE VITAMINS	3	ADD
MULTI-VIT WITH FLUORIDE-IRON	3	MO; ADD
MULTIVITAMIN 50 PLUS	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MULTI-VITAMIN HP/MINERALS	3	ADD
MULTIVITAMIN ORAL CAPSULE	3	ADD
MULTIVITAMIN ORAL TABLET	3	MO; ADD
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	3	MO; ADD
MULTIVITAMIN WITH FOLIC ACID	3	ADD
MULTIVITAMIN WITH IRON	3	ADD
MULTIVITAMIN WITH MINERALS ORAL LIQUID	3	ADD
MULTIVITAMIN WITH MINERALS ORAL TABLET	3	MO; ADD
MULTIVITAMIN WOMEN 50 PLUS	3	ADD
MULTIVITAMINS WITH FLUORIDE	3	MO; ADD
MULTI-VITAMINS WITH IRON	3	ADD
<i>multi-vite</i>	3	ADD
<i>mv-min-folic acid-lutein</i>	3	ADD
<i>mvw complete formul multivit oral capsule 1,500-800 unit-mcg</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mvw complete formul multivit oral capsule 750-500 unit-mcg</i>	3	ADD
<i>mvw complete formul multivit oral tablet, chewable</i>	3	MO; ADD
<i>mvw complete formul pediatric</i>	3	MO; ADD
<i>mvw complete formulation d3000</i>	3	MO; ADD
<i>mvw complete formulation d5000 oral capsule</i>	3	MO; ADD
MYFERON 150	3	MO; ADD
MYFERON 150 FORTE	3	MO; ADD
MYNEPHROCAPS	3	MO; ADD
MYNEPHRON	3	ADD
MY-VITALIFE	3	ADD
<i>nano vm 1-3 oral powder</i>	3	MO; ADD
<i>nano vm 4-8 oral powder</i>	3	MO; ADD
<i>nanovm 9-18</i>	3	ADD
<i>nanovm t-f</i>	3	ADD
<i>nascobal</i>	3	MO; ADD
NATURAL B-100 COMPLEX	3	ADD
NEPHPLEX RX	3	MO; ADD
NEPHRONEX	3	ADD
<i>nephro-vite</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEPHRO-VITE RX	3	MO; ADD
<i>neurin-sl</i>	3	MO; ADD
NORWEGIAN COD LIVER OIL	3	ADD
<i>novaferrum 125</i>	3	MO; ADD
<i>novaferrum 50</i>	3	ADD
<i>novaferrum oral drops</i>	3	MO; ADD
<i>nu-iron</i>	3	MO; ADD
<i>nutrivit</i>	3	ADD
OCUTABS	3	ADD
<i>ocuvite adult 50 plus</i>	3	MO; ADD
<i>ocuvite eye health</i>	3	ADD
<i>ocuvite eye plus multi</i>	3	MO; ADD
<i>ocuvite lutein and zeaxanthin</i>	3	MO; ADD
<i>ocuvite with lutein</i>	3	MO; ADD
OMNICAP	3	ADD
ONCE DAILY	3	ADD
<i>oncovite</i>	3	MO; ADD
<i>one a day women's prenatal dha</i>	3	MO; ADD
ONE DAILY CALCIUM/IRON	3	ADD
ONE DAILY COMPLETE	3	ADD
ONE DAILY ENERGY ORAL TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE DAILY ESSENTIAL ORAL TABLET , 0.4 MG	3	ADD
<i>one daily essential oral tablet 400 mcg</i>	3	ADD
ONE DAILY FOR MEN	3	ADD
ONE DAILY FOR MEN 50+ ADVANCED	3	ADD
ONE DAILY FOR WOMEN	3	ADD
<i>one daily healthy weight</i>	3	ADD
ONE DAILY MAXIMUM	3	ADD
<i>one daily men's 50 plus adv</i>	3	ADD
ONE DAILY MEN'S 50 PLUS MEMORY	3	ADD
<i>one daily men's 50 plus w-d3</i>	3	ADD
<i>one daily multi-vit w-mineral oral powder in packet</i>	3	ADD
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET	3	MO; ADD
<i>one daily multivitamin oral powder in packet</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE DAILY MULTIVITAMIN ORAL TABLET	3	ADD
<i>one daily multivitamin oral tablet 400 mcg</i>	3	ADD
<i>one daily multivitamin-iron</i>	3	ADD
ONE DAILY MULTIVIT-IRON(FOLIC)	3	ADD
ONE DAILY ORAL TABLET 0.4-600 MG-MCG	3	ADD
<i>one daily oral tablet 300-18-400-50 mg-mg-mcg-mg</i>	3	ADD
ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG	3	ADD
ONE DAILY PLUS MINERALS	3	ADD
<i>one daily prenatal oral combo pack 28 mg iron- 800 mcg</i>	3	MO; ADD
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	3	ADD
ONE DAILY WOMEN 50 PLUS	3	MO; ADD
<i>one daily women 50 plus(vit k)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE DAILY WOMENS 50 PLUS	3	ADD
ONE DAILY WOMEN'S HEALTH	3	ADD
<i>one daily women's metabolism</i>	3	ADD
<i>one daily women's oral tablet 18 mg iron-400 mcg-25 mcg</i>	3	ADD
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA, 27-0.4 MG	3	ADD
<i>one-a-day energy</i>	3	ADD
ONE-A-DAY ESSENTIAL	3	MO; ADD
<i>one-a-day kid's</i>	3	ADD
ONE-A-DAY MAXIMUM FORMULA	3	ADD
<i>one-a-day men vitacraves</i>	3	ADD
<i>one-a-day menopause formula</i>	3	MO; ADD
<i>one-a-day men's 50 plus</i>	3	MO; ADD
<i>one-a-day men's 50plus(ginkgo)</i>	3	ADD
<i>one-a-day men's multivitamin</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one-a-day proactive 65 plus</i>	3	ADD
ONE-A-DAY TEEN ADVANTAGE	3	ADD
<i>one-a-day teen her vitacraves</i>	3	ADD
<i>one-a-day teen him vitacraves</i>	3	ADD
<i>one-a-day vitacraves</i>	3	ADD
<i>one-a-day vitacraves immunity</i>	3	ADD
<i>one-a-day vitacraves omega-3</i>	3	ADD
<i>one-a-day weightsmart</i>	3	ADD
<i>one-a-day women vitacraves</i>	3	ADD
<i>one-a-day women's 50 plus oral tablet 400-20 mcg</i>	3	MO; ADD
<i>one-a-day women's active</i>	3	ADD
<i>one-a-day womens formula oral tablet 18 mg iron-400 mcg-500 mg</i>	3	ADD
<i>one-a-day womens formula oral tablet 18 mg iron-400 mcg-500 mg ca</i>	3	MO; ADD
<i>one-a-day women's healthy skin</i>	3	ADD
<i>one-a-day women's petites</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one-a-day women's prenatal 1</i>	3	ADD
<i>optimal d3</i>	3	ADD
<i>optimal d3 m</i>	3	ADD
<i>optisource</i>	3	MO; ADD
OPTI-VITAMINS	3	ADD
<i>opurity multivitamin</i>	3	ADD
<i>ortho-tabs</i>	3	MO; ADD
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT	3	ADD
<i>pan-c 500</i>	3	ADD
<i>parva-cal 250</i>	3	ADD
<i>parva-cal 500</i>	3	ADD
<i>parvlex</i>	3	ADD
<i>pedia d-vite oral drops</i>	3	ADD
PEDIA IRON	3	ADD
<i>pedia poly-vite</i>	3	ADD
<i>pedia poly-vite with iron oral drops</i>	3	ADD
<i>pedia tri-vite</i>	3	ADD
<i>perfect iron</i>	3	ADD
<i>peridin-c</i>	3	MO; ADD
<i>phytomulti</i>	3	ADD
PNV CMB#95-FERROUS FUMARATE-FA	3	ADD
POLY-IRON	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
POLY-IRON 150 FORTE	3	MO; ADD
POLYSACCHARIDE IRON COMPLEX	3	ADD
<i>poly-vi-sol oral drops</i>	3	MO; ADD
<i>poly-vi-sol with iron</i>	3	MO; ADD
<i>posture-d (with magnesium)</i>	3	MO; ADD
<i>prenatal + dha oral combo pack 28 mg iron-800 mcg-200 mg</i>	3	MO; ADD
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	3	MO; ADD
<i>prenatal formula oral tablet 9 mg iron- 267 mcg</i>	3	ADD
<i>prenatal formula-dha</i>	3	ADD
<i>prenatal multi</i>	3	ADD
PRENATAL MULTI-DHA (ALGAL OIL)	3	ADD
PRENATAL MULTIVITAMINS	3	ADD
PRENATAL ONE DAILY	3	MO; ADD
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prenatal oral tablet 28-800 mg-mcg</i>	3	ADD
PRENATAL TABLET	3	ADD
<i>prenatal vitamin oral tablet</i>	1	MO
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	3	MO; ADD
<i>prenatal vitamin oral tablet 27 mg iron- 800 mcg</i>	3	ADD
PRENATAL VITAMIN WITH MINERALS	3	ADD
PRENATAL VIT-IRON FUM-FOLIC AC	3	ADD
PRENATAL VITS96-IRON FUM-FOLIC	3	ADD
<i>prenatal with dha-folic acid</i>	3	ADD
<i>preservision areds</i>	3	MO; ADD
<i>preservision areds-2</i>	3	MO; ADD
<i>preservision lutein</i>	3	MO; ADD
<i>prevent</i>	3	ADD
<i>pro fe</i>	3	MO; ADD
<i>pro-cal oral tablet</i>	3	ADD
<i>procerv hp</i>	3	ADD
<i>proferrin es</i>	3	MO; ADD
<i>proferrin-forte</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prorenal</i>	3	MO; ADD
<i>prorenal qd</i>	3	MO; ADD
PROSIGHT	3	MO; ADD
<i>protect cardio af</i>	3	MO; ADD
<i>protect iron</i>	3	MO; ADD
<i>protect plus so</i>	3	ADD
PYRIDOXINE (VITAMIN B6) INJECTION	3	MO; ADD
PYRIDOXINE (VITAMIN B6) ORAL TABLET 100 MG, 250 MG, 50 MG	3	MO; ADD
PYRIDOXINE (VITAMIN B6) ORAL TABLET 25 MG	3	ADD
<i>pyridoxine (vitamin b6) oral tablet 500 mg</i>	3	ADD
<i>quin b strong</i>	3	ADD
<i>quintabs</i>	3	ADD
<i>quintabs-m</i>	3	ADD
QUINTABS-M IRON FREE	3	ADD
RENAL CAPS	3	MO; ADD
<i>renal vitamin</i>	3	MO; ADD
<i>renal-vite</i>	3	ADD
<i>renaplex</i>	3	ADD
<i>renaplex-d</i>	3	MO; ADD
RENA-VITE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RENA-VITE RX	3	MO; ADD
RENO CAPS	3	MO; ADD
REPLESTA	3	MO; ADD
<i>replesta nx</i>	3	MO; ADD
RIBOFLAVIN (VITAMIN B2) ORAL TABLET 100 MG, 50 MG	3	ADD
<i>riboflavin (vitamin b2) oral tablet 400 mg</i>	3	MO; ADD
RISACAL-D	3	MO; ADD
<i>savision</i>	3	ADD
<i>scooby-doo one a day</i>	3	ADD
<i>scooby-doo one a day kids</i>	3	ADD
SENIOR TABS	3	MO; ADD
SENTRY	3	ADD
SENTRY SENIOR ORAL TABLET 0.4-300-250 MG-MCG-MCG	3	ADD
SENTRY SENIOR ORAL TABLET 500-300-250 MCG	3	MO; ADD
<i>slow fe</i>	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON), 160 MG (50 MG IRON), 250 MG (50 MG IRON)	3	ADD
<i>slow release iron oral tablet extended release 144 mg (45 mg iron)</i>	3	ADD
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	3	MO; ADD
<i>slow release iron oral tablet extended release 168 mg (50 mg iron)</i>	3	MO; ADD
<i>sodium fluoride (bulk)</i>	3	MO; ADD
<i>solo</i>	3	ADD
SOOTHING PUREWAY-C	3	ADD
<i>span c</i>	3	ADD
SPECTRAVITE ADULT 50 PLUS	3	ADD
<i>spectravite adult 50 plus(lut)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	3	ADD
SPECTRAVITE MEN'S	3	ADD
SPECTRAVITE SENIOR ORAL TABLET 500-300-250 MCG	3	ADD
<i>spectravite ultra men 50+</i>	3	ADD
<i>spectravite ultra men's sr</i>	3	ADD
SPECTRAVITE ULTRA WOMEN	3	ADD
SPECTRAVITE ULTRA WOMEN'S SR	3	ADD
STRAWBERRY C	3	ADD
STRESS B PLUS ZINC	3	ADD
STRESS B WITH ZINC	3	ADD
<i>stress b-complex oral tablet 500 mg-400 mcg- 24 mg-3 mg</i>	3	ADD
<i>stress b-complex oral tablet 500-400-23.9-3 mg-mcg-mg-mg</i>	3	MO; ADD
STRESS FORMULA	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STRESS FORMULA 600 C	3	ADD
STRESS FORMULA WITH IRON	3	MO; ADD
STRESS FORMULA WITH IRON(SULF)	3	MO; ADD
STRESS FORMULA WITH ZINC	3	MO; ADD
<i>stuart one</i>	3	ADD
SUNVITE	3	ADD
SUPER ANTIOXIDANT	3	ADD
SUPER B COMPLEX-VITAMIN C	3	ADD
SUPER B MAXI COMPLEX	3	ADD
SUPER B/C	3	ADD
SUPER B-50 COMPLEX	3	ADD
<i>super daily d3 oral drops 25 mcg/drop (1000 unit/drop)</i>	3	MO; ADD
<i>super daily d3 oral drops 50 mcg/drop (2, 000 unit/drop)</i>	3	ADD
<i>super multiple - low iron</i>	3	ADD
<i>super multiple oral capsule</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SUPER MULTIPLE ORAL TABLET	3	ADD
SUPER MULTIVITAMIN	3	ADD
SUPER QUINTS	3	ADD
SUPER QUINTS B-50	3	ADD
SUPER THERA VITE M	3	MO; ADD
SUPPORT	3	MO; ADD
TAB-A-VITE	3	MO; ADD
TAB-A-VITE/IRON	3	MO; ADD
TARON FORTE	3	MO; ADD
THERA M PLUS (FERROUS FUMARAT)	3	MO; ADD
THERA ORAL TABLET 400 MCG	3	MO; ADD
THERA-D	3	ADD
<i>thera-d 4000</i>	3	ADD
<i>theragran-m premier 50 plus</i>	3	ADD
THERALOGIX COMPANION	3	ADD
THERA-M ORAL TABLET 27-0.4 MG	3	ADD
THERA-M ORAL TABLET 9 MG IRON-400 MCG	3	MO; ADD
<i>theranatal one</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>theranatal oral combo pack</i>	3	ADD
<i>theranatal ovavite</i>	3	ADD
<i>theranatal plus</i>	3	ADD
THERAPEUTIC LIQUID	3	ADD
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	3	MO; ADD
THERAPEUTIC-M VITAMIN/MINERALS	3	ADD
THERA-TABS	3	MO; ADD
THERA-TABS M	3	ADD
THERATRUM COMPLETE 50 PLUS/LUT	3	ADD
THERATRUM COMPLETE 50 PLUS-LYC	3	ADD
THERATRUM COMPLETE WITH LUTEIN	3	MO; ADD
THEREMS-M	3	MO; ADD
<i>thiamine hcl (bulk)</i>	3	MO; ADD
THIAMINE HCL (VITAMIN B1) INJECTION	3	MO; ADD
THIAMINE HCL (VITAMIN B1) ORAL TABLET 100 MG, 250 MG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
THIAMINE HCL (VITAMIN B1) ORAL TABLET 50 MG	3	MO; ADD
<i>thiamine hcl (vitamin b1) oral tablet 500 mg</i>	3	ADD
THIAMINE MONONITRATE (VIT B1)	3	ADD
THRIVITE-19	3	MO; ADD
<i>tl-hem 150 oral tablet</i>	3	MO; ADD
<i>triferic hemodialysis powder in packet</i>	3	ADD
TRIPHROCAPS	3	MO; ADD
<i>tri-vi-sol</i>	3	MO; ADD
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	3	MO; ADD
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	3	MO; ADD
<i>tropical liquid nutrition</i>	3	ADD
<i>trueplus diabetic multivitamin</i>	3	ADD
<i>ultimate men's complete 50+</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ULTIMATE WOMEN'S COMPLETE 50+	3	ADD
<i>ultra freeda</i>	3	ADD
<i>ultra men's pack</i>	3	ADD
UNICOMPLEX-M	3	MO; ADD
V-C FORTE	3	MO; ADD
<i>venofer intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml</i>	3	MO; ADD
<i>venofer intravenous solution 50 mg iron/2.5 ml</i>	3	ADD
<i>viactiv oral tablet, chewable 650 mg-12.5 mcg-40 mcg</i>	3	MO; ADD
VIC-FORTE	3	ADD
<i>virt-caps</i>	3	MO; ADD
VIRT-VITE	3	MO; ADD
VISION FORMULA (WITH LUTEIN)	3	ADD
<i>vision formula(a-c-e-zn-se-cu)</i>	3	ADD
<i>vision plus lutein</i>	3	ADD
VIT A AND D3 IN COD LIVER OIL	3	ADD
<i>vit c(ascorb.calcium)(m v-mins)</i>	3	ADD
<i>vit e acid succinate (bulk)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitabex plus</i>	3	ADD
VITA-C	3	ADD
VITAJOY DAILY D	3	ADD
<i>vital-d rx</i>	3	MO; ADD
VITALEE	3	ADD
VITALETS	3	ADD
<i>vitament</i>	3	ADD
VITAMIN A ORAL CAPSULE 10,000 UNIT, 8,000 UNIT	3	MO; ADD
<i>vitamin a palmitate</i>	3	ADD
<i>vitamin a palmitate-b-carotene</i>	3	ADD
<i>vitamin a palmitate-vitamin d2</i>	3	ADD
VITAMIN B COMPLEX ORAL CAPSULE	3	MO; ADD
VITAMIN B COMPLEX ORAL TABLET	3	ADD
VITAMIN B COMPLEX-FOLIC ACID ORAL TABLET	3	MO; ADD
<i>vitamin b complex-folic acid oral tablet extended release</i>	3	ADD
VITAMIN B-1 (MONONITRATE)	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN B-1 ORAL TABLET 100 MG, 250 MG	3	MO; ADD
VITAMIN B-1 ORAL TABLET 50 MG	3	ADD
<i>vitamin b-12 oral drops</i>	3	ADD
<i>vitamin b-12 oral lozenge</i>	3	ADD
VITAMIN B-12 ORAL TABLET	3	MO; ADD
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG	3	MO; ADD
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 2,000 MCG	3	ADD
<i>vitamin b-12 sublingual drops</i>	3	ADD
VITAMIN B-12 SUBLINGUAL TABLET 2,500 MCG	3	MO; ADD
<i>vitamin b-12 sublingual tablet 5,000 mcg</i>	3	MO; ADD
<i>vitamin b12-folic acid oral</i>	3	ADD
VITAMIN B-2	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; ADD
VITAMIN B-6 ORAL TABLET 250 MG	3	ADD
<i>vitamin c (ascorbate calcium)</i>	3	ADD
VITAMIN C DROPS	3	ADD
<i>vitamin c fizzy drink</i>	3	ADD
VITAMIN C ORAL CAPSULE, EXTENDED RELEASE	3	ADD
VITAMIN C ORAL POWDER	3	ADD
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	3	MO; ADD
VITAMIN C ORAL TABLET 100 MG	3	ADD
VITAMIN C ORAL TABLET EXTENDED RELEASE	3	ADD
VITAMIN C ORAL TABLET, CHEWABLE 250 MG, 500 MG	3	MO; ADD
VITAMIN C WITH ROSE HIPS ORAL TABLET	3	MO; ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE	3	ADD
<i>vitamin c with rose hips oral tablet, chewable</i>	3	ADD
VITAMIN D2	3	MO; ADD
<i>vitamin d3 complete</i>	3	ADD
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	3	MO; ADD
<i>vitamin d3 oral capsule 100 mcg (4,000 unit)</i>	3	MO; ADD
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	3	MO; ADD
VITAMIN D3 ORAL TABLET 125 MCG (5,000 UNIT)	3	ADD
VITAMIN D3 ORAL TABLET, CHEWABLE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E (DL, ACETATE) ORAL CAPSULE 100 UNIT, 400 UNIT	3	MO; ADD
<i>vitamin e (dl, acetate) oral capsule 450 mg (1,000 unit)</i>	3	ADD
<i>vitamin e (dl, acetate) oral drops 100 unit/0.25 ml</i>	3	ADD
VITAMIN E ACETATE	3	ADD
VITAMIN E MIXED ORAL CAPSULE	3	ADD
<i>vitamin e mixed oral tablet 100 unit</i>	3	ADD
VITAMIN E ORAL CAPSULE 1,000 UNIT, 400 UNIT	3	MO; ADD
VITAMIN E ORAL CAPSULE 100 UNIT, 200 UNIT, 600 UNIT	3	ADD
<i>vitamin e oral drops</i>	3	ADD
<i>vitamin e succinate oral tablet 100 unit</i>	3	ADD
<i>vitamin k2 oral tablet</i>	3	MO; ADD
VITAMINS A AND D	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	3	MO; ADD
<i>vitamins a-d-e selenium</i>	3	ADD
VITAMINS AND MINERALS	3	ADD
VITAMINS B COMPLEX ORAL CAPSULE	3	MO; ADD
VITAMINS B COMPLEX ORAL TABLET	3	ADD
<i>vitamins b complex oral tablet 500 mg-400 mcg- 18 mg iron</i>	3	ADD
VITAMINS FOR HAIR ORAL TABLET	3	ADD
<i>vita-respa</i>	3	MO; ADD
VITATRUM	3	ADD
<i>vitron-c</i>	3	MO; ADD
VITRUM SENIOR ORAL TABLET	3	ADD
<i>vitrum senior oral tablet 500-300-250 mcg</i>	3	ADD
VP-VITE RX	3	MO; ADD
WEE CARE	3	MO; ADD
<i>wellesse multi vitamin plus</i>	3	ADD
WESTAB ONE	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>west-vite with folic acid</i>	3	ADD
<i>women's 50 plus daily formula</i>	3	ADD
<i>women's daily caplet</i>	3	ADD
<i>women's daily formula oral tablet 18 mg iron-400 mcg-500 mg, 18 mg iron-400 mcg-500 mg ca</i>	3	ADD
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG	3	ADD
<i>womens daily gummies</i>	3	ADD
<i>women's daily pack</i>	3	ADD
<i>women's multivitamin</i>	3	ADD
<i>women's multivitamin gummies</i>	3	ADD
WOMEN'S ONE DAILY	3	ADD
YELETS	3	ADD
<i>zinc (with a and c) lozenges</i>	3	ADD
ZINC WITH VITAMINS A AND C	3	ADD
ZOO CHEWS	3	ADD
<i>zoo friends complete oral tablet, chewable 9 mg iron</i>	3	ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

*zoo friends oral
tablet, chewable*

3

ADD

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Index

- 1**
12 HOUR DECONGESTANT 133
12 HOUR NASAL
 DECONGEST (PSE)..... 133
12 HOUR NASAL RELIEF
 SPRAY 86
12 HOUR NASAL SPRAY .86
- 2**
24 hour allergy relief 153
24 hour nasal allergy 153
24HOUR ALLERGY 133
24HR ALLERGY RELIEF 133
- 3**
3 DAY VAGINAL 123
3-DAY VAGINAL..... 123
- 4**
4 WAY 86
- 5**
50 plus adult eye health..... 175
- 8**
8 HOUR PAIN RELIEVER .31
8HR MUSCLE ACHES-PAIN
 31
- A**
A AND D (LAN, PET) 56
A THRU Z..... 175
A THRU Z ADVANCED
 FORMULA 175
A THRU Z HIGH POTENCY
 175
a thru z men's ultimate..... 175
a thru z select..... 176
A THRU Z SELECT 175
A THRU Z SELECT 50PLUS
 FORMULA 175
A THRU Z SELECT
 WOMEN'S 176
abacavir 2
abacavir-lamivudine 2
abacavir-lamivudine-
 zidovudine 2
abaneu-sl..... 176
abatineix 170
abatron..... 176
- ABC PLUS 176
ABELCET 2
ABILIFY MAINTENA 39
abiraterone 12
ABRAXANE..... 12
abreva 71
absorbase 56
acacia (bulk) 75
acamprosate 75
acarbose 90
acebutolol 45
ACEROLA C-500 176
acesulfame potassium (bulk) 75
ACETADRYL..... 31
ACETAMINOPHEN..... 31
acetaminophen congestion-pain
 133
ACETAMINOPHEN EXTRA
 STRENGTH 31
ACETAMINOPHEN PAIN
 RELIEF 31
ACETAMINOPHEN PM..... 31
ACETAMINOPHEN PM
 EXTRA STR 31
acetaminophen-caff-
 dihydrocod..... 28
acetaminophen-codeine 28
acetazolamide 132
acetazolamide sodium 132
acetic acid 75, 88
acetic acid (bulk) 75
acetylcarnitine hcl (bulk).... 170
acetylcysteine 75, 153, 170
ACID CONTROLLER..... 115
ACID GONE ANTACID ... 101
ACID GONE ANTACID
 E.STRENGTH..... 101
ACID REDUCER
 (CIMETIDINE) 115
ACID REDUCER
 (FAMOTIDINE) 115
ACID REDUCER
 (OMEPRAZOLE) 115
ACID REDUCER
 (RANITIDINE) 115
- ACIDOPHILUS 170
acidophilus ex str (l. sporog) 98
acidophilus probiotic 98
acidophilus probiotic blend ..98
ACIDOPHILUS-PECTIN ...98
acidophilus-pectin, citrus..... 98
acitretin 54
ACNE CLEANSING BAR ..66
ACNE CONTROL
 CLEANSER 66
ACNE FOAMING WASH...66
acne medication 66
ACNE MEDICATION 66
ACNE TREATMENT
 (BENZOYL PEROX)..... 66
ACNE-CLEAR..... 66
acnefree severe acne clearing
 66
ACTEMRA..... 121
ACTEMRA ACTPEN..... 121
ACTHIB (PF) 118
ACTICAL..... 176
acticon (dexbromph-pse) 133
ACTICON (DEXBROMPH-
 PSE)..... 134
actidogesic 31
ACTIDOSE/SORBITOL.... 101
ACTIMMUNE 116
actinel 134
actinel pediatric 134
ACTISEP 56
activated charcoal 101
acyclovir 2, 71
acyclovir sodium 2
ADACEL(TDAP
 ADOLESN/ADULT)(PF)
 118
ADASUVE 39
ADCETRIS..... 12
ADDED STRENGTH
 HEADACHE RELIEF..... 32
adefovir..... 2
ADEMPAS 153
adenosine 45
adrenalin 134

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

adriamycin.....	12	AFRIN NO		align.....	170
adrucil.....	12	DRIP(OXYMETAZOLIN)		align jr.....	170
ADULT ASPIRIN REGIMEN		.....	86	ALIMTA.....	12
.....	32	aftera.....	125	ALINIA.....	7
adult multivitamin gummies		ahist (chlorcyclizine).....	134	ALIQOPA.....	12
.....	176	AIMOVIG AUTOINJECTOR		aliskiren.....	45
adult one daily gummies	176	.....	25	alive once daily women 50 plus	
ADULT ONE DAILY		aimsco latex condom.....	75	.....	176
MULTIVITAMIN.....	176	airborne (ascorbate sodium)		alive prenatal.....	176
ADULT ROBITUSSIN PEAK		.....	176	alive women's energy.....	176
COLD M-S.....	134	airborne (lysine hcl).....	170	alka-seltzer gold.....	101
ADULT TUSSIN CHEST		airborne (with lysine acetate)		alka-seltzer heartburn.....	101
CONGESTION.....	134	.....	176	ALKA-SELTZER ORIGINAL	
ADULT TUSSIN COUGH		airshield immune.....	170	.....	32
CONGEST DM.....	134	airzone peak flow meter.....	76	ALKA-SELTZER PLUS	
ADULT TUSSIN DM.....	134	ak-poly-bac.....	127	ALLERGY.....	134
ADULT TUSSIN MULTI-		ala-cort.....	72	alka-seltzer plus day.....	134
SYMP COLD.....	134	alahist cf.....	134	alka-seltzer plus night.....	134
ADULT WAL-TUSSIN.....	134	alahist dm.....	134	alka-seltzer plus sin-allg-cgh	
ADULT WAL-TUSSIN DM		ALA-HIST IR.....	134	.....	134
MAX.....	134	ALAVERT.....	134	alka-seltzer plus sinus-cough	
ADULTS 50 PLUS.....	176	ALAVERT D-12 ALLERGY-		.....	134
adults' daily formula.....	176	SINUS.....	134	ALL DAY ALLERGY	
adults multivitamin.....	176	ALAWAY.....	128	(CETIRIZINE).....	134
ADVAIR DISKUS.....	153	alba-lybe.....	176	ALL DAY ALLERGY-D...	134
ADVAIR HFA.....	153	albendazole.....	7	ALL DAY PAIN RELIEF....	32
ADVANCED ANTACID-		albumin, human 25 %.....	160	all day pain relief sinus,cold	
ANTIGAS.....	101	albuminar 25 %.....	160	.....	134
advanced calcium.....	176	alburx (human) 25 %.....	160	ALL DAY RELIEF.....	32
ADVANCED EXFOLIATING		alburx (human) 5 %.....	160	allantoin (bulk).....	56
CLEANSER.....	66	albutein 25 %.....	160	ALLEGRA-D 12 HOUR...	134
ADVANCED EYE RELIEF		albutein 5 %.....	160	ALLER-CHLOR.....	135
.....	128	albuterol sulfate.....	154	ALLERCLEAR.....	135
ADVANCED HEALING		alclometasone.....	72	ALLERCLEAR D-12HR ...	135
(PETROLATUM).....	56	ALCOHOL PADS.....	90	ALLERCLEAR D-24HR ...	135
advanced multi ea.....	176	ALCOHOL, RUBBING.....	83	ALLER-EASE.....	135
advil.....	32	ALDURAZYME.....	96	ALLER-FEX.....	135
ADVIL COLD AND SINUS		ALECENSA.....	12	ALLER-FLO.....	154
.....	134	alendronate.....	120	ALLER-G-TIME.....	135
ADVIL JUNIOR STRENGTH		ALER-CAP.....	134	ALLERGY	
.....	32	alevazol.....	69	(CHLORPHENIRAMINE)	
advil liqui-gel.....	32	aleve.....	32	.....	135
advil migraine.....	32	aleve cold and sinus.....	134	ALLERGY	
AF.....	69	aleve sinus and headache....	134	(DIPHENHYDRAMINE)	
AFINITOR.....	12	aleve-d sinus and cold.....	134	.....	135
AFINITOR DISPERZ.....	12	aleve-d sinus and headache	134	ALLERGY 4-HOUR.....	135
		alfuzosin.....	158		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

ALLERGY AND CONGESTION RELIEF	135	allergy sinus headache (pe)	136	ambrisentan.....	154
ALLERGY COMPLETE-D	135	ALLERGY SINUS PE	136	americerin	56
ALLERGY CREAM (DIPHENHYDRAMIN)...	56	ALLERGY-CONGEST RELIEF-D(FEXO)	136	AMERIPHOR.....	56
ALLERGY EYE (KETOTIFEN)	128	ALLERGY-CONGESTION RELIEF-D	136	amethyst (28).....	125
allergy eye (naphazoline-phen)	133	ALLER-TEC	136	AMICAR	49
ALLERGY MEDICATION	135	ALLER-TEC D	136	amikacin	7
ALLERGY MEDICINE.....	135	all-nite cold-flu	136	amiloride.....	45
ALLERGY MULTI- SYMPTOM	135	allopurinol	120	amiloride-hydrochlorothiazide	46
ALLERGY PLUS SEVERE SINUS HA.....	135	allopurinol sodium.....	120	aminocaproic acid.....	49
ALLERGY RELIEF (CETIRIZINE)	135	ALMACONE-2	101	AMINOSYN II 10 %	170
ALLERGY RELIEF (CLEMASTINE).....	135	ALMOND OIL, SWEET (BULK)	83	AMINOSYN II 15 %	170
ALLERGY RELIEF (FEXOFENADINE).....	135	aloe vesta antifungal (micon)69		AMINOSYN-PF 7 % (SULFITE-FREE)	170
allergy relief (fluticasone) ..	154	aloe vesta protectant ointment	56	amiodarone	45
ALLERGY RELIEF (LEVOCETIRIZIN)	135	ALOPHEN (BISACODYL)	101	amitriptyline	39
ALLERGY RELIEF (LORATADINE)	135	aloprim.....	120	amlactin	56
ALLERGY RELIEF D12... 135		alosetron	101	AMLACTIN	56
ALLERGY RELIEF D-24HR	136	alpha lipoic acid.....	76	amlodipine	46
ALLERGY RELIEF MULTI- SYMPTOM	136	ALPHA LIPOIC ACID	76	amlodipine-atorvastatin	51
ALLERGY RELIEF(CHLORPHENIRA MN)	136	alpha lipoic acid (bulk).....	76	amlodipine-benazepril	46
ALLERGY RELIEF(DIPHENHYDRA MIN).....	136	ALPHAGAN P.....	133	amlodipine-olmesartan	46
ALLERGY RELIEF,NASAL DECONGEST	136	alprostadil	159	amlodipine-valsartan	46
ALLERGY RELIEF-D (CETIRIZINE)	136	ALREX.....	132	amlodipine-valsartan-hcthiiazid	46
ALLERGY RELIEF-D (LORATADINE)	136	ALTACHLORE	128	ammonium and potassium iodides.....	67
ALLERGY RELIEF- D(FEXOFENADINE)....	136	ALTAMIST	86	ammonium chloride (bulk) .	159
		altavera (28).....	125	ammonium lactate	56
		ALTAZINE	133	amnestem	66
		ALUM, AMMONIUM (BULK)	76	amoxapine.....	39
		aluminum chloride (bulk)....	56	amoxicil-clarithromy-lansopraz	115
		ALUMINUM HYDROXIDE GEL	101	amoxicillin.....	9
		aluminum hydroxide gel (bulk)	101	amoxicillin-pot clavulanate	9
		ALUM-MAG HYDROXIDE- SIMETH	101	amphotericin b	2
		ALUNBRIG	12, 13	ampicillin	9
		alyacen 1/35 (28)	125	ampicillin sodium	9
		alyacen 7/7/7 (28).....	125	ampicillin-sulbactam	10
		alyq	154	anacin.....	32
		amantadine hcl.....	2	anagrelide	76
		AMBISOME	2	ANALGESIC CREME.....	56
				ANALGESIC GRX BALM .	56
				anastrozole	13
				ANDRODERM	96
				ANEFRIN	86
				ANIMAL CHEWS	176

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

ANIMAL SHAPES	176	ANTIBIOTIC PLUS PAIN		APIDRA U-100 INSULIN ...	90
animal shapes complete.....	176	REL(PRAM)	67	APOKYN	25
ANIMAL SHAPES		ANTIBIOTIC-PAIN RELIEF		apple flavoring.....	83
COMPLETE.....	176	(BACIT)	67	apple-ade flavor	84
ANORO ELLIPTA	154	ANTI-DANDRUFF.....	54	apraclonidine	133
ANTACID	101	ANTI-DANDRUFF (COAL		aprepitant	102
antacid (calcium carb-mag		TAR).....	54	apri.....	125
hyd).....	101	ANTI-DIARRHEAL	98	APRISO	102
ANTACID (CALCIUM		ANTI-DIARRHEAL		APRODINE.....	136
CARB-MAG HYD)	101	(LOPERAMIDE).....	98	APTIOM.....	22
ANTACID (CALCIUM		ANTI-FUNGAL.....	69	APTIVUS	2
CARBONATE)	160	ANTIFUNGAL		APTIVUS (WITH VITAMIN	
ANTACID AND PAIN		(CLOTRIMAZOLE)	69	E)	2
RELIEF	32	ANTIFUNGAL		AQUA GLYCOLIC FACE ..	56
ANTACID ANTI-GAS	101	(TOLNAFTATE)	69	aquadeks	176
ANTACID ANTI-GAS (CA		ANTIFUNGAL CREAM		aquadeks pediatric	176
CARB-SIM)	102	(MICONAZOLE).....	69	aqua-e concentrate	176
antacid calcium.....	160	ANTIFUNGAL SPRAY	69	aquanaz	136
antacid exst (ca carb-mag hyd)		anti-gas maximum strength	102	aquanil hc.....	72
.....	102	ANTI-GAS ULTRA		AQUAPHILIC.....	56
ANTACID EXST (MAG		STRENGTH	102	aquaphor	56
CARB-AL HYD)	102	ANTI-ITCH (HC).....	72	aquaphor healing	56
ANTACID EXT STR		ANTI-ITCH (MENTHOL-		aquaphor original.....	56
(CALCIUM CARB).....	160	CAMPHOR).....	56	aquasol a	177
ANTACID EXTRA-		ANTI-ITCH MAXIMUM		ARALAST NP.....	76
STRENGTH.....	102, 160	STRENGTH	56	aranelle (28).....	125
ANTACID LIQUID	102	ANTI-ITCH(DIPHENHYD)		ARANESP (IN	
ANTACID M	102	WITH ZINC	56	POLYSORBATE)	116
ANTACID MAXIMUM		ANTI-NAUSEA.....	102	ARCALYST	117
STRENGTH	102	ANTIOXIDANT		arctic relief.....	56
antacid multi-symptom.....	102	A/C/E/SELENIUM	176	arginine (l-arginine)....	170, 171
ANTACID PLUS ANTI-GAS		antioxidant formula (selenium)		ARGININE (L-ARGININE)	
.....	102	.....	176	.....	171
ANTACID REGULAR		ANTIOXIDANT VITAMINS		arginine (l-arginine) (bulk)	170
STRENGTH	102	.....	176	arginine hcl (l-arginine).....	171
ANTACID SUPREME	102	ANTISEPTIC	67	arginine hcl(l-arginine)(bulk)	
ANTACID ULTRA		ANTISEPTIC SKIN		.....	171
STRENGTH.....	102, 160	CLNSR(CHLORHE).....	56	ARIKAYCE	7
ANTACID-ANTIGAS	102	ANTITUSSIVE DM.....	136	aripiprazole	39
ANTACID-SIMETHICONE		apatate.....	176	ARISTADA	39
.....	102	APATATE FORTE	176	ARISTADA INITIO.....	39
ANTIBIOTIC (BACITRACIN		apetex.....	176	armodafinil	39
ZINC)	67	apetigen	176	ARNUITY ELLIPTA	154
ANTIBIOTIC (NEOMY-		apetigen plus.....	176	ARRANON	13
BACIT-POLYM)	67	APETIGEN PLUS.....	176	arsenic trioxide	13
ANTIBIOTIC PLUS		APIDRA SOLOSTAR U-100		ARSENIC TRIOXIDE	13
(PRAMOXINE)	67	INSULIN	90	ARTHRICREAM	56

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

ARTHRICREAM RUB	56	asthma check meter	76	azithromycin	6
ARTHRITIS PAIN RELIEF		asthmanefrin refill	154	azo urinary pain relief.....	159
(ACETAM)	32	atazanavir.....	2	AZOLEN TINCTURE	69
arthritis pain relief(capsaic)..	57	atenolol	46	aztreonam	7
ARTHRITIS PAIN		atenolol-chlorthalidone.....	46	azurette (28).....	125
RELIEF(CAPSAIC).....	57	ATHENOL	32	B	
ARTHRITIS PAIN		ATHLETE'S FOOT	69	b complex	177
RELIEVER.....	32	ATHLETE'S FOOT		B COMPLEX 1 (WITH	
ARTIFICIAL TEARS		(CLOTRIMAZOLE)	69	FOLIC ACID)	177
(PETRO/MIN).....	128	ATHLETE'S FOOT		B COMPLEX 100	177
ARTIFICIAL TEARS (PF) 128		(TERBINAFINE)	69	b complex plus vitamin c....	177
ARTIFICIAL TEARS		ATHLETE'S FOOT		b complex w-vit c	177
(POLYVIN ALC).....	129	(TOLNAFTATE)	69	B COMPLEX-VITAMIN B12	
ARTIFICIAL		ATHLETIC FOOT CREAM 69		.....	177
TEARS(DEXT70-HYPRO)		atomoxetine	40	b complex-vitamin c-folic acid	
.....	129	atorvastatin	51	.....	177
ARTIFICIAL		atovaquone.....	7	B COMPLEX-VITAMIN C-	
TEARS(GLYCERIN-PEG)		atovaquone-proguanil.....	7	FOLIC ACID.....	177
.....	129	ATRIPLA	3	B-100 COMPLEX.....	177
ARTIFICIAL TEARS(PG-		atropine	98, 129	B-12 DOTS.....	177
HYPM-GLYC).....	129	ATROVENT HFA	154	b-12 plus	178
ARTIFICIAL		atuss da	136	baby anti monkey butt (zinc)	57
TEARS(PVALCH-POVID)		AUBAGIO.....	26	BABY AYR SALINE	86
.....	129	aubra	125	baby ddrops	178
ARZERRA	13	aubra eq	125	baby vitamin d3	178
ASCORBATE CALCIUM		AVASTIN	13	baby's super daily d3	178
(VITAMIN C)	177	AVEENO INTENSE RELIEF		bacid	98
ascorbic acid (vitamin c) ...	177	.....	57	bacitracin	7, 128
ASCORBIC ACID (VITAMIN		aviane.....	125	BACITRACIN.....	67
C).....	177	avita	66	BACITRACIN ZINC	67, 68
ascorbic acid(vitamin c)(bulk)		AVONEX	117	BACITRACIN ZINC-	
.....	177	AV-PHOS 250 NEUTRAL 160		POLYMYXIN B	68
ascorbyl palmitate (bulk).....	76	ayr allergy and sinus.....	86	bacitracin-polymyxin b.....	128
ASMANEX HFA	154	ayr saline.....	86	BACITRAYCIN PLUS	68
ASMANEX TWISTHALER		AYR SALINE	86	back pain-off.....	32
.....	154	ayr saline gel.....	86	BACKACHE RELIEF	
aspartame (bulk).....	171	AYR SALINE NASAL NETI		EXTRA STRENGTH.....	32
aspercreme (lidocaine hcl) ...	57	RINSE	86	baclofen	27
aspercreme (lidocaine)	57	ayr sinus rinse.....	86	BALANCE B-100 (FOLIC	
ASPER-FLEX	57	AYVAKIT	13	ACID)	178
ASPIRIN	32	azacitidine.....	13	BALANCE B-50 (WITH	
ASPIRIN CHILDRENS.....	32	AZASITE	127	FOLIC ACID)	178
ASPIRIN LOW DOSE.....	32	azathioprine	13	balanced b-100.....	178
ASPIRIN,BUFFD-CALCIUM		azathioprine sodium	13	BALANCED B-100	178
CARB-MAG	32	azelaic acid	66	BALANCED B-100	
aspirin-dipyridamole	49	azelastine	86, 129	COMPLEX	178
ASPIR-TRIN	32	azelastine-fluticasone	154	BALANCED B-50	178

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

balanced salt	129	BENZOYL PEROXIDE.....	66	bionel pediatric	136
balsalazide	102	benztropine	25	BIOTECT PLUS	171
balsam peru (bulk).....	57	benzyl alcohol (bulk).....	76	biotin.....	178
BALVERSA.....	13	BEPREVE	129	BIOTIN.....	178
banana concentrate	84	berocca (fa-guarana-caff) ...	178	biotin (bulk).....	178
BANOPHEN	136	BESIVANCE.....	128	biotin plus-calcium and vit d3	178
BANOPHEN ANTI-ITCH...57		BESPONS.....	13	BISACODYL	102
BANZEL	22	BEST FIBER	102	BISA-LAX (BISACODYL)	102
BAQSIMI.....	90	BETA CARE.....	57	BISMATROL	98
BARACLUDE	3	BETA CAROTENE	178	BISMUTH	98
BAVENCIO	13	BETA MED.....	74	bismuth subcarbonate (bulk)	99
BAYER ASPIRIN.....	32	beta xma	57	bismuth subgallate (bulk)	99
BAZA ANTIFUNGAL	69	betadine	68	bismuth subnitrate (bulk).....	76
baza protect	57	betadine surgical scrub	68	BISMUTH SUBSALICYLATE.....	99
bc arthritis.....	32	betadine swabsticks	68	bisoprolol fumarate.....	46
bc pain relief.....	32	BETA-HC.....	72	bisoprolol-hydrochlorothiazide	46
BCG VACCINE, LIVE (PF)	118	betaine (bulk).....	76	bitterness mask flavor.....	84
B-COMPLEX.....	178	betamethasone acet,sod phos	89	BLENREP	13
b-complex plus vit c (calcium)	178	betamethasone dipropionate .	72	bleomycin	13
b-complex with b-12	178	betamethasone valerate.....	72	BLEPHAMIDE	129
B-COMPLEX WITH VITAMIN C.....	178	betamethasone, augmented..	72	BLEPHAMIDE S.O.P.	129
BD POSIFLUSH NORMAL SALINE 0.9.....	76	BETASEPT SURGICAL SCRUB.....	57	BLINCYTO.....	13
BD PRE-FILLED NORMAL SALINE.....	76	BETASERON	117	BLIS-TO-SOL (TOLNAFTATE)	69
BD PRE-FILLED SALINE BLUNT CAN	76	BETATEMP.....	32	BLUE GEL	57
beelith.....	160	betaxolol	46, 128	body, hair, skin and nails	178
bekyree (28).....	125	bethanechol chloride.....	159	bone essentials	179
BELBUCA	28	BETHKIS	7	BOOSTRIX TDAP.....	118
BELEODAQ	13	BEVESPI AEROSPHERE. 154		boric acid (bulk)	129
benadryl allergy.....	136	bexarotene	13	BORTEZOMIB	13
benazepril	46	BEXSERO.....	118	bosentan	154
benazepril-hydrochlorothiazide	46	bicalutamide	13	BOSULIF	13
BENDEKA.....	13	BICARSIM FORTE.....	102	BOTOX	118
BENLYSTA	121	BICILLIN C-R	10	BP	66
benzedrex	86	BICILLIN L-A	10	BP FOAM.....	66
BENZEPRO	66	BICNU.....	13	bp wash	66
BENZNIDAZOLE	7	BIDIL	46	BP WASH	66
BENZOIN	57	BIKTARVY	3	BPO	66
BENZOIN (BULK).....	57	bimatoprost.....	132	BRAFTOVI.....	13
BENZOIN COMPOUND	57	bio-35, gluten free	178	brainstrong prenatal	179
BENZONATATE.....	136	biocal	178	BREO ELLIPTA	155
		BIOCOTRON.....	136	BREZTRI AEROSPHERE. 155	
		bio-d-mulsion	178	BRILINTA	49
		bio-d-mulsion forte.....	178		
		bioflavonoid, lemon (bulk). 171			
		bioflavonoids, citrus (bulk) 171			
		BION TEARS (PF)	129		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

brimonidine	133	C	CALCIUM ANTACID.....	161
BRIVIACT	22	c 1000-bioflavonoids-rose hips	CALCIUM ANTACID	
BROHIST D	136	.....	TROPICAL.....	161
bromfed dm	136	C COMPLEX	CALCIUM ANTACID	
bromfenac	132	C-1000	ULTRA MAX ST	161
bromocriptine	25	C-1000 WITH ROSE HIPS	CALCIUM CARB AND	
BROMPHENIRAMINE-		C-500	CITRATE-VITD3	161
PSEUDOEPH-DM	136	cabergoline	calcium carb-d3-mag cmb11-	
BROMPHENIRAMIN-		CABLIVI.....	zinc	179
PHENYLEPHRIN-DM..	137	CABOMETYX.....	calcium carb-mag oxide-zinc	
BROMSITE.....	132	CA-D3-MAG OX-ZINC-COP-	ox	179
BRONCHIAL MIST	155	MANG-BOR	calcium carb-mag ox-zinc gluc	
BRONCHIAL MIST REFILL		CA-D3-MAG-ZINC-COP-	.....	179
.....	155	MANG-BOR	calcium carbonate	161, 162
bronkaid dual action	137	caffeine citrate	CALCIUM CARBONATE	
BROTAPP DM	137	cal mag zinc plus d3 .....	.....	161, 162
BRUKINSA	13	CALAMINE PHENOLATED	calcium carbonate (bulk) ...	102,
bss.....	129	.....	161	
b-stress.....	179	calamine-zinc oxide.....	CALCIUM CARBONATE-	
budesonide.....	102, 155	CALAMINE-ZINC OXIDE..	VIT D3-MIN	179
BUDESONIDE	155	calcet petites	calcium carbonate-vitamin d3	
buffer cream	76	CALCIDOL.....	.....	162
BUFFERIN.....	32	calci-max	CALCIUM CARBONATE-	
bumetanide	46	calci-mix	VITAMIN D3	162, 163
buprenorphine hcl.....	28	calcipotriene	calcium chloride	163
buprenorphine transdermal		calcipotriene-betamethasone	calcium citrate	163
patch	28	54	CALCIUM CITRATE.....	163
buprenorphine-naloxone.	32, 33	calcitonin (salmon).....	calcium citrate (bulk).....	163
bupropion hcl.....	40	cal-citrate	CALCIUM CITRATE + D..	163
bupropion hcl (smoking deter)		CALCITRATE.....	calcium citrate malate-vit d3	
.....	85	calcitriol.....	.....	171
BURN RELIEF WITH ALOE		CALCIUM 500.....	CALCIUM CITRATE PLUS	
.....	57	CALCIUM 500 + D	(VIT B6)	163
buspirone	40	CALCIUM 500 WITH D ...	CALCIUM CITRATE-	
busulfan	13	CALCIUM 600.....	VITAMIN D3	163
butenafine	69	CALCIUM 600 + D(3).....	CALCIUM FOR WOMEN	179
butorphanol.....	33	CALCIUM 600 + MINERALS	calcium gluconate	163
butter rum flavoring	84	.....	CALCIUM GLUCONATE	163
butterscotch flavoring.....	84	CALCIUM 600 WITH	calcium gluconate (bulk) ...	163
butylparaben (bulk)	76	VITAMIN D3.....	calcium hydroxide (bulk) ...	102
BYDUREON.....	90	CALCIUM 600-D3 PLUS	calcium lactate	164
BYDUREON BCISE	90	(MAG-ZINC)	calcium lactate (bulk)	164
BYETTA	90	calcium acetate	CALCIUM MAGNESIUM	164
BYNFEZIA	13	calcium acetate(phosphat bind)	calcium magnesium + d.....	179
BYSTOLIC	46	.....	calcium phos, tribasic (bulk)	
		calcium adult (calcium phos)	.....	164
		.....	calcium phosphate (bulk) ...	164
		calcium amino acid chelate		161

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

calcium phosphate-vitamin d3	179	CAPSAICIN.....	57	cefepodoxime	6
CALCIUM		captopril.....	46	cefprozil.....	6
POLYCARBOPHIL.....	102	captopril-hydrochlorothiazide	46	ceftazidime	6
calcium saccharate.....	164	capzasin	57	ceftriaxone	6
CALCIUM SOFT CHEW ..	179	CAPZASIN-HP	57	ceftriaxone in dextrose,iso-os.6	
calcium with boron.....	76	CARBAGLU	76	cefuroxime axetil	6
CALCIUM WITH VITAMIN		carbamazepine	22	cefuroxime sodium	6
D.....	164	carbamide peroxide (bulk)....	88	celecoxib.....	33
calcium-magnesium	164	CARBAMOXYDE EAR		CELONTIN	22
CALCIUM-MAGNESIUM-		DROPS	88	CENTAMIN	180
COPPER-ZINC	179	carbidoa	25	central-vite.....	180
CALCIUM-MAGNESIUM-		carbidoa-levodopa	25	central-vite women's mature	180
ZINC.....	164	entacapone	25	centram-care	180
calcium-vitamin d3-vitamin k	180	carbocaine (pf).....	57	CENTRAVITES.....	180
CALCIUM-VITAMIN D3-		carbomer homopolymer c (bulk)	76	CENTRAVITES 50 PLUS .180	
VITAMIN K.....	180	carboplatin	13	centravites adults	180
CAL-GEST ANTACID.....	164	carboxymethylcellul.sod.(bulk)	129	centrum	180
CALLUS REMOVER.....	55	cardioplegic soln.....	53	centrum chewables	180
CALLUS REMOVERS	55	carmustine	14	centrum complete	180
cal-mag.....	180	carrington moist barrier-zinc	57	centrum men	180
cal-mag complex	180	carrington moisture barrier cr	58	centrum silver	180
cal-mint.....	164	carteolol	128	centrum silver men	180
calphron.....	164	cartia xt.....	46	centrum silver ultra men's...180	
CALQUENCE.....	13	carvedilol	46	centrum silver women	180
cal-quick	164	carvedilol phosphate.....	46	centrum specialist heart	180
caltrate + d3 plus minerals .180		casprofungin	2	centrum ultra men's.....	180
caltrate 600 plus d	164	castellani paint.....	58	CENTRUM WOMEN.....	180
caltrate 600-d plus minerals180		castellani paint modified	58	CENTURY	180
caltrate gummy bites	180	CASTOR OIL.....	102	CENTURY ADULTS 50 PLUS	180
caltrate with vitamin d3.....	164	CAYSTON	7	CENTURY CARDIO.....	180
camila	122	caziant (28).....	125	CENTURY MATURE	180
camphor (bulk)	57	cefaclor	5	century men's.....	180
camrese.....	125	cefadroxil.....	5	century ultimate men's.....	180
candesartan	46	cefazolin	5	CENTURY ULTIMATE WOMEN'S.....	181
candesartan-hydrochlorothiazid	46	cefazolin in dextrose (iso-os) .5		ceo-two	102
CAPASTAT	7	cefepodoxim	5	cepacol sore throat (benz-men)	58
capcof	137	cefepime	5	cephalexin.....	6
CAPEX.....	72	cefepime in dextrose,iso-osm.5		CEPROTIN (BLUE BAR) ...49	
CAPLYTA	40	cefepime	5	CEPROTIN (GREEN BAR) 49	
capmist dm	137	cefexime	5	ceralyte 50	164
CAPRELSA	13	cefotetan	5	ceralyte 90	164
capron dm.....	137	cefoxitin.....	6	ceralyte-70	164
capron dmt.....	137	cefoxitin in dextrose, iso-osm 6		cerasport	164
capsaicin	57				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

cerasport ex1	164	chest rub	58	children's allergy relief(lor)	138
cerave	58	CHEST-SINUS		CHILDREN'S ALLERGY	
cerave pm	58	CONGESTION RELIEF	137	RELIEF(LOR).....	138
CERDELGA.....	96	chew q.....	75	CHILDREN'S	
CEREZYME	96	CHILD ALLERGY		ALLERGY(CETIRIZINE)	
CEROVITE ADVANCED		REL(CETIRIZINE).....	137	.....	138
FORMULA	181	CHILD CHEST		CHILDREN'S ASPIRIN	33
CEROVITE JR.....	181	CONGESTION-COUGH		CHILDREN'S AURODRYL	
CEROVITE SENIOR.....	181	.....	137	ALLERGY	138
CERTA PLUS	181	child chewable vitamn		CHILDREN'S AUROPHEN	
CERTAVITE SENIOR-		complete	181	PAIN-FEVER.....	33
ANTIOXIDANT	181	child complete multivitamin		CHILDREN'S CETIRIZINE	
CERTAVITE-		.....	181	.....	138
ANTIOXIDANT	181	CHILD COUGH-CHEST		CHILDREN'S CHEST	
CETA-KLENZ MILD.....	58	CONGEST DM	137	CONGESTION.....	138
cetaphil	58	child delysym cough-cold	137	CHILDREN'S CHEW	
CETAPHIL.....	58	CHILD FEVER REDUCER-		MULTIVITAMIN	181
cetaphil dailyadvance	58	PAIN RELVR.....	33	children's chewable complete	
CETAPHIL GENTLE		child mucinex chest mini-melts		.....	181
CLEANSER	58	.....	137	CHILDREN'S CHEWABLE	
cetaphil moisturizing.....	58	child mucinex cough mini-		MULTIVITMN	181
CETAPHIL MOISTURIZING		melts	137	CHILDREN'S CHEWABLE	
.....	58	child mucinex m-s cold day-nte		VITAMIN.....	181
CETIRI-D.....	137	.....	137	CHILDREN'S CHEWABLES	
cetirizine	137	CHILD MUCUS RELIEF		.....	181
CETIRIZINE.....	137	COUGH.....	137	CHILDREN'S CHEWABLES	
CETIRIZINE-		CHILD MUCUS RELIEF		EXTRA C	181
PSEUDOEPHEDRINE ..	137	EXPECTORANT	137	children's claritin	138
cetyl alcohol (bulk).....	58	child multi-symptom		CHILDREN'S COLD AND	
cetyl esters (bulk)	76	cold/cough	138	COUGH (PE).....	138
cevimeline	76	child multivitamin plus iron	181	CHILDREN'S COLD-	
CHANTIX.....	85	child multivitamins.....	181	ALLERGY (PE)	138
CHANTIX CONTINUING		CHILD PAIN REL-FEVER		children's cold-cough daytime	
MONTH BOX.....	85	REDUCER	33	.....	138
CHANTIX STARTING		CHILD TRIAMINIC COLD-		children's cold-cough-sore..	138
MONTH BOX.....	85	ALLERGY	138	CHILDREN'S COUGH.....	138
CHEMET	76	child triaminic ms fever-cold		children's cough dm er.....	138
CHENODAL.....	102	.....	138	children's delysym cough	138
cherry flavor (bulk)	76	CHILD WAL-TAP COLD-		CHILDREN'S DIBROMM	
CHEST CONGESTION		ALLERGY	138	COLD-ALLERG	138
RELIEF	137	children multivitamin	181	CHILDREN'S DIBROMM	
CHEST CONGESTION		CHILDREN'S		DM COLD-COU	138
RELIEF DM.....	137	ACETAMINOPHEN.....	33	CHILDREN'S	
CHEST CONGESTION		CHILDREN'S ADVIL	33	DIPHENHYDRAMINE .	138
RELIEF PE.....	137	CHILDREN'S ALAWAY ..	129	CHILDREN'S EASY-MELTS	
CHEST CONGESTION-		CHILDREN'S ALLERGY		.....	33
COUGH RELIEF	137	(DIPHENHYD).....	138		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

CHILDREN'S FEVER	CHILDREN'S WAL-DRYL	cholestyramine light	51
REDUCING	ALLERGY	CHROMIUM CHLORIDE	164
children's flonase allergy rlf	CHILDREN'S WAL-ZYR .	chrysin (bulk).....	76
children's flonase sensimist	CHILD'S ALL DAY	ciclodan.....	69
CHILDREN'S FLU RELIEF	ALLERGY(CETIR)	ciclopirox.....	69
.....	child's chewable vitamins/iron	cidofovir	3
CHILDREN'S IBUPROFEN	.....	cilostazol.....	49
CHILDREN'S IRON.....	CHILD'S CHEWABLE	CIMDUO.....	3
children's loratadine	VITAMINS/IRON.....	cimetidine	115
CHILDREN'S MAPAP.....	child's mucus relief m-s cold	cimetidine hcl	115
children's m-s cold day-night	.....	CIMZIA.....	103
.....	child's omega-3 dha multivitam	CIMZIA POWDER FOR	
children's mucinex cold-fever	.....	RECONST.....	103
.....	CHILDS TRIACTING COLD-	CIMZIA STARTER KIT ...	103
CHILDREN'S MUCINEX	COUGH.....	cinacalcet	96
COUGH.....	CHILDS/IRON.....	cinnamon flavoring.....	84
children's mucinex multi-symp	CHLD ROBITUSSIN	CINRYZE.....	155
.....	COUGH-CHEST DM ...	CINVANTI.....	103
children's mucinex night time	chlo hist	CIPRODEX.....	89
.....	chlo tuss.....	ciprofloxacin.....	10
children's multi-vit gummies	chloramphenicol sod succinate	ciprofloxacin hcl.....	10, 88, 128
.....	.....	ciprofloxacin in 5 % dextrose	
children's multivitamin.....	CHLORASEPTIC THROAT	.....	11
children's nasacort	SPRAY	ciprofloxacin-dexamethasone	
CHILDREN'S NON-ASPIRIN	chlorhexidine gluconate .....	.....	89
.....	CHLORHEXIDINE	cisplatin.....	14
CHILDREN'S PAIN RELIEF	GLUCONATE.....	citalopram	40
.....	CHLORHIST.....	citracal + d maximum.....	164
CHILDREN'S PAIN	chlorocaps.....	citracal regular	164
RELIEVER.....	chloroprocaine (pf).....	citracal-d3 gummies	182
CHILDREN'S PAIN-FEVER	chloroquine phosphate.....	citracal-d3 maximum plus ..	164
RELIEF	chlorothiazide	citracal-d3 petites.....	164
CHILDREN'S PLUS FLU .	chlorothiazide sodium	CITRATE OF MAGNESIA	
CHILDRENS PLUS MULTI-	CHLORPHENIRAMINE	.....	103
SYMP COLD	MALEATE.....	citric acid (bulk)	76
CHILDREN'S PROFEN IB .	chlorpromazine.....	CITRIC ACID ANHYDROUS	
CHILDREN'S SALINE	CHLORTABS	(BULK).....	76
NASAL SPRAY.....	chlorthalidone.....	CITRIC ACID	
CHILDREN'S SILAPAP	chocolate flavor (bulk)	MONOHYDRATE (BULK)	
CHILDREN'S SILFEDRINE	CHOCOLATE LAXATIVE	.....	76
.....	.....	CITROMA.....	103
children's stuffy nose-cold..	CHOLBAM.....	CITRUCEL.....	103
children's sudafed	cholecalciferol (vitamin d3)	citrucel (sucrose)	103
CHILDREN'S TACTINAL..	CHOLECALCIFEROL	citrucel sugar free	103
children's tylenol	(VITAMIN D3)	citrulline (bulk).....	171
CHILDREN'S TYLENOL ...	cholesterol (bulk).....	CITRUS CALCIUM-	
	cholestyramine (with sugar) .	VITAMIN D3.....	164

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

cladribine.....	14	clove flavoring.....	84	COLD AND HOT THERAPY	
claravis	66	clove oil (bulk)	86	BALM.....	58
clarispray	155	clovique	76	COLD AND SINUS PAIN	
clarithromycin	6	clozapine.....	40	RELIEF.....	140
CLARITIN	139	co q-10.....	75	cold head congestion day/nite	
CLASSIC PRENATAL	182	CO Q-10	75	.....	140
CLEAR EYES NATURAL		CO Q-10 (WITH VIT E)	171	cold head congestion daytime	
TEARS	129	coal tar	54	.....	140
CLEARLAX.....	103	coal tar (bulk)	54	COLD HEAD CONGESTION	
CLEMASTINE.....	139	COARTEM	7	SEVER DAY.....	140
CLEOCIN.....	124	coats aloe	58	COLD MULTI-SYMPTOM	
clever choice peak flow meter		coats aloe moisturizing.....	58	.....	140
.....	76	cocoa butter (bulk).....	58	cold multi-symptom day/night	
clindamycin hcl	7	COCONUT OIL (BULK)	84	.....	140
clindamycin in 5 % dextrose ..	7	coconut oil cream	58	cold multi-symptom nighttime	
clindamycin pediatric	7	COD LIVER OIL	182, 183	.....	140
clindamycin phosphate	7, 67,	CODEINE-GUAIFENESIN		cold relief m/s day/night.....	140
124		.....	139	COLD RELIEF PLUS	140
CLINIMIX 5%/D15W		coenzyme q10.....	75	COLD SEVERE	
SULFITE FREE	171	COENZYME Q10.....	75	CONGESTION.....	140
CLINIMIX 4.25%/D10W		coenzyme q10 (bulk).....	75	COLD-FLU RELIEF.....	140
SULF FREE	171	coenzyme q10-vit e-vit e		cold-flu-sore throat	140
CLINIMIX 4.25%/D5W		mixed.....	171	COLD-SINUS RELIEF.....	140
SULFIT FREE.....	76	COENZYME Q10-VITAMIN		colesevelam	51
CLINIMIX 5%-		E.....	171	colestipol.....	51
D20W(SULFITE-FREE) 171		colace.....	103	colistin (colistimethate na)	7
clobazam.....	22	colace 2-in-1	103	collodion (bulk)	58
clobetasol.....	72	colace clear	103	COL-RITE.....	103
clobetasol-emollient	72	colchicine.....	120	COMBIGAN	132
clodan	72	COLCRYS.....	120	COMBIVENT RESPIMAT 155	
clofarabine.....	14	COLD AND ALLERGY ...	139	COMETRIQ	14
clomiphene citrate	96	COLD AND ALLERGY		COMFORT GEL.....	103
clomipramine.....	40	(BROMPHEN-PE)	139	COMFORT GEL EXTRA	
clonazepam.....	22, 23	COLD AND ALLERGY PE		STRENGTH	103
clonidine	46	.....	139	COMPLERA	3
clonidine (pf)	34, 46	COLD AND COUGH		COMPLETE	183
clonidine hcl	40, 46	(DIPHENHYDR-PE)	139	COMPLETE 50 PLUS	183
clopidogrel.....	49	COLD AND COUGH DM. 140		COMPLETE ALLERGY ...	140
clorazepate dipotassium	40	COLD AND COUGH ELIXIR		COMPLETE ALLERGY	
clorpactin wcs-90	76	.....	140	MEDICINE.....	140
clotrimazole.....	2, 69	cold and flu relief(diphen-pe)		COMPLETE LICE	
CLOTTRIMAZOLE.....	124	.....	140	TREATMENT.....	74
CLOTTRIMAZOLE 3 DAY 124		cold and flu severe.....	140	complete men.....	183
CLOTTRIMAZOLE AF.....	69	COLD AND HOT (M.SALIC-		complete men 50 plus	183
CLOTTRIMAZOLE-3	124	MENTHOL)	58	COMPLETE MULTI	183
CLOTTRIMAZOLE-7	124	COLD AND HOT PAIN		COMPLETE MULTI 50+ ..	183
clotrimazole-betamethasone. 70		RELIEF	58		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

COMPLETE	CORTIFOAM	103	CRIVAN.....	3
MULTIVITAMIN.....	cortisone	89	cromolyn.....	103, 129, 155
complete multivitamin-mineral	CORTISONE		CROMOLYN	155
.....	(HYDROCORTISONE)...	72	croton	74
COMPLETE	CORTISONE WITH ALOE	72	croton oil (bulk).....	77
MULTIVITAMIN-	CORTIZONE-10.....	72	cryselle (28).....	125
MINERAL.....	CORTIZONE-10 PLUS	72	CRYSVITA	96
COMPLETE MV ADULT 50	CORTIZONE-10 WITH		culturelle	171
PLUS	ALOE	72	culturelle baby grow-thrive ..	99
COMPLETE PREMIUM	corvite.....	183	culturelle digestive health.....	99
VITAMIN.....	corvite 150.....	183	culturelle kids gentle-go	99
COMPLETE SENIOR	corvite fe.....	183	culturelle kids probiotics	171
COMPLETE WOMEN	corvite free.....	183	cutter backwoods	59
complex b-100.....	COSENTYX.....	54	cutter backwoods dry.....	59
COMPLEX B-100.....	COSENTYX (2 SYRINGES)		cutter lemon eucalyptus	59
complex b-50.....	.....	54	cutter natural insect repellnt ..	59
COMPOUND W	COSENTYX PEN	54	cutter natural repellent2	59
compoz	COSENTYX PEN (2 PENS)54		cutter skinsations	59
compro.....	COSMEGEN	14	cyanocobalamin (vitamin b-12)	
conceptionxr motility	COTELLIC.....	14	.....	183, 184
condoms-prem lubricated....	cottonseed oil (bulk).....	77	CYANOCOBALAMIN	
CONDYLOX	COUGH AND COLD		(VITAMIN B-12) ...	183, 184
conex	(CHLORPHEN-DM).....	140	cyanocobalamin-cobamamide	
CONEX	cough and severe cold	140	.....	184
constulose	COUGH DM ER	140	cyclafem 1/35 (28).....	125
contac cold-flu night.....	COUGH FORMULA DM..	140	cyclafem 7/7/7 (28).....	125
COOL HEAT (M-	COUGH RELIEF	140	cyclobenzaprine	27
SALICYLATE-MENTH) 58	COUGH SYRUP	140	cyclophosphamide	14
COPAXONE.....	COUGH SYRUP DM	141	CYCLOSET	90
COPIKTRA	COUGH-CHEST		cyclosporine.....	14
COPPER CHLORIDE	CONGESTION DM.....	141	cyclosporine modified	14
copper sulfate	cough-cold relief hbp.....	141	CYRAMZA	14
COQ-10.....	COUGH-SORE THROAT		cyred	125
coq10 (ubiquinol)	NIGHT.....	141	cyred eq	125
coral calcium	cpd vehicle susp.sugar-free	12	CYSTADANE.....	103
coricidin hbp cold and flu....	.....	84	CYSTAGON	159
coricidin hbp cold-multi sympt	cramp tabs.....	34	CYSTARAN.....	129
.....	CRANBERRY URINARY		cysteine hcl(l-cysteine)(bulk)	
coricidin hbp cough and cold	COMFORT.....	83	.....	171
.....	creatine monohydrate (bulk)	77	cytarabine	14
CORLANOR.....	CREON	103	cytarabine (pf)	14
CORN REMOVER	CRESEMBA	2	cyto b-2	185
corn starch (bulk)	CRINONE	122, 123	cyto-q.....	171
CORN-CALLUS REMOVER	critic-aid.....	58	CYTO-Q MAX.....	171
.....	critic-aid clear.....	59	cyto-q t-f	171
coromega	CRITIC-AID CLEAR		CYTRA-2	159
cortaid.....	AF(MICONAZOL)	70	CYTRA-3	159

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

CYTRA-K.....	159	DALIRESP.....	155	dekas essential.....	185
D		danazol.....	96	dekas plus (folic acid).....	185
d10 %-0.45 % sodium chloride	77	dantrolene.....	27	dekas plus liquid.....	185
.....	77	dapsone.....	7, 67	DELSTRIGO.....	3
d2.5 %-0.45 % sodium		DAPTACEL (DTAP		delsym 12 hour.....	141
chloride.....	77	PEDIATRIC) (PF).....	118	DELSYM COUGH-CHEST	
D3-2000.....	185	daptomycin.....	7	CONGEST DM.....	141
d3-50 cholecalciferol.....	185	DAPTOMYCIN.....	7	delsym cough-cold nighttime	
d5 % and 0.9 % sodium		DARAPRIM.....	7	.....	141
chloride.....	77	DARZALEX.....	14	DELTA D3.....	185
d5 %-0.45 % sodium chloride	77	dasetta 1/35 (28).....	125	demeclocycline.....	11
.....	77	dasetta 7/7/7 (28).....	125	DEMSEER.....	46
dacarbazine.....	14	daunorubicin.....	14	DENAVIR.....	72
dactinomycin.....	14	DAURISMO.....	14	denta 5000 plus.....	86
DAILY FIBER.....	103	DAY MULTI-SYMP FLU-		dentagel.....	86
daily fiber (psyllium-sucrose)	103	SEVERE COLD.....	141	DEPEN TITRATABS.....	121
.....	103	day time pe.....	141	DEPO-PROVERA.....	123
daily gummies.....	185	dayclear allergy relief.....	141	DEPO-SUBQ PROVERA	104
daily multiple.....	185	day-cold night-cold-flu(doxyl)		.....	123
DAILY MULTIPLE.....	185	.....	141	DERMABASE.....	59
DAILY MULTIPLE FOR		DAYHIST ALLERGY.....	141	DERMACERIN.....	59
MEN.....	185	DAYLOGIC ACNE		DERMAFIX.....	83
daily multiple for women ...	185	FOAMING WASH.....	67	dermafungal.....	70
DAILY MULTIPLE		DAYLOGIC ADVANCED		dermagran (aluminum	
VITAMINS/IRON.....	185	HEALING.....	59	hydroxide).....	59
daily multivitamin.....	185	daysee.....	125	DERMAMED (ALUMINUM	
DAILY MULTI-VITAMIN.....	185	daytime.....	141	HYDROXIDE).....	59
DAILY MULTIVITAMIN		daytime and nighttime cold	141	DERMAPHOR.....	59
WITH IRON.....	185	daytime cold-flu.....	141	DERMAREST ECZEMA	
DAILY MULTIVITAMIN-		daytime cold-flu relief (pe).	141	(HYDROCORT).....	73
MINERALS.....	185	daytime-cold nighttime-cld-flu		DERMASARRA	
DAILY PRENATAL.....	185	.....	141	(MENTHOL-CAMPHOR)	
daily probiotic (s. boulardii).	99	DDAVP.....	96	.....	59
DAILY VALUE.....	185	ddrops.....	185	DERMAVANTAGE.....	59
DAILY VITAMIN		deblitane.....	123	DERMAZINC SHAMPOO..	74
FORMULA.....	185	debrox.....	88	DERMAZINC SPRAY.....	74
DAILY VITAMIN		decadron.....	89	DESCOVY.....	3
FORMULA-IRON.....	185	decara.....	185	DESENEKX.....	70
DAILY VITAMIN		decitabine.....	14	DESGEN DM.....	141
FORMULA-MINERALS		deconex dmx.....	141	desipramine.....	40
.....	185	deconex ir.....	141	desmopressin.....	96
DAILY VITAMIN WITH		decubi vite.....	185	desog-e.estradiol/e.estradiol	
IRON.....	185	DEEP SEA NASAL.....	86	.....	125
DAILY VITES/IRON.....	185	deferasirox.....	77	desonide.....	73
DAILY-VITE.....	185	deferiprone.....	77	DESPEC DM-G.....	141
DAKIN'S SOLUTION.....	77	deferoxamine.....	77	DESPEC-DM (PHENYLEPH-	
dalfampridine.....	26	dekas bariatric.....	185	DM-GUAIF).....	141

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

desvenlafaxine succinate.....	40	dextrose 70 % in water (d70w)	77	dihydroergotamine.....	25
dewee's carminative	103	DHEA.....	96	DILANTIN 30 MG.....	23
dex4 glucose.....	77	dhs tar.....	54	diltiazem hcl	46, 47
DEX4 GLUCOSE	77	dhs tar gel	54	dilt-xr.....	47
DEX4 GLUCOSE BITS.....	77	DHS ZINC.....	74	DIMAPHEN DM.....	141
DEX4 GLUCOSE POUCH		diabetes health	185	dimenhydrinate	103
PACK	77	diabetes health formula	185	DIMENHYDRINATE.....	103
DEX4 GLUCOSE QUICK		DIABETIC SILTUSSIN-DM		DIMETAPP COLD-	
DISSOLVE.....	77	MAX STR	141	CONGESTION.....	141
dexamethasone	89	diabetic support formula.....	185	DIMETAPP DM COLD-	
dexamethasone intensol.....	89	DIABETIC TUSSIN DM...	141	COUGH (PE).....	142
dexamethasone sodium phos		DIABETIC TUSSIN EX	141	dimethyl fumarate.....	26
(pf).....	89	dialyvite 800	186	DINO-LIFE EXTRA C	
dexamethasone sodium		DIALYVITE 800	185	MULTIVITAMIN	186
phosphate.....	89, 132	dialyvite 800 plus d	186	DINO-LIFE MULTIVITAMIN	
dexbrompheniramine-		dialyvite 800 with iron	186	.....	186
phenyleph	141	dialyvite 800 with zinc 15 ..	186	DINO-LIFE WITH IRON-	
DEXILANT.....	115	dialyvite 800 with zinc 50 ..	186	ZINC.....	186
dexrazoxane hcl.....	12	dialyvite 800-ultra d	186	DIOCTO	103
dextroamphetamine	40	DIALYVITE VITAMIN D	186	DIOCTYL.....	103
dextroamphetamine-		DIAMODE	99	DIOTAME.....	99
amphetamine	40	DIAPER RASH RELIEF	59	DIPENTUM	103
DEXTROMETHORPHAN		DIARRHEA RELIEF		DIPHEDRYL	142
POLISTIREX	141	(BISMUTH SUBS)	99	DIPHEDRYL ALLERGY ..	142
DEXTROMETHORPHAN-		DIASTAT	23	DIPHEN	142
GUAIFENESIN	141	DIASTAT ACUDIAL.....	23	DIPHENHIST.....	142
dextrose	77	diazepam.....	23, 40	diphenhydramine hcl	142
DEXTROSE.....	77	diazoxide	90	DIPHENHYDRAMINE HCL	
dextrose 10 % and 0.2 % nacl		DIBUCAINE	59	.....	142
.....	77	diclofenac potassium	34	DIPHENHYDRAMINE-	
dextrose 10 % in water (d10w)		diclofenac sodium...	34, 59, 132	ACETAMINOPHEN.....	34
.....	77	diclofenac-misoprostol	34	diphenoxylate-atropine	99
dextrose 25 % in water (d25w)		dicloxacillin.....	10	dipyridamole.....	49
.....	77	dicyclomine	99	disulfiram.....	77
dextrose 30 % in water (d30w)		didanosine.....	3	divalproex	23
.....	77	diethylene glycol monoethyl et		DM MAX	142
dextrose 40 % in water (d40w)		.....	77	dml forte	59
.....	77	differin	67	dobutamine	53
dextrose 5 % in water (d5w)	77	diflunisal.....	34	dobutamine in d5w	53
dextrose 5 %-lactated ringers	77	digest probiotic (s.boulardii)	99	docetaxel.....	14
dextrose 5%-0.2 % sod		digestive health probiotic	99	docosanol.....	72
chloride.....	77	digestive probiotic	171	DOCU.....	103
dextrose 5%-0.3 %		DIGESTIVE RELIEF.....	99	DOCUPRENE	103
sod.chloride	77	digitek.....	53	DOCUSATE CALCIUM ...	103
dextrose 50 % in water (d50w)		digox	53	docusate sodium	104
.....	77	digoxin.....	53	DOCUSATE SODIUM.....	103,
				104	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

DOCUSIL.....	104	dripdrop	165	E	
docusol	104	drisdol.....	186	E.C. PRIN	34
docusol kids.....	104	DRISTAN COLD.....	142	e.e.s. 400	6
docusol plus.....	104	DRISTAN LONG LASTING		E-400 C-500 AND BETA	
DOCUZEN.....	104	.....	86	CAROTENE.....	186
dofetilide.....	45	DRIZALMA SPRINKLE....	40,	EAR DROPS (CARBAMIDE	
DOK	104	41		PEROXIDE)	88
dologesic (w-		dronabinol.....	104	ear drops for swimmers	88
dexbromphenirmn).....	34	droperidol	104	EAR DROPS OTC	88
dologesic-df.....	34	DROPLET INSULIN SYR		EAR WAX DROPS.....	88
donepezil	26	HALF UNIT	90	EAR WAX REMOVAL	
dopamine	53	DROPLET INSULIN		DROPS	88
dopamine in 5 % dextrose	53	SYRINGE.....	90	EAR WAX REMOVAL KIT	
DOPTELET (10 TAB PACK)		DROPLET PEN NEEDLE...	91	.....	88
.....	49	drospirenone-e.estradiol-lm.fa		easivent mask large.....	78
DOPTELET (15 TAB PACK)		.....	125	easivent mask medium	78
.....	49	drospirenone-ethinyl estradiol		easivent mask small	78
DOPTELET (30 TAB PACK)		.....	125	EAZZZE THE PAIN.....	34
.....	49	DROXIA	15	ec-naproxen	34
dorzolamide.....	132	dry eye formula	186	econazole	70
dorzolamide-timolol.....	132	DRY EYE RELIEF	129	ECONTRA EZ	125
dorzolamide-timolol (pf)....	132	dry mouth	77	ECONTRA ONE-STEP	125
dosoquin	186	DRY SKIN THERAPY	59	ECOTRIN.....	34
dotti.....	123	DSS.....	104	ECOTRIN LOW STRENGTH	
DOUBLE ANTIBIOTIC		DUAVEE.....	123	.....	34
(B.TRACN ZN).....	68	DUCODYL (BISACODYL)		ED A-HIST.....	142
DOVATO	3	.....	104	ed a-hist dm	142
doxazosin.....	47	DULCOEASE	104	ED A-HIST DM	142
doxepin.....	40, 59	DULCOLAX STOOL		ED BRON GP.....	142
doxercalciferol.....	96	SOFTENER (DSS).....	104	ED CHLORPED JR	142
doxorubicin.....	14	DULERA.....	155	ED-APAP	34
doxorubicin, peg-liposomal..	14	duloxetine	41	EDARBI	47
doxy-100.....	11	DUOFER	186	EDARBYCLOR	47
doxycycline hyclate.....	11	DUOFILM.....	55	EDURANT	3
doxycycline monohydrate	11	DUPIXENT PEN	59	efavirenz	3
doxylamine-phenylephrine.	142	DUPIXENT SYRINGE.....	59	efavirenz-emtricitabin-tenofov	
doxylamine-pyridoxine (vit b6)		duraflu	142	.....	3
.....	104	duramorph (pf)	28	efavirenz-lamivu-tenofov disop	
DR SCHOLL'S CLEAR		duravent dm.....	142	.....	3
AWAY	55	durex avanti bare real feel	78	effer-k	165
dr. smith's adult barrier.....	59	dutasteride	158	EFFERVES PAIN RELIEF	
dr. smith's diaper	59	dutasteride-tamsulosin.....	159	ANTACID	34
dr. smith's diaper rash.....	59	D-VI-SOL.....	186	effervescent formula	171
DRAMAMINE.....	104	d-xylose (bulk)	78	EFFERVESCENT PAIN	
DRAMAMINE LESS		DYMISTA.....	155	RELIEF.....	35
DROWSY.....	104	DYNA-HEX.....	59	ELAPRASE.....	96
DRIMINATE	104	DY-O-DERM.....	83	ELDERTONIC	186

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

electrolyte-48 in d5w.....	171	endur-vm with iron.....	186	ERLEADA	15
ELECTROLYTES-		ENEMA.....	104	erlotinib.....	15
DEXTROSE.....	165	ENEMA DISPOSABLE.....	104	errin.....	123
eletriptan.....	25	enemeez.....	104	ertapenem	7
elfolate plus	186	enemeez plus	104	ERWINAZE	15
elimest	125	enfamil enfalyte.....	165	ery pads.....	67
ELIQUIS	49	ENGERIX-B (PF)	118	ery-tab.....	6
ELIQUIS DVT-PE TREAT		ENGERIX-B PEDIATRIC		ERY-TAB.....	6
30D START	49	(PF).....	118	ERYTHROCIN	7
ELITEK.....	12	english toffee flavor.....	84	erythrocin (as stearate)	7
ELIXOPHYLLIN.....	155	enlyte	186	erythromycin.....	7, 128
ELMIRON.....	159	enoxaparin	49	erythromycin ethylsuccinate...7	
eluryng.....	124	enpresse	125	erythromycin with ethanol...67	
ELZONRIS.....	15	enskyce	125	ESBRIET	155
EMCYT.....	15	entacapone	25	escitalopram oxalate	41
EMEND.....	104	entecavir	3	esmolol	47
emergen-c	186	ENTERIC COATED ASPIRIN		esomeprazole magnesium...115	
emergen-c immune plus	186	.....	35	esomeprazole sodium	115
emergen-c kidz	186	ENTRESTO.....	53	essence c	186
emergen-c msm lite	186	ENTYVIO	104	ESSENTIA	186
EMGALITY PEN	25	enulose.....	104	essential balance with lutein	
EMGALITY SYRINGE. 25, 26		ENVARUSUS XR	15	.....	186
emollia.....	59	EPCLUSA	3	ESSENTIAL DAILY	186
EMOLLIENT	59	EPHRINE	86	essential man	186
emoquette	125	EPIDIOLEX	23	essential man 50+	186
EMPLICITI.....	15	epinastine.....	129	essential woman 50+	187
EMSAM	41	epinephrine	142	estarylla.....	125
emtricitabine.....	3	EPIPEN	142	ester-c with bioflavonoids ..187	
emtricitabine-tenofovir (tdf)...3		EPIPEN 2-PAK	142	estradiol	123
EMTRIVA.....	3	EPIPEN JR	142	estradiol valerate.....	123
EMVERM	7	EPIPEN JR 2-PAK.....	142	estradiol-norethindrone acet	
enalapril maleate	47	epirubicin.....	15	.....	123
enalaprilat	47	epitol.....	23	ESTRING	123
enalapril-hydrochlorothiazide		EPIVIR HBV.....	3	eszopiclone	41
.....	47	eplerenone	47	ethacrynate sodium.....	47
ENBREL	121	EPOGEN	117	ethacrynic acid.....	47
ENBREL MINI	121	epoprostenol (glycine).....	47	ethambutol	8
ENBREL SURECLICK	121	eprosartan	47	ethosuximide.....	23
ENDACOF - DM	142	EPSOM SALT.....	104	ethoxy ethoxy ethanol reagent	
endocet	28	equalactin.....	104	.....	78
ENDUR-ACIN	51	ERBITUX.....	15	ethyl alcohol (bulk).....	78
endur-amide.....	51	ergocalciferol (vitamin d2). 186		ethyl oleate (bulk).....	78
endur-b complex.....	186	ERGOCALCIFEROL		ethynodiol diac-eth estradiol	
ENDUR-C WITH ROSE HIPS		(VITAMIN D2).....	186	.....	125
.....	186	ergoloid.....	41	etodolac.....	35
endur-thine	51	ergotamine-caffeine.....	26	etonogestrel-ethinyl estradiol	
endur-vm iron-free	186	ERIVEDGE.....	15	.....	124

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

ETOPOPHOS.....	15	EZFE 200	187	fentanyl	28
etoposide.....	15	F		fentanyl citrate	28
eucerin	59	fa-8.....	187	fentanyl citrate (pf)	28
eucerin intensive repair cream		FABRAZYME	96	feosol	187
.....	59	falmina (28)	125	FEOSOL	187
EUCERIN ORIGINAL	59	famciclovir.....	3	feosol bifera	187
eucerin skin calming.....	59	famotidine.....	115	feraheme	187
eugenol (bulk)	86	FAMOTIDINE	115	FERATE	187
euthyrox.....	98	famotidine (pf).....	115	fergon.....	187
EVAC-U-GEN		famotidine (pf)-nacl (iso-os)		fer-in-sol	187
(SENNOSIDES).....	104	.....	115	FEROSUL	187
everolimus (antineoplastic) ..	15	FANAPT	41	FERRETTS.....	187
everolimus		fantasy condom.....	78	ferretts ips	187
(immunosuppressive)	15	FARXIGA	91	FERREX 150.....	187
EVOTAZ.....	3	FARYDAK.....	15	FERREX 150 FORTE	187
excedrin extra strength	35	FASENRA.....	155	ferric subsulfate (bulk)	187
excedrin migraine	35	FASENRA PEN	155	FERRIC X-150.....	187
excedrin tension headache....	35	FASLODEX	15	ferrimin 150.....	187
exemestane	15	fast acting nasal	86	FERRIPROX	78
expecta prenatal.....	187	fatigue relief complex.....	83	FERRIPROX (2 TIMES A	
EXPECTORANT	142	fattyblend.....	84	DAY)	78
EXPECTORANT COUGH		fayosim	125	ferrlecit	78
SYRUP	142	fc2 female condom	78	FERROCITE	187
EXTAVIA	117	fd and c blue no.1 (bulk)	78	ferro-sequels (iron-vit c).....	187
EXTRA PAIN RELIEF.....	35	fd and c blue no.2 (bulk)	84	FERRO-TIME	187
EXTRAPRIN	35	fd and c no.3 (green) (bulk) ..	84	ferrous fumarate.....	187
EYE ALLERGY RELIEF ..	133	fd and c no.40 red (bulk)	84	FERROUS FUMARATE ...	187
EYE DROP TEARS.....	129	fd and c red no.3	84	FERROUS GLUCONATE.	187
EYE DROPS		fdc 6 (sunset yel fcf) (bulk) ..	84	FERROUS SULFATE	187, 188
(TETRAHYDROZOLINE)		fdc no.5 (tartrazine) (bulk) ..	84	ferrous sulfate, dried (bulk)	188
.....	133	fdc red 40 (allura red)(bulk) .	84	FERROUSUL.....	188
EYE DROPS (WITH		FE C.....	187	FETZIMA	41
POVIDONE)	133	FE C PLUS.....	187	FEVER REDUCER.....	35
EYE DROPS ADVANCED		febuxostat	120	feverall.....	35
RELIEF	133	felbamate	23	FEVERALL.....	35
EYE HEALTH PLUS		felodipine.....	47	FEXOFENADINE.....	143
LUTEIN	187	fem-cal citrate.....	165	FEXOFENADINE-	
EYE ITCH RELIEF	129	femynor	126	PSEUDOEPHEDRINE ..	143
eye stream.....	129	FENESIN DM IR	143	FIBER.....	105
EYE WASH	129	FENESIN IR.....	143	FIBER (CALCIUM	
eyelid wipes (with chamomile)		FENESIN PE IR.....	143	POLYCARBOPHIL).....	104
.....	129	fenofibrate	51	fiber (psyllium husk)	104
eyeprotect	187	fenofibrate micronized	51	FIBER (PSYLLIUM HUSK)	
eyescrub.....	59	fenofibrate nanocrystallized .	51	.....	105
EYLEA.....	129	fenofibric acid.....	51	FIBER (PSYLLIUM	
ezetimibe	51	fenofibric acid (choline)	51	HUSK/SUGAR)	105
ezetimibe-simvastatin.....	51	fenoprofen	35	fiber (with aspartame).....	105

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

FIBER (WITH ASPARTAME)	flavor sweet-sf	78	fludarabine	15
.....	flavorx	84	fludrocortisone.....	89
FIBER LAXATIVE (CA	flavoxate	158	flumazenil	41
POLYCARBO)	flecainide	45	flunisolide	156
FIBER LAXATIVE	FLECTOR	35	fluocinolone	73
(METHYLCELLULO) ..	fleet bisacodyl.....	105	fluocinolone acetone oil ...	88
FIBER LAXATIVE	FLEET ENEMA.....	105	fluocinolone and shower cap	73
(PSYLLIUM HUSK)	FLEET GLYCERIN (ADULT)		fluocinonide	73
FIBER SMOOTH.....	.....	105	fluocinonide-e.....	73
FIBER THERAPY (CA	fleet glycerin (child)	105	fluoride (sodium).....	86, 188
POLYCARBOPH)	fleet glycerin laxative	105	fluorometholone	132
FIBER THERAPY (M-	FLEET LAXATIVE		fluorouracil	15, 60
CELL/SUGAR).....	(BISACODYL)	105	fluoxetine	41
FIBER THERAPY (M-	fleet mineral oil	105	fluphenazine decanoate	41
CELLULOSE).....	fleet pediatric	105	fluphenazine hcl.....	41
fiber therapy (psyllium-sucro)	flexible collodion (bulk).....	60	flurbiprofen.....	35
.....	flexichamber-lg child mask ..	78	flurbiprofen sodium	132
FIBER THERAPY	flexichamber-sm adult mask	78	flu-severe cold-cough daytime	
LAXATIVE (HUSK)	flexichamber-sm child mask	78	.....	143
FIBER-CAPS (PSYLLIUM	flintstones complete.....	188	flu-severe cold-cough night	143
HUSK).....	flintstones complete (iron)..	188	flutamide.....	15
fibercon.....	flintstones gummies.....	188	fluticasone propionate	156
FIBER-LAX	flintstones gummies omega-3		fluvastatin	51
FIBER-TABS .....	.....	188	fluvoxamine.....	41
finasteride	flintstones multi-vit gummies		FOAMING ACNE FACE	
FINGER CREAM .....	.....	188	WASH	67
FINTEPLA	flintstones multivitamin.....	188	FOAMING ANTACID	105
FIRAZYR.....	flintstones plus calcium	188	FOLBEE	188
FIRDAPSE	flintstones sour gummies....	188	FOLBEE PLUS	188
FIRMAGON KIT W	flintstones tab chew	188	FOLBIC	189
DILUENT SYRINGE	flintstones with iron.....	188	folic acid	189
FIRST AID ANTIBIOTIC-	flintstones/extra c	188	FOLIC ACID.....	189
PAIN RLF	flonase allergy relief.....	155	folic acid (bulk)	189
FIRST AID ANTISEPTIC ...	flonase sensimist.....	155	folic acid-vit b6-vit b12	189
fish oil.....	florajen.....	172	FOLITAB	189
FISH OIL.....	FLORANEX.....	172	FOLOTYN	15
FISH OIL CONCENTRATE	FLORASTOR.....	99	FOLPLEX 2.2.....	189
51	florastorkids.....	99	FOLTABS 800	189
FISH OIL EXTRA	floriva	188	FOLTANX	189
STRENGTH	floriva plus.....	188	foltrate.....	189
fish oil pearls	FLOVENT DISKUS ..	155, 156	fomepizole	118
FISH OIL-DHA-EPA.....	FLOVENT HFA.....	156	fondaparinux	49
flac otic oil.....	floxuridine	15	FOOT AND SNEAKER.....	70
FLANAX (NAPROXEN)	FLU HBP.....	143	FOR STY RELIEF	129
flanders buttocks	fluconazole	2	FORFIVO XL.....	41
FLAVOR CHEWS ANTACID	fluconazole in nacl (iso-osm) .	2	formaldehyde (bulk)	78
.....	flucytosine	2	FORMULA 3.....	70
flavor sweet				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

FORMULA EM	105	GAS RELIEF EXTRA		geri-mucil	106
FORTEO	120	STRENGTH	106	geri-mucil (aspartame).....	106
FOSAMAX PLUS D.....	120	GAS RELIEF ULTRA		geri-mucil (sugar)	106
fosamprenavir.....	3	STRENGTH	106	GERI-PECTATE.....	99
fosaprepitant	105	gas-x	106	GERI-TUSSIN	143
FOSFREE.....	189	gas-x extra strength	106	GERI-TUSSIN DM.....	143
fosinopril	47	gas-x ultra-strength.....	106	gianvi (28)	126
fosinopril-hydrochlorothiazide		gatifloxacin.....	128	GILENYA	26
.....	47	GATTEX 30-VIAL	106	GILOTRIF.....	16
fosphenytoin	23	GATTEX ONE-VIAL.....	106	glatiramer.....	26
freamine iii 10 %	172	GAUZE PAD	91	glatopa	27
free and clear	60	GAVILAX.....	106	GLENMAX PEB DM	143
freedavite.....	189	gavilyte-c	106	glentuss	143
FREEZE DRIED		gavilyte-g.....	106	GLEOSTINE	16
ACIDOPHILUS	172	gavilyte-n.....	106	glimepiride.....	91
freshkote	129	gaviscon.....	106	glipizide	91
fructose (bulk)	78	gaviscon extra strength.....	106	glipizide-metformin.....	91
FRUIT C.....	189	GAVRETO.....	15	GLUCAGEN HYPOKIT.....	91
fruit c-100.....	189	GAZYVA	15	GLUCAGON EMERGENCY	
fruit c-200.....	189	gelusil antacid and anti-gas	106	KIT (HUMAN).....	91
FRUIT C-500	189	gemcitabine	15, 16	GLUCO BURST	78
FULL SPECTRUM B-		GEMCITABINE	15	gluco shot.....	78
VITAMIN C.....	189	gemfibrozil	51	glucosamine (bulk)	78
fuller's earth (bulk)	78	generlac	106	glucosamine su 2kcl (bulk)...	35
FULPHILA.....	117	gengraf.....	16	GLUCOSAMINE SULFATE	
fulvestrant.....	15	GENICIN.....	35	.....	35
FUNGOID TINCTURE	70	gentak	128	GLUCOSAMINE-	
FUNGOID-D.....	70	gentamicin	8, 68, 128	CHONDROITIN	78
furosemide.....	47	gentamicin in nacl (iso-osm) ..	8	GLUCOSE.....	78
fusion.....	189	gentamicin sulfate (ped) (pf) ..	8	GLUCOSE BITS	78
fusion plus	189	gentle tears mild.....	129	GLUCOSE GEL.....	78
FUZEON	3	gentle tears moderate	129	glutamine (bulk)	78
FYCOMPA	23	gentle tears moderate (pf) .	129	glutathione (bulk)	78
G		gentle tears severe gel.....	129	GLUTOSE-5.....	78
G TUSSIN AC	143	GENTLE LAXATIVE		GLYCERIN.....	60
gabapentin	23	(BISACODYL)	106	GLYCERIN (ADULT).....	106
galantamine	26	GENTLE SKIN CLEANSER		GLYCERIN (BULK)	60
galzin	165	.....	60	GLYCERIN (CHILD).....	106
GAMASTAN	118	GENTLELAX	106	glycine (bulk).....	159
GAMASTAN S/D.....	118	GENVOYA	3	glycine urologic	159
ganciclovir sodium	3	GEODON	41	glycine urologic solution ...	159
GARDASIL 9 (PF).....	118	GERI-DRYL	143	GLYCOLAX	106
GAS RELIEF		GERI-HYDROLAC	60	glycolic acid (bulk).....	68
(SIMETHICONE) ..	105, 106	GERI-KOT	106	glycopyrrolate.....	99
GAS RELIEF 80		GERI-LANTA.....	106	glycopyrrolate (pf) in water ..	99
(SIMETHICONE)	106	GERI-MOX ANTACID-		glydo	60
		ANTIGAS	106	gly-oxide.....	86

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

gold bond ultimate diabetics' 60	hair, skin and nails-argan oil	HEMORRHOIDAL
GONAK 129	..... 189	MEDICATED.....60
GONIOTAIRE 129	hair,skin and nails..... 189	HEMORRHOIDAL
GONIOVISC 129	HAIR,SKIN AND NAILS . 189	SUPPOSITORY 107
goody's extra strength..... 35	hair,skin and nails(fa-biotin)	hemorrhoidal(pe-min oil-petro)
GORMEL 60	..... 189	..... 107
GRALISE 23	hair-skin-nail(vit a,c-biotin)189	HEMORRHOIDAL-
granisetron (pf)..... 107	hair-skin-nails (mv-fa-biotin)	ANALGESIC .....60
granisetron hcl 107	..... 189	heparin (porcine) .....50
GRANIX 117	HALAVEN..... 16	heparin (porcine) in 5 % dex
grape concentrate flavor 84	HALLS DEFENSE..... 190	.....49, 50
grape flavor (bulk)..... 84	halobetasol propionate..... 73	heparin (porcine) in nacl (pf)50
grape seed oil (bulk)..... 78	haloperidol.....42	heparin(porcine) in 0.45% nacl
grapefruit 84	haloperidol decanoate.....42	.....50
GRASTEK 118	haloperidol lactate .....42	HEPARIN(PORCINE) IN
green tea extract (bulk)..... 83	HAND WASH.....60	0.45% NACL.....50
griseofulvin microsize 2	hard nails 190	heparin, porcine (pf) .....50
griseofulvin ultramicrosize..... 2	HARVONI..... 3	HEPARIN, PORCINE (PF)..50
grx hemorrhoidal 107	HAVRIX (PF) 118	HEPATAMINE 8% 172
GUAIASORB DM 143	head congestion day-night.. 143	herbiomed allergy cold-sinus
GUAIAUSSIN AC 143	HEADACHE PM 35	..... 143
GUAIFENESIN 143	HEADACHE RELIEF (ASA-	herbiomed severe cold-flu m-s
GUAIFENESIN AC 143	ACET-CAF) 35	..... 143
GUAIFENESIN DAC 143	HEALTHY EYES 190	HERCEPTIN 16
guanidine 41	HEALTHY EYES	HERCEPTIN HYLECTA 16
GUMMI BEAR	SUPERVISION 190	HETLIOZ 42
MULTIVITAMIN 189	HEALTHYLAX..... 107	HIBERIX (PF)..... 118
gummies children multivitamin	HEARTBURN ANTACID. 107	HIBICLENS 60
..... 189	HEARTBURN PREVENTION	HI-CAL PLUS VIT D 165
gummy dinos 189	..... 115	high potency iron..... 190
GUMMY DINOS 189	heartburn relief 107	HIGH POTENCY IRON... 190
GVOKE HYPOPEN 1-PACK	HEARTBURN RELIEF 107	histaflex 35
..... 91	HEARTBURN RELIEF	histex (triprolidine)..... 143
GVOKE HYPOPEN 2-PACK	(CIMETIDINE) 115	histex dm 143
..... 91	HEARTBURN RELIEF	histex pd..... 143
GVOKE PFS 1-PACK	(FAMOTIDINE) 115	histex pdx..... 143
SYRINGE..... 91	heather 123	histex pe..... 143
GVOKE PFS 2-PACK	hemocyte 190	histex-ac..... 143
SYRINGE..... 91	hemocyte-f..... 190	HIZENTRA 118
GYNOL II 124	hemocyte-plus 190	HONEY BEARS
H	HEMORRHOIDAL	MULTIVITAMIN 190
H2Q 75	(PHENYLEPH-COCOA)	HONEY BEARS WITH
HAEGARDA 156	..... 107	IRON-ZINC..... 190
hair formula..... 189	HEMORRHOIDAL CREAM	HUMALOG JUNIOR
HAIR VITAMINS..... 189	..... 107	KWIKPEN U-100 91
HAIR, SKIN AND NAILS	HEMORRHOIDAL H..... 107	HUMALOG KWIKPEN
ADVANCED 189		INSULIN 91

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

HUMALOG MIX 50-50 INSULN U-100..... 91	hydrocil instant..... 107	ibandronate 120
HUMALOG MIX 50-50 KWIKPEN 91	hydrocodone bitartrate..... 28	IBRANCE..... 16
HUMALOG MIX 75-25 KWIKPEN 92	HYDROCODONE COMPOUND 143	ibu 35
HUMALOG MIX 75-25(U- 100)INSULN..... 92	hydrocodone-acetaminophen 28, 29	IBU-200..... 35
HUMALOG U-100 INSULIN 92	HYDROCODONE- CHLORPHENIRAMINE 143	ibuprofen..... 35, 36
HUMIRA..... 121	hydrocodone-homatropine.. 143	IBUPROFEN..... 35, 36
HUMIRA PEN 121	HYDROCODONE- HOMATROPINE..... 143	IBUPROFEN COLD- SINUS(WITH PSE)..... 144
HUMIRA PEN CROHNS-UC- HS START 121	hydrocodone-ibuprofen 29	IBUPROFEN IB 35
HUMIRA PEN PSOR- UVEITS-ADOL HS 121	hydrocortisone 73, 89, 107	IBUPROFEN JR STRENGTH 35
HUMIRA(CF)..... 122	HYDROCORTISONE 73	ibuprofen-oxycodone..... 29
HUMIRA(CF) PEDI CROHNS STARTER..... 121	HYDROCORTISONE ACETATE..... 73	ibutilide fumarate..... 45
HUMIRA(CF) PEN..... 122	hydrocortisone butyrate 73	icaps 190
HUMIRA(CF) PEN CROHNS-UC-HS 121	HYDROCORTISONE PLUS 73	i-caps..... 190
HUMIRA(CF) PEN PSOR- UV-ADOL HS..... 122	hydrocortisone-acetic acid... 88	icaps areds 190
HUMULIN 70/30 U-100 INSULIN..... 92	HYDROCORTISONE-ALOE VERA 73	ICAPS AREDS..... 190
HUMULIN 70/30 U-100 KWIKPEN 92	hydrocortisone-pramoxine.. 107	icaps mv 190
HUMULIN N NPH INSULIN KWIKPEN 92	HYDROCREAM..... 73	icar 190
HUMULIN N NPH U-100 INSULIN..... 92	HYDROGEN PEROXIDE... 78	icar-c 190
HUMULIN R REGULAR U- 100 INSULN 92	hydro-lan 60	icatibant 156
HUMULIN R U-500 (CONC) INSULIN..... 92	HYDROLATUM..... 60	ICE BLUE GEL 60
HUMULIN R U-500 (CONC) KWIKPEN 92	HYDROMET 143	ichthammol (bulk) 60
hydralazine 47	hydromorphone 29	ICLUSIG 16
hydrasyn25 60	hydromorphone (pf) 29	idarubicin 16
HYDROCERIN..... 60	HYDROPHILIC..... 83	IDHIFA..... 16
HYDROCERIN (WITH PETROLATUM)..... 60	hydrophor 60	IFEREX 150 190
HYDROCHLORIC ACID (BULK) 107	HYDROXOCOBALAMIN 190	IFEREX 150 FORTE 190
hydrochlorothiazide..... 47	hydroxychloroquine..... 8	ifosfamide 16
hydrocil..... 107	hydroxyprogesterone caproate 123	ILARIS (PF) 117
	hydroxyurea..... 16	ILEVRO 132
	hydroxyzine hcl 144	imatinib..... 16
	HYGIENIC CLEANSING... 60	IMBRUVICA 16
	HYPERHEP B S/D 119	IMFINZI 16
	HYPERHEP B S-D NEONATAL 119	imipenem-cilastatin 8
	HYQVIA 119	imipramine hcl..... 42
	HYSEPT..... 78	imipramine pamoate 42
	I	imiquimod..... 60
	i.l.x. b-12 190	immune support 172
		imodium a-d..... 99
		imodium multi-symptom relief 99
		IMOVAX RABIES VACCINE (PF)..... 119
		IMPAVIDO 8
		incassia 123
		in-check nasal with mask..... 78

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

in-check oral flow meter	78	introvale.....	126	ISOLYTE-P IN 5 %	
INCRELEX	78	INVEGA SUSTENNA.....	42	DEXTROSE	172
INCRUSE ELLIPTA.....	156	INVEGA TRINZA	42	ISOLYTE-S.....	172
indapamide	47	INVIRASE	3	isoniazid.....	8
indole-3-carbinol (bulk)	78	INVOKAMET.....	92	ISOPROPYL ALCOHOL ...	78, 79, 83
INFANRIX (DTAP) (PF)...	119	INVOKAMET XR	92	ISOPROPYL PALMITATE	
INFANT FEVER REDUCER-		INVOKANA	92	(BULK).....	79
PAIN RELF.....	36	INZO ANTIFUNGAL.....	70	isopto tears.....	129
INFANT PAIN RELIEVER	36	iodides tincture	68	isosorbide dinitrate	54
INFANT'S		IODINE	60	isosorbide mononitrate	54
ACETAMINOPHEN	36	iodine (bulk)	78	isotretinoin.....	67
INFANT'S ADVIL.....	36	IODINE STRONG	68	isradipine	47
INFANTS GAS RELIEF ...	107	IODINE-SODIUM IODIDE	60	ISTODAX.....	17
INFANT'S IBUPROFEN	36	IONIL T.....	54	itch relief.....	60
INFANT'S MOTRIN	36	IONOSOL-MB IN D5W ...	172	ITCH RELIEF	60
INFANTS' MYLICON.....	107	IOPIDINE.....	133	ITCH RELIEF	
INFANTS' PAIN AND		iosat	90	(CLOTRIMAZOLE)	70
FEVER	36	IPOL	119	ITCHY EYE DROPS	130
INFANTS' PAIN RELIEF ...	36	ipratropium bromide.....	86, 156	itraconazole.....	2
INFANT'S PAIN RELIEF ...	36	ipratropium-albuterol.....	156	ivermectin	8
INFANTS PROFENIB.....	36	I-PRIN	36	I-VITE	191
infant's tylenol	36	irbesartan	47	IXEMPRA	17
INFUGEM.....	16	irbesartan-hydrochlorothiazide		IXIARO (PF).....	119
infuvite adult	190	.....	47	J	
infuvite pediatric	190	IRESSA	17	JAKAFI	17
injectafer.....	190	irinotecan	17	jantoven	50
INLYTA	16	iron.....	190	JANUMET	92
inositol hexanicotinate.....	172	IRON	190	JANUMET XR.....	92
INQOVI.....	16	IRON (DRIED)	190	JANUVIA.....	92
INREBIC	17	IRON (FERROUS SULFATE)		jasmiel (28).....	126
insect repellent (deet)	60	.....	190	jencycla.....	123
insect repellent (picaridin)....	60	IRON 100 PLUS	190	JENTADUETO	92
INSTA-CHAR-SORBITOL		IRON CHEWS	190	JENTADUETO XR.....	92
.....	107	IRON, CARBONYL	190	jessner's.....	60
instaclean.....	83	IRON,CARBONYL-		JEVTANA	17
INSTA-GLUCOSE (WITH		VITAMIN C	190	JOCK ITCH.....	70
DEXTRIN).....	92	ironup.....	190	JOCK ITCH	
INSULIN PEN NEEDLE.....	92	iro-plex (iron carbonyl)	190	(CLOTRIMAZOLE)	70
INSULIN SYRINGE-		iro-plex (iron polysaccharide)		JOCK ITCH (TERBINAFINE)	
NEEDLE U-100	92	.....	190	.....	70
integra.....	190	irospan 24/6.....	191	JOHNSON'S BABY OIL	60
integra f	190	ISENTRESS	3	jolessa	126
integra plus	190	ISENTRESS HD	3	JR. ACETAMINOPHEN	36
INTELENCE.....	3	isibloom.....	126	JR. STR NON-ASPIRIN PAIN	
intestinex	172	isoleucine.....	172	.....	36
intralipid	172	isoleucine (bulk).....	172		
INTRON A.....	117	ISOLYTE S PH 7.4.....	172		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

JR. STRENGTH PAIN RELIEVER.....	36	kids omega-3 with dha	172	L	
juleber.....	126	KIDS VITAMIN D3	191	l norgest/e.estradiol-e.estrad	126
JULUCA.....	3	kimono condoms(non-lubricated).....	79	l.acidoph,saliva-b.bif-s.therm	100
JUXTAPID.....	51	kimono maxx condoms	79	L.ACIDOPHILUS-	
K		kimono microthin aqua lube con	79	BIFIDO.LONGUM	100
KADCYLA	17	kimono microthin condoms..	79	labetalol	47
kala	99	kimono microthin large condoms.....	79	lac-hydrin five	61
KALETRA	4	kimono textured condoms	79	lactated ringers.....	75, 165
kalliga.....	126	KINRIX (PF).....	119	LACTIC ACID (BULK)	61
KALYDECO.....	156	kionex (with sorbitol).....	79	lactinex	172
KANJINTI.....	17	KISQALI	17	lactobacillus acidophilus	173
KANUMA.....	96	KISQALI FEMARA CO-PACK	17	LACTOBACILLUS ACIDOPHILUS	173
kaolin (bulk)	79	klor-con 10	165	lactobacillus acidoph-l. bifid	100
kaopectate (bismuth subsalicy)	99	klor-con 8	165	lactobacillus acidoph-l.bulgar	173
KAOPECTATE (BISMUTH SUBSALICY)	99	klor-con m10	165	lactose (bulk)	79
kaopectate (docusate calcium)	107	klor-con m15	165	lactulose.....	108
KAOPECTATE EX STR (BISMUTH SS).....	100	klor-con m20	165	LAMISIL AF.....	70
KAO-TIN (DOCUSATE CALCIUM).....	107	klor-con oral packet 20.....	165	LAMISIL AT.....	70
karaya gum (bulk)	107	klor-con/ef	165	lamivudine	4
kariva (28)	126	KOBEE.....	191	lamivudine-zidovudine	4
KAZANO	92	kojic acid (bulk).....	79	lamotrigine.....	23
kelnor 1/35 (28).....	126	KOMBIGLYZE XR	93	LAN-O-SOOTHE.....	61
kelnor 1-50	126	KONSYL (SUGAR).....	107	LANOXIN	53
kelp (iodine)	165	konsyl formula-d	107	lansoprazole.....	115, 116
KEPIVANCE	12	konsyl sugar-free	107	lanthanum	79
keradan	60	KONSYL SUGAR-FREE ..	108	lantiseptic dry skin therapy...61	
kerodex 51 dry or oily	61	KORLYM.....	96	LANTUS SOLOSTAR U-100 INSULIN	93
kerodex-71 wet.....	61	k-pax immune support.....	191	LANTUS U-100 INSULIN ..	93
KERYDIN.....	70	K-PEC ANTIDIARRHEAL (BISM SUB).....	100	lapatinib	17
ketoconazole.....	2, 70	K-PHOS NO 2.....	159	larin 1.5/30 (21).....	126
ketodan	70	K-PHOS ORIGINAL	159	larin 1/20 (21).....	126
ketoprofen.....	36	K-PHOS-NEUTRAL.....	165	larin 24 fe.....	126
ketorolac	132	kpn	191	larin fe 1.5/30 (28).....	126
KETOTIFEN FUMARATE	130	KPN.....	191	larin fe 1/20 (28).....	126
KEYTRUDA.....	17	KRYSTEXXA.....	120	larissia.....	126
KHAPZORY	12	k-tab.....	165	LASTACAPT	130
KIDS FIRST VITAMIN D3	191	K-TAB.....	165	latanoprost	132
kids' gummy	191	kurvelo (28)	126	LATUDA.....	42
kids multivitamin-minerals	191	KUVAN.....	96	LAXA BASIC	108
		KYNMOBI.....	25	LAXACIN	108
		KYPROLIS	17	LAXACLEAR.....	108

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

LAXATIVE (BISACODYL)	LEXIVA	4	liqsorb	75
.....	l-glutamine.....	79	LIQUIBID D-R	144
LAXATIVE (GLYCERIN-	LIBTAYO	17	LIQUID ANTACID	108
PEDIATRIC).....	LICE BEDDING SPRAY	74	LIQUID B-12	191
LAXATIVE (SENNOSIDES)	LICE COMPLETE KIT 1-2-3	.....	liquid c.....	191
.....	.....	74	liquid calcium with vitamin d	.....
LAXATIVE PEG 3350	LICE KILLING	74	.....	165
LAXATIVE PILLS	LICE KILLING	.....	LIQUID CORN AND	.....
LAXATIVE PILLS	(PERMETHRIN).....	74	CALLUS REMOVER	55
REGULAR	LICE PYRINYL SHAMPOO	.....	lisinopril.....	47
LAXATIVE PLUS STOOL	.....	74	lisinopril-hydrochlorothiazide	.....
SOFTENER.....	LICE SOLUTION	74	.....	47
l-citrulline	LICE TREATMENT	74	l-isoleucine	173
LECITHIN (BULK).....	LICE TREATMENT	.....	LITE COAT ASPIRIN	36
lecithin organogel.....	(PERMETHRIN).....	74	lite touch-medium mask	79
leflunomide.....	lido king.....	61	litetouch-large mask	79
lemon flavoring	lidocaine	61	litetouch-small mask.....	79
lemon glycerin.....	lidocaine (pf) in d7.5w	45	lithium carbonate	42
LEMTRADA.....	lidocaine (pf)	45, 61	lithium citrate.....	42
LENVIMA	lidocaine hcl	61	LITTLE ANIMALS	191
lessina.....	lidocaine in 5 % dextrose (pf)	.....	little animals-iron.....	191
letrozole.....	.....	45	LITTLE ANIMALS-IRON	191
leucovorin calcium	lidocaine pain relief	61	LITTLE REMEDIES.....	86
LEUKERAN	lidocaine plus.....	61	LITTLE REMEDIES FEVER	.....
LEUKINE.....	lidocaine viscous	61	AND PAIN	36
leuprolide.....	LIDOCAINE-ALOE VERA	61	LITTLE REMEDIES GAS	.....
levabuterol hcl.....	lidocaine-epinephrine	61	RELIEF.....	108
levetiracetam	lidocaine-epinephrine (pf)	61	little remedies saline mist	86
levetiracetam in nacl (iso-os)	lidocaine-prilocaine	61	LIVALO	51
levobunolol.....	lidocare	61	L-METHYL-B6-B12.....	191
levocarnitine	lillow (28).....	126	L-METHYL-MC	191
levocarnitine (with sugar)....	lime flavor	84	lmx 4.....	61
levocetirizine	lincomycin	8	lmx 5.....	62
levofloxacin.....	lindane	74	localnesium.....	165
levofloxacin in d5w	linezolid.....	8	localnesium-c.....	191
levoleucovorin calcium	linezolid in dextrose 5%	8	lodrane d	144
levonest (28).....	linezolid-0.9% sodium chloride	.....	LOHIST - D.....	144
LEVONORGESTREL .....	.....	8	LOHIST-DM	144
levonorgestrel-ethinyl estrad	LINZESS	108	LOKELMA.....	79
.....	LIORESAL.....	27	lollibase.....	79
levonorg-eth estrad triphasic	liothyronine	98	LONSURF.....	17
.....	lip balm base (bulk).....	61	loperamide	100
levora-28.....	lip balm natural.....	61	LOPERAMIDE	100
levorphanol tartrate	lipmax.....	79	lopinavir-ritonavir.....	4
levo-t.....	lipoic acid	79	LORADAMED.....	144
levothyroxine.....	lipoil.....	79	LORATA-D.....	144
levoxyl.....	liq-10	173	LORATADINE	144

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

LORATA-DINE D.....	144	LUPRON DEPOT (4 MONTH).....	17	magnesium amino acid chelate	165
LORATADINE-D.....	144	LUPRON DEPOT (6 MONTH).....	17	magnesium carbonate (bulk)	108
lorazepam	42	LUPRON DEPOT-PED	17	magnesium chloride.....	165
lorazepam intensol.....	42	LUPRON DEPOT-PED (3 MONTH).....	17	magnesium chloride (bulk).....	165
LORBRENA	17	lutera (28)	126	magnesium citrate.....	165
lorcet hd.....	29	l-valine.....	173	MAGNESIUM CITRATE.....	108
lortuss lq.....	144	lycelle	74	magnesium citrate (bulk)....	108
loryna (28).....	126	LYNPARZA.....	17	magnesium gluconate	166
losartan	47	LYRICA	24	MAGNESIUM GLUCONATE	166
losartan-hydrochlorothiazide	47	LYSIPLEX PLUS	191	MAGNESIUM HYDROXIDE	108
LOTEMAX	132	LYSODREN.....	17	magnesium hydroxide (bulk)	108
LOTEMAX SM.....	133	LYUMJEV KWIKPEN U-100 INSULIN	93	magnesium l-lactate.....	108
loteprednol etabonate	133	LYUMJEV KWIKPEN U-200 INSULIN	93	magnesium oxide.....	166
lotrimin af (clotrimazole)	70	LYUMJEV U-100 INSULIN	93	MAGNESIUM OXIDE.....	166
LOTRIMIN AF JOCK ITCH POWDER.....	70	lyza	123	magnesium oxide (bulk)	166
LOTRIMIN AF POWDER ..	70	M		magnesium sulfate	166
lotrimin ultra.....	70	M.V.I. ADULT.....	191	magnesium sulfate (bulk) ...	109
lovastatin	51	m.v.i. pediatric.....	191	MAGNESIUM SULFATE IN D5W	166
low-ogestrel (28)	126	maalox advanced	108	magnesium sulfate in water	166
loxapine succinate	42	MAALOX MAXIMUM STRENGTH	108	magonate (magnesium carb)	166
lozibase.....	79	macular benefits	191	magox	166
lo-zumandimine (28).....	126	macular health formula.....	191	magtab	109
LUBRICANT (P-GLYCOL- GLYCERIN)	130	MACUVITE EYE CARE ..	191	malathion	74
lubricant eye	130	macuvite with lutein	191	malic acid (bulk).....	79
lubricant eye (cmc-glycerin)	130	mafenide acetate	68	MANGANESE CHLORIDE	167
LUBRICANT EYE (PG-PEG 400).....	130	MAG 64.....	165	mango flavor.....	84
lubricant eye (pg-peg 400)(pf)	130	mag glycinate	165	mannitol 20 %.....	47
lubricant eye (propyl glycol)	130	mag-al.....	108	mannitol 25 %.....	47
LUBRICANT EYE DROPS	130	MAG-AL PLUS	108	MAPAP (ACETAMINOPHEN)	36
lubricating drops.....	130	MAG-AL PLUS EXTRA STRENGTH	108	MAPAP ARTHRITIS PAIN	36
LUBRICATING PLUS	130	mag-delay	165	MAPAP COLD FORMULA	144
lubricating relief	130	MAG-G	165	MAPAP EXTRA STRENGTH	37
LUBRIFRESH PM.....	130	maginex	165	MAPO BATH.....	62
LUCENTIS.....	130	magnasweet 110	84	maprotiline.....	42
LUMIGAN	132	magnebind 300	165	mar-cof bp	144
LUMIZYME	96	magnesium.....	166	mar-cof cg.....	144
LUMOXITI.....	17	MAGNESIUM	109, 166		
LUPRON DEPOT	17	magnesium (oxide/aa chelate)	165		
LUPRON DEPOT (3 MONTH).....	17				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

marlissa (28).....	126	megavite golden years 55+.....	192	mesna.....	12
MARPLAN.....	42	megestrol.....	18	MESNEX.....	12
MARQIBO.....	17	MEKINIST.....	18	meta appetite ctrl (aspartame)	
MASANTI DOUBLE		MEKTOVI.....	18	.....	109
STRENGTH.....	109	MELATIN.....	79	METAFOLBIC.....	192
MASOPHEN.....	37	melatonin.....	79	metamucil.....	109
MATULANE.....	17	MELATONIN.....	79	metamucil (sugar).....	109
matzim la.....	47	melatonin-pyridoxine hcl (b6)		metamucil (with sugar).....	109
MAXEPA.....	52	.....	83	METAMUCIL FIBER	
maxichlor peh dm.....	144	meloxicam.....	37	SINGLES.....	109
maxifed.....	144	melphalan.....	18	metamucil fiber thin.....	109
maximin pack.....	191	melphalan hcl.....	18	metamucil free.....	109
MAXIMUM DAILY		memantine.....	27	metamucil multihealth fiber.....	109
MULTIVITAMIN.....	191	men 50 plus advanced one		metamucil sugar-free (aspart)	
maxi-tuss cd.....	144	daily.....	192	.....	109
M-CLEAR WC.....	144	men 50 plus multivitamin.....	192	metamucil sunrise.....	109
M-DRYL.....	144	MENACTRA (PF).....	119	metaproterenol.....	156
meclizine.....	109	m-end dmx.....	144	metformin.....	93
MECLIZINE.....	109	m-end pe.....	144	methadone.....	29, 30
meclofenamate.....	37	MENEST.....	123	methadone intensol.....	29
mecobalamin (vitamin b12).....	191	MEN-PHOR.....	62	methadose.....	30
medibase c.....	79	men's 50 plus daily formula.....	192	methazolamide.....	132
MEDICATED CHEST RUB.....	62	men's daily.....	192	methenamine hippurate.....	11
MEDICATED CORN		men's daily formula.....	192	methenamine mandelate.....	11
REMOVERS.....	55	men's daily gummies.....	192	methergine.....	127
MEDICIDIN-D.....	144	MEN'S DAILY MULTIVIT-		methimazole.....	90
medi-lyte.....	167	MINERAL.....	192	methionine (bulk).....	159
MEDI-MECLIZINE.....	109	men's multivitamin.....	192	methotrexate sodium.....	18
MEDIPLAST CORN-		men's multivitamin gummies		methotrexate sodium (pf).....	18
CALLUS-WART.....	55	.....	192	methoxsalen.....	62
MEDIPROXEN.....	37	men's one daily.....	192	methylcellulose (bulk).....	79
MEDI-SELTZER.....	37	MEN'S ONE DAILY.....	192	METHYLCELLULOSE	
medroxyprogesterone.....	123	men's pack.....	192	1500CPS (BULK).....	80
medtycholl-b complex-liver.....	191	MENSTRUAL		methylcellulose 4000cps (bulk)	
mefenamic acid.....	37	RELIEF(PAMABR-PYRIL)		.....	80
mefloquine.....	8	.....	37	methyldopa.....	47
mega biotin.....	191	MENTHOL.....	62	methylergonovine.....	127
MEGA MULTI FOR WOMEN		MENVEO A-C-Y-W-135-DIP		methylparaben (bulk).....	80
.....	191	(PF).....	119	methylphenidate hcl.....	42
MEGA		mephyton.....	50	methylprednisolone.....	89
MULTIPLE/CHELATED		MEPSEVII.....	96	methylprednisolone acetate.....	89
MINERAL.....	191	mercaptopurine.....	18	methylprednisolone sodium	
MEGA MULTIVITAMIN		meribin.....	192	succ.....	89
FOR MEN.....	191	meropenem.....	8	methylsulfonylmethane (bulk)	
MEGA MULTIVITAMIN		mesalamine.....	109	.....	80
WITH MINERAL.....	192	mesalamine with cleansing		methytestosterone.....	96
megavite.....	192	wipe.....	109	metoclopramide hcl.....	109

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

metolazone	47	MINERAL OIL EXTRA		morgidox.....	11
metoprolol succinate	48	HEAVY	109	morphine.....	30
metoprolol ta-hydrochlorothiaz		MINERAL OIL HEAVY	80,	morphine (pf).....	30
.....	48	109		morphine concentrate	30
metoprolol tartrate	48	MINERAL OIL LIGHT .	62, 80	MOSCO CORN REMOVER	
metro i.v.	8	mineral oil medium	109	.....	55
metronidazole	8, 67, 124	MINERIN	62	MOTION RELIEF	
metronidazole in nacl (iso-os)	8	MINERIN CREME	62	(MECLIZINE).....	110
metyrosine	48	mini prenatal.....	192	MOTION SICKNESS	110
mexiletine	45	mini wright peak flow meter	80	MOTION SICKNESS	
MGO.....	167	minocycline	11	(MECLIZINE).....	110
m-hist pd.....	144	minoxidil	48	MOTION SICKNESS II....	110
MIACALCIN	96	MINTOX	109	MOTION SICKNESS RELIEF	
MI-ACID	109	MINTOX MAXIMUM		.....	110
MI-ACID GAS		STRENGTH	110	MOTION SICKNESS	
RELIEF(SIMETHICON)		MINTOX PLUS	110	RELIEF(MECLIZ)	110
.....	109	miostat	132	MOTION-TIME	110
micafungin.....	2	MIRALAX	110	motrin ib	37
MICATIN.....	70	MIRENA	124	MOTRIN IB	37
MICONAZOLE 7	124	mirtazapine	42	mouth kote	86
MICONAZOLE NITRATE 70,		misoprostol	116	mouthpiece	80
71, 124		MITIGARE	120	MOVANTIK	110
miconazole-3	124	mitomycin.....	18	MOVE IT ALONG.....	110
MICONAZOLE-3	124	mitoxantrone.....	18	MOVIPREP	110
MICONAZORB AF.....	71	M-M-R II (PF).....	119	moxifloxacin.....	11, 128
microgestin 1.5/30 (21)	126	MOBISYL	62	moxifloxacin-sod.chloride(iso)	
microgestin 1/20 (21)	126	modafinil	42	.....	11
microgestin fe 1.5/30 (28) ..	126	moexipril	48	MOZOBIL	117
microgestin fe 1/20 (28)	126	MOISTURE DROPS.....	130	M-PAP.....	37
MICRO-GUARD	71	moisturel therapeutic	62	mtx support.....	192
microlife peak flow meter ...	80	MOISTURIZING CREAM..	62	mucinex	145
midodrine	80	molindone.....	42	MUCINEX	145
mifepristone.....	124	mometasone.....	73, 156	mucinex cold,flu,sore throat	
migergot	26	mondoxyne nl	11	.....	144
miglitol	93	monistat 1 combo pack.....	124	MUCINEX D.....	144
miglustat	96	monistat 3	124	MUCINEX D MAXIMUM	
MIGRAINE FORMULA	37	monistat 7	124	STRENGTH	144
MIGRAINE RELIEF	37	MONJUVI.....	18	mucinex dm	144
mili	126	monocal	167	MUCINEX DM.....	144
MILK OF MAGNESIA	109	monocaps.....	192	mucinex fast-max cold-flu-thrt	
MILK OF MAGNESIA		MONOJECT 0.9% SODIUM		.....	144
CONCENTRATED.....	109	CHLORIDE.....	80	MUCINEX FAST-MAX	
millipred	89	MONOJECT PREFILL		COLD-FLU-THRT.....	144
MILLTRIUM SENIOR.....	192	ADVANCED NS	80	mucinex fast-max cold-sinus	
milrinone	53	mono-lynyah.....	126	.....	145
milrinone in 5 % dextrose	53	montelukast	156	mucinex fast-max congest-	
MINERAL OIL	62, 80, 109	more-dophilus.....	173	cough	145

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

mucinex fast-max cong-ha (dm).....	145	MUCUS RELIEF ER.....	146	MULTIVITAMIN WITH MINERALS.....	193
mucinex fast-max day-nite cold	145	MUCUS RELIEF PE.....	146	MULTIVITAMIN WOMEN 50 PLUS.....	193
mucinex fast-max day-nite cong.....	145	mucus relief sev congest-cold	146	MULTIVITAMINS WITH FLUORIDE.....	193
mucinex fast-max day- nt(doxyl).....	145	mucus relief severe cold.....	146	MULTI-VITAMINS WITH IRON.....	193
MUCINEX FAST-MAX DM MAX.....	145	MUCUS RELIEF SINUS... 146		multi-vite.....	193
mucinex fast-max nite cold-flu	145	mucus relief sinuspressur-pain	146	mupirocin.....	68
mucinex fast-max severe cold	145	MULPLETA.....	50	mupirocin calcium.....	68
mucinex fst-mx dy-nt cold(dph).....	145	MULTI ANTIBIOTIC PLUS	68	MURINE EAR WAX REMOVAL SYSTEM.....	89
MUCINEX SINUS-MAX....	87	MULTI COMPLETE WITH IRON.....	192	muro 128.....	130
mucinex sinus-max cng- pain(dm).....	145	multi for her.....	192	MUSCLE RUB.....	62
mucinex sinus-max dy-nt (dxyl).....	145	MULTI FOR HER.....	192	MVASI.....	18
mucinex sinus-max nite congest.....	145	multi for her 50 plus.....	192	mv-min-folic acid-lutein.....	193
mucinex sinus-max pressure- cgh.....	145	multi vitamin.....	192	mvw complete formul multivit	193
mucinex sinus-max sev congestn.....	145	multi-betic.....	192	mvw complete formul pediatric	193
MUCOSA.....	145	multi-day plus minerals.....	192	mvw complete formulation d3000.....	193
MUCOSA DM.....	145	MULTI-DAY WITH IRON	192	mvw complete formulation d5000.....	193
MUCUS D.....	145	MULTI-DELYN WITH IRON	192	mx-sol.....	80
MUCUS DM.....	145	multihealth fiber.....	110	mx-sol blend.....	84
MUCUS DM MAX ER.....	145	multihealth fiber (sugar).....	110	mx-sol suspend.....	84
MUCUS RELIEF.....	146	MULTIPLE VITAMIN- MINERALS.....	192	MY CHOICE.....	126
mucus relief cold and sinus	145	MULTIPLE VITAMINS....	192	MY WAY.....	126
mucus relief cold-flu-sore thr	145	MULTI-SYMPTOM COLD (PE).....	146	MYALEPT.....	96
mucus relief congestion-cough	145	MULTI-VIT WITH FLUORIDE-IRON.....	192	MYCAMINE.....	2
MUCUS RELIEF COUGH	145	MULTIVITAMIN.....	193	mycophenolate mofetil.....	18
MUCUS RELIEF D (PSEUDOEPHED).....	145	MULTIVITAMIN 50 PLUS	192	mycophenolate mofetil (hcl).18	
MUCUS RELIEF DM.....	145	MULTI-VITAMIN HP/MINERALS.....	193	mycophenolate sodium.....	18
MUCUS RELIEF DM COUGH.....	146	MULTI-VITAMIN WITH FLUORIDE.....	193	MYFERON 150.....	193
MUCUS RELIEF DM MAX	146	MULTIVITAMIN WITH FOLIC ACID.....	193	MYFERON 150 FORTE....	193
mucus relief er.....	146	MULTIVITAMIN WITH IRON.....	193	MYLANTA MAXIMUM STRENGTH.....	110

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

N		
nabumetone	37	
nac	173	
nadolol.....	48	
nadolol-bendroflumethiazide	48	
nafcillin.....	10	
nafcillin in dextrose iso-osm	10	
naftifine	71	
NAFTIN	71	
NAGLAZYME.....	96	
nalbuphine	37	
naloxone	37	
naltrexone	37	
NAMZARIC.....	27	
nano vm 1-3.....	193	
nano vm 4-8.....	193	
nanovm 9-18.....	193	
nanovm t-f	193	
naphcon-a	133	
naproxen	37	
naproxen sodium	37	
NAPROXEN SODIUM	37	
naratriptan.....	26	
NARCAN	37	
nasacort.....	156	
nasadrops.....	87	
NASAFLO PORCELAIN KIT		
.....	87	
NASAL ALLERGY	156	
NASAL ALLERGY		
SYMPTOM CONTROL	156	
NASAL ANTISEPTIC		
SWABS	68	
NASAL DECONGESTANT		
(OXYMETAZL)	87	
NASAL DECONGESTANT		
(PE).....	146	
NASAL DECONGESTANT		
(PSEUDOEPH).....	146	
NASAL FOUR.....	87	
NASAL MIST	87	
NASAL MOISTURIZING...	87	
NASAL RELIEF	87	
NASAL RELIEF SINUS		
WASH W/NETI	87	
NASAL SPRAY		
(OXYMETAZOLINE).....	87	
NASAL SPRAY (SODIUM		
CHLORIDE)	87	
NASAL SPRAY		
12HR(OXYMETAZOLINE		
.....	87	
NASAL SPRAY EXTRA		
MOISTURIZING	87	
NASAL SPRAY LONG		
ACTING.....	87	
NASAL SPRAY SINUS	87	
nasalcrom.....	156	
nascobal	193	
nasogel.....	87	
nasopen pe	146	
NATACYN	128	
nateglinide	93	
NATPARA	96	
natrapel	62	
NATURAL B-100 COMPLEX		
.....	193	
natural bitterness masking ...	84	
natural daily fiber	110	
NATURAL FIBER		
LAXATIVE.....	110	
natural fiber laxative (sugar)		
.....	110	
NATURAL FIBER		
LAXATIVE (SUGAR)..	110	
NATURAL FIBER		
LAXATIVE(ASPART)..	110	
NATURAL FIBER		
SUPPLEMNT(ASPRT)..	110	
NATURAL TEARS (PF) ...	130	
NATURAL VEG		
LAXATIVE(SENNOSID)		
.....	110	
NATURAL VEGETABLE	110	
NATURAL VEGETABLE		
(PSYLLIUM)	110	
NATURAL VEGETABLE		
POWDER.....	110	
NATURA-LAX.....	110	
NAUSEA CONTROL.....	110	
NAUSEA RELIEF	110	
NAYZILAM.....	24	
NEBUPENT	8	
NEBUSAL.....	156	
NEEDLES, INSULIN		
DISP.,SAFETY	93	
nefazodone.....	42	
NEILMED NASAFLO.....	87	
neomycin	8	
neomycin-bacitracin-poly-hc		
.....	132	
neomycin-bacitracin-		
polymyxin.....	128	
neomycin-polymyxin b gu....	75	
neomycin-polymyxin b-		
dexameth.....	132	
neomycin-polymyxin-		
gramicidin.....	128	
neomycin-polymyxin-hc.....	89,	
132		
neo-polycin	128	
neo-polycin hc	132	
neoq10	75	
NEOSPORIN PLUS		
PAINRELIEF(BAC)	68	
neostigmine methylsulfate....	27	
neo-synephrine		
(phenylephrine).....	87	
NEPHPLEX RX	193	
NEPHRAMINE 5.4 %.....	173	
NEPHRONEX	193	
nephro-vite.....	193	
NEPHRO-VITE RX	194	
NERLYNX	18	
NESINA	93	
NEULASTA	117	
NEULASTA ONPRO	117	
NEUPOGEN.....	117	
NEUPRO	25	
neurin-sl.....	194	
neutrogena hand.....	62	
neutrogena t-gel	54	
nevirapine	4	
NEW DAY	126	
new skin (benzethonium)	62	
NEXAVAR.....	18	
NEXIUM PACKET.....	116	
NEXLETOL	52	
NEXLIZET	52	
NEXPLANON.....	124	
niacin	52	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

NIACIN.....	52	ninjacof-xg.....	147	norethindrone ac-eth estradiol	
niacin (bulk)	52	NINLARO	18	.....	123, 126
niacin (inositol niacinate).....	52	nisoldipine	48	norethindrone-e.estradiol-iron	
NIACIN (INOSITOL		nite time cold-flu	147	.....	126
NIACINATE).....	52, 173	nite time cold-flu relief.....	147	norgestimate-ethinyl estradiol	
NIACIN (NIACINAMIDE) .52		NITE TIME COLD-FLU		.....	127
niacin flush free.....	173	RELIEF	147	norlyda.....	123
NIACIN FLUSH FREE	173	NITE TIME COUGH.....	147	NORMAL SALINE FLUSH	80
niacin no flush	173	NITETIME MULTI-		normalyte.....	167
niacinamide	52	SYMPTOM	147	normalyte ors	167
NIACINAMIDE.....	52	nitisinone	80	NORMOSOL-R.....	167
niacinamide (bulk).....	52	nitro-bid.....	54	NORMOSOL-R PH 7.4.....	173
nicardipine.....	48	nitrofurantoin.....	11	NORTEMP	38
nicoderm cq.....	85	nitrofurantoin macrocrystal ..	11	NORTHERA	80
NICORELIEF.....	85	nitrofurantoin monohyd/m-		nortrel 0.5/35 (28).....	127
nicorette.....	85	cryst	12	nortrel 1/35 (21).....	127
NICORETTE.....	85	nitroglycerin	54	nortrel 1/35 (28).....	127
NICOTINE	85	nitroglycerin in 5 % dextrose	54	nortrel 7/7/7 (28).....	127
NICOTINE (POLACRILEX)		nivanex dmx	147	nortriptyline	43
.....	85	nivea	62	NORVIR.....	4
nicotinic acid	52	nivea soft	62	NORWEGIAN COD LIVER	
NICOTROL.....	85	nix complete	74	OIL	194
NICOTROL NS.....	85	nix creme rinse	74	NOSE DROPS.....	87
nifedipine.....	48	nizatidine	116	NOSE DROPS EXTRA	
NIGHT TIME.....	146	NO DRIP	87	STRENGTH	87
NIGHT TIME COLD AND		NO DRIP NASAL MIST	87	novaferrum	194
FLU RELIEF.....	146	noble formula	74	novaferrum 125	194
NIGHT TIME PAIN		NOBLE FORMULA	74	novaferrum 50	194
MEDICINE	37	noble formula hc.....	73	NOVOFINE 32.....	93
NIGHTTIME SLEEP	146	NOBLE FORMULA HC.....	73	NOVOFINE PLUS	93
NIGHTTIME ALLERGY		NOHIST-DM.....	147	NOVOLOG FLEXPEN U-100	
RELIEF	146	NOHIST-LQ.....	147	INSULIN	93
NIGHTTIME COLD-FLU .	146	nolix.....	73	NOVOLOG MIX 70-30 U-100	
nighttime cold-flu relief	146	NON-ASPIRIN	37, 38	INSULN	93
NIGHTTIME COUGH	146	NON-ASPIRIN EXTRA		NOVOLOG MIX 70-	
nighttime dry-eye relief.....	130	STRENGTH	37	30FLEXPEN U-100	93
nighttime sleep aid (diphen)		NON-ASPIRIN PAIN RELIEF		NOVOLOG PENFILL U-100	
.....	146	.....	38	INSULIN	93
NIGHTTIME SLEEP AID		NON-ASPIRIN PM.....	38	NOVOLOG U-100 INSULIN	
(DIPHEN).....	147	nora-be.....	123	ASPART	94
NIGHTTIME SLEEP-AID		NORDITROPIN FLEXPRO		NOVOTWIST	94
(DOXYLAMN).....	43	.....	117	NOXAFIL.....	2
nikki (28).....	126	norel ad.....	147	NPLATE.....	50
nilutamide.....	18	norepinephrine bitartrate	53	NUBEQA	18
nimodipine.....	48	norethindrone (contraceptive)		NUDEXTA	27
ninjacof.....	147	.....	123	nu-iron	194
ninjacof-a.....	147	norethindrone acetate	123	NULOJIX	18

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

nu-mag.....	167	omega essentials.....	174	ONE DAILY MEN'S 50 PLUS	
NUPLAZID.....	43	omega-3.....	174	MEMORY.....	194
NURTEC ODT.....	26	omega-3 (with dpa).....	174	one daily men's 50 plus w-d3	
nutrivit.....	194	omega-3 2100.....	174	.....	194
nyamyc.....	71	OMEGA-3 FATTY ACIDS.....	52	one daily multi-vit w-mineral	
nystatin.....	2, 71	omega-3 fatty acids-fish oil.....	174	.....	194
nystatin-triamcinolone.....	71	OMEGA-3 FATTY ACIDS-		ONE DAILY MULTI-VIT W-	
nystop.....	71	FISH OIL.....	174	MINERAL.....	194
O		omega-3 fish oil.....	174	one daily multivitamin.....	194, 195
OCALIVA.....	111	omega-3s-dha-epa-fish oil..	174	ONE DAILY	
OCEAN NASAL.....	87	omeprazole.....	116	MULTIVITAMIN.....	195
OCREVUS.....	27	OMEPRAZOLE.....	116	one daily multivitamin-iron.....	195
octreotide acetate.....	18	OMEPRAZOLE		ONE DAILY MULTIVIT-	
OCUTABS.....	194	MAGNESIUM.....	116	IRON(FOLIC).....	195
ocuvite adult 50 plus.....	194	omera.....	174	ONE DAILY PLUS IRON.....	195
ocuvite eye health.....	194	OMNICAP.....	194	ONE DAILY PLUS	
ocuvite eye plus multi.....	194	OMNIPOD DASH 5 PACK		MINERALS.....	195
ocuvite lutein and zeaxanthin		POD.....	94	one daily prenatal.....	195
.....	194	OMNIPOD INSULIN		ONE DAILY PRENATAL.....	195
ocuvite with lutein.....	194	MANAGEMENT.....	94	ONE DAILY WOMEN 50	
ODACTRA.....	119	OMNIPOD INSULIN REFILL		PLUS.....	195
ODEFSEY.....	4	.....	94	one daily women 50 plus(vit k)	
ODOMZO.....	18	OMNITROPE.....	117	.....	195
ODOR CONTROL FOOT-		ONCASPAR.....	18	one daily women's.....	195
SNEAKER.....	71	ONCE DAILY.....	194	ONE DAILY WOMEN'S... ..	195
OFEV.....	156	oncovite.....	194	ONE DAILY WOMENS 50	
off active.....	62	ondansetron.....	111	PLUS.....	195
off deep woods.....	62	ondansetron hcl.....	111	ONE DAILY WOMEN'S	
off deep woods dry.....	62	ondansetron hcl (pf).....	111	HEALTH.....	195
off deep woods sportsmen....	62	one a day women's prenatal		one daily women's metabolism	
off familycare (with deet)....	62	dha.....	194	.....	195
off familycare(with picaridin)		one daily.....	195	one way valved mouthpiece.....	.80
.....	62	ONE DAILY.....	195	one-a-day energy.....	195
ofloxacin.....	11, 89, 128	ONE DAILY		ONE-A-DAY ESSENTIAL.....	195
OGIVRI.....	18	CALCIUM/IRON.....	194	one-a-day kid's.....	195
olanzapine.....	43	ONE DAILY COMPLETE.....	194	ONE-A-DAY MAXIMUM	
olanzapine-fluoxetine.....	43	ONE DAILY ENERGY.....	194	FORMULA.....	195
olmesartan.....	48	one daily essential.....	194	one-a-day men vitacraves... ..	195
olmesartan-amlodipin-		ONE DAILY ESSENTIAL.....	194	one-a-day menopause formula	
hcthiazid.....	48	ONE DAILY FOR MEN....	194	.....	195
olmesartan-		ONE DAILY FOR MEN 50+		one-a-day men's 50 plus.....	195
hydrochlorothiazide.....	48	ADVANCED.....	194	one-a-day men's	
olopatadine.....	87, 130	ONE DAILY FOR WOMEN		50plus(ginkgo).....	195
omega 3-dha-epa-fish oil....	174	.....	194	one-a-day men's multivitamin	
OMEGA 3-DHA-EPA-FISH		one daily healthy weight....	194	.....	195
OIL.....	173, 174	ONE DAILY MAXIMUM.....	194	one-a-day proactive 65 plus.....	196
omega dha.....	174	one daily men's 50 plus adv.....	194		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

ONE-A-DAY TEEN	oral suspend.....	80	OXYCONTIN	31
ADVANTAGE.....	oral syrup.....	80	OXYMETAZOLINE.....	87
one-a-day teen her vitacraves	oral syrup sf.....	80	oxymorphone.....	31
.....	oralone	87	oxytocin	127
one-a-day teen him vitacraves	ORALYTE	167	OYSCO 500/D.....	167
.....	orange concentrate.....	84	OYSTER SHELL + D3.....	167
one-a-day vitacraves.....	orange flavor (bulk).....	84	OYSTER SHELL CALCIUM	
one-a-day vitacraves immunity	ora-plus.....	84	.....	167
.....	ORASEP.....	62	OYSTER SHELL CALCIUM	
one-a-day vitacraves omega-3	ORA-SWEET.....	80	500.....	167
.....	ora-sweet sf.....	80	OYSTER SHELL CALCIUM	
one-a-day weightsmart	orazinc	167	AND MAG	167
one-a-day women vitacraves	ORENCIA	122	OYSTER SHELL CALCIUM-	
.....	ORENCIA (WITH		VIT D2.....	196
one-a-day women's 50 plus	MALTOSE).....	122	oyster shell calcium-vit d3..	167
one-a-day women's active ..	ORENCIA CLICKJECT	122	OYSTER SHELL CALCIUM-	
one-a-day womens formula	ORFADIN	80	VIT D3.....	167
one-a-day women's healthy	ORIGINAL NASAL SPRAY		OYSTERCAL-D	167
skin .....	.....	87	OZEMPIC.....	94
one-a-day women's petites .	ORKAMBI.....	156	OZURDEX	133
one-a-day women's prenatal 1	ornithine hydrochloride (bulk)		P	
.....	.....	174	pacerone.....	45
one-per-day omega-3.....	orsythia	127	paclitaxel.....	19
ONGLYZA.....	ortho-tabs.....	196	PADCEV	19
ONIVYDE.....	os-cal 500 + d3	167	PAIN RELIEF	
ONUREG	oseltamivir	4	(ACETAMINOPHEN).....	38
OPCICON ONE-STEP	osmitrol 15 %	48	pain relief (lidocaine)	62
opcon-a.....	osmitrol 20 %	48	PAIN RELIEF (TROLAMINE	
OPDIVO.....	OTEZLA	122	SALICY)	62
opium tincture	OTEZLA STARTER.....	122	PAIN RELIEF ADULT.....	38
OPSUMIT	OTOVEL.....	89	PAIN RELIEF ALLERGY	
optichamber adult mask-large	ovega-3	174	SINUS.....	147
.....	overnight lubricating eye....	130	PAIN RELIEF EXTRA	
optimal d3.....	oxacillin.....	10	STRENGTH	38
optimal d3 m.....	oxacillin in dextrose(iso-osm)		PAIN RELIEF PM	38
OPTION-2.....	.....	10	PAIN RELIEF PM RAPID	
optisource	oxalic acid (bulk).....	62	RELEASE.....	38
OPTI-VITAMINS	oxaliplatin.....	18, 19	PAIN RELIEF REGULAR	
opurity multivitamin.....	oxandrolone	96	STRENGTH	38
ORA RELIEF.....	oxaprozin	38	PAIN RELIEF(WITH	
ora-blend.....	oxcarbazepine.....	24	SALICYLAMIDE).....	38
ora-blend sf.....	OXERVATE	130	PAIN RELIEVER (ACETAM-	
oral mix	oxiconazole.....	71	ASPIRIN)	38
oral mix sf.....	oxybutynin chloride.....	158	PAIN RELIEVER	
oral relief dry mouth.....	oxycodone	30	(ACETAMINOPHEN).....	38
ORAL RELIEF SORE	oxycodone-acetaminophen...31		PAIN RELIEVER EXTRA	
THROAT SPRAY.....	oxycodone-aspirin	31	STRENGTH	38

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

PAIN RELIEVER JR	pediaclear cough.....	147	pentoxifylline.....	50
STRENGTH.....	pediaclear pd.....	147	PENTRAVAN.....	62
PAIN RELIEVER PLUS	pedia-lax	111	pentravan plus.....	62
PAIN RELIEVER PM	pedia-lax stool softener	111	PEPCID AC.....	116
PAIN RELIEVER PM EX-	pedialyte	167	peppermint flavoring	84
STRENGTH.....	PEDIALYTE.....	167	PEPTIC RELIEF	100
pain relieving (m-salic-men)	pedialyte advanced care.....	167	pepto-bismol	100
PAIN-OFF.....	PEDIALYTE FREEZER		PEPTO-BISMOL	100
paliperidone.....	POPS	167	pepto-bismol max st	100
palonosetron	PEDIALYTE SINGLES.....	167	PEPTO-BISMOL TO-GO ..	100
PALYNZIQ.....	PEDIARIX (PF).....	119	PERCOGESIC.....	38
pamidronate.....	PEDIATRIC COUGH AND		PERDIEM OVERNIGHT	
pan-c 500.....	COLD	147	RELIEF.....	111
panda mask.....	pediatric electrolyte	167	perfect iron.....	196
PANOXYL.....	PEDIATRIC ELECTROLYTE		PERFOROMIST.....	156
PANRETIN .....	.....	167	peridin-c.....	196
pantoprazole	PEDIATRIC ENEMA	111	periguard.....	62
paraplatin.....	PEDIATRIC FREEZER POPS		perindopril erbumine	48
paricalcitol.....	.....	167	PERIO MED.....	87
paroex oral rinse	pediatric medium mask	80	periogard.....	87
paromomycin.....	pediatric panda mask	80	perishield	62
paroxetine hcl	pediatric small mask.....	80	PERJETA	19
paroxetine	pediavance	167	permethrin.....	74
mesylate(menop.sym)	pediavent	147	perphenazine.....	43
parva-cal 250.....	PEDVAX HIB (PF).....	119	PERSA-GEL.....	67
parva-cal 500.....	peg 3350-electrolytes	111	PERSERIS	43
parvlex.....	peg3350-sod sul-nacl-kcl-asb-c		personal best full range.....	80
PASER .....	.....	111	personal best low range	80
PAXIL	PEGANONE	24	PETROLATUM	62
PAZEO	PEGASYS	117	PETROLEUM JELLY	62
pcca mbk base	PEGASYS PROCLICK	117	PETROLEUM JELLY,	
pcca poloxamer 407 nf	pegblend	80	WHITE	62
P-COL RITE	peg-electrolyte	111	pfizerpen-g.....	10
PC-TAR.....	PEGINTRON	117	PHARBECHLOR.....	147
peak air peak flow meter	PEMAZYRE	19	PHARBEDRYL	147
peanut butter flavor	penicillamine	122	PHARBETOL.....	38
pectin (bulk)	PENICILLIN G POT IN		phazyme.....	111
pedia d-vite.....	DEXTROSE	10	PHENASEPTIC	87
PEDIA IRON	penicillin g potassium.....	10	PHENAZOPYRIDINE.....	159
pedia poly-vite.....	penicillin g procaine	10	phenelzine.....	43
pedia poly-vite with iron	penicillin g sodium	10	phenobarbital	24
PEDIA RELIEF INFANT	penicillin v potassium.....	10	phenobarbital sodium	24
NASAL.....	pen-kera	62	phenol (bulk)	80
pedia tri-vite	PENTACEL (PF)	119	phenoxybenzamine	48
PEDIACARE FEVER	PENTAM.....	8	phentolamine	48
REDUCER	pentamidine	8	phenylephrine-dm-guaifenesin	
pediaclear allergy	PENTASA	111	.....	147

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

phenytoin.....	24	PLASMA-LYTE A	175	POLYSACCHARIDE IRON
phenytoin sodium	24	plasmanate	175	COMPLEX
phenytoin sodium extended..	24	PLEGRIDY	117, 118	polysorbate 20 (bulk).....
philith	127	plenamine	175	poly-tussin ac.....
phillips	167	plo gel premium lecithin base		polytussin dm.....
phillips' liqui-gels	111	.....	63	poly-vent dm.....
PHLEXY-VITS	174	plo20 flowable.....	80	poly-vent ir
phos-flur	87	pluronic.....	63	POLYVINYL ALCOHOL .
PHOS-NAK.....	167	pluronic f-127.....	63	poly-vi-sol.....
PHOSPHA 250 NEUTRAL		PNV CMB#95-FERROUS		poly-vi-sol with iron
.....	167	FUMARATE-FA.....	196	POMALYST.....
phosphatidyl serine (bulk)....	80	pocket peak flow meter	81	portia 28.....
PHOSPHOLINE IODIDE..	130	podofilox	63	PORTRAZZA.....
PHOSPHOROUS	167	POLIVY	19	posaconazole.....
PHOSPHOROUS		polocaine	63	posture-d (with magnesium)
SUPPLEMENT	167	polocaine-mpf.....	63	.....
PHOSPHO-TRIN 250		polox	63	POT,SODIUM CITRATE-
NEUTRAL	167	poloxamer 188.....	63	CITRIC ACID
phytomulti	196	poloxamer 407.....	63	potassium acetate.....
phytonadione (vitamin k1) ...	50	poly bacitracin (zinc).....	68	potassium bromide (bulk)...
PHYTONADIONE		poly hist forte (doxylamine)		potassium chlorid-d5-
(VITAMIN K1).....	50	.....	147	0.45% nacl
PICATO	62	poly hist pd	147	potassium chloride.....
PIFELTRO	4	polycin	128	potassium chloride in 0.9%nacl
piko 1.....	80	POLYETHYLENE GLYCOL		.....
pilocarpine hcl	80, 130	1000(BULK)	81	potassium chloride in 5 % dex
pimecrolimus	63	POLYETHYLENE GLYCOL		.....
pimozide	43	1450(BULK)	83	potassium chloride in lr-d5 .
pimtrea (28).....	127	polyethylene glycol 300 (bulk)		potassium chloride in water
pindolol.....	48	.....	81	potassium chloride-0.45 % nacl
PINK BISMUTH.....	100	POLYETHYLENE GLYCOL		.....
PINK BISMUTH MAXIMUM		3350.....	111	potassium chloride-d5-
STRENGTH.....	100	polyethylene glycol 3350(bulk)		0.2% nacl
PINWORM TREATMENT ...	8	.....	81	potassium chloride-d5-
pioglitazone	94	polyethylene glycol 400 (bulk)		0.3% nacl
pioglitazone-glimepiride	94	.....	81	potassium chloride-d5-
pioglitazone-metformin	94	polyethylene glycol 8000(bulk)		0.9% nacl
piperacillin-tazobactam	10	.....	81	potassium citrate
PIQRAY	19	polyglycol troche base.....	83	potassium citrate m-hyd(bulk)
pirmella.....	127	poly-hist dm (thonzylamine)		.....
piroxicam.....	38	.....	147	POTASSIUM CITRATE-
plan b one-step	127	POLY-IRON	196	CITRIC ACID
PLANTAR WART		POLY-IRON 150 FORTE..	197	potassium gluconate
REMOVER	55	polymyxin b sulfate	8	POTASSIUM GLUCONATE
plasbumin 25 %	160	polymyxin b sulf-trimethoprim		.....
plasbumin 5 %	160	.....	128	potassium gluconate (bulk).168
PLASMA-LYTE 148	175	polyoxyl 40 stearate (bulk)...	81	potassium hydroxide (bulk)..55

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

potassium iodide.....	90	PRENATAL TABLET.....	197	probiotic acidophilus-pectin	
potassium iodide (bulk).....	90	prenatal vitamin.....	197	.....	100
potassium nitrate (bulk).....	169	PRENATAL VITAMIN.....	197	probiotic gold acidophilus ..	175
potassium phosphate m-/d-		prenatal vitamin oral tablet.	197	procainamide	45
basic.....	169	PRENATAL VITAMIN WITH		pro-cal.....	197
potassium sorbate (bulk)	81	MINERALS.....	197	procentra	43
POTELIGEO.....	19	PRENATAL VIT-IRON FUM-		procerv hp.....	197
POVIDONE-IODINE ..	68, 124	FOLIC AC.....	197	prochlorperazine	111
POWDERLAX.....	111	PRENATAL VITS96-IRON		prochlorperazine edisylate..	111
PRADAXA.....	50	FUM-FOLIC	197	prochlorperazine maleate oral	
PRALUENT PEN	52	prenatal with dha-folic acid	197	.....	111
pramipexole.....	25	preparation h.....	111	PROCRIT	118
PRAMOXINE.....	111	preparation h hydrocortisone	73	proctofoam.....	111
PRASTERONE (DHEA)	97	preparation h maximum		procto-med hc.....	111
prasugrel	50	strength	111	procto-pak.....	111
pravastatin	52	preparation h(pe,cb).....	111	proctosol hc	111
praziquantel	8	PRES GEN	147	proctozone-hc	111
prazosin	48	preservision areds	197	proferrin es.....	197
prednicarbate	73	preservision areds-2.....	197	proferrin-forte	197
prednisolone	89	preservision lutein	197	progesterone	123
prednisolone acetate	133	pressure-pain pe plus mucus		progesterone micronized	123
prednisolone sodium phosphate		.....	147	PROGLYCEM	94
.....	89, 90, 133	pretty feet hands	63	PROGRAF.....	19
prednisone	90	prevacid 24hr.....	116	PROLASTIN-C	81
prednisone intensol.....	90	prevalite	52	PROLENSA	132
pregabalin.....	24	prevent.....	197	PROLEUKIN	118
PREMARIN	123	PREVIDENT 5000 BOOSTER		PROLIA.....	120
premasol 10 %	175	PLUS	87	PROMACTA.....	50
PRE-MENSTRUAL RELIEF		previfem.....	127	promethazine	147, 148
.....	38	PREVYMIS.....	4	PROMETHAZINE VC	148
PRE-MOISTENED		PREZCOBIX.....	4	PROMETHAZINE-CODEINE	
HEMORRHOIDAL	63	PREZISTA	4	.....	148
PREMPHASE	123	PRIFTIN.....	8	PROMETHAZINE-DM	148
PREMPRO	123	PRIMAQUINE.....	8	PROMETHAZINE-	
PREMSYN PMS.....	38	primatene mist	156	PHENYLEPH-CODEINE	
prenatal.....	197	primidone.....	24	.....	148
PRENATAL.....	197	PRIVIGEN	119	PROMETHAZINE-	
prenatal + dha.....	197	pro fe.....	197	PHENYLEPHRINE	148
prenatal formula	197	PROAIR HFA	157	PROMOLAXIN	111
PRENATAL FORMULA ..	197	PROAIR RESPICLICK	157	propafenone	45
prenatal formula-dha	197	probenecid	120	propranolol	48
prenatal multi.....	197	probenecid-colchicine	120	propranolol-hydrochlorothiazid	
PRENATAL MULTI-DHA		probiotic.....	100	.....	48
(ALGAL OIL).....	197	PROBIOTIC.....	175	propylene glycol (bulk)	63
PRENATAL		probiotic (s.boulardii).....	100	propylparaben (bulk)	81
MULTIVITAMINS.....	197	probiotic acidophilus	175	propylthiouracil	90
PRENATAL ONE DAILY	197			PROQUAD (PF).....	119

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

prorenal.....	198	quinapril-hydrochlorothiazide	48	REFENESEN	148
prorenal qd.....	198	.....	48	REFENESEN DM.....	148
proshield plus	63	quinidine gluconate	45	REFENESEN PE.....	148
PROSIGHT	198	quinidine sulfate	45	refresh celluvisc.....	130
protamine.....	50	quinine sulfate	8	refresh classic (pf)	130
protect cardio af.....	198	quintabs	198	refresh lacri-lube.....	130
protect iron	198	quintabs-m.....	198	refresh liquigel.....	130
protect plus so.....	198	QUINTABS-M IRON FREE	198	refresh optive	131
PROTECTIVE OINTMENT	63	.....	198	refresh optive advanced.....	130
protriptyline	43	QUIT 2	85	refresh optive advanced (pf)	130
prudoxin	63	QUIT 4	85	.....	130
PSEUDOEPHEDRINE HCL	148	q-up.....	175	refresh optive mega-3 (pf)..	131
.....	148	QVAR REDIHALER.....	157	refresh optive sensitive (pf)	131
PSEUDOEPHEDRINE-		R		refresh p.m.....	131
GUAIFENESIN	148	RABAVERT (PF)	119	refresh plus	131
PSYLLIUM HUSK.....	112	RADICAVA.....	27	refresh relieva	131
psyllium husk (bulk).....	111	RAGWITEK.....	119	refresh tears	131
PULMICORT FLEXHALER	157	raloxifene.....	120	regonol.....	28
.....	157	ramelteon.....	43	REGRANEX	63
PULMOSAL	157	ramipril	48	reguloid (aspartame).....	112
PULMOZYME.....	157	ranger ready repellent.....	63	reguloid (psyllium husk)....	112
pumpkin flavor	84	ranolazine	54	reguloid (psyllium husk-sucro)	112
PURE AND GENTLE EYE	130	rapid dissolve tablet.....	84	.....	112
.....	130	rasagiline	25	RELENZA DISKHALER	4
pure l-citrulline.....	175	raspberry	81	RELISTOR	112
PURELAX	112	raspberry flavor (bulk).....	81	REMEDY ANTIFUNGAL ..	71
PURIXAN	19	raspberry flavoring	84	remedy calazime protect paste	63
pyrazinamide	8	RASUVO (PF)	122	.....	63
pyridostigmine bromide .	27, 28	RAVICTI.....	81	remedy clear-aid protect	63
pyridoxine (vitamin b6)....	198	READY-TO-USE ENEMA	112	remedy dimethicone cream...63	
PYRIDOXINE (VITAMIN		READY-TO-USE ENEMA	112	remedy nutrashield skin protec	63
B6).....	198	(MIN OIL).....	112	.....	63
pyrimethamine.....	8	REBIF (WITH ALBUMIN)	118	remedy phytoplex antifungal	71
pyruvic acid (bulk)	81	.....	118	REMEDY PHYTOPLEX	
Q		REBIF REBIDOSE	118	ANTIFUNGAL	71
q-gel.....	175	REBIF TITRATION PACK	118	remedy skin repair	63
q-gel forte	175	.....	118	REMICADE	112
q-gel mega.....	175	reclipsen (28).....	127	REMODULIN	48
q-gel ultra	175	RECOMBIVAX HB (PF) ..	119	RENACIDIN	159
QINLOCK.....	19	rectasmoothe.....	63	RENAL CAPS.....	198
QNASL.....	157	recticare	63	renal vitamin.....	198
Q-SORB CO Q-10	75	RECTIV.....	112	renal-vite.....	198
QTERN.....	94	red yeast rice extract (bulk) ..	83	renaplex	198
QUADRACEL (PF)	119	REDNESS RELIEVER EYE		renaplex-d	198
quetiapine	43	DROPS	133	RENA-VITE.....	198
quin b strong.....	198	REESE'S PINWORM		RENA-VITE RX	198
quinapril	48	MEDICINE	8	RENO CAPS	198

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

repaglinide.....	94	rifabutin	8	roweepra	24
repaglinide-metformin.....	94	rifampin	8	roweepra xr.....	24
REPATHA	52	RI-GEL.....	112	ROZEREM	44
REPATHA PUSHTRONEX	52	RI-GEL II.....	112	ROZLYTREK	19
REPATHA SURECLICK	52	riluzole.....	81	RUBRACA.....	19
repel 100.....	63	RI-MAG	112	ru-hist d.....	148
repel family	63	RI-MAG PLUS.....	112	RUKOBIA.....	4
repel hunter's	63	rimantadine.....	4	RUXIENCE.....	19
repel lemon eucalyptus.....	63	RI-MOX	112	RYBELSUS.....	94
repel sportsmen	63	ringer's	75, 169	RYDAPT	19
repel sportsmen dry	63	RINGWORM	71	RYDEX	148
repel sportsmen max.....	63	RINVOQ	122	rymed (dexchlorpheniramine- pe).....	149
repel tick defense.....	63	RIOMET.....	94	RYNEX DM.....	149
rephresh pro-b	175	risa-bid.....	100	RYNEX PE.....	149
replace sr	169	RISACAL-D.....	198	RYNEX PSE	149
REPLESTA	198	RISAQUAD	100	S	
replesta nx	198	RISAQUAD-2.....	100	s2 racepinephrine.....	157
rescon	148	risedronate	81, 120, 121	saccharin	175
rescon-dm.....	148	RISPERDAL CONSTA	43	safflower oil (bulk)	81
RESCON-GG.....	148	risperidone	43, 44	SALINE MIST	88
resorcinol (bulk)	55	ritonavir	4	SALINE NASAL.....	88
RESTASIS	131	RI-TUSSIN.....	148	saline nasal (aloe vera)	88
RESTASIS MULTIDOSE	131	RI-TUSSIN DM	148	SALINE NASAL MIST	88
RESTORE PLUS		RITUXAN	19	SALINE NOSE	88
(CMCELLULOSE).....	131	RITUXAN HYCELA.....	19	SALMON OIL-1000	175
restore pm.....	131	rivastigmine.....	27	salmon oil-omega-3 fatty acids	175
restore tears	131	rivastigmine tartrate.....	27	SAL-PLANT	55
RETACRIT	118	rizatriptan.....	26	salsalate.....	38
retaine mgd (pf).....	131	ROBAFEN	148	SAMSCA.....	97
retaine pm.....	131	ROBAFEN CF		SANCUSO	112
RETEVMO.....	19	(PHENYLEPHRINE).....	148	SANDIMMUNE.....	19
RETROVIR.....	4	ROBAFEN COUGH	148	SANDOSTATIN LAR DEPOT	19
REVCIVI.....	81	ROBAFEN DM COUGH.....	148	SANTYL	63
REVIVE PLUS	131	ROBAFEN DM COUGH- CHEST CONGEST	148	SAPHRIS.....	44
REVLIMID	19	robitussin cold-flu night (pe)	148	sapropterin	97
revonto.....	28	ROBITUSSIN COUGH- CHEST CONG DM.....	148	SARCLISA	19
REXULTI.....	43	ROCKLATAN	132	sarna original	63
REYATAZ	4	rolaids	112	SARNA SENSITIVE	112
RHOPRESSA.....	132	rondec-d.....	148	SAVELLA.....	122
ribavirin	4	ropinirole	25	savision	198
riboflavin (vitamin b2)	198	rosadan.....	67	scalp relief	55
RIBOFLAVIN (VITAMIN B2).....	198	rosuvastatin.....	52	SCALP RELIEF	73
RID COMPLETE LICE ELIM KIT	75	ROTARIX	119	SCALPICIN ANTI-ITCH	73
RID LICE KILLING.....	75	ROTATEQ VACCINE.....	119	scooby-doo one a day	198
RIDAURA.....	122				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

scooby-doo one a day kids .	198	severe allergy-sinus headache	149	sinus and cold-d.....	149
scopolamine base.....	112	SEVERE COLD	149	SINUS CONGESTION AND	
SCOT-TUSSIN		severe cold and flu (pe)	149	PAIN.....	149
EXPECTORANT	149	severe cold and flu nighttime	149	SINUS CONGESTION-	
scytera.....	54	.....	149	PAIN(CHLORPH)	149
SEA-OMEGA	175	severe cold and flu-day (dm)	149	sinus congestion-pain(guaif)	149
SEBEX	55	.....	149	.....	149
SECUADO	44	SEVERE COLD MULTI-		SINUS CONGEST-PAIN	
SECURA ANTIFUNGAL ...	71	SYMPTOM	149	DAY-NIGHT.....	149
SECURA ANTIFUNGAL		severe cold pe	149	SINUS DECONGESTANT	
EXTRA THICK	71	severe congestion relief	149	(PE).....	149
SECURA PROTECTIVE....	63	severe cough-congestion	149	SINUS HEADACHE PE....	149
SEGLUROMET	94	severe sinus.....	149	SINUS NASAL SPRAY	88
selegiline hcl.....	25	sf 88		SINUS PAIN RELIEF.....	149
SELENIUM.....	169	sf 5000 plus	88	sinus pain-pressure (pe).....	149
selenium sulfide.....	54	SHAKE THAT ACHE	39	SINUS PE DECONGESTANT	149
SELENOMAX	169	sharobel	123	.....	149
SELSUN BLUE	55	shea butter (bulk).....	81	SINUS RELIEF (NON-	
SELZENTRY	4	SHINGRIX (PF).....	119	DROWSY)	149
SENEXON-S.....	112	sidestream pediatric face mask	81	SINUS RELIEF	
SENIOR TABS	198	SIGNIFOR.....	19	(OXYMETAZOLINE)	88
senna.....	112	SIKLOS	19	sinus relief (phenylephrine)..	88
SENNA.....	112	SILACE.....	113	sinus relief max str day-night	149
SENNA LAX	112	SILADRYL SA	149	.....	149
SENNA LAXATIVE	112	sildenafil (pulmonary arterial	157	sinus relief pressure and pain	150
senna leaf.....	112	hypertension).....	157	.....	150
SENNA PLUS.....	112	silicone mask - infant	81	SINUS-ALLERGY	
SENNA WITH DOCUSATE		silicone mask - pediatric.....	81	(PHENYLEPHRINE).....	150
SODIUM.....	112	silodosin.....	159	sirolimus	19
SENNA-S	112	SILTUSSIN DM DAS.....	149	SIRTURO	8, 9
SENNA-TIME S	112	SILTUSSIN SA	149	SKIN CLEANSER	63
SENNO.....	112	SILTUSSIN-DM	149	skin protectant	63
SENNOSIDES	112	silver sulfadiazine.....	63	SKIN PROTECTANT A AND	
SENNOSIDES-DOCUSATE		SIMBRINZA	132	D	64
SODIUM.....	112	SIMETHICONE.....	113	SKIN TREATMENT.....	64
senokot	112	SIMPLE SYRUP.....	81	SKLICE	75
senokot extra strength.....	112	SIMPLY SLEEP.....	149	SKYRIZI	55
senokot-s.....	113	SIMPONI.....	122	sleep aid (diphenhydramine)	150
SEN-O-TAB.....	113	SIMPONI ARIA.....	122	.....	150
sensi-care body cream	63	SIMULECT	19	SLEEP AID	
SENTRY	198	simvastatin.....	52	(DIPHENHYDRAMINE)	
SENTRY SENIOR.....	198	SINUS 12 HOUR	149	.....	150
SEREVENT DISKUS	157	SINUS AND ALLERGY PE	149	SLEEP AID (DOXYLAMINE)	
sertraline	44	.....	149	.....	44
setlakin	127				
sevelamer carbonate	81				
sevelamer hcl.....	81				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

SLEEP AID MAX STR (DIPHENHYDR)	150	sodium lauryl sulfate (bulk) .82	sore throat (benzocaine-menth)	64
SLEEP II	150	sodium metabisulfite (bulk)..82	SORE THROAT (PHENOL)	88
SLEEP TABLET (DIPHENHYDRAMINE)	150	sodium nitroprusside	54	sorine
sleep time.....	150	sodium perborate (bulk)	64	sosweet syrup vehicle
SLEEP-TABS.....	150	sodium phenylbutyrate	82	sotalol
slo-niacin	52	sodium phosphate	169	sotalol af
SLO-NIACIN	53	sodium phosphate,dibasic(bulk)..	113	SOTYLIZE
slow fe	198	sodium phosphate,mbasic (bulk)	159	soybean oil (bulk)
slow release iron.....	199	sodium polystyrene (sorb free)	82	span c
SLOW RELEASE IRON ...	199	sodium polystyrene sulfonate	82	SPECTRAVITE ADULT 50 PLUS
slow-mag	169	sodium propionate (bulk)	82	spectravite adult 50 plus(lut)
SMOOTH ANTACID	169	sodium saccharin (bulk)	82	.....
SMOOTHLAX.....	113	SODIUM SACCHARIN (BULK)	82	SPECTRAVITE ADVANCED FORMULA.....
sodium acetate	169	sodium sulfite (bulk)	82	.....
sodium acetate (bulk)	169	SOF-LAX	113	SPECTRAVITE MEN'S.....
sodium benzoate (bulk)	88	solifenacin	158	SPECTRAVITE SENIOR..
sodium benzoate-sod phenylacet.....	81	SOLQUA 100/33	94	199
sodium bicarbonate	169	SOLIRIS	82	spectravite ultra men 50+ ...
SODIUM BICARBONATE	113	solo	199	199
sodium bicarbonate (bulk)..	113	SOLTAMOX.....	19	SPECTRAVITE ULTRA WOMEN.....
sodium borate (bulk)	81	SOMATULINE DEPOT	20	.....
sodium bromide (bulk)	81	SOMAVERT	97	SPECTRAVITE ULTRA WOMEN'S SR.....
sodium chloride	81, 169	SOOTHE (BISMUTH SUBSALICYLATE)	100	.....
SODIUM CHLORIDE	131, 157, 169	soothe and cool inzo barrier .64	soothe and cool medseptic...64	soothe night time lubricant .131
sodium chloride (bulk)	169	soothe and cool medseptic...64	soothe night time lubricant .131	SOOTHE REGULAR STRENGTH
sodium chloride 0.45 %.....	169	soothe cool moisture barrier .64	soothe cool protect medseptic	64
sodium chloride 0.9 %.....	81	SOOTHING CARE (HYDROCORTISONE)...	74	SOOTHING PUREWAY-C
SODIUM CHLORIDE 0.9 % (FLUSH).....	81	.....	199	.....
sodium chloride 3 %.....	169	sorbic acid (bulk).....	82	SORBITOL
sodium chloride 5 %.....	169	SORBIDON HYDRATE	64	82
sodium citrate dihydrate(bulk)	82	SORBITOL	82	sps (with sorbitol)
SODIUM CITRATE-CITRIC ACID	159	sorbolene	64	sronyx
SODIUM FERRIC GLUCONAT-SUCROSE.	82	SORBUGEN NR.....	150	ssd
sodium fluoride (bulk).....	199	STAMARIL (PF).....	120	.....
sodium fluoride 5000 plus....	88			
sodium fluoride-pot nitrate...88				
sodium hydroxide (bulk)	55			

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

stavudine.....	4	STRIVERDI RESPIMAT ..	158	SUPER CALCIUM	169
STEGLATRO.....	94	stuart one	200	super cal-mag.....	169
STELARA.....	55	studio 35 moisturizing skin ..	64	super daily d3	200
STERILE EYE DROPS	133	stye lubricant	131	super dha gems	175
sterile lubricant.....	131	SUBOXONE	39	super multiple	200
STERILE SALINE.....	88	subvenite.....	24	SUPER MULTIPLE.....	200
stevia.....	82	subvenite starter (blue) kit....	24	super multiple - low iron	200
stevia extract.....	82	subvenite starter (green) kit..	24	SUPER MULTIVITAMIN.....	200
STIMATE.....	97	subvenite starter (orange) kit	24	SUPER OMEGA-3.....	53
STIMULANT LAXATIVE		SUCRAID	113	SUPER QUINTS	200
PLUS	113	sucrafate	116	SUPER QUINTS B-50	200
STIOLTO RESPIMAT	158	sudafed 12 hour	150	SUPER THERA VITE M...200	
STIVARGA.....	20	SUDOGEST	150	super twin epa-dha.....	53
STOMACH RELIEF.....	101	SUDOGEST 12-HOUR	150	SUPHEDRIN.....	150
STOMACH RELIEF MAX		SUDOGEST COLD AND		SUPHEDRINE	150
STRENGTH.....	100	ALLERGY	150	SUPHEDRINE 12 HOUR..	150
STOMACH RELIEF		SUDOGEST PE	150	SUPHEDRINE PE.....	150
ORIGINAL.....	101	SUDOGEST SINUS AND		SUPHEDRINE PE COLD	
stool softener	113	ALLERGY	150	AND ALLERGY.....	150
STOOL SOFTENER.....	113	SUDOGEST PE	150	SUPHEDRINE PE SINUS	
STOOL SOFTENER		SUDOGEST SINUS AND		AND ALLERGY	150
(DOCUSATE CAL).....	113	ALLERGY	150	SUPHEDRINE PE SINUS	
STOOL SOFTENER-		sulfacetamide sodium	131	HEADACHE	150
LAXATIVE.....	113	sulfacetamide sodium (acne) 68		SUPPORT.....	200
STOOL SOFTENER-		sulfacetamide-prednisolone	131	supposiblend	82
STIMULANT LAXAT ..	113	sulfadiazine.....	11	SUPRAX	6
STOP LICE	75	sulfamethoxazole-trimethoprim		SUPREP BOWEL PREP KIT	
STOP SMOKING AID	86	.....	11	.....	113
STRAWBERRY C.....	199	SULFAMYLON.....	68	SURFAK	113
strawberry cream flavor	84	sulfasalazine	113	suspendol-s	82
strawberry flavor (bulk)	84	sulfatrim.....	11	SUTENT	20
strawberry flavoring	84	sulfur (bulk).....	55	SWEEN	64
STRENSIQ.....	97	sulfur sublimed (bulk)	55	SWEEN CREAM	64
STREPTOMYCIN	9	sulindac.....	39	sweetness enhancer flavor	85
STRESS B PLUS ZINC	199	sumatriptan	26	sweet-sf.....	82
STRESS B WITH ZINC	199	sumatriptan succinate	26	swim ear.....	89
stress b-complex	199	sumatriptan-naproxen.....	26	swimmer's instant ear dry	89
STRESS FORMULA	199	SUMMER'S EVE		syeda	127
STRESS FORMULA 600 C		DISPOSABLE DOUCHE		SYLATRON.....	118
.....	200	.....	124	SYLVANT	20
STRESS FORMULA WITH		SUMMER'S EVE DOUCHE		SYMBICORT	158
IRON.....	200	.....	124	SYMDEKO	158
STRESS FORMULA WITH		SUNVITE.....	200	SYMFI.....	4
IRON(SULF).....	200	SUPER ANTIOXIDANT..	200	SYMFI LO.....	4
STRESS FORMULA WITH		SUPER B COMPLEX-		SYMJEPI.....	150
ZINC.....	200	VITAMIN C	200	SYMLINPEN 120	94
STRIBILD.....	4	SUPER B MAXI COMPLEX		SYMLINPEN 60	94
		.....	200		
		SUPER B/C.....	200		
		SUPER B-50 COMPLEX ..	200		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

SYMPAZAN.....	24	tartaric acid (bulk)	82	TETRAHYDROZOLINE...133
SYMPROIC	113	TASIGNA	20	THALOMID.....20
SYMTUZA.....	4	tazarotene.....	67	THE MAGIC BULLET.....114
SYNAGIS.....	4	tazicef	6	THEO-24
SYNAREL	97	TAZORAC	67	theophylline
SYNERCID	9	taztia xt	48	THERA.....200
SYNOVACIN	39	TAZVERIK	20	THERA M PLUS (FERROUS FUMARAT)
SYNRIBO	20	TDVAX	120	200
syrspond sf alka	85	tears naturale forte	131	THERA-D.....200
systane (pf)	131	TECENTRIQ.....	20	thera-d 4000.....200
systane (propylene glycol) .	131	TECFIDERA	27	THERA-DERM.....64
systane balance	131	TECHLITE INSULIN SYR HALF UNIT	94	theraflu expressmax cold day
systane complete	131	TECHLITE INSULIN SYRINGE.....	94	150
systane gel	131	TECHLITE PEN NEEDLE..	95	theraflu expressmax cold night
systane lid wipes.....	131	TEFLARO	6	150
systane nighttime.....	131	TEKTURNA HCT	48	theraflu flu-sore throat
systane ultra.....	131	telmisartan	48	151
systane ultra (pf).....	131	telmisartan-amlodipine	48	theraflu multi-symptom cold
T		telmisartan-hydrochlorothiazid	48	151
TAB-A-VITE	200	TEMIXYS	4	theraflu night severe cold-cgh
TAB-A-VITE/IRON	200	TEMODAR	20	151
TABLOID	20	temsirolium	20	THERA-GEL.....55
TABRECTA.....	20	tender care lanolin	64	thera-gesic.....64
tacrolimus	20, 64	TENIVAC (PF)	120	thera-gesic plus
TACTINAL.....	39	tenofovir disoproxil fumarate.	4	64
TACTINAL EXTRA		tension headache.....	39	theragran-m premier 50 plus
STRENGTH	39	tension headache pain reliever	39	200
adalafil.....	159	TERA-GEL TAR SHAMPOO	55	THERALOGIX COMPANION
adalafil (pulmonary arterial hypertension) oral tablet 20 mg.....	158	terazosin.....	48, 49	200
TAFINLAR	20	terbinafine hcl.....	2	THERA-M.....200
TAGAMET HB.....	116	TERBINAFINE HCL.....	71	theranatal
TAGRISSO	20	terbutaline	158	201
take action	127	terconazole.....	125	theranatal one.....
TALC (BULK).....	64	TERIPARATIDE	121	200
TALZENNA.....	20	tessalon perles.....	150	theranatal ovavite.....
tame the flame	114	testosterone.....	97	201
tamoxifen.....	20	testosterone cypionate	97	theranatal plus.....
tamsulosin.....	159	testosterone enanthate.....	97	201
tangerine flavor (bulk).....	85	TETANUS,DIPHThERIA TOX PED(PF)	120	THERAPEUTIC LIQUID ..201
tannic acid (bulk).....	64	tetrabenazine.....	27	THERAPEUTIC MOISTURIZING
TARGRETIN	20	tetracycline	11	64
tarina 24 fe.....	127			THERAPEUTIC SHAMPOO
tarina fe 1/20 (28).....	127			55
tarina fe 1-20 eq (28).....	127			THERAPEUTIC-M.....201
TARON FORTE	200			THERAPEUTIC-M VITAMIN/MINERALS .201

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

<p> THERATRUM COMPLETE WITH LUTEIN 201 THEREMS-M 201 THERMOTABS 169 theromega 175 theromega sport 175 thiamine hcl (bulk) 201 thiamine hcl (vitamin b1) ... 201 THIAMINE HCL (VITAMIN B1) 201 THIAMINE MONONITRATE (VIT B1) 201 THIOLA 82 THIOLA EC 82 thioridazine 44 thiotepa 20 thiothixene 44 threonine (bulk) 175 THRIVITE-19 201 thymol (bulk) 82 thyrosafe 90 tiadylt er 49 tiagabine 24 TIBSOVO 20 TICE BCG 120 tigecycline 9 tilia fe 127 timolol maleate 49, 128 TINACTIN 71 tinidazole 9 TIOCONAZOLE 125 TIOCONAZOLE-1 125 TIVICAY 4 TIVICAY PD 4 tizanidine 28 tl-hem 150 201 TOBI PODHALER 9 tobramycin 9, 128 tobramycin in 0.225 % nacl ... 9 tobramycin sulfate 9 tobramycin-dexamethasone 132 TOLAK 64 tolcapone 25 tolmetin 39 TOLNAFTATE 71 tolterodine 158 tolvaptan 97 </p>	<p> topiramate 24 toposar 20 topotecan 20 toremifene 20 TORISEL 20 torsemide 49 TOTAL ALLERGY MEDICINE 151 total home insect repellent... 64 TOUJEO MAX U-300 SOLOSTAR 95 TOUJEO SOLOSTAR U-300 INSULIN 95 tovet emollient 74 TOVIAZ 158 T-PLUS 55 TRADJENTA 95 tramadol 39 tramadol-acetaminophen 39 trandolapril 49 trandolapril-verapamil 49 tranexamic acid 125 tranylcypromine 44 travasol 10 % 175 TRAVATAN Z 132 TRAVEL SICKNESS 114 TRAVEL SICKNESS (MECLIZINE) 114 TRAVEL-EASE (MECLIZINE) 114 travoprost 132 TRAZIMERA 20 trazodone 44 TREANDA 20 TRECTOR 9 TRELSTAR 21 treprostinil sodium 49 tretinoin (antineoplastic) 21 tretinoin topical 67 tri femynor 127 triamcinolone acetonide 74, 88, 90 TRIAMCINOLONE ACETONIDE 158 triaminic cold and cough (pe) 151 </p>	<p> triaminic cold and coughnt(pe) 151 triamterene 49 triamterene-hydrochlorothiazid 49 trianex 74 TRI-BUFFERED ASPIRIN .39 TRICITRATES 159 triderm 74 trientine 82 tri-estarylla 127 triferic 201 trifluoperazine 44 trifluridine 128 TRIKAFTA 158 tri-legest fe 127 tri-lynyah 127 tri-lo-estarylla 127 tri-lo-marzia 127 tri-lo-sprintec 127 trilyte with flavor packets ... 114 trimethoprim 12 trimipramine 44 TRINTELLIX 44 TRIPHROCAPS 201 TRIPLE ANTIBIOTIC...68, 69 TRIPLE ANTIBIOTIC PLUS 68 TRIPLE ANTIBIOTIC-PAIN RELIEF 69 triple magnesium complex .169 TRIPLE PASTE AF 71 tri-previfem (28) 127 triprolidine hcl 151 TRISENOX 21 tri-sprintec (28) 127 TRIUMEQ 5 tri-vi-sol 201 TRI-VITAMIN WITH FLUORIDE 201 TRI-VITE WITH FLUORIDE 201 trivora (28) 127 trochibase 83 trochibase s 82 trochibase s classic 82 TRODELVY 21 </p>
--	--	---

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

TROGARZO	5	TUSSIN CF MAX.....	151	ultra coq10.....	75
trolamine (bulk).....	64	tussin cf max severe m-s cold		ultra freeda.....	202
TROLAMINE SALICYLATE		.....	151	ULTRA FRESH	131
.....	64	TUSSIN CHEST		ultra fresh pm.....	131
TROPHAMINE 10 %	175	CONGESTION	151	ultra lubricant eye	131
tropical liquid nutrition.....	201	TUSSIN COUGH (DM		ultra men's pack	202
trospiam.....	158	ONLY).....	151	ULTRA OMEGA-3.....	175
trueplus diabetic multivitamin		TUSSIN COUGH-CHEST		ULTRA STRENGTH	
.....	201	CONGESTION	151	ANTACID.....	170
trueplus glucose.....	82	TUSSIN DM.....	151	ULTRA STRENGTH	
TRUEPLUS INSULIN.....	95	TUSSIN DM CLEAR	151	CALCIUM ANTACID...	170
TRUEPLUS PEN NEEDLE.	95	TUSSIN DM COUGH AND		ultrasone	64
TRULANCE.....	114	CHEST	151	ultrathon.....	64
TRULICITY	95	TUSSIN DM MAX	151	undecylenic acid (bulk)	71
TRUMENBA	120	TUSSIN EXPECTORANT	152	unibase.....	64
trustex latex condom	82	TUSSIN HONEY	152	UNICOMPLEX-M.....	202
trustex lubricated condoms...	82	TUSSIN LONG-ACTING .	152	UNISOM SLEEPGELS.....	152
trustex non-lub condoms	82	TUSSIN MUCUS-CHEST		unithroid	98
trustex-ria lub/spermicide....	82	CONGESTION	152	UNITUXIN.....	21
trustex-ria lubricated condoms		TUSSI-PRES	152	UNSCENTED COLD	
.....	83	tutti-frutti flavor (bulk).....	85	CREAM.....	64
trustex-ria non-lub condoms.	83	TWINRIX (PF).....	120	upcal d	170
TRUVADA	5	TYKERB	21	UPTRAVI.....	49
TRUXIMA	21	tylenol.....	39	UREA	64
truzone peak flow meter	83	tylenol 8 hour.....	39	urea (bulk)	64
tryptophan.....	175	tylenol arthritis pain.....	39	ureacin-10.....	64
TUKYSA.....	21	tylenol cold head congest sevr		UREACIN-20	64
tulana	123	.....	152	urinary pain relief	159
tums	169	TYLOPHEN.....	39	URINARY PAIN RELIEF .	159
tums e-x	169	TYMLOS.....	121	uro-mag.....	170
tums extra strength smoothies		TYPHIM VI	120	ursodiol.....	114
.....	169	TYR COOLER.....	175	UVADEX	64
tums freshers	169	tyrosine	175	V	
TUMS ULTRA	114, 170	tyrosine (bulk)	175	vaginal contraceptive film ..	125
turpentine (bulk).....	64	TYSABRI.....	27	VAGINAL	
TUSNEL DIABETIC.....	151	TYVASO.....	158	CONTRACEPTIVE FOAM	
tusnel dm pediatric(pseudoeph)		TYVASO INSTITUTIONAL		.....	125
.....	151	START KIT.....	158	valacyclovir	5
tusnel new formula	151	TYVASO REFILL KIT.....	158	VALCHLOR	64
tusnel pediatric	151	TYVASO STARTER KIT .	158	valganciclovir	5
TUSNEL PEDIATRIC.....	151	U		valine	175
tussicaps	151	UBRELVY	26	valine (bulk).....	175
TUSSIN.....	151	ULORIC	120	valproate sodium	24
TUSSIN CF (PE-DM-GUAIF)		ultimate men's complete 50+		valproic acid	24
.....	151	.....	201	valproic acid (as sodium salt)	
TUSSIN CF COUGH-COLD		ULTIMATE WOMEN'S		.....	25
.....	151	COMPLETE 50+.....	202	valrubicin.....	21

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

valsartan	49	VENCLEXTA STARTING		VIRT-PHOS 250 NEUTRAL	
valsartan-hydrochlorothiazide		PACK	21	.....	170
.....	49	venlafaxine	44	VIRTRATE-2	159
VALSTAR	21	venofer.....	202	VIRTRATE-3	159
VALTOCO.....	25	verapamil	49	VIRTRATE-K	159
VALU-DRYL ALLERGY .	152	versa plus.....	85	VIRTUSSIN AC.....	152
VALU-TAPP.....	152	VERSACLOZ	44	VIRTUSSIN DAC.....	152
vanaclear pd.....	152	VERZENIO	21	VIRT-VITE	202
vanacof	152	V-GO 20.....	95	visine tears.....	131
vanacof dm	152	V-GO 30.....	95	VISION FORMULA (WITH	
vanalice.....	75	V-GO 40.....	95	LUTEIN)	202
vanamine pd	152	viactiv	202	vision formula(a-c-e-zn-se-cu)	
vanatab dm	152	VIBATIV.....	9	.....	202
vancomycin	9	VIBERZI	114	vision plus lutein.....	202
VANCOMYCIN	9	VIBRAMYCIN	11	VISTOGARD	12
VANCOMYCIN IN 0.9 %		VIC-FORTE.....	202	VIT A AND D3 IN COD	
SODIUM CHL	9	vicks dayquil cold-flu relief	152	LIVER OIL.....	202
vandazole.....	125	vicks dayquil severe cold-flu		vit c(ascorb.calcium)(mv-mins)	
VANICREAM.....	64	.....	152	.....	202
vanilla butternut flavor	85	VICKS NYQUIL COLD/FLU		vit e acid succinate (bulk)...	202
vanilla flavor	85	LIQUICAP	152	vit e-wheat germ-aloe vera ...	65
VANTAS.....	21	vicks nyquil nighttime relief		vitabex plus.....	202
vaporizer cleaning	83	.....	152	VITA-C.....	202
vaporizer inhalant.....	83	vicks nyquil severe cold-flu	152	VITAJOY DAILY D.....	202
VAQTA (PF).....	120	VICKS		vitajoy melatonin	83
VARIVAX (PF)	120	QLEARQUIL(OXYMETAZ		vital-d rx	202
VARIZIG	120	OLINE).....	88	VITALEE	202
VARUBI.....	114	VICKS SINEX 12-HOUR ...	88	VITALETS	202
VASCEPA.....	53	VICKS SINEX ULTRA FINE		vitament	202
VASELINE	64	MIST 12	88	VITAMIN A	202
V-C FORTE	202	VICTOZA 2-PAK	95	vitamin a and d grx	65
vcf contraceptive film.....	125	VICTOZA 3-PAK	95	vitamin a palmitate	202
vcf contraceptive gel	125	vienva	127	vitamin a palmitate-b-carotene	
VECAMYL	54	vigabatrin.....	25	.....	202
VECTIBIX	21	vigadrone	25	vitamin a palmitate-vitamin d2	
veegum	83	VIIBRYD	44	.....	202
VEGETABLE LAXATIVE	114	VIMIZIM.....	97	VITAMIN B COMPLEX ...	202
VEGETABLE LAX-STOOL		VIMPAT.....	25	vitamin b complex-folic acid	
SOFTENER.....	114	vinblastine	21	.....	202
VELCADE	21	vincasar pfs.....	21	VITAMIN B COMPLEX-	
veletri.....	49	vincristine	21	FOLIC ACID.....	202
velivet triphasic regimen (28)		vinorelbine.....	21	VITAMIN B-1	203
.....	127	VIOKACE.....	114	VITAMIN B-1	
VELTASSA	83	viorele (28).....	127	(MONONITRATE).....	202
velvachol	65	VIRACEPT	5	vitamin b-12.....	203
VELMIDY	5	VIREAD.....	5	VITAMIN B-12.....	203
VENCLEXTA.....	21	virt-caps	202	vitamin b12-folic acid.....	203

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

VITAMIN B-2.....	203	VOTRIENT	21	WAL-PHED PE NIGHTTIME	
VITAMIN B-6.....	203	VP-VITE RX	205	COLD	153
VITAMIN C	203	VRAYLAR.....	44	wal-phed pe severe cold	153
vitamin c (ascorbate calcium)		VUMERITY	27	WAL-PHED PE SINUS AND	
.....	203	VYNDAMAX	54	ALLERGY	153
VITAMIN C DROPS	203	VYNDAMAX	54	wal-phed pe sinus headache.....	153
vitamin c fizzy drink	203	VYNDAMAX	54	wal-phed pe triple relief.....	153
vitamin c with rose hips	204	VYXEOS.....	21	WAL-PROFEN	39
VITAMIN C WITH ROSE		W		WAL-PROFEN COLD-SINUS	
HIPS	203, 204	WAL-ACT D COLD AND		.....	153
VITAMIN D2.....	204	ALLERGY	152	WAL-PROFEN D COLD	
vitamin d3.....	204	WAL-DRAM.....	114	AND SINUS	153
VITAMIN D3.....	204	WAL-DRAM 2.....	114	WAL-PROXEN.....	39
vitamin d3 complete	204	WAL-DRYL		wal-sleep z	153
vitamin e.....	204	(DIPHENHYDRAMINE) 65		WAL-SOM	
VITAMIN E	65, 204	WAL-DRYL		(DIPHENHYDRAMINE)	
vitamin e (dl, acetate)	204	(ZN)	65	.....	153
VITAMIN E (DL, ACETATE)		WAL-DRYL ALLERGY ..	152	WAL-SOM (DOXYLAMINE)	
.....	204	WAL-DRYL SEVERE		.....	44
VITAMIN E ACETATE ...	204	ALLERGY-SINUS	152	WAL-SPORIN	69
vitamin e mixed.....	204	WAL-FEX ALLERGY	152	WAL-TAP DM.....	153
VITAMIN E MIXED	204	WAL-FEX D 12 HOUR.....	152	WAL-TUSSIN COUGH ...	153
vitamin e succinate	204	WAL-FINATE	152	WAL-TUSSIN COUGH AND	
VITAMIN K.....	51	WAL-FINATE-D	152	COLD CF	153
vitamin k-1	51	wal-flu night time	152	WAL-TUSSIN DM	153
VITAMIN K1.....	51	wal-flu severe cold and cough		WAL-ZYR (CETIRIZINE) 153	
vitamin k2.....	204	.....	152	WAL-ZYR (KETOTIFEN) 131	
VITAMINS A AND D	204	wal-flu severe cold-cough ..	152	WAL-ZYR D.....	153
VITAMINS A,C,D AND		WAL-FOUR.....	88	warfarin.....	51
FLUORIDE	205	WALGREENS DRY SKIN		WART REMOVER.....	56
vitamins a-d-e selenium	205	TREATMENT	65	water (bulk)	83
VITAMINS AND MINERALS		WAL-ITIN.....	152	water for irrigation, sterile....	83
.....	205	WAL-ITIN D.....	152	watermelon flavoring.....	85
vitamins b complex	205	WAL-ITIN D 12 HOUR ...	152	WEE CARE.....	205
VITAMINS B COMPLEX.....	205	WAL-MUCIL FIBER	114	wellesse multi vitamin plus	205
VITAMINS FOR HAIR.....	205	WAL-MUCIL FIBER		wera (28).....	127
vita-respa	205	(ASPARTAME).....	114	WESTAB ONE	205
VITATRUM.....	205	WAL-MUCIL FIBER		west-vite with folic acid	205
VITRAKVI.....	21	(SUGAR).....	114	WHITE PETROLATUM	65
vitron-c	205	WAL-MUCIL NATURAL		white petrolatum (bulk)	65
vitrum senior	205	FIBER LAX	114	WHITE PETROLEUM JELLY	
VITRUM SENIOR.....	205	WAL-PHED	152	.....	65
VITS A AND D-WHITE PET-		WAL-PHED 12 HOUR.....	153	WITCH HAZEL.....	65
LANOLIN	65	WAL-PHED D	153	WITCH HAZEL LEAF	
VIVITROL	39	WAL-PHED PE	153	(HAMAMELIS)	65
VIZIMPRO.....	21	wal-phed pe day-night	153	witepsol h-15	85
voriconazole	2				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

WOMAN'S LAXATIVE (BISACODYL)	114	XULTOPHY 100/3.6	96	zinc sulfate (bulk)	170
women's 50 plus daily formula	205	XURIDEN	83	zinc sulfate heptahydrat(bulk)	83
women's daily caplet	205	xylitol (bulk).....	83	ZINC WITH VITAMINS A AND C	205
women's daily formula	205	XYREM.....	44	zinc-15	170
WOMEN'S DAILY FORMULA	205	Y		ZINC-220	170
womens daily gummies.....	205	YELETS	205	ZIOPTAN (PF).....	132
women's daily pack	205	YERVOY	21	ziprasidone hcl.....	45
WOMEN'S GENTLE LAXATIVE(BISAC)	114	YF-VAX (PF).....	120	ziprasidone mesylate	45
WOMEN'S LAXATIVE (BISACODYL)	114	YONDELIS	22	ZIRABEV	22
women's multivitamin	205	YONSA	22	ZIRGAN	128
women's multivitamin gummies	205	y-tuss	153	ZOLADEx	22
WOMEN'S ONE DAILY ...	205	yuvafem	123	zoledronic acid.....	98
X		Z		zoledronic acid-mannitol-water	83, 98
XALKORI.....	21	zaditor.....	131	ZOLINZA	22
xanthan gum (bulk)	83	zafirlukast	158	zolmitriptan.....	26
XARELTO	51	zaleplon	44	zolpidem	45
XARELTO DVT-PE TREAT 30D START	51	ZALTRAP	22	zonisamide.....	25
XATMEP	21	ZANOSAR	22	ZONTIVITY	51
XCOPRI	25	zarah	127	ZOO CHEWS	205
XCOPRI MAINTENANCE PACK	25	ZARXIO	118	zoo friends	206
XCOPRI TITRATION PACK	25	z-bum.....	65	zoo friends complete.....	205
XELJANZ	122	ZEASORB AF.....	71	ZORTRESS	22
XELJANZ XR.....	122	ZEJULA	22	ZOSTAVAX (PF)	120
xerac ac.....	65	ZELBORAF	22	ZOSTRIX	65
XERESE.....	72	zenatane	67	ZOSTRIX-HP	65
XERMELO.....	21	ZENPEP	114	ZOSTRIX-HP FOOT	66
XGEVA.....	12	ZENZEDI	45	zovia 1/35e (28).....	127
XIAFLEX.....	83	ZEPOSIA.....	27	z-sleep.....	153
XIFAXAN.....	9	ZEPOSIA STARTER KIT ...	27	z-tuss ac	153
XIGDUO XR.....	95, 96	ZEPOSIA STARTER PACK	27	ZUBSOLV	39
XOFLUZA	5	ZEPZELCA	22	zumandimine (28).....	127
XOLAIR.....	158	zidovudine	5	ZYDELIG.....	22
XOSPATA	21	ZIEXTENZO.....	118	ZYFLO	158
XPOVIO.....	21	ziks arthritis pain relief.....	65	ZYKADIA	22
XTANDI.....	21	ZINC.....	170	ZYLET	132
xulane	125	zinc (with a and c) lozenges	205	ZYNCOF.....	153
		ZINC CHLORIDE	170	ZYPREXA RELPREVV	45
		zinc chloride (bulk)	170	zyrtec	153
		zinc gluconate.....	170	ZYTIGA	22
		ZINC GLUCONATE	170	zzzquil.....	153
		zinc oxide	65		
		ZINC OXIDE	65		
		zinc oxide (bulk).....	65		
		ZINC SULFATE	170		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit CareSource.com/MyCare.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم: 1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/ROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरु नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-475-3163 (टटिवाइ:1-800-750-0750) ।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).


CareSource[®]

CareSource[®] MyCare Ohio
(Medicare-Medicaid Plan)

Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



CareSource MyCare Ohio Member Services Department:
1-855-475-3163 (TTY: 1-800-750-0750 or 711)

[CareSource.com/MyCare](https://www.caresource.com/MyCare)